10:30 INVEST IN QUALITY, STAFF AND CLINICAL LEADERSHIP

11. Nurse staffing report

To ACCEPT a report on monthly nurse staffing levels

For Report

Presented by Rowan Procter

Trust Board – 1st March 2019

Agenda item:	11			
Presented by:	Rowan Procter, Executive Chief Nurse			
Prepared by:	Rowan Procter, Executive Chief Nurse			
Date prepared:	22nd February 2019			
Subject:	Quality and Workforce Dashboard – Nursing			
Purpose:	X	For information		For approval

Executive summary:

The aim of the Quality and Workforce Dashboard is to enhance the understanding ward and theatre staff have of the service they deliver, identify variation in practice, investigate and correct unwarranted variation and lead change to demonstrate value. This dashboard has been created to give the Trust Board a quick overview staff levels and quality indicators of areas within the trust. It also complies with national expectation to show staffing levels within Open Trust Board Papers

For in depth review of areas, please inquire for the Matrons' governance reports that are completed monthly for their divisions. Included are any updates in regards to the nursing review

Trust priorities *[Please indicate Trust priorities relevant to the subject of the report]*	**Deliver for today**	**Invest in quality, staff and clinical leadership**	**Build a joined-up future**
	X	**X**	

Trust ambitions *[Please indicate ambitions relevant to the subject of the report]*	*Deliver personal care*	*Deliver safe care*	*Deliver joined-up care*	*Support a healthy start*	*Support a healthy life*	*Support ageing well*	*Support all our staff*
		X					X

Previously considered by:	-
Risk and assurance:	-
Legislation, regulatory, equality, diversity and dignity implications	-

Recommendation:

Observations in January about nursing staff and plan to improve vacancy accuracy

January vacancy position

Whilst the normal format staffing report has been submitted it is to be noted that the vacancy figures have not been due to requiring a quality cleanse, which entails providing more help to the Healthroster team. This involves:

- Finance team sharing the planned budgeted figures on a monthly basis
- Healthroster team to work with Business Manager (Nursing Directorate) to create a process and provide training to ensure that staff budget information is up to date. Will need to review the format of the data and find a way of reconciling data in Healthroster against the data provided by finance to know what needs updating to avoid checking multiple records manually within the system.

To improve oversight of staffing/vacancies in the Community health teams, the aim is to put them on Healthroster but this will not occur till after 8th May as this is earliest that training can be obtained from Allocate to enable Business Manager (Nursing Directorate) to pursue this based on other demands. They so have daily escalation meetings currently at the moment, just subjective.

Observation vs Nurse Sensitive indicators

N.B. All nurse sensitive indicators have been included and it is not higher than normal figures

Location	Nurse Sensitive Indicators	Other observations
ED	7 medication errors	High agency use. High amount of overtime. High sickness
AAU	9 medication errors and 3 falls (with harm)	High agency & bank use. High amount of overtime. High sickness
F7	1 pressure ulcer, 3 medication errors, 3 falls (with harm)	High agency & bank use. High sickness.
CCS	3 medication errors	High amount of overtime
Theatres	1 medication error	High amount of overtime. High sickness.
DSU	1 medication error	High sickness.
Cardiac Centre	3 medication errors	-
G1	1 pressure ulcer and 1 medication error	High bank use. High amount of overtime. High sickness.
G3 WEW	2 pressure ulcers, 5 medication errors and 3 falls (with harm)	High agency & bank use. High sickness.
G4	2 medication errors and 1 fall (with harm)	High agency & bank use. High amount of overtime & sickness.
G5	5 medication errors and 3 falls (with harm)	High agency & bank use. High amount of overtime & sickness.
G8	-	High bank & agency use. High sickness. High amount of overtime.
F1	-	High bank use.
F3	1 pressure ulcer, 2 medication errors and 1 fall (with harm)	High bank & agency use. High amount of overtime. High sickness.
F4	1 medication error	High agency use. High amount of overtime. High sickness.

F5	2 medication errors and 1 fall (with harm)	-
F6	1 pressure ulcer and 3 medication errors	High agency & bank use. High sickness. High amount of overtime.
F8	2 medication errors and 2 falls (with harm)	High bank & agency use. High amount of overtime. High sickness.
F9	2 pressure ulcers and 3 medication errors	High bank & agency use. High amount of overtime. High sickness.
Maternity	F11 - 2 medication errors MLBU - 2 falls (with harm) Labour Suite - 1 medication error	High bank use & sickness.
F12	1 medication error	High agency use. High amount of overtime.
F14 (on F10)	1 medication error	High agency & bank use. High amount of overtime.
MTU	-	High bank use
NNU	-	High sickness.
Rosemary Ward	3 pressure ulcers, 2 medication errors and 3 falls (with harm)	High agency & bank use. High sickness
Kings Suite	1 medication error and 4 falls (with harm)	High bank use. High amount of overtime. High sickness.
Bury Town CHT	12 pressure ulcers and 1 medication error	High sickness. High RN vacancy
Bury Rural CHT	4 pressure ulcers	High sickness.
Mildenhall & Brandon CHT	2 pressure ulcers and 1 medication error	-
Newmarket CHT	2 pressure ulcers	High sickness.
Sudbury CHT	3 pressure ulcers and 3 missed visits	High sickness. High RN vacancy
Haverhill CHT	1 pressure ulcer	-
Admission Prevention Service	-	High sickness
Children CHT	-	Band 4 vacancy.

Roster effectiveness – Out of 27 areas, 15 are over the Trust standard of 20% (Day surgery unit & ward are counted as one area). This is the better than November and December data.

Roster effectiveness is a sum of Sickness (Trust standard <3.5%), Annual leave (Trust Standard 12% - 16%) and Study Leave (Trust Standard 2.5% - 3.5%) – It is not a sum of the maximum % but on average. Roster effectiveness has not been 'drilled' down any further than sickness due to annual & study leave % are based on appropriate management of staff.

We don't collect this information in the community

Sickness – Out of 27 areas, 21 are over the Trust Standard of 3.5% (two more than November & December data) (Day surgery unit & ward are counted as one area).

In the community, 6 out of the 8 areas are over the Trust Standard (3 more than November & December data).

Community Workforce
The workload of the teams has seen seven teams increase in regards to Patient Facing Contact hrs and one team seeing a slight decrease (Children's) in comparison to December. One

community teams have seen a slight decrease in unplanned requests (Children's), while six saw an increase and one has had the same amount unplanned requests (APS = 0) in comparison to December

Future planning – Nursing staff

Overseas Nurses/Nursing Assistants

Month	Number of arrivals
Jul-18	3
Aug-18	4
Sep-18	6
Oct-18	9
Nov-18	5
Dec-18	0
Jan-19	4
Total	**31**

Information as at 15 February 2019:

- 27 O/Seas nurses have passed their OSCE and are now working as Band 5 Nurses
- 4 OSCE booked to be taken 6 March 2019
- 7 Nurses due to arrive on 28 February 2019

Welcome Payments:

- 32 welcome payments have been made to Band 5 nurses – 24 relating to WSH acute Nurses and 8 to WSH Community Nurses.

B5/B6 Introduce a Friend initiatives:

- 4 introduce a friend payments have been made since June 2018.

QUALITY AND WORKFORCE DASHBOARD

Month Reporting	Jan-19			Establishment for the Financial Year 2018/19				Data for January 2019														
								Workforce													Nursing Sensitive Indicators		
Trust	Ward Name	Speciality	Current Funded Beds/Chairs Trolleys	Current Funded Establishment (WTE)	Current Funded Total Establishment Registered to Unregistered (%)		SCNT Establishment (WTE) (Feb 2017)	Fill rate Registered %		Fill rate Unregistered %		Bank staff use %	Agency staff use %	Overtime (Hrs)	Vacancies (WTE)		Sickness (%)	Overall Care Hours Per Patient Day	Roster Effectiveness - Total Non Productive Time (% excl maternity)	Pressure Ulcer Incidences (Hospital Acquired)	Nursing/Midwifery Administrative Medication Errors	Falls (with Harm)
					Registered	Unregistered		Day	Night	Day	Night				Registered	Unregistered						
WSFT	ED	Emergency Department	21 trollies and 30 chairs	91.90	70.09%	29.91%	N/A	91.0%	95.4%	108.3%	109.9%	3.67%	6.00%	505			6.20%	N/A	16.20%	N/A	7	0
WSFT	AAU	Acute Admission Unit	23 assessment trolleys,13 AEC assessment trolleys with 21 chairs	60.90	47.99%	52.01%	I/D	106.2%	72.3%	85.5%	147.6%	6.89%	5.20%	165			5.80%	9.3	22.60%	0	9	3
WSFT	F7	Short Stay Ward	34	60.65	42.47%	57.53%	42.65	68.1%	80.8%	102.6%	96.6%	5.90%	8.66%	95			10.10%	6.4	24.10%	1	3	3
WSFT	CCS	Critical Care Services	9	47.01	95.62%	4.38%	N/A	104.0%	86.9%	N/A	N/A	2.81%	0.00%	170			2.90%	26.5	17.40%	0	3	0
WSFT	Theatres	Theatres	8 theatres	85.60	73.47%	26.53%	N/A	107.4%	100.4%	N/A	N/A	0.90%	0.00%	164			6.10%	N/A	21.50%	0	1	N/A
WSFT	Recovery	Theatres	11 spaces	22.59	95.67%	4.33%	N/A	140.8%	90.2%	88.9%	N/A	3.46%	0.00%	0			5.40%	N/A	19.00%	0	0	N/A
WSFT	Day Surgery Unit	Theatres	5 theatres, 1 treatment room, 25 trolley / bed spaces, 2 chairs, 5 consulting rooms and ETC ward	37.01	76.80%	23.20%	N/A	61.3%	N/A	115.5%	N/A	3.23%	0.00%	0			8.70%	N/A	41.20%	0	1	0
	Day Surgery Wards			13.83	86.79%	13.21%						3.78%	0.00%	0			10.00%		35.10%			
WSFT	Cardiac Centre	Cardiology	15 acute beds, 7 coronary beds & catheter lab	95.73	62.09%	37.91%	N/A	71.6%	96.8%	88.7%	93.6%	0.39%	0.19%	90			3.80%	4.2	21.90%	0	3	0
WSFT	G1	Palliative Care	11	36.28	74.25%	25.75%	18.32	90.0%	97.6%	132.4%	N/A	6.85%	0.85%	149			7.30%	8.3	19.50%	1	1	0
WSFT	G3 WEW	Winter Escalation	32	*29.64*	*27.75%*	*72.25%*	N/A	112.5%	136.3%	130.9%	106.6%	18.58%	10.55%	85			7.20%	5.2	22.90%	2	5	3
WSFT	G4	Elderly Medicine	32	47.36	44.05%	55.95%	44.78	92.0%	90.1%	113.3%	105.5%	12.19%	2.62%	491			6.60%	6.2	23.20%	0	2	1
WSFT	G5	Elderly Medicine	33	44.40	44.83%	55.17%	50.52	84.4%	91.7%	83.9%	112.6%	11.13%	8.09%	235			8.10%	5.0	20.60%	0	5	2
WSFT	G8	Stroke	32	51.75	49.23%	50.77%	42.26	86.0%	85.6%	96.8%	103.3%	11.71%	13.18%	211			7.40%	6.2	19.10%	0	0	0
WSFT	F1	Paediatrics	15 - 20	25.74	71.69%	28.31%	N/A	113.7%	145.4%	117.7%	N/A	16.61%	0.33%	30			0.60%	9.1	16.30%	N/A	0	N/A
WSFT	F3	Trauma and Orthopaedics	34	43.72	46.79%	53.21%	48.48	85.8%	85.3%	124.7%	113.8%	6.67%	5.36%	315			7.80%	5.1	19.90%	1	2	1
WSFT	F4	Trauma and Orthopaedics	32	27.95	54.69%	45.31%	21.71	72.8%	82.6%	98.8%	151.2%	2.99%	9.43%	146			8.70%	6.5	28.90%	0	1	0
WSFT	F5	General Surgery & ENT	33	38.30	57.44%	42.56%	40.19	87.2%	98.9%	103.0%	125.9%	1.90%	0.51%	63			2.70%	5.4	14.60%	0	2	1
WSFT	F6	General Surgery	33	39.08	57.42%	42.58%	47.91	86.7%	86.8%	105.5%	112.3%	5.96%	7.49%	289			6.10%	4.9	17.60%	1	3	0
WSFT	F8	Respiratory	25	43.32	49.71%	50.29%	40.62	87.7%	72.6%	114.8%	104.4%	6.06%	3.29%	225			7.40%	6.6	22.40%	0	2	2
WSFT	F9	Gastroenterology	33	46.57	47.38%	52.62%	48.16	83.3%	93.7%	60.4%	121.9%	13.64%	3.94%	430			10.50%	4.7	25.30%	2	3	0
WSFT	F11	Maternity	29	69.23	78.12%	21.88%	N/A	117.9%	94.3%	74.9%	59.0%	6.64%	0.00%	30			11.10%	N/A	21.50%	0	2	0
WSFT	MLBU	Midwifery Led Birthing Unit	5 rooms																	0	0	2
WSFT	Labour Suite	Maternity	9 theatres, High dep. room, pool room, theatre																	0	1	0
WSFT	F12	Infection Control	8	17.42	68.79%	31.21%	9.61	90.0%	93.6%	33.2%	112.9%	0.57%	1.14%	136			1.00%	9.3	16.00%	0	1	0
WSFT	F14	Gynaecology	8	13.18	91.79%	8.21%	I/D	100.8%	104.0%	N/A	N/A	23.69%	1.54%	181			3.30%	4.6	19.50%	0	1	0
WSFT	MTU	Medical Treatment Unit	9 trollies and 8 chairs	9.80	79.64%	20.36%	N/A	81.5%	N/A	57.2%	N/A	6.96%	0.00%	4			3.20%	N/A	28.10%	0	0	0
WSFT	NNU	Neonatal	12 cots	24.49	85.14%	14.86%	N/A	103.6%	95.7%	35.5%	25.8%	0.44%	0.00%	30			6.10%	15.8	18.90%	N/A	0	N/A
Newmarket	Rosemary Ward	Step - down	19	25.98	47.81%	52.19%	N/A	273.5%	100.1%	204.3%	104.6%	5.44%	13.70%	26			7.70%	5.7	21.10%	3	2	3
Glastonbury Court	Kings Suite	Medically Fit	20	24.14	47.64%	52.36%	N/A	119.0%	100.4%	90.7%	98.6%	4.33%	0.00%	110			6.20%	4.6	21.00%	0	1	4
								100.69% AVG	95.10% AVG	102.16% AVG	108.62% AVG	6.91% AVG	3.65% AVG	4375 TOTAL	0.00 TOTAL	0.00 TOTAL	6.36% AVG		21.98% AVG	*Trust standard is 20%*		

Till Healthroster templates updated and financial budget aligned, this data will not be available

Trust	Team Name	Speciality	Current Funded Beds/Chairs Trolleys	Current Funded Establishment (WTE)	Current Funded Total Establishment Registered to Unregistered (%)		SCNT Establishment (WTE) (Feb 2017)	Patient facing contact (hrs)	Another method workload measurement to be determined	Bank staff use %	Agency staff use %	Overtime (Hrs)	Vacancies (WTE)		Sickness (%)	Overall Care Hours Per Patient Day (June 2017)	Unplanned requests	Pressure Ulcer Incidences (New)	Nursing/Midwifery Administrative Medication Errors	Missed visits
					Registered	Unregistered							Registered	Unregistered						
Community	Bury Town	Community Heath Team	No community equivalent	21.59	25.94%	74.06%	No equivalent tool for community nurses	1418.22		We are unable to collect this information this month		To be confirmed if can measure	-3.00	0.00	7.73%	No equivalent tool for community nurses	53	12	1	0
Community	Bury Rural	Community Heath Team		11.20	10.71%	89.29%		708.25					-1.60	-1.00	6.51%		27	4	0	0
Community	Mildenhall & Brandon	Community Heath Team		14.50	20.07%	79.93%		872.03					-0.60	-0.11	3.33%		43	2	1	0
Community	Newmarket	Community Heath Team		11.25	28.00%	72.00%		590.50					0.00	0.00	5.88%		26	2	0	0
Community	Sudbury	Community Heath Team		25.92	32.25%	67.75%		1361.93					-5.60	0.00	6.03%		46	3	0	3
Community	Haverhill	Community Heath Team		13.20	32.05%	67.95%		914.18					-0.93	0.00	2.32%		35	1	0	0
Community	Admission Prevention Service	Specialist Services		13.73	25.13%	74.87%		65.68					0.00	0.00	8.07%		0	0	0	0
Community	Children	Community Paediatrics		32.89	47.07%	52.93%		1049.42					-2.00	0.00	4.83%		0	N/A	0	0
								6980.21 TOTAL		#DIV/0! AVG	#DIV/0! AVG		-13.73 TOTAL	-1.11 TOTAL	5.59% AVG		230 TOTAL			

Target - 3.5%

Explanations	
	WSFT have some significant environmental layout challenges and additional activity that are not reflected in the SNCT(F14/G1/G8/F12/CCU/NCH)
	Fill Rate is an indication of patient safety - national target 80% (less than = red), Trust internal target 85% (equal and greater than = green)
	Medication errors are not always down to nursing and can be pharmacist or medical staff as well
	In vacancy column: - means vacancy and + means overestablished.
	Roster effectiveness is a sum of Sickness (<3.5%), Annual leave (12% - 16%) and Study Leave (2.5% - 3.5%)
	DSU has been split into ward and unit only by HR, that is why only a section has been split in this dashboard
	CCU/G3 have closed to form Cardiac Centre on 10th Nov. G3 Winter Escalation Ward opened on the same day
	Pressure Ulcer Incidences (In our care) - includes DTI's

Key	
N/A	Not applicable
ETC	Eye Treatment Centre
I/D	Inappropriate data
TBC	To be confirmed

12. Quality and learning report – Q3

To ACCEPT a report, including the learning from deaths report

For Report

Presented by Nick Jenkins and Rowan Procter

Trust Open Board – 1st March 2019

Agenda item:	12			
Presented by:	Rowan Procter – Executive Chief Nurse			
Prepared by:	Governance Department			
Date prepared:	February 2019			
Subject:	Quality and Learning report			
Purpose:	X	For information		For approval

Executive summary:

This report provides a summary of key learning points, trend analysis and opportunities for improvement that have arisen from in the quarter ending 31/12/18.

Information has been obtained from the following data sources:

- Investigation of serious incidents and resultant action plans
- Thematic analysis of incidents at all grades for the quarter
- 'Learning from deaths'
- Review of complaints received and responded to within the quarter
- Review of claims received and settled within the quarter
- Themes arising from the PALS service
- Risk assessments created or updated within the quarter
- Other soft intelligence gathered within the quarter

Key highlights in this report are as follows:

- 'Learning into action' - themes from the learning from deaths reviews are included in this report for the first time (previously reported separately)
- CQC preparedness visit in Main theatres and in Critical Care
- Review of themes from Serious incident Investigations in Q1/2 (up to Nov18) - see Appendix 1

Please note:

- Key performance indicators (KPIs) relating to the subjects listed above are reported separately in the Open Board Integrated Quality & Performance report (IQPR).
- Assurance reporting including Executive-led walkabouts and table top exercises and 'Deep dive' audits are provided to the Board sub-committees CSEC, PEC and CRC.
- Escalation (including serious new incidents, Red complaints, claims and dated inquests of concern) are reported separately to the Closed Board.

Trust priorities	**Deliver for today**	**Invest in quality, staff and clinical leadership**	**Build a joined-up future**
	X	X	X

Putting you first

Trust ambitions	 *Deliver personal care*	 *Deliver safe care*	 *Deliver joined-up care*	 *Support a healthy start*	 *Support a healthy life*	 *Support ageing well*	 *Support all our staff*
		X	X				X
Previously considered by:							
Risk and assurance:							
Legislation, regulatory, equality, diversity and dignity implications							
Recommendation: The Board to note this report							

Activity within the quarter

This will include some or all of the following sources: completed SI investigations, aggregated incident investigations, complaints responses, themes from PALS enquiries, settled claims, learning from deaths, Executive walkabouts and table-top exercises and concluded inquests.

The trust wide shared learning bulletin is being launched at the end of February, which supports the sharing of learning from serious incidents, learning from deaths and quality improvements. This is to complement the existing shared learning events that take place bimonthly. February's shared learning event includes two presentations linked to learning from deaths; one regarding excellent care at the end of life and the second one following a serious incident that may have contributed to the patient's death.

A review of themes from SI investigations in Q1/2 (up to Nov18) is provided as an appendix to this report.

1. Learning themes from investigations in the quarter

SI RCA reports submitted in Q3

Incident details	Learning
WSH-IR-42004 WSH-IR-41868 WSH-IR-41524 WSH-IR-41305	There were four SI investigations in the quarter which related to patients who fell and sustained major harm; either a neck of femur fracture or a significant head injury. A summary of the learning from these investigations and the actions arising are included in section 4. Other learning themes.
WSH-IR-41187 Delay in diagnosis of testicular tortion	The investigation found that the root cause of this incident was that the scrotum of a child with abdominal pain was not examined on initial assessment. It was noted that all patients attending the Emergency Department with abdominal pain should be reviewed by a surgeon or the registrar. Recommendations / Actions were agreed as follows: Standard operational policy to be written focusing on full examination, to ensure all patients who attend the ED at West Suffolk Hospital with Non-specific abdominal pain to ensure testicular torsions are not missed which could then lead to irreversible damage. All Doctors who start working in the ED should attend the comprehensive face to face induction training, (Abdominal pain and torsions are covered in this training) If this is not possible an electronic version of the training should be completed before commencing work in the Emergency department. Audit work to be carried out focusing on Abdominal pain admissions to ascertain the number of scrotal examination in males with abdominal pain of all ages and also in the age group 0-30 years by a retrospective A&E records audit in these patient categories.
WSH-IR-40986 Medication error Dextrose saline used for invasive monitoring instead of normal saline	The investigation identified the following root causes for which a series of actions were agreed to address: Fluid that was used from the invasive equipment trolley was incorrect and had been sought from a mislabelled box of fluid in the store cupboard. Theatre staff not routinely carrying out correct prescribing of arterial line fluid, two person checking of arterial line fluid prior to it being attached to the patients arterial cannula or anaesthetist checks of fluid being attached correctly. Arterial line sampling being carried out in different ways amongst staff This patient's arterial line was changed at approx. 36 hours, however the same transducer giving set and fluid were used, which meant that the fluid remained incorrect for a few more hours The manufacturers labelling of all fluid solutions can be considered as ambiguous as there are no distinguishable features between each of them (e.g. different colours for different solutions).

Incident details	Learning
WSH-IR-40975 Intrauterine death	There were no care or service delivery problems identified that contributed to the sad outcome in this case. The postmortem findings were of fetal growth restriction and no specific cause for this was identified. The report did note that patient information relating to fetal movements should be given to women in a language they can understand (if this is available). For example the Patient information leaflet '*Feeling your baby move is a sign that they are well'* is available on the intranet in Portuguese and other languages.
WSH-IR-40700 Information Governance breach.	The member of staff failed to follow data protection training and policy and accessed their colleague's electronic medical record without a clinical reason for doing so. No patient harm occurred as a consequence of this incident but it was reported to the Information Commissioner as a consequence of the severity of the breach.

There were no reports submitted on behalf of other organisations in Q2.

2. Learning from Deaths

'Learning into action' in Q3

The Learning from deaths group, which meets monthly oversees the process associated with all learning aligned to Learning from Deaths, a review of the processes to ensure learning from care identified as poor or very poor has just been completed and a robust process is now in place.

The learning from deaths (LfD) reviews in Q3 identified the following themes in addition to those reported as an SI (of which there were 0 in Q3).

Themes from poor care:

- Failed / delayed recognition of end of life - delayed recognition that the end of life is approaching, so active treatment continues when, with the benefit of hindsight, it was likely to be futile.
- Continued active treatment after palliation started - over-medicalisation at the end of life, with elements of active treatment being continued after a plan to palliate has been made.
- Inappropriate resuscitation - inappropriate active treatment and/or cardiopulmonary resuscitation, in particular due to non-completion of EPARS status in e-Care, and community-based advance care wishes not being carried over into the hospital.

The Learning from Deaths group in February considered a proposal for a set of actions to address these areas of concern that, once agreed in principle, would be scoped in terms of resource requirements and timescales. In brief these include:

- Quality improvement (QI) projects on timely completion of EPARS status (in progress) and considering the implementation of the AMBER care bundle developed by Guy's and St Thomas' NHSFT (being scoped). https://www.ambercarebundle.org/forprofessionals/for-professionals.aspx
- Use of the population health programme to target interventions.
- A coordinated education programme, making use of publically available resources and system expertise, for doctors, nurses, allied health professionals and other ward staff

More detail will be included in the next quarterly report.

Examples of excellence:

- Communication with family and relatives by junior doctors, when explaining care and treatment
- Care provided by the palliative care team

Further work is to be done on ensuring learning from excellent care is also identified and shared.

LfD data by Qtr. (data prepared as at Feb 2019)

Reviews completed

Qtr.	Deaths		SJR* identified		Final SI report found death was	
	Total	With SJR* completed	Poor / very poor care	Excellent care	Unlikely to have been due to problems in the care provided to the patient'	More likely than not to have been due to problems in the care provided to the patient
Q1 18/19	227	225	9	81	1	0
Q2 18/19	220	213	19	70	pending	pending
Q3 18/19	234	175	13	47	pending	pending

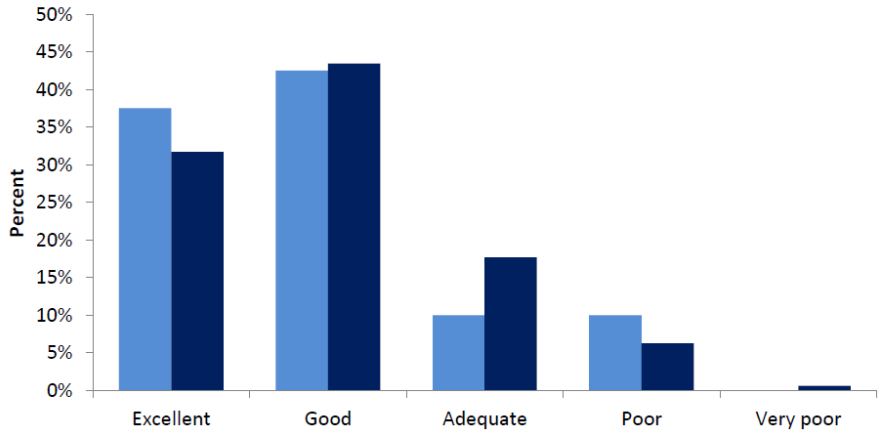
* SJR = Structured judgement review

Outcome of cases rated 'Poor' / 'Very poor care' therefore for further investigation

Qtr 2018/19	Total	Outcome					
		Awaiting classification	Straightforward case	Complex case	Following further investigation NFA	Pending SI decision	Confirmed SI
Q1	9	0	2	3	3	0	1
Q2	19	0	2	9	7	1	pending
Q3	13	5	1	3	2	2	pending

Overall quality of care

Jan-19 and YTD (dark blue), 2018/19



3. Quality Walk About from Q3

During Q3 we visited a total of eight areas including wards and clinical areas. Those in attendance were the Chief Executive, Chair, Executive Chief Nurse, Medical Director, Director of Finance and members of the CCG and several non-executive directors and governors. The walkabouts have further served to observe and review real time care and service delivery in a multitude of settings whilst providing staff, patients and visitors the opportunity to escalate issues, concerns or indeed compliments of the area.

Within Q3 we also completed four in depth "CQC Style" walkabouts. These were in Theatres, the Emergency department, Maternity and Critical care services. These walkabouts had a larger team and reviewed data over the past 12 months. This data set included incidents, risks, PALS contacts and complaints and were completed using a similar framework of questions. The final reports have been circulated to the areas and action plans and points for discussion have been raised.

The development of an electronic app to support live monitoring of daily checks has passed 'Phase one' of testing and a planned trial of the app is planned over the next few weeks.

The Trust has been successful in an application to present '*How e-Care has helped improve patient safety*' at the European Cerner conference in February 2019 in London. The incorporation of the electronic patient record, quality walkabouts and table tops and Datix now means we have a wide range of data in which to draw a view of many areas and look for early recognition and identification of emerging themes. As ever the actions range from clinical issues to estates issues. Some examples include staffing skill mix, signage and improvement in documentation. These actions are fed back to the areas, matrons and management teams. The patient safety team then works alongside the teams to help ensure these are completed or in some cases develop into task and finish groups.

The development of an unused module of Datix ('Standards') has provided an opportunity to capture the output of the walkabouts, CQC preparedness visits and the Executive-led table-top deep dive audits. This is being populated with the output of the 2018 work programme with a view to using the web-based functionality of Datix to capture, report and follow-up on the findings of these assessments. It will also allow items to be linked to the Risk Register where relevant (e.g. via the workplace assessment programme or clinical thematic risks).

4. Other learning themes / Updates from themes reported in previous quarters

Subject / Theme Falls
Source 4xSI reports in Q3
Risk register entry Trust generic risk assessment (all areas)
Trust owner Falls group
Summary of learning and areas for improvement in this topic

Themes arising from the four Fall RCAs in the quarter included the following:

- Patient frailty contributing to severity of outcome from the fall (2 cases)
- Patient confusion due to clinical condition (3 cases)
- Inadequate completion of care plans and safety assessments (2 cases)
- Lying/standing blood pressure not completed (3 cases)
- End of life / Last day rounding (1 case)
- Inadequate medicines review on admission (1 case)
- Significant postural hypotension not treated before patient made medically fit (1 case)

Actions agreed to address these issues include:

- Consideration of alternative wander guards which are attached to the bedframes and utilised until full risk assessments can be carried out
- Consideration of implementing concise RCA process for patients who have fallen twice or more to highlight learning.
- Last day rounding to be included in the Trust wide nursing documentation review.
- Medical Director / Chief Nurse to cascade to Clinical Directors, Heads of Nursing, Matrons and Ward Managers the importance of acting upon postural hypotension
- Introduction of Link practitioner study days three times a year
- Ensure all wards have falls link nurses (ward champions) to attend study sessions and feedback to staff
- Use of perfect ward data to review completion of assessments and falls prevention care plan

The Trust monitor trends in patient falls on a monthly basis and has participated in the recent NHSI Falls collaborative, the details of which was included in the last (November) report. This has now ended and the Trust will now be looking to roll out the learning hospital-wide.

February saw the first of the new Falls champion (link nurses) study days which was well attended from wards across the hospital and trust leads attended the National Falls Summit in London to present "*Reducing harm from inpatient falls: focusing on inpatient falls resulting in hip fracture*".

Key areas for quality improvement in 2019 include:

- Consideration of the impact of other factors on falls occurrences and trends through initiatives such as a study on vitamin D and bone health within Orthopaedics
- Review membership, agenda and frequency of Trust falls group meeting
- Assess the impact of 'Bay based nursing' on inpatient falls
- Introduction of 'Carers Contract' to ensure early collaborative with patients and carers

Mitigated red risks

During Q3 action to mitigate and downgrade one red risk was taken. This related to Failure to recognise, manage and identify deteriorating patients within the emergency department. This risk was downgraded to amber after further mitigation to address the concerns was put in place.

Learning from RIDDOR incidents

During Q3 the number of incidents reported to the HSE under RIDDOR increased from the previous quarter by five, (from four to nine). Learning and mitigation included:

- Targeted staff training in moving and handling techniques
- Light weight equipment put into place
- New PPE (personal protective equipment) issued to staff

Learning from patient and public feedback:

Six complaints received in quarter three were deemed to be upheld at the time of producing this report. Actions from these were as follows:

Ref.	Issues identified	Actions and learning
WSH-COM-1406	Staff did not involve lasting power of attorney in discharge planning and failed to update patient record with LPOA details despite this being made available and requested.	Escalated to Head of Information Governance who has confirmed that LPOA code can be added as a 'problem' (field terminology) in e-Care which will alert staff. The ward in which this occurred has been notified of this and further communication will occur Trust-wide to reflect upon this issue.
WSH-COM-1407	Patient developed thrombophlebitis following labour in which lithotomy poles were unnecessarily in situ for an extended period of time.	Doctor involved no longer works in the country however this has been escalated for learning when taking up future UK positions. The department have also used this example in teaching to juniors.
WSH-COM-1409	Attitude issues with emergency medicine paediatric agency nurse.	The individual was spoken to and issues reported back to the agency. She will no longer be booked for shifts at WSFT.
WSH-COM-1427	Attitude issues with emergency department staff and patient left in a state of undress.	Discussion with individual involved in relation to attitude. Privacy and dignity issues discussed at departmental governance meeting and included in hot topics for staff to reflect.
WSH-COM-1404	Patient overheard ward staff speaking about him.	Sincere apologies given. All ward staff have been spoken to by head of nursing and issues around confidentiality also raised, as well as compassion.
WSH-COM-1429	Contacts complain that their confidential details were included in a disciplinary hearing unnecessarily.	Disciplinary packs were retracted and information redacted as soon as aware of this issue. Head of Information Governance has had direct contact with the contacts to apologise for this error.

One FT governor area observation took place in quarter three in the Eye treatment centre (ETC):

Subject requiring action	Action to be taken
Difficult to notice watercooler and leaflets in the corner of the waiting room.	Signage to be added to alert patients/visitors to these items.
Sign '*How do we communicate'* in very small font, difficult to read.	Font size to be enlarged.
Staff were very kind, welcoming and introduced themselves to patients clearly. Communicated well and kept patients informed.	Share positive comments with team.
At times patients were not able to hear their names being called for their appointment.	Staff to test announcing patient names in the middle of the waiting room.
Patients waiting for transport often wander onto main site and cannot be found when transport arrives.	Explore the bleep system used in the outpatients department and whether this could be used in ETC for patients awaiting hospital transport home.

The patient and carer experience group identified several actions to improve experience of care in quarter three:

Issues identified	Actions and learning
Lack of formal family carer support in community settings	Family carers' packs to be produced and disseminated throughout community; including training for staff to be organised.
Lack of privacy for patients at end of life within ward bays	Palliative care team and patient experience team are working to develop butterfly curtains which alerts staff to the circumstances.
Loss of patient's dentures on inpatient wards	QI project to be tested as demonstrated by Ward G8's 'gnashers at nine' in which staff are required to remove and safely store patients' teeth before bedtime.
Too much reliance on paper satisfaction surveys	QR codes and links to web-based survey now widely available and also reference on paper surveys to save resources.
Links between patient groups	Maternity voices partnership Chair is now a member of the patient VOICE group, integrating maternity services into the work the group is conducting.

Appendix 1 – Review of themes from review of themes from SI investigations

In order to gain learning from the previous year's incidents reported on Datix it is important that cases such as the following are reviewed and themes extracted, this report examines 36 records from ***April to November 2018.***

It first breaks the down the data into the number of Incidents that were reported then by category and then further drills down into specific areas.

Whilst reviewing the cases and their respective investigations - key learning has been identified; this report highlights some of the common themes that may benefit from further investigation/actions within the trust divisions to ensure that this learning is disseminated to a wider audience.

From this data (the 36 records reviewed) the following information was extracted:

13.8% were classified as 'GREEN' (n5)
86.2% were classified as 'RED' (n31)

Broken down into divisional areas:

Medicine (38.8% - n 14)	**Surgery (16.6% - n6)**
AAU (n1)	Critical Care Unit (n2)
Cardiology Diagnostic Department (n1)	F3 (n1)
Emergency Department (n2)	F6 (n2)
F7 (n1)	Main Theatres (n1)
F9 (n2)	**Women & Children (27.7% - n10)**
F9/F10 combined (n1)	Children's Assessment Unit (CAU) (n1)
G3 Cardiac Unit (n2)	Labour Suite (CDS) (n6)
G3 Winter Escalation Unit (n2)	Main Theatre (obstetric) (n2)
G4 (n1)	Neonatal Unit (NNU) (n1)
G8 (n1)	**Information Governance and IT (11.1% -n4)**
Clinical Support (2.7% - n1)	Information Governance (n3)
CT Scanning Department (n1)	Information Technology (n1)
Community/ Medicine (2.7% n1)	
Glastonbury Court (n1)	

Key Learning:

Medicine

- **Ward, Safety assessments** to be completed on a regular basis even if the patient is mobile and independent *(This has been identified x 2 in a medical area)*
- **The importance of electronic patient care aids** (i.e. wander guards) with patients at high risk of falls. *(Identified that this could reduce the possibility of falls if available – x 1 in medical area)*
- **Importance of communication of vital information** (i.e. bedside handovers). *(Identified x 1 in a medical area)*

- **Reduced staffing levels** contribute directly to the level of close observational care that can be provided and therefore the opportunity to prevent these is reduced. *(Identified x 1 in medical area – however this type of reporting is increasing)*
- **The importance of not moving patients with complex needs** to multiple different ward areas unless there is a good clinical need. *(Identified x 1 in medical area – but applies to all areas of the trust)*
- **Consideration of the placement of patients**, not only physical ward but also location within the ward area. *(Identified x 1 in medical area – but applies to all areas of the trust)*
- Where possible when implementing a system to **avoid a mixture of electronic and paper systems** as this appears to increase the risk of human error (incomplete x-ray documentation). *(Identified x 1 in medical area – but applies to all areas of the trust)*
- **Wash hand basins at the entrances to ward areas** reduce the risk of cross contamination when a ward/bay is closed due to for example norovirus. *(Identified x 2 in medical area – but applies to all areas of the trust – Should we consider wash hand basins outside ward areas on an ongoing basis as best practice?)*
- **Importance of hand hygiene** with suspected infection outbreaks.*(Identified x 1 in medical area – but applies to all areas of the trust)*
- **Importance of not moving staff from infected areas**. *(Identified x 2 in medical area – but applies to all areas of the trust)*
- With all new builds to consider the **ability to isolate a bay with a physically barrier** (negative pressure/doors).*(Identified x 1 in medical area – but applies to all areas of the trust)*
- **Lack of physical barriers at bay level** (as above) *(Identified x 2 in medical area – but applies to all areas of the trust)*
- **Early involvement of specialist staff (endocrinologist) when treating Addison's disease** as this will help to optimise patient care. *(Identified x 1 in medical area – but applies to all areas of the trust)*
- Consider if a **daily report of all Addison's patients** currently in hospital should be shared with the duty endocrine consultant. *(Identified x 1 in medical area – but applies to all areas of the trust but with different specialities)*
- **On-site testing for influenza** would decrease the time before a diagnosis could be confirmed. *(Identified x 1 in medical area – but applies to all areas of the trust and other POCT)*
- It would be **beneficial to have 'Necrotising Fasciitis' guidelines added to all Trust resuscitation trolleys**. *(Identified x 1 in medical area ED and medical ward – but applies to all areas of the trust)*
- **Necrotising Fasciitis should be considered as a differential diagnosis** when patients present with severe sepsis and severely ulcerated/infected areas *(Identified x in ED/ medical area – but applies to all areas of the trust)*
- **ICU medical staff need to have the ability to record medication on e-care** when reviewing patients in a ward area. *(Identified x 1 in ED/ medical area – but applies to all areas of the trust)*
- **Fluid charts should be started at first point of administration** (however now recorded electronically on e-care). *(Identified x 1 in ED/ medical area – but applies to all areas of the trust)*
- **The importance of face to face training for doctors at induction on key topics** (example suspected torsion diagnosis and assessment). *(Identified x 1 in ED/ medical area – but applies to all areas of the trust)*

Surgery:

- **Early senior review/involvement** if patient is not responding to treatment or are deteriorating *(Identified x 2 in Surgical area – but applies to all areas of the trust)*
- **Newly admitted patients should be reviewed with the patient notes and imaging within 14 hours by a consultant.** *(Identified x 1 in Surgical area – but applies to all areas of the trust)*
- **Failure to escalate un-well patients to on-site consultant** could result in a reduced level of care. *(Identified x 1 in Surgical area – but applies to all areas of the trust)*
- **The use of out of date referral forms can lead to human error** (elevated prostate specific antigen PSA) not acknowledged at referral stage – this is thought to be due to where the result was recorded on the old form (SDP1 form used by GP was not most up-to-date form). *(Identified x 1 in Surgical area – but applies to all areas of the trust)*
- **In complex cases senior review is required** at an early stage to ensure timely decision making. *(Identified x 1 in Surgical area – but applies to all areas of the trust)*
- **Ensure all staff are aware of the correct method of requesting assistance** (i.e. 2222) *(Identified x 2 in Surgical area – but applies to all areas of the trust)*
- Importance of the **correct procedure is used to summon specialist help via the switchboard.** *(Identified x 2 in Surgical area – but applies to all areas of the trust)*
- **The risk of storing non stock items in clinical areas and mislabelling** such as fluid in boxes as this increase the risk of human error. *(Identified x 1 in Surgical area – but applies to all areas of the trust)*
- **The need to always have fluids double checked and prescribed when setting up arterial lines**. *(Identified x 1 in Surgical area – but applies to all areas of the trust)*
- **The need for junior anaesthetic staff to be exposed to difficult airway management in a controlled and supervised environment.** *(Identified x 1 in Surgical area – but applies to all areas of the trust)*
- **The need to have all Trust resuscitation trolleys equipped with surgical airway equipment.** *(Identified x 2 in Surgical area – but applies to all areas of the trust)*

Clinical Support:-

- **To always consider differential diagnosis in light of clinical findings** and not just on test reports (human error can occur with reporting of radiographs etc). *(Identified x 1)*
- **To always offer a lumbar puncture to patients who are at risk or suspected of an intracranial bleed** even if the CT report scan is reported as NAD. *(Identified x 1)*

Joint Medicine and Surgery:-

- **To consider anaphylaxis as a differential diagnosis** even if no signs /symptoms if patient deteriorates following recent drug therapy administration (including patients with no allergies). *(Identified x 2 once in medicine and once in surgery – but principles applies to all areas of the trust)*
- **Consider allergic reaction with any ambiguous patient history.** *(Identified x 2 once in medicine and once in surgery – but principles applies to all areas of the trust)*

- **Importance of recording lying and standing blood pressures** in line with the Trust Policy PP(15)202 'Slips, Trips and Falls for Inpatients over the age of 16 years'. *(Identified x 5 - twice in medicine, twice in surgery and once in community – but principles applies to all areas of the trust)*
- **Importance of pre/post fall care planning and regular reassessment.** *(Identified x 3 once in medicine, twice in surgery and once in community – but principles applies to all areas of the trust)*
- **The need to ensure that verbal conversations between both inter-professional teams and patients are recorded accurately on e-care**. *(Identified x 2 once in medicine and once in surgery – but principles applies to all areas of the trust)*
- **The importance of documentation on e-care of verbal conversations with patients** etc. *(Identified x 2 once in medicine and once in surgery – but principles applies to all areas of the trust)*
- **All staff to be involved in checking the emergency equipment** stored on a unit/ward in order that items are easy to find/locate in an emergency.*(Identified x 2 once in medicine and once in surgery – but principles applies to all areas of the trust)*

Women & Children:-

- **Importance of acting on concerns of parents when dealing with paediatric patien**ts. *(Identified x 1 in Women's & Children's area – but principles applies to all areas of the trust)*
- **Incorrect patient information (not most up-to-date copy)** therefore the use of centrally stored information (i.e. intranet) should be printed and used. *(Identified x 1 in Women's & Children's area and x 1 in surgical area – but principles applies to all areas of the trust)*
- **Documentation should were possible be recorded in the patient's own handheld records as well hospital notes.** *(Identified x 1 in Women's & Children's area – but principles applies to all areas of the trust)*
- **The importance of documenting verbal advice given to patients on e-care**. *(Identified x 1 in Women's & Children's area – but principles applies to all areas of the trust)*
- **Documentation should be clearly annotated if written in retrospect on e-care to indicate this.** *(Identified x 1 in Women's & Children's area – but principles applies to all areas of the trust)*
- The need to have a **robust mechanism to identify when maternal and fetal observations are due** (whiteboard now has expected maternal and fetal observations for each individual antenatal woman). *(Identified x 1 in Women's & Children's area – but principles of these types of processes apply to all areas of the trust)*
- **Patient Information where possible should be written in their patients native language** (in this particular case Portuguese was available but not given). *(Identified x 1 in Women's & Children's area – but principles applies to all areas of the trust)*
- Where maternal **observations are outside normal parameters it is important that these are repeated**. *(Identified x 1 in Women's & Children's area – but principles applies to all areas of the trust when observations out of range)*

Information governance:-

- The need of **more staff awareness of the principles of information governance** (i.e. not accessing patient records unless they have a clinical need to). *(Identified x 1)*
- **The need for the Trust to be connected to the national spine to ensure that patient records can be updated from within the trust.** *(Identified x 1)*

Information Technology:-

- **The need for more robust communication channels** between the IT service provider and the end user to ensure all faults are resolves as effectively as possible. *(Identified x 1)*
- **The need for a more robust communication/escalation route between trust operational staff and IT staff when issues arise**. *(Identified x 1)*
- **The benefit of an IT representative to attend the morning patient safety meeting to highlight any potential or any current IT issues** so that this can be disseminated by the Matron team etc. *(Identified x 1)*
- **More robust IT systems in place to help mitigate against human** error – i.e. automation and computerization or forcing functions within systems. *(Identified x 3 – IT, Medical and Surgical areas)*

Trust:-

- Thoroughly reviewing patient's notes prior to discharge helps to reduce the risk of human error. ***(Identified x 1 – but applies to all areas)***
- How the learning from death review process can aid collaborative working. ***(Identified x 1 – but applies to all areas)***
- The need of more staff awareness that paper information should not leave the trust without authorisation. ***(Identified x 1 – but applies to all areas)***

13. Gender Pay Gap Report

To RECEIVE the report

For Report

Presented by Jan Bloomfield

Trust Board – 1 March 2019

Agenda item:	13			
Presented by:	Jan Bloomfield, Director of Workforce and Communications			
Prepared by:	Denise Pora, Deputy Director of Workforce (Organisation Development)			
Date prepared:	4 February 2019			
Subject:	Gender Pay Gap Report			
Purpose:		For information	X	For approval

Executive summary:
All employers with 250 or more employees are required by law to publish their gender pay gap each year on their own and the Government's website. The Trust must publish this data by 30 March 2019.

The gender pay gap looks at the difference in the average pay between all men and women in an organisation, taking account of the full range of jobs and salaries. It is different from 'equal pay', which guarantees equal reward for men and women for doing the same or similar jobs of equal value.

WSH gender pay gap – average pay (hourly rates)

Mean average gender pay gap

- The 2018 mean average gender pay gap was 6.0%. This is **2.1% lower** than the 2017 mean average gender pay gap of 8.1%.

Median average gender pay gap

- The 2018 median average gender pay gap was 23.5%. This is **0.7% lower** than the 2017 median average gender pay gap of 24.2%

The reasons for this gap remain the same as 2017. That is we have proportionately more men in more skilled, senior, higher paying jobs than we have women. In particular senior management roles and senior medical staff.

WSH gender pay gap – bonus pay

Bonus payments for gender pay gap reporting are made up of Clinical Excellence Awards (CEA) and Discretionary Points paid to consultant medical staff. No other bonus payments are made to Trust staff.

Mean average bonus payments gender pay gap

- The mean average male award was £9857 a reduction of £2273 in comparison with 31 March 2017.
- The mean average female award was £7563 also a slight reduction of £525 on the previous year.
- The combined effect of this change in the distribution of awards for both male and female consultants is that the mean average bonus gender pay gap was 23.27%. This is a reduction of 9.83% compared to the 2017 figure of 33.1%.

Median average bonus pay gap

- Both male and female median bonus pay was £6032.04 at 31 March 2018 and there was no gender pay gap based on the median average bonus payment.
- The median gender pay gap in March 2017 was 33% (i.e. median male bonus was 33% higher than the median female bonus).

Learning from 2017 and 2018 GPG reports is that neither mean nor median bonus GPG figures are particularly helpful figures for identifying or monitoring any gender pay gap in Clinical Excellence Awards. One reason for this is that the numbers of staff in receipt of an award are relatively small and the differences in the levels of award great. This means small changes can have a big impact on the statistics. More useful measures are:

- The number of male and female consultants in receipt of an award – the trend should be towards an equal number (consistent with the representation of males/females in the consultant workforce) and
- An equal spread of levels of award amongst male and female recipients

This data shows that in 2018 female consultants made up 43% of the consultant workforce. 47% of those receiving CEA were female – a slight over-representation of females. The distribution of awards is still in favour of men at the higher levels.

What are we doing to close the gender pay gap?
The Trust has a number of processes in place to help ensure gender pay equality e.g. structured recruitment process using the national NHS jobs website, helping to support us make unbiased recruitment decisions and use of the national Agenda for Change job evaluation system.

Trust priorities *[Please indicate Trust priorities relevant to the subject of the report]*	**Deliver for today**	**Invest in quality, staff and clinical leadership**	**Build a joined-up future**
		X	

Trust ambitions *[Please indicate ambitions relevant to the subject of the report]*	*Deliver personal care*	*Deliver safe care*	*Deliver joined-up care*	*Support a healthy start*	*Support a healthy life*	*Support ageing well*	*Support all our staff*
							X

Previously considered by:	Trust Executive Group 19.2.18
Risk and assurance:	Pay data in this report was provided by our electronic staff record ESR.
Legislation, regulatory, equality, diversity and dignity implications	Equality Act 2010 (Gender Pay Gap Information) Regulations 2017

Recommendation:
Trust Board is invited to approve the Trust's 2018 Gender Pay Gap Report.

Gender Pay Gap Report 2018

1. What is the gender pay gap?

The gender pay gap (GPG) looks at the difference in the average pay between all men and women in an organisation, taking account of the full range of jobs and salaries.

The gender pay gap is **not** about equal pay for work of equal value i.e. paying men and women the same for doing the same or broadly similar jobs or for work of equal value. Our arrangements for ensuring equal pay for work of equal value are detailed in section 6.

This report is based on data as at 31 March 2018.

2. Gender Pay Gap - Average Pay

The figures reported below show West Suffolk NHS Foundation Trust's gender pay gap in two ways – as median and mean average hourly rates.

The mean calculates the total amount earned across the organisation, divided by the number of people employed. The median looks at all the salaries in the range and identifies the mid-point. *For example, in a team of 20 people five have a salary of £10k a year, five have a salary of £20k a year and ten have a salary of £30k a year. The mean salary is £22.5k and the median salary is £25k a year.*

Average hourly rates:

- 6.0% median average – the mid-point salary for women is 6% lower than for men.
- 23.5% mean average – overall men are paid almost a quarter more than women

What causes this gap?

- We have proportionately more men in more skilled, senior, higher paying jobs than we have women; in particular amongst senior management roles and senior medical staff.

How does this compare to last year?

- The 2018 median average gender pay gap is 2.1% lower than the 2017 median average gender pay gap which was 8.1%. This means the gap between the mid-point salary for women and men has reduced by 2.1% which is an improvement in the pay gap between men and women.

- The 2018 mean average gender pay gap is 0.7% lower than the 2017 median average gender pay gap which was 24.2%. This means that overall the amount by which men are paid more than women has reduced by less than 1%.

Comments
There is no obvious reason(s) for these slight reductions in the GPG. More detailed analysis of the data by pay band does not highlight any cause and the changes in the GPG at pay band level have been very small. One cause could be the TUPE transfer of community staff in October 2017.

3. Gender Pay Gap – Bonus Pay

What bonuses are paid to staff?

81 employees received 'bonus' pay. These are some of our medical consultants who get 'clinical excellence awards' (CEA) or discretionary points. These recognise and reward those consultants who contribute most towards the delivery of safe and high quality care to patients and to the continuous improvement of NHS services. These are counted as bonus payments when making calculations about gender pay.

There are nine levels of CEA and the range of payments is large (a level one award is worth £3016 a year and a level nine award is worth £36192 i.e. 12 times the value of a level one award). This means that relatively small changes in the number of consultants receiving the higher level awards can have a significant impact on the mean average as one award can increase or decrease the overall sum paid significantly.

Mean average bonus payments gender pay gap

The mean average male award was £9857 a reduction of £2273 in comparison with 31 March 2017. The mean average female award was £7563 also a slight reduction of £525 on the previous year.

The combined effect of this change in the distribution of awards for both male and female consultants is that the mean average bonus gender pay gap has reduced from 33.1% (i.e. male mean average bonus 33.1% higher than female mean average bonus) to 23.27%.

Median average bonus payments gender pay gap

Both male and female median bonus pay was £6032.04 at 31 March 2018 and there was no gender pay gap based on the median average bonus payment. The median gender pay gap in March 2017 was 33% (i.e. median male bonus was 33% higher than the median female bonus).

Comments

- There was a small increase in the number of both male (+5) and female (+7) consultants receiving CEA at 31 March 2018 by comparison to 31 March 2017. These consultants were paid the lower level awards and this had the effect of lowering both the mean and median averages.

- The mean average bonus paid to men remains higher than that paid to women because more male than female consultants still receive the highest level (and paying) CEA.

- When considering the median bonus GPG it should be noted that CEA are paid pro-rata to part time workers and this has the effect of reducing the median value. Since more female consultants work part time than male consultants this reduces the median for women more than men.

- Learning from 2017 and 2018 GPG reports is that neither mean nor median bonus GPG figures are particularly helpful figures for identifying or monitoring any gender pay gap in Clinical Excellence Awards. One reason for this is that the numbers of staff in receipt of an award are relatively small and the differences in the levels of award great. This means small changes can have a big impact on the statistics.

- More useful measures are:

  The number of male and female consultants in receipt of an award – the trend should be towards an equal number (consistent with the representation of males/females in the consultant workforce) and

  An equal spread of levels of award amongst male and female recipients

Appendix A provides this data for 2017 and 2018. It is proposed that in addition to producing the GPG data we are legally required to provide, EBAC and the Trust Board should also monitor the data provided in **Appendix A** year on year. It shows that in 2018 female consultants made up 43% of the consultant workforce. 47% of those receiving CEA were female – a slight over-representation of females. The distribution of awards is still in favour of men at the higher levels.

4. What are we doing to close the gender pay gap?

We are committed to promoting greater equality, diversity and inclusion across the Trust. This means making sure men and women have equal opportunities on recruitment, pay, training and career progression. We have processes in place that help ensure gender equality including:

- A structured recruitment process using the national NHS jobs website, helping to support us make unbiased recruitment decisions.
- We use the national job evaluation scheme for all staff on agenda for change terms and conditions of employment. This makes sure all non-medical jobs are measured against the same criteria and weighting of job elements is consistent. Medical staff have national terms and conditions of service and pay arrangements (see section 6 below: Equal pay for work of equal value).
- An agreed, standard process is in place for consultant job planning to ensure it is bias free.
- All trust staff are encouraged to undertake unconscious bias training and we are making it mandatory for everyone who is involved in recruitment
- A range of family friendly policies, including for maternity, paternity, shared parental leave, and flexible working that help support work/life balance for women and men.
- Clinical Excellence Awards are made on the basis of national guidance set out by the Advisory Committee on Clinical Excellence Awards. An internal process is in place to monitor the distribution of awards. Additionally in 2018/19 we reviewed our policy and processes and made changes to ensure any scope for bias on any basis is identified and removed. The changes will come into effect in October 2019 and any impact will be seen from the GPG Report based on 31 March 2020 data.

5. Key statistics from our 2018 gender pay gap report

The reference (or snapshot) date for the gender pay gap data in this report is 31.3.18. 31 March each year is the date all public sector organisations must use.

- Difference in mean pay between male and female staff 23.5%
- Difference in median pay between male and female staff 6.00%
- Difference in mean bonus pay between male and female staff 23.27%
- Difference in median bonus pay between male and female employees - 0%
- The proportion of men receiving a bonus 5.1%
- The proportion of women receiving a bonus 1.1%
- Proportion of men and women working for the Trust by pay quartile

Quartile	**Men %**	**Women %**
Upper (higher pay)	27.7	72.3
Upper middle	13.5	86.5
Lower middle	17.3	82.7
Lower quartile	17.4	82.6

- Proportion people working for the Trust by gender*

Men %	**Women %**
19	81

6. How we ensure equal pay for work of equal value

West Suffolk NHSFT delivers equal pay through adopting nationally agreed terms and conditions for our workforce. These are the National NHS Agenda for Change Terms and Conditions of Service (AfC).

AfC is negotiated nationally by the NHS Staff Council, led by NHS Employers. The national NHS Staff Council has overall responsibility for the AfC pay system and has representatives from both employers and trade unions. AfC provides the framework for pay arrangements which are in place at West Suffolk NHSFT. Typically, AfC terms and conditions apply to nursing, allied health professionals and administration, management and clerical staff, which are the majority of the workforce.

Medical staff are employed on national terms and conditions of service and pay arrangements. These pay arrangements are negotiated nationally on behalf of employers by NHS Employers with the NHS trade unions. These terms and conditions include all Consultants, Medical and Dental staff and Doctors and Dentists in Training.

January 2019

Appendix A

Clinical Excellence Awards and Discretionary Points by gender and level

	31-Mar-17							31-Mar-18					
	Female		Male		Total			Female		Male		Total	
CEA Level	No.	%	No.	%	No.	%		No.	%	No.	%	No.	%
1	8	38.10	13	61.90	21	30.00		12	42.86	16	57.14	28	34.57
2	8	61.54	5	38.46	13	18.57		9	52.94	8	47.06	17	20.99
3	6	60.00	4	40.00	10	14.29		6	60.00	4	40.00	10	12.35
4	4	50.00	4	50.00	8	11.43		5	50.00	5	50.00	10	12.35
5	2	40.00	3	60.00	5	7.14		2	66.67	1	33.33	3	3.70
6	1	50.00	1	50.00	2	2.86		1	25.00	3	75.00	4	4.94
7	3	60.00	2	40.00	5	7.14		3	60.00	2	40.00	5	6.17
8	0	0.00	1	100.00	1	1.43		0	0.00	0	0.00	0	0.00
9	0	0.00	5	100.00	5	7.14		0	0.00	4	100.00	4	4.94
Total	32	46%	38	54%	70	100.00		38	47%	43	53%	81	100.00

	31-Mar-17							31-Mar-18					
	Female Headcount		Male Headcount		Total			Female Headcount		Male Headcount		Total	
Consultant medical staff in post	No.	%	No.	%	No.	%		No.	%	No.	%	No.	%
	79	43%	104	57%	183	100		80	43%	106	57%	186	100

	31-Mar-17							31-Mar-18					
	Female		Male		Total			Female		Male		Total	
	No.	%	No.	%	No.	%		No.	%	No.	%	No.	%
Discretionary point	1	100	0	0	1	100		1	100	0	0	1	100

14. Staff Supporters

To RECEIVE the report, including example of learning

For Report

Presented by Jan Bloomfield

Trust Board – 1 March 2019

Agenda item:	14			
Presented by:	Jan Bloomfield, Executive Director of Workforce and Communications			
Prepared by:	Denise Pora, Deputy Director of Workforce (Organisation Development) and Denise Needle, Deputy Director of Workforce (Workforce Development)			
Date prepared:	19 February 2019			
Subject:	Support for staff concerns about patient safety, bullying and harassment and/or inclusion			
Purpose:	X	For information		For approval

Executive summary:

This report responds to Board members' request for an update on the range of services available to support Trust staff with concerns about patient safety, bullying and harassment and/or inclusion issues. These services supplement and support the role of Freedom to Speak Up Guardian and the Trust strategy of 'freedom to speak up, freedom to improve'. They are collectively promoted within the organisation as 'Staff Supporters' and as part of our health and wellbeing offer. The relevant services are:

- **Trusted partners** are volunteer members of staff who provide confidential, independent advice and a listening ear for issues such as bullying and harassment, and equality and diversity.
- **Tea and empathy** is on-call emotional support for anyone having a really bad day is provided by volunteer members of staff (clinical and non-clinical). Any member of staff can access the service by calling the switchboard
- **Chaplaincy service** - regardless of whether staff are religious or not, the chaplaincy team provides: a listening ear in times of difficulty or crisis and pastoral counselling.
- **Trust executive open door** - executive directors are in Time Out from 8.00 am to 9.00 am every Wednesday and staff are invited to drop by to talk informally to members of the executive team.
- **Care first** is our employee assistance programme. It provides a counselling and support service for all employees over the phone or online. It is completely confidential, with the exception of situations where there are concerns for patient safety, and available 24/7.
- **Staff governors** - there are five staff governors who represent the staff perspective in strategic discussions.

Staff are also encouraged to seek the support of their line manager, the HR team and trade unions as well as specialist teams e.g. postgraduate medical education, governance team. The newly established LGB&T+ network is an additional source of support for inclusion issues.

Services are actively promoted through the Trust and community intranets and the Greensheet.

Use of services is monitored where appropriate/possible.

Trust priorities *[Please indicate Trust priorities relevant to the subject of the report]*	**Deliver for today**		**Invest in quality, staff and clinical leadership**		**Build a joined-up future**		
	X		**X**				
Trust ambitions *[Please indicate ambitions relevant to the subject of the report]*	 *Deliver personal care*	 *Deliver safe care*	 *Deliver joined-up care*	 *Support a healthy start*	 *Support a healthy life*	 *Support ageing well*	 *Support all our staff*
		X					X
Previously considered by:	n/a						
Risk and assurance:	n/a						
Legislation, regulatory, equality, diversity and dignity implications	Compliance with the Equality Act 2010						
Recommendation: The Board are invited to note and accept this report.							

Support for staff concerns about patient safety, bullying and harassment and/or inclusion

Introduction

This report responds to Board members' request for an update on the range of services available to support Trust staff with concerns about patient safety, bullying and harassment and/or inclusion issues. These services supplement and support the role of Freedom to Speak up Guardian and the Trust strategy of 'freedom to speak up, freedom to improve'. They are collectively promoted within the organisation as 'Staff Supporters' and as part of our health and wellbeing offer.

Services available to staff

Trusted partners
Trusted Partners are volunteer members of staff who provide confidential, independent advice and a listening ear for issues such as bullying and harassment, and equality and diversity. There are currently 19 Trusted Partners from a range of clinical and non-clinical, and senior and junior roles. The role has existed in the Trust for some years as a resource to support those who feel bullied or harassed. In 2018 the role was extended to include staff who have lived experience of one or more of the characteristics protected by the Equality Act 2010 and who are willing to support others who have similar experience or by sharing knowledge and information. On-going support and training will be provided for those who act in this role and a well-attended coaching skills workshop was run in November 2018.

Trusted partners have reported a total of five contacts from staff concerned about bullying and harassment from September 2018 to January 2019.

Tea and empathy
On-call emotional support for anyone having a really bad day is provided by volunteer members of staff (clinical and non-clinical). Any member of staff can access the service by calling the switchboard. The rota covers 9am to 5pm on weekdays. Staff ring switchboard and ask for Tea and Empathy on-call. Switchboard tells them who is on-call, and if the staff member wants to be put in touch, switchboard will get hold of them. The person who is on-call – the empathiser – will arrange a time when the staff member can meet them in a quiet place, have a cup of tea together and tell them about their day. It may not be straightaway, but it will be the same day.

The empathiser will listen non-judgmentally. The team is made up of people who are warm and approachable and they all understand that sometimes work can feel overwhelming. The majority of empathisers are consultant medical staff, although some clinical and non-clinical senior managers also hold the role.

Neither Trusted Partners nor Tea and Empathy empathisers guarantee confidentiality because the partner/empathiser needs to be able to act if anything the staff member describes suggests that patient safety is at risk, or that the staff member themselves may be at risk. Other than that, though all the details of the conversation are between the two people alone.

Chaplaincy service
Regardless of whether staff are religious or not, the chaplaincy team provides: a listening ear in times of difficulty or crisis, whether personal or work; a space to talk about life, the purpose or the meaning of things; and pastoral counselling. For staff who have a faith, the Chaplaincy service can also provide support with: practicing a faith or spiritual tradition; making contact with representatives of other faith communities; and prayer support.

Trust executive open door
Executive directors are in Time Out from 8.00 am to 9.00 am every Wednesday and staff are invited to drop by to talk informally to members of the executive team. This arrangement has been in place for over two years.

Care first
Care first is our employee assistance programme. It provides a counselling and support service for all employees over the phone, online and face-to-face. It is completely confidential, with the exception of situations where there are concerns for patient safety, and available 24/7.

Feedback from Care first between August and October 2018 was that there were 45 telephone counselling sessions and 47 face-to-face. There were four calls to the telephone information service (e.g. legal queries). Care first report that by comparison with other NHS Trusts using the service there are high levels of use and awareness by staff, with referral by individuals and managers. Three quarters of the personal issues raised related to emotional health concerns including stress and anxiety. This is consistent with other NHS Trusts.

Staff governors
There are five staff governors who represent the staff perspective in strategic discussions.

Other support mechanisms

As part of our approach to partnership working with staff side organisations we actively promote Trade Unions as a source of support for staff for health and safety advice, education support and member support for disciplinary issues.

A LGB&T+ network was set up in the Trust in the autumn of 2018 comprising members of the LGB&T+ community working in the organisation and allies. The support network organised a training session run by the Terrence Higgins Trust for all staff in February 2019 on tackling homophobia. Trans awareness training is also being provided by the Kite Trust to help ensure staff and patients who are trans receive appropriate support.

In addition staff are encouraged to seek the support of their line manager, the HR team and specialist departments (e.g. health and safety and risk office, postgraduate medical education team and governance support.) The Trust is investing in training and development for managers to ensure they are equipped to provide appropriate support for staff. This includes: positive performance management, having difficult conversations, training on the Trust bullying and harassment policy and training for line managers to support staff with mental health issues. The summer 2019 Trust Leadership summit in June will focus on how inclusive and compassionate leadership can tackle bullying and harassment.

The services detailed in this report are those that support staff with concerns around patient safety, bullying and harassment and inclusion issues. In addition, the Trust offers a wide range of other services to staff to support physical and mental health and wellbeing.

Promotion of services

Staff can access support through the Trust and community intranets through a single ‘staff supporters’ landing page that has links to all services. Services are also advertised in the Greensheet, at Trust induction by the Executive Director of Workforce and Communications and the Freedom to Speak up Guardian and through promotional campaigns in the Trust.

Monitoring

Where possible, evidence of use and the types of issues raised by staff are captured for monitoring purposes. Where information is available it has been included in the relevant paragraph above.

15. Consultant appointment report

To ACCEPT a report

For Report

Presented by Jan Bloomfield

BOARD OF DIRECTORS –01/03/2019

Agenda item:	15			
Presented by:	Jan Bloomfield, Executive Director of Workforce and Communications			
Prepared by:	Medical Staffing, HR and Communications Directorate			
Date prepared:	18th February 2019			
Subject:	Consultant Appointments			
Purpose:	X	For information		For approval

Executive summary:

Please find attached confirmation of Consultant appointments

Trust priorities	**Deliver for today**	**Invest in quality, staff and clinical leadership**	**Build a joined-up future**
	X	**X**	

Trust ambitions *[Please indicate ambitions relevant to the subject of the report]*	*Deliver personal care*	*Deliver safe care*	*Deliver joined-up care*	*Support a healthy start*	*Support a healthy life*	*Support ageing well*	*Support all our staff*
	X	X	X	X	X	X	X

Previously considered by:	Consultant appointments made by Appointment Advisory Committees
Risk and assurance:	N/A
Legislation, regulatory, equality, diversity and dignity implications	N/A

Recommendation:

For information only

POST:	Consultant in Cardiology
DATE OF INTERVIEW:	Thursday 14th February 2019
REASON FOR VACANCY:	New
CANDIDATE APPOINTED:	Dr Seth Dockrill
START DATE:	12th August 2019
PREVIOUS EMPLOYMENT:	August 2017 - Present - ST6 / ST7 - Cardiology/Advanced Heart Failure & Devices - Papworth Hospital, Cambridge August 2015 - August 2017 - ST4 / ST5 - Cardiology/General Medicine - Lister Hospital, Stevenage August 2014 - August 2015 - ST3 - Cardiology/General Medicine - Hinchingbrooke Hospital, Huntingdon August 2013 - August 2014 - Core Medical Training - Year 2 - Norfolk & Norwich University Hospital August 2012 - August 2013 - Core Medical Training - Year 1 - Queen Elizabeth Hospital, Kings Lynn August 2011 - July 2012 - FY2 - Queen Elizabeth Hospital, Kings Lynn August 2010 - August 2011 - FY1 - Queen Elizabeth Hospital & Norfolk & Norwich University Hospital
QUALIFICATIONS:	August 2018 - International Board of Heart Rhythm Examiners (IBHRE) CCDS Exam - Passed at 1st attempt June 2017 - European Examination in General Cardiology - Passed at 1st attempt September 2016 - BSE Transthoracic Accreditation Exam in Adult Echocardiography - Passed at 1st attempt August 2013 - MRCP (UK) Part 2 PACES - Passed at 1st attempt March 2012 - MRCP (UK) Part 2 Written Examination - Passed at 1st attempt September 2011 - MRCP (UK) Part 1 Examination - Passed at 1st attempt September 2005 - June 2010 - MBBS Bachelor of Medicine and Bachelor of Surgery - University of East Anglia (UEA) Medical School September 2004 - June 2005 - Access to Medicine - Distinction - City College, Norwich
NO OF APPLICANTS: **NO INTERVIEWED:** **NO SHORTLISTED:**	1 1 1

POST:	Consultant in Radiology (Part Time)
DATE OF INTERVIEW:	Monday, 14th January 2019
REASON FOR VACANCY:	Fast Track Post
CANDIDATE APPOINTED:	Dr Ioannis (John) Kolovos
START DATE:	Permanent Start Date: Monday 14th January 2019
PREVIOUS EMPLOYMENT:	May 2013 - Present – Fixed Term Radiology Consultant, West Suffolk Foundation Trust 2000 - Date - Senior and Lead Radiologist - Metropolitan Hospital, Athens, Greece 1998 – 2000 - Consultant Radiologist - Euroclinic, Athens 1996 – 1998 - Consultant Radiologist - Hammersmith Hospital and Ealing Hospital, London 1993 - 1996 - Radiology Registrar (SpR) - Addenbrookes NHS Trust, Cambridge, UK 1989 – 1993- Radiology Registrar - Tygerberg Hospital, Cape Town, South Africa 1987 - 1989 – Clinical Rotations - Whittington Hospital, Royal Free NHS & St Stephens) UK 1980 - 1987 - Medical Training and House Officer - University of Cape Town, South Africa
QUALIFICATIONS:	M.B.Ch.B MMed (Rad D) – South African Radiology Qualifications Greek Radiology Specialist Qualification
NO OF APPLICANTS: **NO INTERVIEWED:** **NO SHORTLISTED:**	1 1 1

16. Putting you first award

To NOTE a verbal report of this month’s winner

For Report

Presented by Jan Bloomfield

17. Avoiding term admissions to the Neonatal Unit

To APPROVE the action plan

For Approval

Presented by Craig Black

Board of Directors – 1 March 2019

Agenda item:	17			
Presented by:	Craig Black, Director of Resources			
Prepared by:	Rosemary Smith, Associate Director of Operations for W&C and CSS			
Date prepared:	25 February 2019			
Subject:	Avoiding term admissions into neonatal units (ATAIN) action plan			
Purpose:		For information	√	For approval

Executive summary:

Avoiding term admissions into neonatal units (ATAIN) is a programme of work to reduce harm leading to avoidable admission to a neonatal unit for infants born at term ie ≥ 37+0 weeks gestation.

The Women & Children's Division have drawn up an action plan to address local findings from the ATAIN review to address the four areas under focus:

1. Respiratory conditions
2. Hypoglycaemia
3. Jaundice
4. Asphydxia (perinatal hypoxia – ischaemia)

As part of the 'maternity incentive scheme – year two' (NHS Resolution), this action plan must be agreed at Board level and within the Local Maternity System (LMS). Progress against this action plan must be documented at future Board and LMS meetings.

Trust priorities *[Please indicate Trust priorities relevant to the subject of the report]*	**Deliver for today**	**Invest in quality, staff and clinical leadership**	**Build a joined-up future**
	√	√	√

Trust ambitions *[Please indicate ambitions relevant to the subject of the report]*	*Deliver personal care*	*Deliver safe care*	*Deliver joined-up care*	*Support a healthy start*	*Support a healthy life*	*Support ageing well*	*Support all our staff*
	√	√	√	√	√		√

Previously considered by:	Paediatric Clinical Governance Obstetrics Clinical Governance Steering Group
Risk and assurance:	

Legislation, regulatory, equality, diversity and dignity implications	Maternity and Neonatal Collaborative, 2017 NHSI - Reducing harm leading to avoidable admissions of full term babies into neonatal units, February 2017

Recommendation:

1. To acknowledge the contents of this report and to agree the associated action plan ahead of sharing with the LMS
2. Delegate authority to the Scrutiny Committee to review future returns as part of the maternity incentive scheme

NHS
West Suffolk
NHS Foundation Trust

ATAIN Programme

Avoiding Term Admissions to the Neonatal Unit

Project commencement date: August 2018

Rolling action plan

Trends and admission rates

Between 2011 and 2014, the number of term (at or over 37 weeks gestation) live births in England declined by 3.6%, but the number of admissions of term babies to neonatal units increased to 24% with a further increase of 6% in 2015.

Atain (an acronym for 'avoiding term admissions into neonatal units') is a programme of work to reduce harm leading to avoidable admission to a neonatal unit for infants born at term, ie ≥ 37+0 weeks gestation.

The programme focuses on 4 key clinical areas which make up the majority of admissions to neonatal units, however it is expected that shared learning from local reviews will identify other reasons for admission.

Review structure

The ATAIN programmes uses tools developed by NHS improvement for the 4 areas under focus:

- Respiratory conditions
- Hypoglycaemia
- Jaundice
- Asphyxia (perinatal hypoxia – ischaemia)

Local reviews

For all unplanned admissions to the neonatal unit for medical care at term, a thorough joint clinical review by maternity and neonatal services takes place each month to identify learning points to improve care provision, and considers the impact that transitional care service has on reducing admissions and identifies avoidable harm. Learning is identified and included on a rolling action plan. The review group includes:

- Neonatal ward manager / neonatal practice development nurse
- Clinical risk manager / clinical risk midwife
- Consultant paediatrician
- Consultant obstetrician (reviews records outside of the ATAIN meeting)

Process for review

The neonatal and midwifery team reviews the mothers and neonates notes prior to the ATAIN meeting using the approved NHS improvement tools. Notes identified which require in depth obstetric review are taken to the weekly Maternity Case Management meeting for multi-professional review to determine if different care in labour may have prevented admission.

ACTION PLAN ATAIN PROJECT

ATAIN Meeting	Issue	Action	Due	Status	Evidence of completion
September 2018	Ensure maternity and paediatric staff is aware of the ATAIN project and its aims. Establish lead consultants for the project.	Discuss at Paediatric Governance	**28/09/18**	**Completed**	Paediatric Clinical Governance Minutes - **Page 3**
		Include in December edition of Risky Business	**31/12/18**	**Completed**	Risky Business December 2018.pdf **Page 1**
		Discussed at Clinical Governance Steering group	**16/11/18**	**Completed**	Minutes OG CGSG November 2018.docx **Page 3**
November 2018	Identified at the ATAIN meeting that the management of Hypoglycaemia does not always follow Trust guidelines	Include section	**31/12/18**	**Completed**	Risky Business December 2018.pdf **Page 2**
December 2018	Immediate action for the management of hypoglycaemia is immediately accessible in relevant areas	Laminated pathway visible on labour Suite and F11		**Completed**	**In ward area**

ATAIN Meeting	Issue	Action	Due	Status	Evidence of completion
December 2018	One case for further review by around care in labour to identify any learning from care in labour.	Discuss at the Multi-professional case management meeting case		**Completed**	Review 171218.pdf
December 2018	Highlighted at the ATAIN meeting that Input by medical staff onto BadgerNet is not accurate with regards to whether a baby is a TC or NNU admission.	Evidence of improvement - Consultant paediatrician to email Paediatric staff to ensure this is correct.	**4/3/19**		
January 2019	The case for further review at the Monday Multi-professional case management meeting case to identify any learning from care in labour		**11/02/18**	**Completed**	MRN 2051394 Case management meeting

11:00 BUILD A JOINED-UP FUTURE

18. Community Services and West Suffolk Alliance report

To ACCEPT the report

For Report

Presented by Kate Vaughton

Board of Directors – 1 March 2019

Agenda item:	18			
Presented by:	Kate Vaughton, Director of Integration			
Prepared by:	Kate Vaughton, Director of Integration			
Date prepared:	25 February 2019			
Subject:	Community Services and West Alliance update			
Purpose:	x	For information		For approval

Executive summary:

The Trust continues to drive forward the integration agenda both at a local and system level. There are a range of work programmes underway that demonstrate the pace and scale at which the system is evolving and maturing.

Trust priorities *[Please indicate Trust priorities relevant to the subject of the report]*	**Deliver for today**	**Invest in quality, staff and clinical leadership**	**Build a joined-up future**
	x	**x**	**x**

Trust ambitions *[Please indicate ambitions relevant to the subject of the report]*	*Deliver personal care*	*Deliver safe care*	*Deliver joined-up care*	*Support a healthy start*	*Support a healthy life*	*Support ageing well*	*Support all our staff*
	x	x	x	x	x	x	x

Previously considered by:	Monthly update to board
Risk and assurance:	Failure to effectively realise the benefits of integration with community and partners
Legislation, regulatory, equality, diversity and dignity implications	None

Recommendation:

The Board is asked to note the progress being made.

West Suffolk Alliance Update

West Suffolk NHS Foundation Trust Board

1st March 2019

1.0 Introduction

This paper updates the Board on the progress and development of the West Suffolk Alliance and partnership working in our system.

2.0 STP / Integrated Care System Update

2.1 It has been agreed that Nick Hulme will step down, as Integrated Care System (ICS) Chair from March, there will be a process to appoint a new independent Chair. There will be a single NHS commissioner; we will still retain the 3 CCG's in our ICS footprint supported by a joint management team.

2.2 Each of the CCG's will evolve in order to support the 3 alliances, with a joint committee to support decision making across the ICS. We need to work through and understand how commissioning decisions will be made, to ensure that integrating services within our alliance is optimised and how we make and form the right connections with wider communities to maximise prevention.

2.3 The existing Health and Wellbeing Boards will set overarching ambitions and outcomes for the Suffolk system helping to form stronger links between those forums and the ICS board. The Integrated Care System encompasses all 3 alliances, West Suffolk, East Suffolk and North East Essex.

3.0 West Suffolk Alliance Financial Flows

3.1 Discussions have begun to explore our financial flows as a whole system rather than single organisations/bodies. Funding from West Suffolk CCG only makes up approx. 55 % of WSFT funding.

3.2 Work has started to also look at social care and district and borough budgets and spend so that we can understand the whole picture for the west of Suffolk. Norfolk and Suffolk Foundation Trust, Suffolk County Council, and District and Borough Councils will help to build this financial picture.

3.3 We will look at work streams on planned shift of investments and workforce so that we can begin to understand where system investment is best directed to have maximum impact to be able to realise our Alliance ambitions.

4.0 Governance

4.1 An ICS governance review is underway, supported by the Kings Fund. All 3 Alliances will now embark on a local review process and link up where appropriate. At a local level we need to review the existing governance structures within the Alliance as well as using the opportunity to reflect on those within the individual system partners. The aim of the review will be to ensure we have systems and processes in place in order to build confidence within the Alliance's ability to operate as a partnership. This will also involve looking at

where we can collapse some historic meetings to channel discussions through system forums.

4.2 We will create a design panel to do this work in our Alliance. The panel will be made up of system partners and led by the Integration and Partnership team. The work will help ensure that our governance processes and forums remain relevant as the Alliance continues to develop and change the way it is working.

4.3 These changes to the way we are working and making decisions are happening at pace, particularly with front line clinicians and it is important to ensure that processes support and enable new practice and change rather than hinder and frustrate.

5.0 Realising Ambitions Funding

5.1 Following discussions at the Alliance Steering Group and System Executive Group, agreement was reached to recommend the following three ambitions as the focus for the ICS funding stream for the development of Voluntary Care Services:

- Improving mental health and reducing suicides,
- Being more proactive in relation to obesity prevention and treatment,
- Neighbourhood action to combat loneliness

5.2 The funding needs to be directed into localities, it is important that we use this to work with organisations already within localities that have established links and have a good understanding of local need.

5.3 We will ask the voluntary sector to lead and direct this, this will be a very different approach to how we spend our money, but is a good indication that we understand the need to do things differently and that we recognise the outcomes and benefits may be felt elsewhere in the system. Our families and communities' team and voluntary service leads will play a key role in leading the process.

6.0 Alliance Estate

6.1 We have progressed well in this area. It has been agreed that Jacqui Grimwood will be the named Alliance lead for estates and will co-ordinate estates discussions, plans and strategy across the west Suffolk area working closely with key estates colleagues.

6.2 Public Land includes NHS, Councils and Police and our public resources have been mapped by individual owners, and this will now be collated and cross checked so that we have a whole system map of all estate resource.

7.0 Mental Health Model Update

7.1 NSFT has a new Chair appointed from East London Foundation Trust by NHSi for a 2-year period, along with an enhanced buddy scheme between the two Trusts.

7.2 The commissioning approach for Suffolk is being reviewed and one of the options is for the Alliance partners working with NSFT to complete a Most Capable Provider exercise to deliver the new strategy. In preparation for this we are scoping what resource would be required in order to respond to the MCP process.

7.3 The mental health services, particularly the community teams and primary care workers are intrinsic to our integrated model and changing how we respond to mental health demand will be key to achieving our Alliance ambitions and improving services for the people of West Suffolk.

8.0 Voluntary Services

8.1 Improving how we work with our voluntary sector colleagues is one of the main areas of focus for the Alliance. To explore how we might do this, a workshop has been arranged for SEG members on the afternoon of 27 February 2019.

8.2 The session will include Community Action Suffolk giving an overview of their work, and will open up debate about how we are working with the District and Borough teams, the larger voluntary sector organisations and Healthwatch.

8.3 The outcome will be agreement on how the voice of the voluntary sector is feeding into the alliance structure in a timely and meaningful way at strategic, operational and locality level. This work will also feed into governance review by the design team

9.0 Buurtzorg Test and Learn

9.1 The Buurtzorg test and learn phase completes at the end of February. At which point it will move into the pilot phase. We now need to examine the learning from the test and learn phase and incorporate this learning into the design and scope of the pilot phase.

9.2 We have received some telephone feedback from the Kings Fund evaluation. This will be put into a formal report and shared with members of the steering group on 1st March. The Health and Wellbeing Board will receive a presentation on the key findings in July.

9.3 The senior clinical lead has now commenced in post and discussions are underway with the Bury locality team about how we might increase the patient caseload by working more jointly.

10.0 Programme Delivery Group

10.1 The second PDG met on 14th February 2019 with a focus on localities. This group brings together people who are leading/working on any change/transformation across the system to ensure co-ordination and focus on Alliance working.

10.2 There were 28 attendees, with a number of partners across the System represented, including various reps from WSCCG, Suffolk County Council, St Edmundsbury and Forest Heath Borough Councils, West Suffolk Hospital, NSFT, Community Pharmacy, Public Health

10.3 The session focused on the localities, how well they are understood, how well they are developing, and the terminology we use. After a group discussion, it was clear there are a number of different definitions, variable understanding, and confusion. The group agreed there is a need to be both consistent and simplistic to avoid confusion amongst staff and users of our services.

10.4 It was agreed to avoid using ‘Connect’, neighbourhoods, integrated team etc as these terms are not easily understood, and use the terminology Locality Teams, with the locality as the prefix – e.g. Bury Town Locality Team. This then encompasses all members statutory and non- statutory who work in that locality.

10.5 A small piece of work needs to be carried out to determine the exact boundaries of the Bury town and Bury rural areas to align health and care boundaries where possible. It is also recognised that once the boundaries for the soon to be developed primary care networks are agreed this will impact further on the locality boundary.

10.6 The 6 localities each now have a 'named lead' from different parts of the system that will support the locality to develop. Four of the locality co-ordinators have also been appointed. Locality meetings are being established for each area, and the named leads will work together to ensure consistency. The named leads and their respective localities are:

- Haverhill – Lois Wreathall (WSCCG/WSFT)
- Newmarket – Sandie Robinson (WSCCG/WSFT)
- Bury Rural – Jayne Rooney (WSCCG/WSFT)
- Bury Town – Bernadette Lawrence (SCC)
- Sudbury – Rob Kirkpatrick (SCC)
- Mildenhall/Brandon – Dawn Godbold (WSFT)

10.7 The group worked through: what is our common language? What is working well in the localities? What not so well? How do we create the right culture to enable and support people to work and behave differently? The outputs from the session can be seen in A**ppendix 1.**

11.0 Demand Management

11.1 As a system there is clear acknowledgement that demand for services is rising. There are currently a number of inter-related work streams underway that will assist us to understand and change how, as a system, we can manage demand differently. The areas of work that will impact on this are:

- The new demand management model for Suffolk County Council
- The responsive care specification (which covers Early Intervention Team (EIT), home first, care home crisis support, admission prevention nurses, support to go home)
- Buurtzorg
- Rapid Intervention Vehicle pilot
- Use of digital technology in care homes.

11.2. The Alliance will need to form a view over the next 1-2 months about how we move forward with making the necessary funding decisions and changes required to service scopes and contracts to ensure we do follow through our Alliance ambitions with real change.

11.3 We now have an evidence base for how each of these services work and the impact that they can have on both demand but also on our ability to manage our population and kept in a community/home setting and avoid an hospital admission.

11.4 It will be important that we differentiate between these services rather than assume they can all blend as they all have a slightly different service offer, with some natural synergies and some distinct differences, and different skills sets required. Where services should come together to provide a more holistic offer in a less complex model this should be supported.

12.0 Primary Care Contract 19/20

12.1 This new contract for Primary care has recently been published and practices are now beginning to consider the potential implications of this as well as the options for implementation. There is some consistency in content with our Alliance strategy and the commitments to deliver place based care around the populations we serve. For example:

- There is requirement for practices to work with each other to form Primary Care Networks around a population of 30-50,000
- Each network to have a named clinical lead

- To undertake/be involved in social prescribing
- To have a broad range of skills/professions available eg pharmacists, physiotherapists, paramedics within the Primary Care team
- Urgent care services to be joined up across networks
- Sharing of records and patient access

12.2 The purpose of the new contract is to make practical changes to help solve the big challenges facing general practice. In particular workforce and workload are to be developed to deliver the expansion in services and improvements in care quality and outcomes as set out in 'The NHS Long Term Plan. These will be phased over a realistic timeframe and be able to ensure and show value for money for taxpayers and the rest of the NHS.

12.3 There are still many questions about how the new contract will work and discussions will continue with the central NHS team and the programme of work evolves. As a system we will seek to ensure that we can implement and create solutions for these changes in the most integrated way possible. We can do this by utilising all of the resources we have in our system both inside and outside primary care to develop the locality offer to our patients.

12.4 The networks and their named leads need to be agreed by July 2019. GP activity and waiting times to be published monthly from 2021 and 111 direct booking into practices will commence nationally in 2019.

12.5 All patients are to have the right to digital-first primary care including web and video consultations by April 2021. This includes all patients having digital access to their full records from 2020 and being able to order repeat prescriptions electronically as default from April 2019. These are all changes that have already been discussed locally but the national guidance will act as a catalyst for this work.

13.0 Rapid Intervention Vehicle (RIV)

13.1 The RIV service launched 01.10.18 in Bury Town and Sudbury localities, operation times: Mon-Fri 1100 – 1900. This was extended to include Bury Rural locality from the 22.10.18. The weekend RIV service commenced 01.12.18 covering ALL localities in west Suffolk.

13.2 This project used transformation funding for a Rapid Response Vehicle manned by an EIT Therapist and Specialist Paramedic or Emergency Care Practitioner .The services responds to both EIT and EEAST Calls. The activity can be seen below.

Activity Jan 19				
	Total	**Conveyed**	**Not Conveyed**	**Not Conveyed %**
999 Triage	36	15	21	58%
EIT Triage	57	8	49	86%
Total Calls	93	23	70	75%
Activity to 10 February 2019				
	Total	**Conveyed**	**Not Conveyed**	**Not Conveyed %**
999 Triage	19	7	12	63%
EIT Triage	11	2	9	81%
Total Calls	30	9	21	70%

13.3 The system now needs to agree whether or not this service should continue and expand to cover the whole of the west geography following this 6 month pilot. EEAST require no

additional funding to expand the vehicle operations to cover the whole for the West Suffolk area:

Indicative RIV (EEAST) continuation costs:
Staff: £148,136
Vehicle: 23,994
Therapy continuation costs
Staff: £83,361

13.4 This has been presented to and discussed at the A/E delivery board and will go to the March meeting of the SEG for decision.

14.0 Improving Access to Psychological Therapies - Development of Long Term Condition Pathways

14.1 Suffolk CCGs have commissioned Improving Access to Psychological Therapies (IAPT) service since 2008, as part of the 1st wave of IAPT providers in England. The services have transformed the treatment of depression and anxiety related disorders for people aged 16+ years in Suffolk, currently successfully treating the relevant population within nationally specified waiting time targets and achieving the key outcomes of recovery for over 50% and reliable improvement for over 60% of people treated in the service.

14.2 The Long Term Condition expansion for IAPT has begun through the use of the Living Life to the Full (LLTTF) online guided CBT programme, specific to those living with long term conditions (LTCs). This will provide all those with LTCs across Suffolk access to the public version of LLTTF specific for LTCs (as part of the Suffolk-wide commissioned pilot).

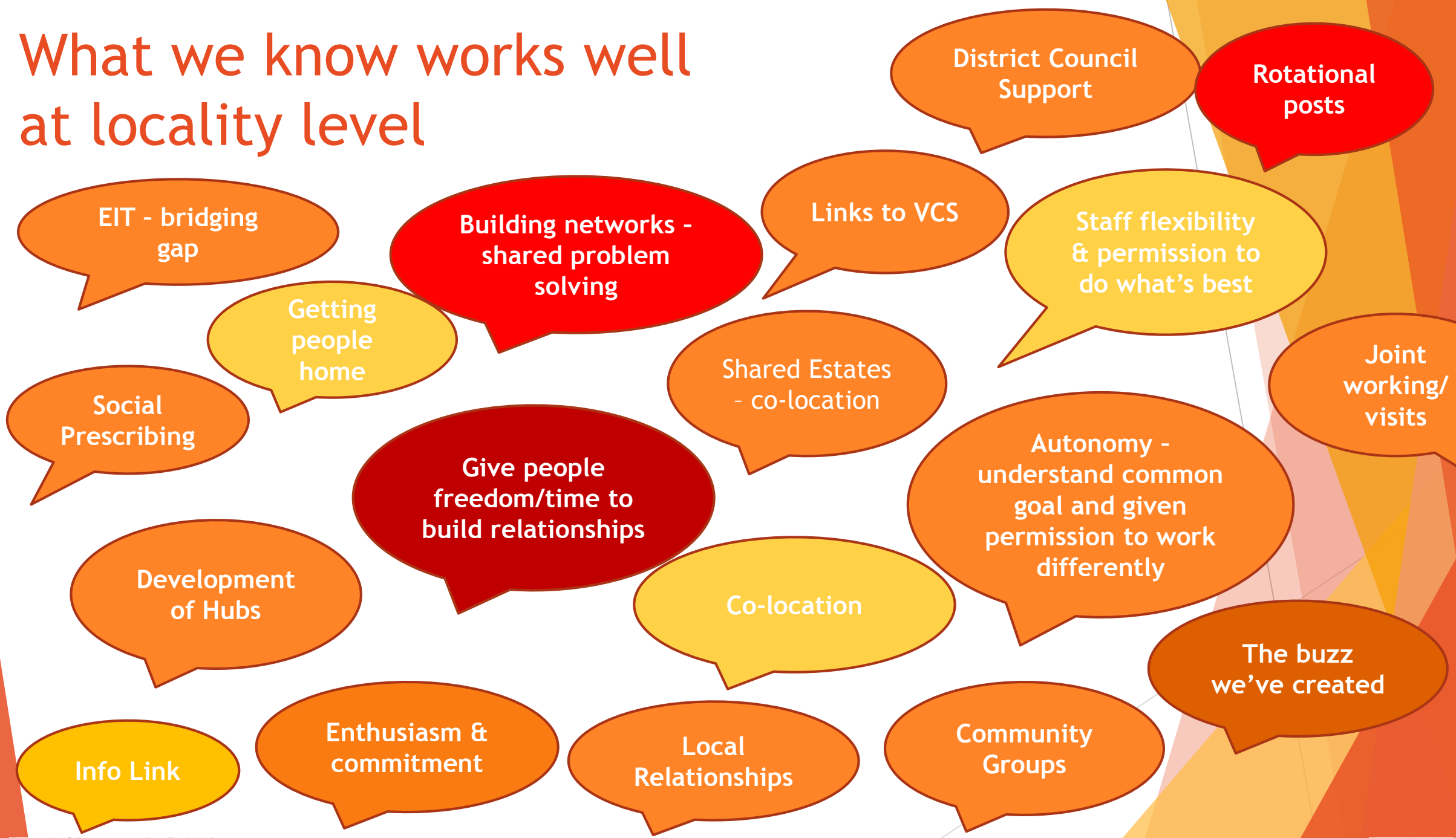
14.3 As part of this programme if through using the LLTTF online programme individuals rate their levels of anxiety and/or depression beyond the mild threshold, they will be given the option to access additional guided support over the phone within the core IAPT service rather than waiting for a separate referral.

14.4 A business case is currently in development which proposes that the expansion follows the nationally recommended roll out, focusing on Diabetic Medicine, Respiratory (COPD) and Cardiology (CHD and Stroke) in the first year and Cancer, Musculoskeletal and Gastroenterology (IBS) in year two.

15.0 Conclusion

The Board is asked to note the progress being made on individual initiatives and collaborative working across the system.

What we know works well at locality level



Biggest barrier is no common language

Issues - Causes the feeling of what isn't working

- 1 West Alliance → 1 commitment to work differently
- 6 localities → 6 locality teams
- Create a structure needed to make people feel safe to take responsibility/and risks/and relinquish responsibility

11:15 GOVERNANCE

19. Trust Executive Group report

To ACCEPT a report

For Report

Presented by Stephen Dunn

Board of Directors – 1 March 2019

Agenda item:	19			
Presented by:	Dr Stephen Dunn, Chief Executive			
Prepared by:	Dr Stephen Dunn, Chief Executive			
Date prepared:	18 February 2019			
Subject:	Trust Executive Group (TEG) report			
Purpose:	X	For information		For approval

Executive summary

4 February 2019

Steve Dunn provided an **introduction** to the meeting recognising the challenging operational position for December and January for both the hospital and community - with emergency department (ED) attendances increases of 11.2% and emergency admissions increases of 9.7%. In terms of winter pressure it was recognised that pressure had been felt throughout the Trust not just at the ED front door. It was noted that Sky TV would be returning to follow-up on the previous coverage. An overview was given of the NHS Long Term Plan which set out the key direction of travel in health and care services for the next ten years.

Updates were also received on the position regarding **pathology services** and work with East Suffolk and North Essex Foundation Trust (ESNEFT) as well as compliance with **flu vaccinations**.

The overall performance for **quality and operational targets** was reviewed. It was noted that the December referral to treatment (RTT) position was based on an estimate due to a reporting issue.

The **financial position** for 2018-19 was reviewed and the control total offer from NHSI for 2019-20. It was noted that the control total assumptions are being tested at present but it is likely that the offer will be accepted with an emphasis on recurrent savings as part of the Trust's cost improvement programme.

A briefing was reviewed on **EU Exit** which set out work being undertaken for a no deal scenario. The focus remains on supplier risk and support for EU staff. The positive findings of the recent internal audit review of the Trust's preparations were also outlined.

The case for a new **diabetes consultant** was reviewed and it was agreed that further work be undertaken to assess the diagnostics and imaging impact for the role.

The draft **internal audit plan** for 2019-20 was reviewed and endorsed. It was noted that review of pathology services would be undertaken as part of joint work with ESNEFT.

The quarterly report of **procurement waivers** was reviewed. It was agreed that the report be developed to provide clarity for waivers which could have been avoided.

Relevant **policy/documents**:

a) the **standing orders, standing financial instructions and scheme of reservation and delegation** were reviewed and approved for submission to the Board
b) the **Travel expenses policy** was reviewed and highlighted areas for development and clarity

c) the **Policy for the welfare and management of patients with mental health problems** was reviewed and it was agreed to strengthen the document in term of the arrangement for paediatric care.

Trust priorities *[Please indicate Trust priorities relevant to the subject of the report]*	**Deliver for today**	**Invest in quality, staff and clinical leadership**	**Build a joined-up future**
	X	**X**	**X**

Trust ambitions *[Please indicate ambitions relevant to the subject of the report]*	*Deliver personal care*	*Deliver safe care*	*Deliver joined-up care*	*Support a healthy start*	*Support a healthy life*	*Support ageing well*	*Support all our staff*
	X	X	X	X	X	X	X

Previously considered by:	The Board receives a monthly report from TEG
Risk and assurance:	Failure to effectively communicate or escalate operational concerns.
Legislation, regulatory, equality, diversity and dignity implications	None

Recommendation:

The Board note the report

20. Audit Committee report

To ACCEPT a report

For Report

Presented by Gary Norgate

Trust Board Meeting – 1 March 2019

Agenda item:	20			
Presented by:	Gary Norgate, Non-Executive Director			
Prepared by:	Louise Wishart, Assistant Director of Finance			
Date prepared:	February 2019			
Subject:	Audit Committee report - meeting held on 25th January 2019			
Purpose:		For information	X	For approval

Executive summary:

The draft minutes of the meetings of the Audit Committee on 25th January 2019 are not yet approved. The key issues and actions discussed were:-

- **Deep Dive- EU Exit.** The Deputy Director of Operations presented an update to the Committee on readiness for EU Exit supported by Internal Audit who had done a review of arrangements. The Committee found the presentation very helpful. The Committee was assured that the Trust has responded to national guidance and taken the recommended action but recognised significant uncertainties remain.

- **Quality and Risk Subcommittee Report including Clinical Audit**- The Committee received the summary Quality and Risk Subcommittee report only with the review and challenge of that report taking place at CSEC.

- **Standing Financial Instructions, Scheme of Reservation and Delegation and Standing Orders**- The Committee considered the proposed changes as part of the biannual review of these key governance documents. The Committee suggested some further minor changes and agreed the documents should be considered by TEG and then recommended they should be submitted to the Board for final approval. A copy of the final draft policies, including tracked changes, is included with this report.

- **Internal Audit and Counter Fraud**- The Internal Audit Progress Report confirmed that 3 reports had been issued since the last report to the Committee. Of the 3 reports, 2 were rated as reasonable assurance and 1 as substantial assurance.

  The Committee was pleased to see improvement on actions being implemented within the agreed timescales but further work is required in some areas. The internal auditors will continue to improve their reporting in this area so that the Committee is clear where an persistent areas of non-compliance are.

  The 2019/20 Internal Audit Plan was approved with some amendments requested by the Committee.

  The Trust Local Counter Fraud Specialist (LCFS) presented a progress report and risk assessment. The Committee asked for a report on the National Fraud Initiative to understand

how this could help inform the risk assessment and areas for focus in the future.

In addition the Committee asked for a geographical presentation on which areas in the Community the LCFS had covered with staff numbers trained.

The Committee approved the 2019/20 LCFS Plan.

- **External Audit**- The Committee received and approved the 2018/19 external audit plan which set out the planned level of materiality and the significant risks identified for the audit.

  The Committee received the engagement letter and audit report on the 2017/18 Charitable Fund Accounts. The errors identified during the audit were highlighted.

- **Charitable Fund Annual Report and Accounts**- Following previous delegation of authority from the Board, the Committee approved the 2017/18 Charitable Fund Annual Report and Accounts after consideration of the Audit Report. The Committee also approved the Letter of Representation to the auditors.

- **Changes to accounting policies, going concern and significant accounting estimates**- The Committee considered the draft accounting policies for the Trust accounts that will be submitted for audit 23 April 2019.

  The known significant estimates were discussed and the risks highlighted.

  The Committee discussed the fact that the Trust is preparing the accounts on a going concern basis given that the Trust has been in deficit for some time, has significant debt which needs to be repaid and is planning to borrow more in 2019/20. The Committee agreed that the going concern is appropriate despite this because DHSC will continue to commission healthcare services in this area regardless of the situation of this Foundation Trust. ***The Board need to confirm their agreement with this approach.***

- **Quality Accounts**- It was confirmed that the Governors would be selecting the local indicator to be audited from the Quality Accounts.

- **Audit arrangements for key partner organisations**- It was confirmed that if specific assurance is required on key partners it is likely that we can request it from the relevant host organisation. This has been confirmed for NEEPS and Category Towers LLP. The STP is hosted by ESNEFT.

- **Private meeting with the auditors**- At the end of the meeting the NEDs met privately with internal and external audit which was a useful opportunity for all.

Trust priorities *[Please indicate Trust priorities relevant to the subject of the report]*	**Deliver for today**	**Invest in quality, staff and clinical leadership**	**Build a joined-up future**
	X	**X**	**X**

Trust ambitions *[Please indicate ambitions relevant to the subject of the report]*	*Deliver personal care*	*Deliver safe care*	*Deliver joined-up care*	*Support a healthy start*	*Support a healthy life*	*Support ageing well*	*Support all our staff*

	X	X	X				X
Previously considered by:	*This report has been produced for the monthly Trust Board meeting only*						
Risk and assurance:	*None*						
Legislation, regulatory, equality, diversity and dignity implications	*None*						

Recommendation:
The Board is asked to:

- receive and note the Audit Committee report for meeting held on 25 January 2019
- approve the revised Standing Financial Instructions, Scheme of Reservation and Delegation and Standing Orders
- approve the 2018/19 Trust Accounts being prepared on a going concern basis

20.1. Standing orders, standing financial instructions and accounting policies

For Report

Presented by Gary Norgate

West Suffolk NHS
NHS Foundation Trust

Trust Policy and Procedure **Document Ref. No: PP(14)222**

Scheme of reservation and delegation of powers

For use in:	All areas of the Trust
For use by:	All Trust staff
For use for:	Financial Governance matters
Document owner:	Assistant Director of Finance
Status:	Approved

Contents **Page**

1. Interpretation and definitions

1.1 Unless a contrary intention is evident or the context requires otherwise, words or expressions contained in this Constitution shall bear the same meaning as in the National Health Service Act 2006 as amended by the Health and Social Care Act 2012.

1.2 References to statutory provisions shall be deemed to include references to any provision amending, re-enacting or replacing them and to such provisions as amended from time to time.

1.3 Words importing the masculine gender only shall include the feminine gender; words importing the singular shall import the plural and vice-versa.

1.4 **the 2006 Act** is the National Health Service Act 2006.

1.5 **the 2012 Act** is the Health and Social Care Act 2012.

1.6 **Accounting Officer** means the Officer responsible and accountable for discharging the functions specified in paragraph 25(5) of Schedule 7 to the 2006 Act, which shall be the Chief Executive.

1.7 **Adviser** means a person formally appointed by resolution of the Council of Governors to advise the Council of Governors at meetings of the Council of Governors in an advisory and non-voting capacity.

1.8 **Annual Members Meeting** is defined in paragraph 9 of the constitution.

Comment [p1]: To be checked after final review

1.9 **Audit Committee** means a committee whose functions are concerned with the arrangements for providing the Board with an independent and objective review on its financial and risk systems, financial information and compliance with laws, guidance, and regulations governing the NHS and with the arrangements for the monitoring and improving the quality of healthcare for which the ~~trust~~ Trust has responsibility.

1.10 **Board of Directors ("the Board")** means the Executive and Non-Executive Directors including the Chair~~man~~ as constituted in accordance with the Constitution as the Board of Directors.

1.11 **Chair~~man~~** is the person appointed by the Council of Governors to lead the Council of Governors and Board of Directors and to ensure that they successfully discharge their overall responsibility for the ~~t~~Trust as a whole. The expression "the Chair~~man~~ of the ~~trust~~Trust" shall be deemed to include the Deputy Chair~~man~~ of the T~~t~~rust if the Chair~~man~~ is absent from the meeting or is otherwise unavailable.

1.12 **Chief Executive** means the ~~accounting~~ Accounting ~~officer~~ Officer of the ~~trust~~Trust.

1.13 **Committee members** means in the context of a Committee persons formally appointed by the Council of Governors or Board of Directors to be members of the Committee.

1.14 **Council of Governors** means the elected and appointed Governors of the T~~t~~rust collectively as a body, as constituted in accordance with the Constitution.

1.15 **Constitution** means this constitution and all annexes to it.

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

1.17 **Director** means a ~~Member~~ member of the Board.

1.18 **Executive Director** means a ~~Member~~ member of the Board who holds an executive office of the T~~t~~rust.

1.19 **Finance Director** means the Chief Financial Officer of the T~~t~~rust.

1.20 **Governor** means a person who is a member of the Council of Governors.

1.21 **Licence** issued by Monitor the Licence sets out a range of conditions that the Trust must meet.

1.22 **Member** means any person registered as a member of the T~~t~~rust, and authorised to vote in elections to select Governors.

1.23 **Monitor** is ~~the body corporate known as Monitor, as provided by Section 61 of the 2012 Act~~part of NHS Improvement.

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

1.25 **Non-Executive Director** means a member of the Board of Directors who is not an Executive Director of the T~~t~~rust.

1.26 **Officer** means employee of the T~~t~~rust or any other person holding a paid appointment or office with the T~~t~~rust.

1.27 **Secretary** means a person who may be appointed to act independently of the Council of Governors to provide advice on corporate governance issues to the Council of Governors, and the Chair~~man~~ and monitor the T~~t~~rust's compliance with the law, Standing Orders and guidance of ~~the~~ Monitor.

1.28 **SFIs** means Standing Financial Instructions.

1.29 **SOs** mean Standing Orders.

1.30 **Voluntary Organisation** is a body, other than a public or local authority, the activities of which are not carried on for profit.

2. Introduction

2.1 Under the Standing Order relating to the Arrangements for the Exercise of Functions by Delegation (Standing Order 5) the Trust is given powers to:

> make arrangements for the exercise, on behalf of the Board, of any of its functions by a committee, sub-committee appointed by virtue of Standing Order 4, or by an Officer of the T~~t~~rust, in each case subject to such restrictions and conditions as the T~~t~~rust thinks fit. [SO para 5.1]

Comment [p2]: Check cross reference after final review

Comment [p3]: Check cross reference after final review

Comment [p4]: Check cross reference after final review

2.2 Furthermore The Code of Accountability for NHS Board of Directors requires the Board of Directors to draw up a schedule of decisions reserved to it~~self~~ and to ensure that management arrangements are in place to enable the clear delegation of its other responsibilities. This document sets out the powers reserved to the Board of Directors and

the Scheme of Delegation including financial limits and approval thresholds. However, the Board of Directors remains accountable for all of its functions, including those which have been delegated, and would therefore expect to receive information about the exercise of delegated functions to enable it to maintain a monitoring role.

2.3 All powers of the Trust which have not been retained as reserved by the Board of Directors or delegated to a Board of Directors Committee shall be exercised on behalf of the Board of Directors by the Chief Executive. The Scheme of Delegation identifies any functions which the Chief Executive shall perform personally and those delegated to other directors or officers. All powers delegated by the Chief Executive can be re-assumed by him/her should the need arise.

(a) Role of the Chief Executive

The Chief Executive shall exercise all powers of the Trust, which have not been retained as reserved by the Board of Directors or delegated to an executive committee or sub-committee, on behalf of the Board of Directors. The Chief Executive shall prepare a Scheme of Delegation identifying which functions he shall perform personally and which functions have been delegated to other Directors and Officers.

All powers delegated by the Chief Executive can be re-assumed by him/her should the need arise. As Accounting Officer the Chief Executive is accountable to ~~Monitor~~ NHS Improvement for the funds entrusted to the Trust.

(b) Caution over the use of delegated powers

Powers are delegated to ~~Directors~~ directors and ~~Officers~~ officers on the understanding that they would not exercise delegated powers in a matter, which in their judgment was likely to be a cause for public concern.

(c) Directors' ability to delegate their own delegated powers

The Scheme of Delegation shows only the "top level" of delegation within the Trust. The Scheme is to be used in conjunction with the system of budgetary control and other established procedures within the Trust.

(d) Absence of directors or officers to whom powers have been delegated

In the absence of a Director or Officer to whom powers have been delegated that Director or Officer's **superior** shall exercise those powers unless alternative arrangements have been approved by the Board of Directors. If the Chief Executive is absent powers delegated to him / her may be exercised by the nominated Deputy Chief Executive. If the Director of Finance is absent powers delegated to him / her may be exercised by the Deputy Director of Finance.

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3. Scheme of reservation and delegation

A. Decisions reserved to the Board

Ref.	The Board	Decisions reserved to the Board
NA	BOARD OF DIRECTORS	**General Enabling Provision** The Board of Directors may determine any matter, for which it has delegated or statutory authority, it wishes in full session within its statutory powers. The Board's role is to provide active leadership of the Trust within a framework of prudent and effective controls which enables risk to be effectively managed. Board member share corporate responsibility for all decisions of the Board
NA	BOARD OF DIRECTORS	***Regulations and Control*** 1. Approve Standing Orders (SOs), a schedule of matters reserved to the Board of Directors and Standing Financial Instructions (SFIs) for the regulation of its proceedings and business. 2. Suspend Standing Orders. 3. Vary or amend the Standing Orders. 4. Ratify any urgent decisions taken by the Chair~~man~~ and Chief Executive in accordance with SO 5.2. 5. Approve a scheme of delegation of powers from the Board to committees**.** 6. Require and receive the declaration of Board members' interests that may conflict with those of the Trust and determining the extent to which that member may remain involved with the matter under consideration. 7. Require and receive the declaration of officers' interests that may conflict with those of the Trust. 8. Approve arrangements for dealing with complaints. 9. Adopt the organisation structures, processes and procedures to facilitate the discharge of business by the Trust and to agree modifications thereto. 10. Receive reports from committees including those that the Trust is required by the Secretary of State or other regulation to establish and to take appropriate action on. 11. Confirm the recommendations of the Trust's committees where the committees do not have executive powers. 12. Approve arrangements relating to the discharge of the Trust's responsibilities as a corporate trustee for funds held on trust.

Comment [p5]: Check cross reference after final review

Ref.	The Board	Decisions reserved to the Board
		13. Establish terms of reference and reporting arrangements of all committees and sub-committees that are established by the Board. 14. Approve arrangements relating to the discharge of the Trust's responsibilities as a bailer for patients' property. 15. Authorise and monitor use of the seal in line with SOs/SFIs. 16. Ratify or otherwise instances of failure to comply with Standing Orders brought to the Chief Executive's attention in accordance with SO 5.6. 17. Discipline members of the Board or employees who are in breach of statutory requirements or SOs in accordance with the Trust's disciplinary procedures.
NA	BOARD OF DIRECTORS	**Appointments/ Dismissal** 1. Nomination of the Deputy Chair~~man~~ of the Board of Directors for ratification by the Council of Governors. 2. Appoint the Senior Independent Director following consultation with the Council of Governors. 3. Appoint and dismiss committees (and individual members) that are directly accountable to the Board. 4. Appoint, appraise, discipline and dismiss Executive Directors.~~.~~ 5. Confirm appointment of members of any committee of the Trust as representatives on outside bodies. 6. Appoint, appraise, discipline and dismiss the Secretary (if the appointment of a Secretary is required under Standing Orders). 7. Approve proposals of the Remuneration Committee regarding directors and senior employees and those of the Chief Executive for staff not covered by the Remuneration Committee.
NA	BOARD OF DIRECTORS	***Strategy, Plans and Budgets*** 1. Define the strategic aims and objectives of the Trust. 2. Approve proposals for ensuring quality and developing clinical governance in services provided by the Trust, having regard to any guidance issued by the Department of Health and Social Care and directions from the Independent Regulator.~~.~~ 3. Approve the Trust's policies and procedures for the management of risk. 4. Approve Outline and Final Business Cases for Capital Investment requiring external approval or in excess of £250,000. 5. Approve the Trust's annual budget~~,~~ ~~-~~Including submission of financial plans to ~~Monitor~~NHS Improvement. 6. Approve the Trust's capital programme 7. Approve annually Trust's ~~operational~~ Operational ~~plan~~Plan.

Ref.	The Board	Decisions reserved to the Board
		8. Ratify proposals for acquisition, disposal or change of use of land and/or buildings. 9. Approve PFI proposals. 10. Approve the opening of bank accounts. 11. Approve proposals on individual contracts (other than NHS contracts) of a capital or revenue nature amounting to, or likely to amount to over £250,000 per annum or £1,000,000 over the period of the contract. 12. Approve proposals in individual cases for the write off of losses or making of special payments above the limits of delegation to the Chief Executive and Finance Director (for losses and special payments) previously approved by the Board. 13. Approve proposals for action on litigation against or on behalf of the Trust. 14. Review use of ~~NHSLA~~ NHS Resolution risk pooling schemes (LPST/CNST/RPST). 15. Approve procedures for the declaration of hospitality and sponsorship.
	BOARD OF DIRECTORS	**Mergers etc. and significant transactions** 1. Following Board approval the Trust may only apply for a merger, acquisition, separation or dissolution with the approval of more than half of the members of the Council of Governors. 2. Following Board approval the trust may enter into a significant transaction (as defined in the Constitution p47.3) only if more than half of the members of the Council of Governors of the Trust voting approve entering into the transaction.
	BOARD OF DIRECTORS	**Policy Determination** ~~1.~~3. Approve management policies including personnel policies incorporating the arrangements for the appointment, removal and remuneration of staff. Policies so adopted shall be listed and published by the Director of Human Resources and Communications.
	BOARD OF DIRECTORS	**Audit** After taking account of the advice, where appropriate, of the Audit Committee: 1. Receive of the ~~annual~~ Annual ~~audit~~ Audit ~~letter~~ Letter received from the external auditor and agreement of proposed action~~, taking account of the advice, where appropriate, of the Audit Committee~~. 2. Appoint the Internal Auditor. 3. Receive an annual report from the Audit Committee and agree action on recommendations where appropriate of the Audit Committee.

Ref.	The Board	Decisions reserved to the Board
NA	BOARD OF DIRECTORS	**Annual Reports and Accounts** 1. Receipt and approval of the Trust's Annual Report and Annual Accounts, taking account of the advice, where appropriate, of the Audit Committee. 2. Receipt and approval of the Annual Report and Accounts for funds held on trust, taking advice, where appropriate, of the Audit Committee. ~~3.~~
NA	BOARD OF DIRECTORS	**Monitoring** 1. Receive of such reports as the Board sees fit from committees in respect of their exercise of powers delegated. 2. Continuous appraisal of the affairs of the Trust by means of the provision to the Board as the Board may require from directors, committees, and officers of the Trust as set out in management policy statements. 3. Receive reports from the Director of Finance on financial performance against budget for income and expenditure. ~~4. Receive reports from Director of Finance on actual and forecast income.~~ ~~5.~~ .

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B. Decisions/duties delegated by the Board to committees

Ref.	Committee	Decisions/duties delegated by the Board to committees
SO 4 and SFI 2.1.1	AUDIT COMMITTEE	The Committee will: 1 Governance and Assurance 1.1 The Committee shall 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), that supports the achievement of the organisation's objectives. The Audit Committee will look to the Quality & Risk Committee for assurance on items of clinical quality and corporate risk, including: health & safety, research and information governance. In particular, the Committee shall independently monitor and review: 1.1.1 the Annual Governance Statement (AGS) and the assurance system for all other external disclosure statements such as declarations of compliance with the Care Quality Commission registration, and any formal announcements relating to the Trust's financial performance, together with any accompanying Head of Internal Audit opinion, external audit opinion or other appropriate independent assurances, prior to endorsement by the Board of Directors. 1.1.2 the effectiveness of systems of internal financial and budgetary control and the integrity of reporting statements. 1.1.3 the effectiveness of systems for ensuring the optimum collection of income. 1.1.4 the effectiveness of risk management systems 1.1.5 the effectiveness of the Board Assurance Framework (BAF). 1.1.6 The Committee will use a programme of 'deep dive' reviews to test the BAF and its priority areas as part of an assurance programme 1.1.7 the Quality Report assurance and review alongside the annual report and accounts. 1.1.8 the systems for ensuring that there is compliance with relevant regulatory, legal and code of conduct requirements, including the NHS Constitution, as set out in relevant guidance. 1.1.9 the policies and procedures for all work related to fraud and corruption as set out in Secretary of State Directions and as required by NHS ~~Protect previously the Counter Fraud and Security Management Service~~Counter Fraud Authority.

Ref.	Committee	Decisions/duties delegated by the Board to committees
		1.1.10 arrangements by which staff may raise, in confidence, concerns about possible improprieties in matters of financial reporting and control, clinical quality, patient safety or other matters, ensuring that arrangements are in place for the proportionate and independent investigation of such matters and for appropriate follow-up action. 1.2 In carrying out this work, the Committee will primarily utilise the work of Internal Audit, External Audit and other assurance functions, but will not be limited to these audit functions. It will also seek reports and assurances from directors and managers as appropriate, concentrating on the overarching systems of integrated governance, risk management and internal control, together with indicators of their effectiveness. 1.2.1 This will be evidenced through the Committee's use of an effective Assurance Framework to guide its work and that of the audit and assurance functions that report to it. 1.2.2 The Committee will receive the minutes of the Quality & Risk Committee for the purpose of ~~ensuring: that~~seeking assurance that there is no duplication of effort between the two Committees; that no area of assurance is missed and; as part of its responsibility for reviewing the Annual Governance Statement prior to submission to the Board of Directors. 1.2.3 The Audit Committee shall ensure that there is a system for reviewing the findings of other significant assurance functions, both internal and external to the organisation and consider the implications to the governance of the organisation. These will include, but will not be limited to, ~~Monitor~~NHSI, any reviews by DH Arms length bodies or regulators/inspectors (CQC, ~~NHSLA~~ NHS Resolution etc) and professional bodies with responsibility for the performance of staff or functions (eg Royal Colleges, accreditation bodies etc.) 1.2.4 In addition the Committee will review the work of other committees within the organisation, whose work can provide relevant assurance to the Audit Committee's own scope of work. This will particularly include the Quality & Risk Committee, its subcommittees and any other quality, risk, governance and assurance committees that are established. 1.2.5 In reviewing the work of the Quality & Risk Committee and issues around clinical risk management, the Audit Committee will wish to satisfy ~~themselves~~ itself on the assurance that the Quality & Risk Committee gains from the clinical audit function. *1.2.6* The Audit Committee will receive assurance on the arrangements for clinical audit within the Trust, including the process by which clinical audits are selected and agreed actions implemented.

Ref.	Committee	Decisions/duties delegated by the Board to committees
		2 Internal Audit The Committee shall ensure that there is an effective internal audit function established by management, which meets mandatory ~~Public Sector~~NHS Internal Audit Standards and provides appropriate independent assurance to the Audit Committee, Chief Executive and the Board of Directors. This will be achieved by: 2.1 considering the appointment of the internal audit service, the audit fee and any questions of resignation and dismissal, making a recommendation to the Board on appointment of Internal Audit.~~.~~ 2.1.1 the review and approval of the internal audit strategy, operational plan and more detailed programme of work, ensuring that this is consistent with the audit needs of the organisation as identified in the Board Assurance Framework. consideration of the major findings of internal audit investigations, the effectiveness of the management's response and ensuring co-ordination between the Internal and External Auditors to optimise audit resources. The will include exception reports of management action beyond deadline and consideration of the findings of Internal Audit "testing" of completed actions. 2.1.2 ensuring that the Internal Audit function is adequately resourced and has appropriate standing within the Trust. 2.1.3 assessing the quality of internal audit work on an annual basis. 3 Counter Fraud The Committee shall ensure that there is an effective counter fraud function established by management that meets the Standards set out by NHS ~~Protect~~ Counter Fraud Authority and provides appropriate independent assurance to the Audit Committee, Chief Executive and Board of Directors. This will be achieved by: 3.1 consideration of the provision of the Counter Fraud service, the cost of the audit and any questions of resignation and dismissal. 3.1.1 consideration of the major findings of counter fraud work (and management's response). 3.1.2 ensuring that the Counter Fraud function is adequately resourced and has appropriate standing

Ref.	Committee	Decisions/duties delegated by the Board to committees
		within the organisation. 3.1.3 receiving an annual review of the work undertaken by the counter fraud function. 4 External Audit The Committee shall review the work and findings of the External Auditor appointed by the Council of Governors and consider the implications and management's responses to their work. 4.1 Consideration of the appointment, performance and cost effectiveness of the External Auditor, making a recommendation to the Council of Governors on appointment of External Audit. 4.2 To ensure that the External Auditor remains independent in its relationship and dealings with the Trust and to review the effectiveness of the audit process, taking into consideration relevant UK professional and regulatory requirements; 4.2.1 To review the annual audit plan and to discuss with the External Auditor, before the audit commences, the nature and scope of the audit. 4.2.2 As part of the audit plan, discuss with the External Auditors ~~of~~ their local evaluation of audit risks and assessment of the Trust and associated impact on the audit fee 4.2.3 To review External Audit reports, including value for money reports and management letters, together with the management response. 4.2.4 To consider where the external auditors might profitably undertake investigative and advisory work without impacting on their independence. 4.2.5 To develop and implement policy on the engagement of the external auditor to supply non-audit services, taking into account relevant ethical guidance regarding the provision of non-audit services by the external audit firm; and 4.2.6 To assess the quality of external audit work on an annual basis. 5 Financial Reporting 5.1 The Audit Committee shall review the Annual Report and Financial Statements of the Trust and its ~~Charitable~~charitable funds before submission to the Board, to determine their completeness, objectivity integrity and accuracy. This review will cover but is not limited to:

Ref.	Committee	Decisions/duties delegated by the Board to committees
		• the wording in the Annual Governance Statement (AGS) and other disclosures relevant to the Terms of Reference of the Committee; • changes in, and compliance with, accounting policies and practices; • explanation of estimates and provisions having material effect; • unadjusted mis-statements in the financial statements; • major judgemental areas; • the schedule of losses and special payments; and • significant adjustments resulting from the audit. 6 Key Trust Documents 6.1 Review proposed changes to Standing Orders, Standing Financial Instructions, Scheme of Delegation and Matters Reserved to the Board for approval by the Board of Directors. 6.2 To examine the circumstances of any significant departure from the requirements of any of the foregoing, whether those departures relate to a failing, an overruling or a suspension. 6.3 To review the Standing Orders, Standing Financial Instructions, Scheme of Delegation and Matters Reserved to the Board on a two yearly basis for approval by the Board of Directors. 7 Other 7.1 Review compliance with Standing Orders and Standing Financial Instructions through a schedule of waivers 7.2 Review schedules of losses and compensations 7.3 Monitor the process to ensure that Supply Chain Risk is identified and appropriate actions have been taken.
SO 4 and SFI 10.1.2	REMUNERATION AND TERMS OF SERVICE COMMITTEE	The Committee will: 1. Advise the Board about appropriate remuneration and terms of service for the Chief Executive, other Executive Directors and other senior employees including: a) All aspects of salary (including any performance-related elements/bonuses) b) Provisions for other benefits, including pensions and cars

Ref.	Committee	Decisions/duties delegated by the Board to committees
		c) Arrangements for termination of employment and other contractual terms. 2. Make recommendations to the Board on the remuneration and terms of service of executive directors and senior employees to ensure they are fairly rewarded for their individual contribution to the Trust - having proper regard to the Trust's circumstances and performance and to the provisions of any national arrangements for such staff 3. Scrutinise the proper calculation of termination payments taking account of such national guidance as is appropriate advise on and oversee appropriate contractual arrangements for such staff 4. Monitor and evaluate the performance of individual executive directors (and as agreed by the Board other senior employees) including: a) Establish the objectives of the chief executive and review the performance of the chief executive against these objectives b) Scrutinise the objectives of the executive directors (to be established by the chief executive) and review performance reports on the executive directors prepared by the chief executive 5. Scrutinise the recommendations of the Clinical Excellence Awards Committee 6. Review the Terms of Reference of the Committee two-yearly 7. Report the frequency of meetings and the members of the Remuneration Committee in the Trust's Annual Report of the Trust. 8. The Committee shall report in writing to the Board the basis for its recommendations.
SO 4	QUALITY & RISK COMMITTEE	The Committee will: **1. General** The Quality & Risk Committee shall: 1.1 Monitor and review the Trust's quality performance indicators relating to clinical effectiveness, patient safety, including infection control and review feedback to the Trust on the experience, including patient and staff surveys and complaints. This will include organisational and directorate performance reports for quality and risk 1.2 Monitor and review the risk, control and governance processes delegated to the committee by the Board 1.3 Annually review and approve the Trust's quality and risk improvement plans to support their delivery 1.4 Review and approve annually the work plans of the reporting committees, monitor their activities and consider issues escalated by them and to receive an annual report from them on their performance and outcomes

Ref.	Committee	Decisions/duties delegated by the Board to committees
		1.5 Monitor and review directorate quality on a quarterly basis. This will include quality walkabouts and other feedback. 1.6 To consider risks escalated by the directorates and its subcommittees. The Committee will escalate risks, it determines as appropriate, directly to the Board. **2. Quality** 2.1 To advise the Board of Directors on the Trust's quality framework, including the appropriate quality and safety performance indicators for inclusion in the Trust's Quality Accounts 2.2 Review and monitor: • Compliance with CQC registration standards • the Trust's CQC Intelligence Monitoring and other quality intelligence • Any other relevant performance indicators relating to clinical effectiveness, patient safety and experience as the committee may from time to time agree. **3. Clinical Safety & Effectiveness** 3.1 Agree an annual work plan with and receive an annual report from the Clinical Safety & Effectiveness Committee 3.2 Review and monitor: • The activities of the Clinical Safety & Effectiveness Committee, including progress against the Trust's patient safety priorities and Serious Incidents Requiring Investigation (SIRIs) reported and actions being taken • The outcomes of clinical area reviews and the actions being taken (this includes patient safety walkabouts and the planned programme of structured reviews) • Key patient safety indicators 3.3 Promote learning and sharing, both from within and outside of the Trust. **4. Patient Experience** 4.1 Agree an annual work plan with and receive an annual report from the Patient Experience Committee 4.2 Review and monitor: • The activities of the Patient Experience Committee

Ref.	Committee	Decisions/duties delegated by the Board to committees
		• The outcomes of Patient-Led Assessments of the Care Environment (PLACE) reports and the actions being taken • Key patient experience indicators • Serious complaints received, any recurring themes from all complaints and actions being taken • Patient and staff survey results and actions being taken. **5. Corporate Risk** 5.1 Agree an annual work plan with and receive an annual report from the Corporate Risk Committee 5.2 Review and monitor: • The activities of the Corporate Risk Committee • Key corporate risk indicators • Any serious breaches of health and safety where an enforcement notice has or may have resulted and actions being taken. 6. **Other key activities** 6.1 Promote learning and sharing for all areas of activity, both from within and outside of the Trust 6.2 To review the adequacy of systems to ensure that the Trust meets, and where possible exceeds relevant statutory and regulatory obligations including the duty of quality set out in the NHS Act 2006 6.3 To monitor and make recommendations on the adequacy and effectiveness of any aspects of the Trust's performance as the Board may request 6.4 To oversee Trust's registration with the Care Quality Commission and its ongoing compliance 6.5 To oversee the process for the Trust acting on reports received from external accreditation bodies, where applicable consider any main findings arising from them and management actions being taken 6.6 To address any serious and sustained failure to meet minimum standards where this cannot be resolved through line management or professional self-regulation 6.7 To contribute to the Trust's Annual Governance Statement (AGS) and Internal Audit programme.
SO 4 and	CHARITABLE FUNDS	The Committee has the following duties: **1 Investment**

Ref.	Committee	Decisions/duties delegated by the Board to committees
SFI 19	COMMITTEE	1.1 Consider any changes in investment strategy and policy, making recommendations to the Board of Directors. 1.2 Review performance of current investments in respect of both income and capital appreciation. **2 Fundraising** 2.1 The Committee will determine the strategy and policies for fundraising. 2.2 Review the fundraising methods used and ensure that they are acceptable in terms of a health / public body context. 2.3 To monitor the fundraising performance 2.4 To ensure that there are procedures in place to co-ordinate the fundraising activities of the Trust 2.5 To consider whether the Trust should undertake major fundraising appeals and establish the appropriate framework to ensure that any appeal is properly managed. **3 Expenditure** 3.1 To agree the expenditure strategy and policies of the Funds within the framework of the Governing Document which defines the purposes for which the charity has been established. 3.2 To monitor compliance with the strategy and policies and ensure that the wishes of the donors are met. 3.3 To consider and as appropriate approve Charitable Fund bids in accordance with the relevant procedures. **4 Reporting** 4.1 To determine the format of the performance information it requires in managing the Charitable Fund in the most effective manner. This will include information on fundraising, expenditure and investment. **5 Audit and Accounts** 5.1 To receive and consider the Charitable Funds Annual Report and Accounts prior to submission to the Audit Committee. 5.2 To receive and consider any Internal and External Audit Reports on Charitable Funds and monitor any action being taken to address matters of concern raised. 5.3 To consider any other return required by the Charity Commission or other statutory body. 5.4 To ensure that sound financial control is exercised, assets are safeguarded from fraud, that all

Ref.	Committee	Decisions/duties delegated by the Board to committees
		income due to the Charity is received and that no breaches of relevant legal and other regulations occur. **6 Other** 6.1 To develop formal links with outside voluntary organisations, such as the League of Friends, to ensure a co-ordinated approach. 6.2 To maintain a strong link to the Trust's Capital Investment Team through the presence of the Chief Operating Officer.
SO 4	SCRUTINY COMMITTEE	The Committee has the following duties: 1. To recommend to the Board of Directors projects and developments to be considered for inclusion in the Committee's work programme. The Committee's work programme will be determined through an annual review, taking into account the annual review of the operational and strategic plans, and supported by ongoing review of the meeting agendas of the Committee and the Board of Directors. 2. To report to the Board any new projects or developments proposed for inclusion in the work programme during the year. 3. To ensure project management structures and processes are in place to ensure effective scrutiny of the projects within the Committee's work programme. 4. To review committee's work programme as a standing agenda item at each meeting and report this to the Board. 5. To receive, review and recommend business cases when appropriate to the Board of Directors. All business cases of a level to require a Strategic Outline Cases (SOCs) will be considered by the Committee prior to presentation to the Board. 6. To secure the necessary Executive support to ensure the work programme is delivered and to: (a) Approve the scope of the projects and oversee their implementation (b) Approve the managers who will manage the project on its behalf and define their roles and

Ref.	Committee	Decisions/duties delegated by the Board to committees
		responsibilities (c) Approve the project documentation (d) Approve the reporting arrangements, structure and frequency (e) Approve the sequence and timescale of the work (f) Identify resource implications to the Board of Directors (g) Agree any changes to a project's scope (h) Initiate action to address any matters which are beyond the authority of other managers to resolve (i) Agree any arrangements for evaluation (j) Officially close the projects from the work programme 7. For all significant projects, and in line with its own Financial Instructions, Department of Health and Social Care and NHS Improvement guidance as appropriate, the Committee will ensure that, if required, a third party is engaged to undertake a process of due diligence prior to any agreement on the transfer of services. This includes having an independent: (a) Assessment of the underlying financial position of services that WSFT may look to develop and/or take on; (b) Analysis and comment upon the assets and liabilities to be assumed; (c) Identification of internal control weaknesses including observations on systems and personnel; (d) Identification of transitional issues and potential assistance with post-transaction integration issues; (e) Identification of areas of risk (and opportunity) that may require specific protection (through warranties and indemnities) in any necessary agreements with other organisations.

C. Scheme of delegation derived from the NHS foundation trust accounting officer memorandum (April 2015)

REF	DELEGATED TO	DUTIES DELEGATED
7	CHIEF EXECUTIVE	The accounting officer has responsibility for the overall organisation, management and staffing of the NHS foundation trust and for its procedures in financial and other matters. The accounting officer must ensure that: • there is a high standard of financial management in the NHS foundation trust as a whole • the NHS foundation trust delivers efficient and economical conduct of its business and safeguards financial propriety and regularity throughout the organisation • financial considerations are fully taken into account in decisions by the NHS foundation trust.
8	CHIEF EXECUTIVE	The essence of the Accounting Officer's role is a personal responsibility for: • the propriety and regularity of the public finances for which he or she is answerable • the keeping of proper accounts • prudent and economical administration in line with the principles set out in Managing public money *[www.gov.uk/government/publications/managing-public-money]* • the avoidance of waste and extravagance • the efficient and effective use of all the resources in their charge.
9	CHIEF EXECUTIVE	Must • personally sign the accounts and, in doing, so accept personal responsibility for ensuring their proper form and content as prescribed by Monitor in accordance with the Act • comply with the financial requirements of the NHS provider licence • ensure that proper financial procedures are followed and that accounting records are maintained in a form suited to the requirements of management, as well as in the form prescribed for published accounts (so that they disclose with reasonably accuracy, at any time, the financial position of the NHS foundation trust) • ensure that the resources for which you are responsible as accounting officer are properly and well managed and safeguarded, with independent and effective checks of cash balances in the hands of any official

REF	DELEGATED TO	DUTIES DELEGATED
		• ensure that assets for which you are responsible such as land, buildings or other property, including stores and equipment, are controlled and safeguarded with similar care, and with checks as appropriate • ensure that any protected property (or interest in) is not disposed of without the consent of Monitor • ensure that conflicts of interest are avoided, whether in the proceedings of the board of directors, or council of governors or in the actions or advice of the NHS foundation trust's staff, including yourself • ensure that, in the consideration of policy proposals relating to the expenditure for which you are responsible as accounting officer, all relevant financial considerations, including any issues of propriety, regularity or value for money, are taken into account, and brought to the attention of the board of directors.
10	CHIEF EXECUTIVE	Ensure that managers at all levels: • have a clear view of their objectives, and the means to assess and, wherever possible, measure outputs or performance in relation to those objectives • are assigned well-defined responsibilities for making the best use of resources (both those consumed by their own commands and any made available to organisations or individuals outside the NHS foundation trust), including a critical scrutiny of output and value for money • have the information (particularly about costs), training and access to the expert advice which they need to exercise their responsibilities effectively.
11	CHIEF EXECUTIVE	Accounting officers must make sure that their arrangements for delegation promote good management and that they are supported by the necessary staff with an appropriate balance of skills. Arrangements for internal audit should accord with the objectives, standards and practices set out in the ~~Public Sector~~NHS Internal Audit Standards.
12	CHIEF EXECUTIVE	An accounting officer has particular responsibility to see that appropriate advice is tendered to the board of directors and the council of governors on all matters of financial propriety and regularity and, more broadly, as to all considerations of prudent and economical administration, efficiency and effectiveness. Accounting officers will need to determine how and in what terms

REF	DELEGATED TO	DUTIES DELEGATED
		such advice should be tendered, and whether in a particular case to make specific reference to their own duty as accounting officer to justify, to the Public Accounts Committee (PAC), transactions for which they are accountable.
13	CHIEF EXECUTIVE	The board of directors and the council of governors of an NHS foundation trust should act in accordance with the requirements of propriety or regularity. If the board of directors, council of governors or the chair~~man~~ is contemplating a course of action involving a transaction which you as accounting officer consider would infringe these requirements, however, you should set out in writing your objection to the proposal and the reasons for this objection. If the board of directors, council of governors or chair~~man~~ decides to proceed, you should seek a written instruction to take the action in question. You should also inform Monitor of the position, if possible before the decision is taken or in any event before the decision is implemented, so that Monitor, if it considers it appropriate, can intervene in accordance with its responsibilities under the Act. If the outcome is that you are overruled, the instruction must be complied with, but your objection and the instruction itself should be communicated without undue delay to the NHS foundation trust's external auditors and to Monitor. Provided that this procedure has been followed, the PAC can be expected to recognise that the accounting officer bears no personal responsibility for the transaction.
14	CHIEF EXECUTIVE	If a course of action is contemplated which raises an issue not of formal propriety or regularity but relating to your wider responsibilities for economy, efficiency and effectiveness, it is your duty to draw the relevant factors to the attention of the board of directors and the council of governors and to advise them in whatever way you deem appropriate. If your advice is overruled, and the proposal is one which as accounting officer you would not feel able to defend to the PAC as representing value for money, you should seek a written instruction before proceeding. Monitor should be informed of such an instruction, if possible, before the decision is implemented. It will then be for Monitor to consider the matter, and decide whether or not to intervene.
15	CHIEF EXECUTIVE	If, because of the extreme urgency of the situation, there is no time to submit advice in writing in either of the eventualities referred to in paragraphs 13 and 14 before the decision is taken, you must ensure that, if the advice is overruled, both the advice and the instructions are recorded in writing immediately afterwards.

REF	DELEGATED TO	DUTIES DELEGATED
17	CHIEF EXECUTIVE	The Comptroller and Auditor General (C&AG) may, under the National Audit Act 1983, carry out examinations into the economy, efficiency and effectiveness with which the NHS foundation trust has used its resources in discharging its functions. An accounting officer may expect to be called upon to appear before the PAC from time to time to give evidence on the reports arising from these examinations or reports following the annual certification audit, and to answer the PAC's questions concerning expenditure and receipts for which he or she is accounting officer. An accounting officer may be supported by one or two other senior officials, who may, if necessary, assist in giving evidence.
21	CHIEF EXECUTIVE	An accounting officer should ensure that he or she is generally available for consultation, and that in any temporary period of unavailability due to illness or other cause, or during the normal period of annual leave, there will be a senior officer in the NHS foundation trust who can act on his or her behalf if required.
22	BOARD OF DIRECTORS	If it becomes clear to the board of directors that an accounting officer is so incapacitated that he or she will be unable to discharge these responsibilities over a period of four weeks or more, the board of directors should appoint an acting accounting officer, usually the director of finance, pending the accounting officer's return. The same applies if, exceptionally, the accounting officer plans an absence of more than four weeks during which he or she cannot be contacted.

D. Scheme of delegation from standing orders (SOs)

SO REF	DELEGATED TO	AUTHORITIES/DUTIES DELEGATED
1.1	CHAIR~~MAN~~	Final authority in interpretation of Standing Orders (SOs).
2.2	BOARD OF GOVERNORS	Appointment of Deputy Chair~~man~~
2.3	BOARD OF DIRECTORS	Appointment of Senior Independent Director
2.4	CHAIR~~MAN~~ & CHIEF EXECUTIVE	Appointment of Deputy Chief Executive
3.1	CHAIR~~MAN~~	Call meetings.
3.9	CHAIR~~MAN~~	Chair all Board meetings and associated responsibilities.
3.10	CHAIR~~MAN~~	Give final ruling in questions of order, relevancy and regularity of meetings.
3.12	CHAIR~~MAN~~	Having a second or casting vote
3.13	BOARD OF DIRECTORS	Suspension of Standing Orders
3.13	AUDIT COMMITTEE	Audit Committee to review every decision to suspend Standing Orders (power to suspend Standing Orders is reserved to the Board)
3.14	BOARD OF DIRECTORS	Variation or amendment of Standing Orders (approval for incorporation into the Trust's constitution includes the Council of Governors)
4.1 – 4.7	BOARD OF DIRECTORS	Formal delegation of powers to sub committees or joint committees and approval of their constitution and terms of reference. (Constitution and terms of reference of sub committees may be approved by the Chief Executive.)
5.2	CHAIR~~MAN~~ & CHIEF EXECUTIVE	The powers which the Board has retained to itself within these Standing Orders may in emergency be exercised by the Chair and Chief Executive after having consulted at least two Non-Executive

Comment [p6]: Check all these references after final review

SO REF	DELEGATED TO	AUTHORITIES/DUTIES DELEGATED
		members.
5.3	BOARD OF DIRECTORS	The Board shall agree from time to time to the delegation of executive powers to be exercised by other committees, or subcommittees
5.4	CHIEF EXECUTIVE	The Chief Executive shall prepare a Scheme of Delegation identifying his/her proposals that shall be considered and approved by the Board, subject to any amendment agreed during the discussion.
5.6	ALL	Disclosure of non-compliance with Standing Orders to the Chief Executive as soon as possible.
7.1	BOARD OF DIRECTORS	Declare relevant and material interests.
7.2	CHIEF EXECUTIVE	Maintain Register(s) of Interests.
7.4	ALL STAFF	Comply with national guidance contained in HSG 1993/5 “Standards of Business Conduct for NHS Staff”. Including provisions of Bribery Act 2010.
7.4	ALL	Disclose relationship between self and candidate for staff appointment. CEO to report the disclosure to the Board.
8.1/8.3	CHIEF EXECUTIVE	Keep seal in safe place and maintain a register of sealing.
8.4	CHIEF EXECUTIVE/EXECUTIVE DIRECTOR	Approve and sign all documents which will be necessary in legal proceedings.

Comment [p6]: Check all these references after final review

E. Scheme of delegation from standing financial instructions (SFIs)

SFI REF	DELEGATED TO	AUTHORITIES/DUTIES DELEGATED
10.1.3	FINANCE DIRECTOR	Approval of all financial procedures.
10.1.4	FINANCE DIRECTOR	Advice on interpretation or application of SFIs and all written financial procedures..
10.1.6	ALL MEMBERS OF THE BOARD AND EMPLOYEES	Have a duty to disclose any non-compliance with these Standing Financial Instructions to the Finance Director as soon as possible. Finance Director to report to the Audit Committee.
10.2.4	CHIEF EXECUTIVE	Responsible as the Accounting Officer to ensure financial targets and obligations are met and have overall responsibility for the System of Internal Control.
10.2.4	CHIEF EXECUTIVE & FINANCE DIRECTOR	Accountable for financial control but will, as far as possible, delegate their detailed responsibilities.
10.2.5	CHIEF EXECUTIVE	To ensure all Board members, officers and employees, present and future, are notified of and understand Standing Financial Instructions.
10.2.6	FINANCE DIRECTOR	Responsible for: a) Implementing the Trust's financial policies and coordinating corrective action b) Maintaining an effective system of financial control including ensuring detailed financial procedures and systems 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 explain Trust's transactions and financial position and, without prejudice to any other functions of the Trust, and employees of the Trust, the duties of the Finance Director 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.

Comment [p7]: Check all these references

SFI REF	DELEGATED TO	AUTHORITIES/DUTIES DELEGATED
10.2.7	ALL MEMBERS OF THE BOARD AND EMPLOYEES	Responsible for security of the Trust's property, avoiding loss, exercising economy and efficiency in using resources and conforming to Standing Orders, Financial Instructions and financial procedures.
10.2.8	CHIEF EXECUTIVE	Ensure that any contractor or employee of a contractor who is empowered by the Trust to commit the Trust to expenditure or who is authorised to obtain income are made aware of these instructions and their requirement to comply.
11.1.1	AUDIT COMMITTEE	Provide independent and objective view on internal control and probity.
11.1.2	CHAIR OF AUDIT COMMITTEE	Raise the matter at the Board meeting where Audit Committee considers there is evidence of ultra vires transactions or improper acts.
11.1.3 & 11.2.1	FINANCE DIRECTOR	Ensure an adequate internal audit service, for which he/she is accountable, is provided (and involve the Audit Committee in the selection process prior to recommendation to the Board when/if an internal audit service provider is changed.) Ensure there are arrangements to review, evaluate and report on the effectiveness of internal financial control including the establishment of an effective Internal Audit function; Ensure that the Internal Audit is adequate and meets the NHS mandatory audit standards;
11.2.1	FINANCE DIRECTOR	Decide at what stage to involve police in cases of misappropriation and other irregularities not involving fraud or corruption. (previously – Investigate any suspected cases of fraud or other irregularity)
11.3	HEAD OF INTERNAL AUDIT	Review, appraise and report in accordance with NHS Internal Audit Manual and best practice.
11.4	AUDIT COMMITTEE	Ensure cost-effective External Audit.
11.5	CHIEF EXECUTIVE & FINANCE DIRECTOR	Monitor and ensure compliance with Secretary of State for Health Directions on fraud and corruption including the appointment of the Local Counter Fraud Specialist.
11.6	CHIEF EXECUTIVE	Monitor and ensure compliance with Directions issued by the Secretary of State for Health on NHS security management including appointment of the Local Security Management

Comment [p7]: Check all these references

SFI REF	DELEGATED TO	AUTHORITIES/DUTIES DELEGATED
		Specialist.
13.1.1	CHIEF EXECUTIVE	Compile and submit to the Board a~~n~~ business plan which takes into account financial targets and forecast limits of available resources. The Business Plan will contain: • a statement of the significant assumptions on which the plan is based; • details of major changes in workload, delivery of services or resources required to achieve the plan.
13.1.2 & 13.1.3	FINANCE DIRECTOR	Submit budgets to the Board for approval. Monitor performance against budget; submit to the Board financial estimates and forecasts.
13.1.6	FINANCE DIRECTOR	Ensure adequate training is delivered on an on-going basis to budget holders.
13.3.1	CHIEF EXECUTIVE	Delegate budget to budget holders.
13.3.2	CHIEF EXECUTIVE & BUDGET HOLDERS	Must not exceed the budgetary total or virement limits set by the Board.
13.4.1	FINANCE DIRECTOR	Devise and maintain systems of budgetary control.
13.4.2	BUDGET HOLDERS	Ensure that a) no overspend or reduction of income that cannot be met from virement is incurred without prior consent of Board, this will be achieved through the responsibilities of budget holders to identify and escalate overspend. Monitoring will be implemented through monthly reports to the Board; b) approved budget is not used for any other than specified purpose subject to rules of virement; c) no permanent employees are appointed without the approval of the CE other than those provided for within available resources and manpower establishment; and d) provide information as requested by the Director of Finance.
13.4.3	CHIEF EXECUTIVE	Identify and implement cost improvements and income generation activities in line with the Business Plan.
13.6.1	CHIEF EXECUTIVE	Submit monitoring returns to regulators
14.1	FINANCE DIRECTOR	Preparation of annual accounts and reports.

Comment [p7]: Check all these references

SFI REF	DELEGATED TO	AUTHORITIES/DUTIES DELEGATED
15.1	FINANCE DIRECTOR	Managing banking arrangements, including provision of banking services, operation of accounts, preparation of instructions and list of cheque signatories. (Board approves arrangements.)
15.3	DIRECTOR OF FINANCE	Prepare detailed instructions on the operation of bank and paymaster accounts.
15.3	DIRECTOR OF FINANCE	Advise the Trust bankers and the Paymaster General in writing of the conditions under which each account will be operated.
15.3	DIRECTOR OF FINANCE	Open a bank account in the name of West Suffolk NHS Foundation Trust.
15.4	DIRECTOR OF FINANCE	Review banking arrangements at regular intervals not exceeding three years, to ensure they reflect best practice and represent best value for money. Following such reviews, the Director of Finance shall determine whether or not to seek competitive tenders for the Trust's banking business.
16.	FINANCE DIRECTOR	Income systems, including system design, prompt banking, review and approval of fees and charges, debt recovery arrangements, design and control of receipts, provision of adequate facilities and systems for employees whose duties include collecting or holding cash.
16.2.3	ALL EMPLOYEES	Duty to inform DoF of money due from transactions which they initiate/deal with.
17.	CHIEF EXECUTIVE	Tendering and contract procedure.
17.5.3	CHIEF EXECUTIVE	Waive formal tendering procedures for contracts up to £250,000 including VAT.
17.5.3	CHIEF EXECUTIVE	Report waivers of tendering procedures to the ~~Board~~Audit Committee.
17.5.5	FINANCE DIRECTOR	Where an Estates and Facilities supplier is chosen that is not on the approved list the reason shall be recorded in writing to the CE.
17.6.2	CHIEF EXECUTIVE	Responsible for the receipt, endorsement and safe custody of tenders received.
17.6.3	CHIEF EXECUTIVE	Shall maintain a register to show each set of competitive tender invitations despatched.
17.6.4	CHIEF EXECUTIVE AND FINANCE DIRECTOR	Where one tender is received will assess for value for money and fair price.

Comment [p7]: Check all these references

SFI REF	DELEGATED TO	AUTHORITIES/DUTIES DELEGATED
17.6.6	CHIEF EXECUTIVE	No tender shall be accepted which will commit expenditure in excess of that which has been allocated by the Trust and which is not in accordance with these ~~Instructions~~ instructions except with the authorisation of the Chief Executive.
17.6.8	CHIEF EXECUTIVE	Will appoint a manager to maintain a list of approved firms in Estates and Facilities.
17.6.9	CHIEF EXECUTIVE	Shall ensure that appropriate checks are carried out as to the technical and financial capability of those firms that are invited to tender or quote.
17.7.2	CHIEF EXECUTIVE	The Chief Executive or his nominated officer should evaluate the quotation and select the quote which gives the best value for money.
17.7.4	CHIEF EXECUTIVE or FINANCE DIRECTOR	No quotation shall be accepted which will commit expenditure in excess of that which has been allocated by the Trust and which is not in accordance with these Instructions except with the authorisation of the Chief Executive.
17.10	CHIEF EXECUTIVE	The Chief Executive shall demonstrate that the use of private finance represents value for money and genuinely transfers risk to the private sector.
17.10	BOARD	All PFI proposals must be agreed by the Board.
17.11	CHIEF EXECUTIVE	The Chief Executive shall nominate an officer who shall oversee and manage each contract on behalf of the Trust.
17.12	CHIEF EXECUTIVE	The Chief Executive shall nominate officers with delegated authority to enter into contracts of employment, regarding staff, agency staff or temporary staff service contracts.
17.15	CHIEF EXECUTIVE	The Chief Executive shall be responsible for ensuring that best value for money can be demonstrated for all services provided on an in-house basis.
17.15.5	CHIEF EXECUTIVE	The Chief Executive shall nominate an officer to oversee and manage the contract on behalf of the Trust.
18.1.1	CHIEF EXECUTIVE	Must ensure the Trust enters into suitable Service Level Agreements (SLAs) with service commissioners for the provision of NHS services
18.3	CHIEF EXECUTIVE	As the Accountable Officer, ensure that regular reports are provided to the Board detailing actual and forecast income ~~from the SLA~~and expenditure

Comment [p7]: Check all these references

SFI REF	DELEGATED TO	AUTHORITIES/DUTIES DELEGATED
20.1.1	BOARD	Establish a Remuneration Committee
20.1.2	REMUNERATION COMMITTEE	*Advise the Board on and make recommendations on the remuneration and terms of service of the CE, other executive members and senior employees to ensure they are fairly rewarded having proper regard to the Trust's circumstances and any national agreements;* *Monitor and evaluate the performance of individual senior employees;* Advise on and oversee appropriate contractual arrangements for such staff, including proper calculation and scrutiny of termination payments.
20.1.3	REMUNERATION COMMITTEE	Report in writing to the Board its advice and its bases about remuneration and terms of service of directors and senior employees.
20.1.4	BOARD	Approve proposals presented by the Chief Executive for setting of remuneration and conditions of service for those employees and officers not covered by the Remuneration Committee.
20.2.2	CHIEF EXECUTIVE	Approval of variation to funded establishment of any department.
20.3	CHIEF EXECUTIVE	Staff, including agency staff, appointments and re-grading.
20.4.1 and 20.4.2	FINANCE DIRECTOR	Payroll: a) specifying timetables for submission of properly authorised time records and other notifications; b) final determination of pay and allowances; c) making payments on agreed dates; d) agreeing method of payment; e) issuing instructions (as listed in SFI 10.4.2).
20.4.3	NOMINATED MANAGERS*	a) Submit time records in line with timetable) Complete time records and other notifications in required form. c) Submitting termination forms in prescribed form and on time.
20.4.4	FINANCE DIRECTOR	*Ensure that the chosen method for payroll processing 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.*

Comment [p7]: Check all these references

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SFI REF	DELEGATED TO	AUTHORITIES/DUTIES DELEGATED
20.5	NOMINATED MANAGER*	Ensure that all employees are issued with a Contract of Employment in a form approved by the Board and which complies with employment legislation; and Deal with variations to, or termination of, contracts of employment.
21.1	CHIEF EXECUTIVE	Determine, and set out, level of delegation of non-pay expenditure to budget managers, including a list of managers authorised to place requisitions, the maximum level of each requisition and the system for authorisation above that level. [It is good practice to append such lists to the Scheme of Delegation document.]
21.1.3	CHIEF EXECUTIVE	Set out procedures on the seeking of professional advice regarding the supply of goods and services.
21.2.1	REQUISITIONER*	In choosing the item to be supplied (or the service to be performed) shall always obtain the best value for money for the Trust. In so doing, the advice of the Trust's adviser on supply shall be sought.
21.2.2	FINANCE DIRECTOR	Shall be responsible for the prompt payment of accounts and claims.
21.2.3	FINANCE DIRECTOR	a) Advise the Board regarding the setting of thresholds above which quotations (competitive or otherwise) or formal tenders must be obtained; and, once approved, the thresholds should be incorporated in standing orders and regularly reviewed; b) Prepare procedural instructions [where not already provided in the Scheme of Delegation or procedure notes for budget holders] on the obtaining of goods, works and services incorporating the thresholds; c) Be responsible for the prompt payment of all properly authorised accounts and claims; d) Be responsible for designing and maintaining a system of verification, recording and payment of all amounts payable; e) A timetable and system for submission to the Finance Director of accounts for payment; provision shall be made for the early submission of accounts subject to cash discounts or otherwise requiring early payment; f) Instructions to employees regarding the handling and payment of accounts within the Finance Department; g) Be responsible for ensuring that payment for goods and services is only made once the goods and services are received
21.2.4	APPROPRIATE	Make a written case to support the need for a prepayment.

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SFI REF	DELEGATED TO	AUTHORITIES/DUTIES DELEGATED
	EXECUTIVE DIRECTOR	
21.2.4	FINANCE DIRECTOR	Approve proposed prepayment arrangements.
21.2.4	BUDGET HOLDER	Ensure that all items due under a prepayment contract are received (and immediately inform DoF if problems are encountered).
21.2.5	CHIEF EXECUTIVE	Authorise who may use and be issued with official orders.
21.2.6	MANAGERS AND OFFICERS	Ensure that they comply fully with the guidance and limits specified by the Finance Director.
21.2.7	CHIEF EXECUTIVE FINANCE DIRECTOR	Ensure that the arrangements for financial control and financial audit of building and engineering contracts and property transactions comply with ~~the~~ best practice guidance contained ~~within CONCODE and ESTATECODE.~~and Health Building Note 00-08 Strategic Framework for the Efficient Management of Healthcare Estates and Facilities The technical audit of these contracts shall be the responsibility of the relevant Director.
21.3	FINANCE DIRECTOR	Lay down procedures for payments to local authorities and voluntary organisations made under the powers of section 28A of the NHS Act.
22.1.1	FINANCE DIRECTOR	The DoF will advise the Board on the Trust's ability to pay dividend on ~~PBC~~ PDC and report, periodically, concerning the PDC debt and all loans and overdrafts
22.1.2	BOARD	Approve a list of employees authorised to make short term borrowings on behalf of the Trust. (This must include the CE and DoF.)
22.1.3	FINANCE DIRECTOR	Prepare detailed procedural instructions concerning applications for loans and overdrafts.
22.1.4	CHIEF EXECUTIVE OR FINANCE DIRECTOR	Be on an authorising panel comprising one other member for short term borrowing approval.
22.2.2	FINANCE DIRECTOR	Will advise the Board on investments and report, periodically, on performance of same.
22.2.3	FINANCE DIRECTOR	Prepare detailed procedural instructions on the operation of investments held.
23	FINANCE DIRECTOR	Ensure that Board members are aware of the Financial Framework and ensure compliance
24.1.1 & 2	CHIEF EXECUTIVE	Capital investment programme: a) ensure that there is adequate appraisal and approval process for determining capital

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SFI REF	DELEGATED TO	AUTHORITIES/DUTIES DELEGATED
		expenditure priorities and the effect that each has on plans b) responsible for the management of capital schemes and for ensuring that they are delivered on time and within cost; c) ensure that capital investment is not undertaken without availability of resources to finance all revenue consequences; d) ensure that a business case is produced for each proposal.
24.1.2	FINANCE DIRECTOR	Certify professionally the costs and revenue consequences detailed in the business case for capital investment.
24.1.3	CHIEF EXECUTIVE	Issue procedures for management of contracts involving stage payments.
24.1.4	FINANCE DIRECTOR	Assess the requirement for the operation of the construction industry taxation deduction scheme where applicable.
24.1.5	FINANCE DIRECTOR	Issue procedures for the regular reporting of expenditure and commitment against authorised capital expenditure.
24.1.6	CHIEF EXECUTIVE	Issue manager responsible for any capital scheme with authority to commit expenditure, authority to proceed to tender and approval to accept a successful tender. Issue a scheme of delegation for capital investment management.
24.1.7	FINANCE DIRECTOR	Issue procedures governing financial management, including variation to contract, of capital investment projects and valuation for accounting purposes.
24.2.1	FINANCE DIRECTOR	Demonstrate that the use of private finance represents value for money and genuinely transfers significant risk to the private sector.
24.2.1	BOARD	Proposal to use PFI must be specifically agreed by the Board.
24.3.1	CHIEF EXECUTIVE	Maintenance of asset registers (on advice from DoF).
24.3.5	FINANCE DIRECTOR	Approve procedures for reconciling balances on fixed assets accounts in ledgers against balances on fixed asset registers.
24.3.8	FINANCE DIRECTOR	Calculate and pay capital charges in accordance with Department of Health and Social Care requirements.
24.4.1	CHIEF EXECUTIVE	Overall responsibility for fixed assets.

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SFI REF	DELEGATED TO	AUTHORITIES/DUTIES DELEGATED
24.4.2	FINANCE DIRECTOR	Approval of fixed asset control procedures.
24.4.4	BOARD, EXECUTIVE MEMBERS AND ALL SENIOR STAFF	Responsibility for security of Trust assets including notifying discrepancies to DoF, and reporting losses in accordance with Trust procedure.
25.2	CHIEF EXECUTIVE	Delegate overall responsibility for control of stores (subject to FD responsibility for systems of control). Further delegation for day-to-day responsibility subject to such delegation being recorded. (Good practice to append to the scheme of delegation document.)
25.2	FINANCE DIRECTOR	Responsible for systems of control over stores and receipt of goods.
25.2	DESIGNATED PHARMACEUTICAL OFFICER	Responsible for controls of pharmaceutical stocks
25.2	DESIGNATED ESTATES OFFICER	Responsible for control of stocks of fuel oil and coal.
25.2	NOMINATED OFFICERS*	*Security arrangements and custody of keys*
25.2	FINANCE DIRECTOR	Set out procedures and systems to regulate the stores.
25.2	FINANCE DIRECTOR	Agree stocktaking arrangements.
25.2	FINANCE DIRECTOR	Approve alternative arrangements where a complete system of stores control is not justified.
25.2	FINANCE DIRECTOR	Approve system for review of slow moving and obsolete items and for condemnation, disposal and replacement of all unserviceable items.
25.2	NOMINATED OFFICERS*	Operate system for slow moving and obsolete stock, and report to DoF evidence of significant overstocking.
25.3.1	CHIEF EXECUTIVE	Identify persons authorised to requisition and accept goods from NHS Supplies stores.
26.1.1	FINANCE DIRECTOR	Prepare detailed procedures for disposal of assets including condemnations and ensure that these are notified to managers.

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SFI REF	DELEGATED TO	AUTHORITIES/DUTIES DELEGATED
26.2.1	FINANCE DIRECTOR	Prepare procedures for recording and accounting for losses, special payments and informing police in cases of suspected arson or theft.
26.2.2	ALL STAFF	Discovery or suspicion of loss of any kind must be reported immediately to either head of department or nominated officer. The head of department / nominated officer should then inform the CE and DoF.
26.2.2	FINANCE DIRECTOR	Where a criminal offence is suspected, DoF must inform the police if theft or arson is involved. In cases of fraud and corruption DoF must inform the relevant LCFS and CFSMS Regional Team in line with SoS directions.
26.2.2	FINANCE DIRECTOR	Notify ~~CFSMS~~ LCFS and External Audit of all frauds.
26.2.3	FINANCE DIRECTOR	Notify Board and External Auditor of losses caused theft, arson, neglect of duty or gross carelessness (unless trivial).
26.2.4	BOARD	Approve write off of losses (within limits delegated by DH).
26.2.6	FINANCE DIRECTOR	Consider whether any insurance claim can be made.
26.2.7	FINANCE DIRECTOR	Maintain losses and special payments register.
27.1	FINANCE DIRECTOR	Responsible for accuracy and security of computerised financial data.
27.1	FINANCE DIRECTOR	Satisfy themselves 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	DIRECTOR OF INFORMATION	Shall publish and maintain a Freedom of Information Scheme.
27.2.1	RELEVANT OFFICERS	Send proposals for general computer systems to DoF
27.3	FINANCE DIRECTOR	*Ensure that contracts with other bodies for the provision of computer services for financial applications clearly define responsibility of all parties for security, privacy, accuracy, completeness and timeliness of data during processing, transmission and storage, and allow for audit review.*

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SFI REF	DELEGATED TO	AUTHORITIES/DUTIES DELEGATED
		Seek periodic assurances from the provider that adequate controls are in operation.
27.4	FINANCE DIRECTOR	*Ensure that risks to the Trust from use of IT are identified and considered and that disaster recovery plans are in place.*
27.5	FINANCE DIRECTOR	Where computer systems have an impact on corporate financial systems satisfy himself that: a) systems acquisition, development and maintenance are in line with corporate policies; b) data assembled for processing by financial systems is adequate, accurate, complete and timely, and that a management rail exists; c) DoF and staff have access to such data; Such computer audit reviews are being carried out as are considered necessary.
28.2	CHIEF EXECUTIVE	Responsible for ensuring patients and guardians are informed about patients' money and property procedures on admission.
28.3	FINANCE DIRECTOR	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.
28.6	DEPARTMENTAL MANAGERS	Inform staff of their responsibilities and duties for the administration of the property of patients.
29.1	FINANCE DIRECTOR	Shall ensure that each trust fund which the Trust is responsible for managing is managed appropriately.
30	FINANCE DIRECTOR	Ensure all staff are made aware of the Trust policy on the acceptance of gifts and other benefits in kind by staff
32	CHIEF EXECUTIVE	Retention of document procedures in accordance with HSC 1999/053.
33.1	CHIEF EXECUTIVE	Risk management programme.
33.1	BOARD	Approve and monitor risk management programme.
33.2	BOARD	Decide whether the Trust will use the risk pooling schemes administered by the NHS Litigation Authority or self-insure for some or all of the risks (where discretion is allowed). Decisions to self-insure should be reviewed annually.

Comment [p7]: Check all these references

SFI REF	DELEGATED TO	AUTHORITIES/DUTIES DELEGATED
33.4	FINANCE DIRECTOR	Where the Board decides to use the risk pooling schemes administered by the NHS Litigation Authority the Finance Director shall ensure that the arrangements entered into are appropriate and complementary to the risk management programme. The Finance Director shall ensure that documented procedures cover these arrangements. Where the Board decides not to use the risk pooling schemes administered by the NHS Litigation Authority for any one or other of the risks covered by the schemes, the Finance Director 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 Finance Director will draw up formal documented procedures for the management of any claims arising from third parties and payments in respect of losses that will not be reimbursed.
33.4	FINANCE DIRECTOR	Ensure documented procedures cover management of claims and payments below the deductible.

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* Nominated officers and the areas for which they are responsible should be incorporated into the Trust's Scheme of Delegation document.

F. Detailed scheme of delegation for standing financial instructions (SFIs)

Delegated matters in respect of decisions which may have a far reaching effect must be reported to the Chief Executive. ***The delegation shown below is the lowest level to which authority is delegated.*** *Delegation to lower levels is only permitted with written approval of the Chief Executive who will, before authorising such delegation, consult with other Senior Officers as appropriate. All items concerning Finance must be carried out in accordance with Standing Financial Instructions and Standing Orders.*

DELEGATED MATTER	AUTHORITY DELEGATED TO	REFERENCE DOCUMENT
1. Management of Budgets		
Responsibility of keeping expenditure within budgets		
a) At individual budget /service level (Income, Pay and Non Pay)	Budget holder/General Manager	SFIs Section 13
b) All other	Chief Executive/Finance Director/Executive Director Or Other Delegated Officer	
2. Maintenance / Operation of Bank Accounts	Finance Director	SFIs Section 15
3. Expenditure- Pay, non pay including capital		

The following limits apply during routine financial controls. When the expenditure panel is implemented temporary delegated financial control limits may be bought into force. This will be notified and communicated to relevant staff.

Points of clarity:

- All financial limits within this document should be treated as VAT inclusive regardless of whether the VAT can be reclaimed or not except for contracts that may require Trust Board approval. For those contracts which may need Trust Board approval the amount net of reclaimable VAT should be the value used to determine the level of authorisation required. Finance must confirm the correct VAT treatment before this decision can be made
- NB items must not be split across multiple requisitions. All 'call off orders' must have an indicative level of activity and therefore an indicative value for which the following limits should be applied
- When considering the delegated matters determined by the 'annual value' or 'life of contract' which drives the most senior decision must be used. The 'annual value' should be based on the average value for the contract life.

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DELEGATED MATTER	AUTHORITY DELEGATED TO	REFERENCE DOCUMENT
a) Expenditure including pay		
Annual value / Life of contract		
◊ £0 - £10,000 / £0 - £40,000	Budget Holder or authorised signatory	SFIs Section 11
◊ £10,001 - £50,000 / £40,001 - £200,000	~~General manager~~Assistant Director of Operations	
◊ £50,001 - £100,000 / £200,001 - £400,000	Executive Director	
◊ £100,001 – £250,000 / £400,001 - £1m	Chief Executive and Finance Director	
◊ £250,001 + / £1m +	Trust Board	
To determine the authorisation for pay it is the annual gross cost to the organisation that should be considered i.e. including employer national insurance and pension contributions.		
Pharmacy orders		
Annual value / Life of contract		
◊ £0 - £75,000 / £0 - £300,000	Head of Pharmacy	
◊ £75,001 - £100,000 / £300,001 - £400,000	Head of Pharmacy and Executive Director	
◊ £100,001 - £250,000 / £400,001 - £1m	Chief Executive and Finance Director	
◊ £250,001 + / £1m +	Trust Board	
Works orders		
Annual value / Life of contract		
◊ £0 - £75,000 / £0 - £300,000	Heads of Service (estates and facilities)	
◊ £75,001 - £100,000 / £300,001 - £400,000	Executive Director	
◊ £100,000 - £250,000 / £400,001 - £1m	Chief Executive and Finance Director	
◊ £250,001 + / £1m +	Trust Board	
b) Business Cases - Business cases are required for both revenue and capital requirements over and above existing resources – this is an		

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approval process for the business case. The values must be based on gross annual costs, before any projected savings.

All business cases must have a completed business case template which must be developed with the divisional ~~finance manager~~Finance and Performance Manager. The Assistant Director of Finance will allocate a unique reference number to all business cases. ~~, and i~~If approved the final signed copy must be submitted to the Deputy Director of Finance. The Deputy Director of Finance will coordinate tracking of benefits realisation and update TEG after one year.

The rules of authorisation ~~for any subsequent requisitions / orders from a successful business case must follow the limits~~ as specified ~~above~~below. The limits refer to gross annual expenditure and for the avoidance of doubt if the annual expenditure is variable over the life of the business case, it is the highest gross expenditure in any one year that the limit applies to. The same limits apply for I & E and capital.

◊ £0 - £50,000 with no associated uplift in budget	Divisional Board (or equivalent) and Capital Strategy Group (CSG) if no adverse revenue consequence	
◊ £0 - £50,000	~~Deputy Finance Director~~TEG and CSG if adverse revenue consequence	
◊ £50,001 - £250,000	Executive Directors Meeting or Trust Executive Group via CSG	
◊ £250,001 +	Trust Board via Executive Directors, TEG and/or Scrutiny Committee	
4. Leases		
All leases regardless of value	Finance Director or Assistant Director of Finance (Financial Services)	SFIs Section 12.3
5. Quotation, Tendering & Contract Procedures		

DELEGATED MATTER	AUTHORITY DELEGATED TO	REFERENCE DOCUMENT
• Maintaining list of approved firms	Finance Director	SFIs Section 7
a) Obtaining **2 minimum ~~written~~ quotations** for contract value < £10,000. Above £5,000 they must be in writing and verbal quotes must be recorded and retained.	Budget holder/General Manager/Executive Director	SFIs Section 7, 11 & 15
b) Obtaining **3 written quotations** for contracts >£10,000 < £75,000	Finance Director/Nominated Deputy/Chief Operating Officer (or nominated Facilities Manager)	
c) Obtaining **4 written competitive tenders** for contracts > £75,000	Executive Director (other than Chief Executive) Chief Executive & Non Executive Director under seal	
d) Waiving of quotations & Tenders subject to SFIs (including the inability to obtain the minimum numbers of quotes/ tenders set out above)	Chief Executive/Finance Director (notified to Audit Committee)	
◊ £0 - £10,000	Assistant Director of Finance / Deputy Director of Finance	
◊ £10,001 - £75,000	Chief Executive or Finance Director	
◊ £75,001 +	Chief Executive	
f) Opening Tenders subject to SFIs.	A minimum of two Executive Directors or Trust Secretary with an Executive Director	
6. Setting of Fees and Charges		
a) Private Patient, Overseas Visitors, Income Generation and other patient related services	Finance Director/Nominated Deputy	SFIs Section 6
b) Price of NHS Service & Financial Framework Agreements	Finance Director	SFIs Section 7 and 8

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DELEGATED MATTER	AUTHORITY DELEGATED TO	REFERENCE DOCUMENT
7. Engagement of Staff Not On the Establishment		
a) Non-Medical Consultancy Staff Where aggregate commitment in any one year (or total commitment) < £75,000	Executive Directors with permission from NHSI where relevant	SFIs Section 10 and Standing Order 4
b) Where aggregate commitment in any one year >£75,000	Chief Executive/Finance Director with permission from NHSI where relevant	
c) Engagement of Trust's Solicitors	Executive Director or Trust Secretary (or nominated deputy up to estimated value of £1,000)	
d) Booking of bank, locums, agency staff, overtime and additional sessions	Budget Holder/Service Manager/General Manager/Site Manager/Senior Manager on Call Budget Holder/Clinical Director/General manager	NHSP Operating Policy Medical Locums Policy (PP006)
8. Expenditure on Charitable and Endowment Funds		
◊ £0 – £1,000	Fundholder	SFIs Section 19
◊ £1,001 – £5,000	Executive Director	
◊ £5,001 – £25,000	Director of Finance **and** Chief Operating Officer	
◊ £25,001 – £100,000	Charitable Funds Committee (including electronic approval if more practical)	
◊ >£100,000	Trust Board	

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DELEGATED MATTER	AUTHORITY DELEGATED TO	REFERENCE DOCUMENT
10. Condemning & Disposal		
a) Items obsolete, obsolescent, redundant, irreparable or cannot be repaired cost effectively		SFIs Section 16
i. with current/estimated purchase price <£100	Budget Holder	
ii. with current purchase new price > £100	Condemning Officer	
iii. disposal of mechanical and engineering plant (subject to estimated income < £1,000 per sale)	nominated Facilities Manager	
iv. Disposal of mechanical and engineering plant (subject to estimated income > £1,000 per sale)	Nominated Facilities Manager and Finance Director	
11. Losses, Write-off & Compensation		
a) Losses and Cash due to theft, fraud, overpayment & others < £50,000	Chief Executive & Finance Director	SFIs Section 16
b) Fruitless payments (including abandoned Capital Schemes) < £250,000 ◊	Chief Executive & Finance Director	
c) Damage to buildings, fittings, furniture and equipment and loss of equipment and property in stores and in use due to: Culpable causes (e.g. fraud, theft, arson) or other < £50,000	Chief Executive/Finance Director	
d) Compensation payments made under legal obligation	Chief Executive/Finance Director	

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DELEGATED MATTER	AUTHORITY DELEGATED TO	REFERENCE DOCUMENT
e) ex-Gratia Payments Patients personal effects		
< £100	Budget Holder	
>£100 <£1000	Director of Operations/Finance Director	
>£1,000 < £25,000	Chief Executive & Finance Director	
f) For clinical negligence up to CNST limits (negotiated settlements)	Chief Executive/Finance Director	
g) For personal injury claims involving negligence where legal advice has been obtained and guidance appliedup to CNST limit (including plaintiff's costs)	Chief Executive & Finance Director	
h) Other, except cases of maladministration where there was no financial loss by claimant < £25,000	Chief Executive & Finance Director	
	Reported to Audit Committee for Information:-	
i) Write off of NHS Debtors	Audit Committee	
j) Write off of Non NHS Debtors:		
< £250	Finance Director	
> £250	Audit Committee	
12. Reporting of Incidents to the Police		SFIs Section 2 & 16
a) Where a criminal offence is suspected		
i) Criminal offence of a violent nature	In line with Trust policy	Incident Reporting and Management PP105
Ii) other	In line with Trust policy	Incident Reporting and Management PP105
b) Where a fraud is involved	Finance Director	Fraud, Financial Irregularity and Corruption Policy
13. Petty Cash Disbursements (not applicable to central		

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DELEGATED MATTER	AUTHORITY DELEGATED TO	REFERENCE DOCUMENT
Cashiers Office)		
		SFIs Section 11
a) Expenditure < £50 per item	Budget holder	
b) Reimbursement of patients monies < £100	Patient Affairs Officer	
c) Reimbursement of patients monies > £100	Service Manager	
14. Receiving Hospitality		
Applies to both individual and collective hospitality receipt items. > £25.00 per item received	Declaration required in Trust's Gifts and Hospitality Register held by Trust Secretary	Standards of business conduct (PP054)
15. Implementation of Internal and External Audit Recommendations	Finance Director	SFIs Section 2
16. Maintenance & Update on Trust Financial Procedures	Finance Director	
17. Investment of Funds (including Charitable & Endowment Funds)	Finance Director & Charitable Fund Sub-committee	SFIs Sections 12, 19
18. Personnel & Pay		SFIs Section 10
a) Authority to appoint new and replacement Consultant Staff	Trust Executive Group	

Comment [p9]: Check cross references

DELEGATED MATTER	AUTHORITY DELEGATED TO	REFERENCE DOCUMENT
b) Pay and banding adjustments		
All requests for pay and banding adjustments shall be dealt with in accordance with Trust Procedure	Budget Holder & Director of Human Resources (unless Vacancy Approval Panel is in force)	Agenda for Change Implementation – Appeals Procedure
c) Pay		
Authority to agree starting salary	Budget Holder in consultation with Director of Human Resources	Starting Salary Policy (PP203)
Authority to complete standing data forms effecting pay, new starters, variations and leavers	Budget Holder	
Authority to complete and authorise positive reporting Forms	Budget Holder	
Authority to authorise overtime	Budget Holders	
Authority to authorise travel & subsistence expenses	Budget Holder	
Authority to waive contractual notice period	Director of Human Resources	
d) Leave- must be in compliance with HR policies		
i) Approval of annual leave	Line/Departmental Manger	Conditions of Service
ii) Annual leave - approval of carry forward (up to maximum of 5 days)	Line/Departmental Manager	Conditions of Service

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iii) Annual leave - approval of carry over in excess of 5 days but less than 10 days	Human Resources Director/Chief Executive	Annual leave carry over policy (PP063)
iv) Compassionate leave up to 6 days	Director of Human Resoources	
v) Special leave arrangements	Budget Holder	
◊ Paternity leave	Director of Human Resources	Special Leave PP066
◊ Parental leave	Budget Holder	Special Leave PP066
◊ Carers leave	Budget Holder	Special Leave PP066
viii) Leave without pay	Budget Holder	
ix) Medical Staff Leave of Absence	Clinical Director/General Manager	
x) Time off in lieu	Line Manager	
xi) Maternity Leave - paid and unpaid	Automatic approval with guidance	Maternity Policies (PP058 medical) & (PP169 AFC)
g) <u>Sick Leave</u>		
i) Extension of sick leave on half pay up to three months	Director of Human Resources	Improving Employee Attendance PP036
ii) Return to work part-time on full pay to assist recovery	Budget Holder Director of Human Resources	Improving Employee Attendance PP036
iii) Extension of sick leave on full pay	Human Resources Director/Chief Executive	
h) <u>Study Leave</u>		
i) Study leave outside the UK	Chief Executive/Executive Director	
ii) Medical staff study leave (UK)	Medical Director	Prof & Study Leave for Snr Medical Staff PP032
iii) All other study leave (UK)	Budget Holder	Study Leave Policy PP067

DELEGATED MATTER	AUTHORITY DELEGATED TO	REFERENCE DOCUMENT
i) Removal Expenses, Excess Rent and House Purchases Authority of payment of removal expenses incurred by officers taking up new appointments (providing consideration was promised at interview) i) < £8,000	Director of Human Resources	Removal, Accommodation and Associated PP079
j) Grievance Procedure All grievances cases must be dealt with strictly in accordance with the Grievance Procedure and the advice of a Human Resources Officer must be sought when the grievance reaches the level of Assistant Directors of Operations.	Line Manager	Grievance Policy (PP035)
k) Lease Car & Mobile Phone Users Requests for new posts to be authorised as car users Requests for new posts to be authorised as mobile telephone users	Budget Holder Budget Holder	
l) Renewal of Fixed Term Contracts	Budget Holder (unless vacancy Approval Panel is in force)	

Comment [p9]: Check cross references

DELEGATED MATTER	AUTHORITY DELEGATED TO	REFERENCE DOCUMENT
m) Redundancy • Executive Directors • All other staff	Remuneration committee Chief Executive	
n) Ill Health Retirement Decision to pursue retirement on the grounds of ill-health	Director of Human Resources	Improving Employee Attendance PP036
o) Dismissal	Dismissing Officer	Disciplinary Procedure
19. Authorisation of New Drugs ◊ Estimated total yearly cost < £25,000 ◊ Estimated total yearly cost > £25,000	Drugs & Therapeutics Committee Sub-committee and referred to Finance Director for information Drugs & Therapeutics Committee and referred to Finance Director approval	SFIs Section 11
20. Authorisation of Sponsorship deals	Chief Executive	
21. Authorisation of Research Projects	Chief Executive/Medical Director & Research Committee	
22. Authorisation of Clinical Trials	Research Committee	
23. Insurance and Risk Management Policies	Chief Executive	SFIs Section 23
24. Patients & Relatives Complaints a) Overall responsibility for ensuring that all	Trust Secretary/Service Manager	

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DELEGATED MATTER	AUTHORITY DELEGATED TO	REFERENCE DOCUMENT
complaints are dealt with effectively		
b) Responsibility for ensuring complaints relating to a Directorate are investigated thoroughly	Trust Secretary/Service Manager	
c) Medico-Legal Complaints Co-ordination of their management	Trust Secretary	
25. Relationships with Press		
a) Non-Emergency General Enquiries		Media Policy (PP119)
◊ Within Hours	Communications Manager	
◊ Outside Hours	Senior Manager on Call	
b) Emergency		Media Policy (PP119)
◊ Within House	Communications Manager	
◊ Outside Hours	Senior Manager on Call or Executive Director on Call	
26. Infectious Diseases & Notifiable Outbreaks	Senior Manager on Call or Control of Infection Doctor	
27. Extended Role Activities Approval of Nurses to undertake duties/procedures which can properly be described as beyond the normal scope of Nursing Practice.	Director of Nursing	Nurse/Midwives/Health Visitors Act Midwives Rules/Code of Practice UKCC Code of Professional Conduct

Comment [p9]: Check cross references

DELEGATED MATTER	AUTHORITY DELEGATED TO	REFERENCE DOCUMENT
28. Patient Services		
a) Variation of operating and clinic sessions within existing numbers		
◊ Outpatients	Director of Operations	
◊ Theatres	Director of Operations	
◊ Other	Director of Operations	
b) All proposed changes in bed allocation and use		
◊ Temporary Change	Director of Operations	
◊ Contract monitoring & reporting		
▪ Facilities	Director of Finance (or nominated Facilities Manager)	
▪ All other contracts	Finance Director (or nominated Contract Manager)	
29. Facilities for staff not employed by the Trust to gain practical experience		
Professional Recognition, Honorary Contracts, & Insurance of Medical Staff, Work experience student	Director of Human Resources	Honorary Contracts (Protocols for Issue) PP107
30. Review of Fire precautions	Director of Finance (or nominated Facilities Manager)	
31. Review of all statutory compliance legislation and Health and Safety requirements including control of Substances Hazardous to Health Regulations	Director of Nursing /Chief Operating Officer/ Director of Finance (or nominated Facilities Manager)/Governance Manager/Risk Manager/Occupational Health Manager	Health, Safety and Welfare Policy (PP018)
32. Review of Medicines Inspectorate Regulations	Chief Pharmacist	

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DELEGATED MATTER		AUTHORITY DELEGATED TO	REFERENCE DOCUMENT
33.	**Review of compliance with environmental regulations, for example those relating to clean air and waste disposal**	Director of Finance (or nominated Facilities Manager)	
34.	**Review of Trust compliance with the Data Protection and Freedom of Information Acts**	Information Governance Manager	Data protection policy (PP110)
35.	**Monitor proposals for contractual arrangements between the Trust and outside bodies**		
	• Facilities	Director of Finance (or nominated Facilities Manager)	
	• All other contracts	Finance Director (or nominated Contracts Manager)	
36.	**Review of Trust's compliance with the Access to Records Act**	Health Records Manager	Health Records Policy (PP136)
37.	**Review the Trust's compliance with the Confidentiality Code of Practice, NCRS Acceptable Use Policy and Caldicott Priciples for information sharing with other Authorities and Third Party Contractors.**	Information Governance Manager	Safe haven policy (PP126)
38.	**The keeping of a Declaration of Interests Register**	Trust Secretary (or nominated manager)	SOs Section 7
39.	**Attestation of sealings in accordance with Standing Orders**	Chair~~man~~/Non-Executive Director & Chief Executive/ Executive Director	SOs Section 8
40.	**The Keeping of a register of sealing**	PA to Chief Executive	SOs Section 8
41.	**The Keeping of the Gifts and Hospitality Register**	Trust Secretary (or nominated manager)	Standards of business conduct (PP)54)
42.	**Retention of Records**	Managers and Heads of Department in accordance with referenced policy	Retention, storage and disposal policy (PP192)
43.	**Clinical Audit**	Medical Director & Clinical Standards Executive Committee	SFIs Section 23

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Author(s):	Richard Jones, Trust Secretary and Head of Governance Louise Wishart, Assistant Director of Finance
Other contributors:	
Approvals and endorsements:	Audit Committee and Board
Consultation:	
Issue no:	
File name:	
Supercedes:	Reservation and delegation of powers PP(17)222
Equality Assessed	Yes
Implementation	Policy is a standard reference document for Trusts
Monitoring: (give brief details how this will be done)	Policy monitored through financial systems and procedures
Other relevant policies/documents & references:	NHS trust model standing orders, reservation and delegation of powers and standing financial instructions - March 2006
Additional Information:	

West Suffolk NHS
NHS Foundation Trust

Trust Policy and Procedure **Document Ref. No: PP(~~17~~19)~~346~~xxx**

Standing Financial Instructions

For use in:	All areas of the Trust
For use by:	All Trust staff
For use for:	Financial Governance matters
Document owner:	Assistant Director of Finance
Status:	Draft

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1. INTRODUCTION

1.1 Interpretation and definitions

1.1.1 Unless a contrary intention is evident or the context requires otherwise, words or expressions contained in this Constitution shall bear the same meaning as in the National Health Service Act 2006 as amended by the Health and Social Care Act 2012.

1.1.2 References to statutory provisions shall be deemed to include references to any provision amending, re-enacting or replacing them and to such provisions as amended from time to time.

1.1.3 Words importing the masculine gender only shall include the feminine gender; words importing the singular shall import the plural and vice-versa. T~~t~~**he 2006 Act** is the National Health Service Act 2006.

1.1.4 T~~t~~**he 2012 Act** is the Health and Social Care Act 2012.

1.1.5 **Accounting Officer** means the Officer responsible and accountable for discharging the functions specified in paragraph 25(5) of Schedule 7 to the 2006 Act, which shall be the Chief Executive.

1.1.6 **Adviser** means a person formally appointed by resolution of the Council of Governors to advise the Council of Governors at meetings of the Council of Governors in an advisory and non-voting capacity.

1.1.7 **Annual Members Meeting** is defined in paragraph 9 of the constitution.

1.1.8 **Audit Committee** means a committee whose functions are concerned with the arrangements for providing the Board with an independent and objective review on its financial and risk systems, financial information and compliance with laws, guidance, and regulations governing the NHS and with the arrangements for the monitoring and improving the quality of healthcare for which the T~~t~~rust has responsibility.

1.1.9 **Board of Directors ("the Board")** means the Executive and Non-Executive Directors including the Chair~~man~~ as constituted in accordance with the Constitution as the Board of Directors.

1.1.10 **Chair~~man~~** is the person appointed by the Council of Governors to lead the Council of Governors and Board of Directors and to ensure that they successfully discharge their overall responsibility for the T~~t~~rust as a whole. The expression "the Chair~~man~~ of the T~~t~~rust"

shall be deemed to include the Deputy Chair~~man~~ of the T~~t~~rust if the Chair~~man~~ is absent from the meeting or is otherwise unavailable.

1.1.11 **Chief Executive** means the A~~a~~ccounting O~~o~~fficer of the T~~t~~rust.

1.1.12 **Committee members** means in the context of a Committee persons formally appointed by the Council of Governors or Board of Directors to be members of the Committee.

1.1.13 **Corporate Trustee** means the Trustee of the My Wish Charity. The Directors of West Suffolk Foundation Trust act on behalf of the Corporate Trustee in exercising their duty with regards to the Charity Commission's public benefit guidance when exercising any powers or duties to which this guidance is relevant.

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1.1.~~13~~ 14 **Council of Governors** means the elected and appointed Governors of the T~~t~~rust collectively as a body, as constituted in accordance with the Constitution.

1.1.~~14~~ 15 **Constitution** means this constitution and all annexes to it.

1.1.~~15~~ 16 **Deputy Chair~~man~~** means the Non-Executive Director appointed by the Council of Governors to take on the Chair~~man~~ duties if the Chair~~man~~ is absent for any reason.

1.1.~~16~~ 17 **Director** means a Member of the Board.

1.1.~~17~~ 18 **Executive Director** means a Member of the Board who holds an executive office of the T~~t~~rust.

1.1.~~18~~ 19 **Finance Director** means the Chief Financial Officer of the T~~t~~rust.

1.1.~~19~~ 20 **Governor** means a person who is a member of the Council of Governors.

1.1.~~20~~ 21 **Licence** issued by Monitor the Licence sets out a range of conditions that the T~~T~~rust must meet.

1.1.~~21~~ 22 **Member** means any person registered as a member of the T~~t~~rust, and authorised to vote in elections to select Governors.

1.1.~~22~~ 23 **Monitor** is the body corporate known as Monitor, as provided by Section 61 of the 2012 Act. They are now part of NHS Improvement.

1.1.~~23~~ 24 **Motion** means a formal proposition to be discussed and voted on during the course of a meeting.

1.1.~~24~~ 25 **Non Executive Director** means a member of the Board of Directors who is not an Executive Director of the T~~t~~rust.

1.1.~~25~~ 26 **Officer** means employee of the T~~t~~rust or any other person holding a paid appointment or office with the ~~t~~Trust.

1.1.~~26~~ 27 **Secretary** means a person who may be appointed to act independently of the Council of Governors to provide advice on corporate governance issues to the Council of

Governors, and the Chair~~man~~ and monitor the T~~t~~rust's compliance with the law, Standing Orders and guidance of the NHS Improvement.

1.1.~~27~~ 28 **SFIs** means Standing Financial Instructions.

1.1.~~28~~ 29 **SOs** mean Standing Orders.

1.1.~~29~~ 30 **Voluntary Organisation** is a body, other than a public or local authority, the activities of which are not carried on for profit.

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Amounts referred to include VAT regardless of whether or not the VAT is reclaimable.

1.2 General

1.2.1 These Standing Financial Instructions (SFIs) are issued in accordance with the Trust (Functions) Directions 2000 issued by the Secretary of State which require that each Trust shall agree Standing Financial Instructions for the regulation of the conduct of its members and officers in relation to all financial matters with which they are concerned. They shall have effect as if incorporated in the Standing Orders (SOs).

1.2.2 These Standing Financial Instructions detail the financial responsibilities, policies and procedures adopted by the Trust. They are designed to ensure that the Trust's financial transactions are carried out in accordance with the law and with g~~G~~overnment policy in order to achieve probity, accuracy, economy, efficiency and effectiveness. They also act to protect individuals against accusations of impropriety, fraud or failure to ensure value for money. They should be used in conjunction with the Schedule of Decisions Reserved to the Board and the Scheme of Delegation adopted by the Trust. Use of the Trust in this context implies the Foundation Trust and the MyWish Charity

1.2.3 These Standing Financial Instructions identify the financial responsibilities which apply to everyone working for the Trust and its constituent organisations including t~~T~~rading ~~U~~units. They do not provide detailed procedural advice and should be read in conjunction with the detailed departmental and financial procedure notes. All financial procedures must be approved by the Finance Director, the Deputy Director of Finance or the Assistant Director of Finance.

1.2.4 Should any difficulties arise regarding the interpretation or application of any of the Standing Financial Instructions then the advice of the Finance Director or their nominated representative must be sought before acting. The user of these Standing Financial Instructions should also be familiar with and comply with the provisions of the Trust's Standing Orders.

1.2.5 **The failure to comply with Standing Financial Instructions and Standing Orders can in certain circumstances be regarded as a disciplinary matter that could result in dismissal. Where a breach constitutes a criminal offence, the matter may be subject to criminal investigation and will be handled in accordance with the Trust's Anti-Fraud and Bribery Policy.**

1.2.6 **Overriding Standing Financial Instructions** – If for any reason these Standing Financial Instructions are not complied with, full details of the non-compliance and any justification for non-compliance and the circumstances around the non-compliance shall be reported to the next formal meeting of the Audit Committee for referring action or ratification. All members of the Board and staff have a duty to disclose any non-compliance with these Standing Financial Instructions to the Director of Finance as soon as possible.

1.3 Responsibilities and delegation

1.3.1 The Trust Board

The Board exercises financial supervision and control by:

(a) formulating the financial strategy;

(b) requiring the submission and approval of budgets within approved allocations/overall income;

(c) defining and approving essential features in respect of important procedures and financial systems (including the need to obtain value for money);

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

(e) Approval of monitoring information received by the Board.

1.3.2 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 '"Scheme of Reservation and Delegation – decisions reserved to the Board" document. All other powers have been delegated to such other committees as the Trust has established.

1.3.4 The Chief Executive and Finance Director

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

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

1.3.5 It is a duty of the Chief Executive to ensure that Members of the Board, employees and all new appointees are notified of these instructions in way they can understand their responsibilities within these Instructions.

1.3.6 The Finance Director

The Finance Director is responsible for:

(a) implementing the Trust's financial policies and for coordinating any corrective action necessary to further these policies;

(b) maintaining an effective system of internal financial control including ensuring that detailed financial procedures and systems incorporating the principles of separation of duties and internal checks are prepared, documented and maintained to supplement these instructions;

(c) ensuring that sufficient records are maintained to show and explain the Trust's transactions, in order to disclose, with reasonable accuracy, the financial position of the Trust at any time;

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

(d) the provision of financial advice to other members of the Board and employees, excluding personal financial advice which prohibited;

(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.

1.3.7 **Board Members and Employees**

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

(a) the security of the property of the Trust;

(b) avoiding loss;

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

(d) conforming with the requirements of Standing Orders, Standing Financial Instructions, Financial Procedures and the Scheme of Delegation.

1.3.8 **Contractors and their employees**

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

1.3.9 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 Finance Director.

2. AUDIT

2.1 Audit Committee

2.1.1 In accordance with Standing Orders, the Board shall formally establish an Audit Committee, with clearly defined terms of reference and following relevant guidance which will support the Board in advising on key risks and provide an independent and objective view of internal control. The Committee shall:

(a) ~~Lead~~ lead the assessment of the A~~a~~nnual Governance Statement for the Board;~~.~~

~~(a)~~

(b) ~~Not~~ not have any executive responsibilities or be charged with making or endorsing any decision;~~.~~

(c) ~~Review~~ 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), that supports the achievement of the organisation's objectives;~~.~~

(d) ~~Ensure~~ ensure that there is an effective internal audit function established by management, which meets mandatory NHS Internal Audit standards and provides appropriate independent assurance to the Audit Committee, Chief Executive and the Trust Board;~~.~~

(e) ~~Ensure~~ ensure that there is an effective counter fraud function established by management that meets the s~~S~~tandards set out by the NHS Counter Fraud ~~and Security Management Service~~Authority and provides appropriate independent assurance to the Audit Committee, Chief Executive and Board;~~.~~

(f) ensure the appointment of the external auditors by the Governors follows a robust and competitive process taking into account the risks of the organisations;

(~~e~~g) ~~Review~~ review the work and findings of the External Auditor appointed by the ~~Audit Commission~~Governors and consider the implications and management's responses to their work;

(~~f~~h) ~~Review~~ review the Annual Report and Financial Statements of the Trust and its Charitable funds before submission to the Board, to determine their completeness, objectivity integrity and accuracy;~~.~~

(~~g~~i) ~~Review~~ review proposed changes to Standing Orders, Standing Financial Instructions, Scheme of Delegation and Matters Reserved to the Board for approval by the Board. To examine the circumstances of any significant departure from the requirements of any of the foregoing, whether those departures relate to a failing, an overruling or a suspension; and~~.~~

(~~h~~j) ~~Review~~ review the Standing Orders, Standing Financial Instructions, Scheme of Delegation and Matters Reserved to the Board on a two yearly basis for approval by the Board.

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2.1.2 Where the Audit Committee considers there is evidence of ultra vires transactions, evidence of improper acts, or if there are other important matters that the Committee wishes to raise, the Chair~~man~~ of the Audit Committee should raise the matter at a full meeting of the Board. Exceptionally, the matter may need to be referred to the Department of Health and Social Care (DHSC).

2.1.3 It is the responsibility of the Finance Director to ensure an adequate Internal Audit service is provided and the Audit Committee shall be involved in the selection process when an Internal Audit service provider is changed.

2.1.4 The Board shall satisfy itself that at least one member of the Audit Committee has recent and relevant financial experience.

2.2 Finance Director

2.2.1 The Finance Director is responsible for:

(a) ensuring there are arrangements to review, evaluate and report on the effectiveness of internal financial control including the establishment of an effective Internal Audit function;

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

(c) deciding at what stage to involve the police in cases of misappropriation and other irregularities not involving fraud or corruption and in conjunction with the Local Counter Fraud Specialist (LCFS) and NHS Counter Fraud Authority (NHSCFA) in instances of fraud, bribery or corruption;

(d) ensuring that an annual internal audit report is prepared for the consideration of the Audit Committee. The report must cover:

(i) a clear opinion on the effectiveness of internal control in accordance with current assurance framework guidance issued by the Department of Health and Social Care including for example compliance with control criteria and standards;
(ii) major internal financial control weaknesses discovered;
(iii) progress on the implementation of internal audit recommendations;
(iv) progress against plan over the previous year;
(v) strategic audit plan covering the coming three years;
(vi) a detailed plan for the coming year.

2.2.2 The Finance Director, ~~or~~ designated auditors or LCFS 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;

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(c) the production of any cash, stores or other property of the Trust under a member of the Board and an employee's control; and

(d) explanations concerning any matter under investigation.

2.3 Role of Internal Audit

2.3.1 Internal audit should fulfil its terms of reference by systematic review and evaluation of risk management, control and governance which comprises the policies, procedures and operations in place to:

(a) establish, and monitor the achievement of, the organisation's objectives;

(b) identify, assess and manage the risks to achieving the organisation's objectives;

(c) ensure the economical, effective and efficient use of resources;

(d) ensure compliance with established policies (including behavioural and ethical expectations), procedures, laws and regulations;

(e) safeguard the organisation's assets and interests from losses of all kinds, including those arising from fraud, irregularity or corruption;

(f) ensure the integrity and reliability of information, accounts and data, including internal and external reporting and accountability processes.

2.3.2 Internal audit should devote particular attention to any aspects of the risk management, control and governance affected by material changes to the organisation's risk environment.

2.3.3 Internal Audit shall also independently verify the Assurance Statements in accordance with guidance from the Department of Health and Social Care.

2.3.4 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 Finance Director must be notified immediately, and the matter referred to the LCFS.

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

2.3.6 The Head of Internal Audit shall be accountable to the Finance Director. The reporting system for internal audit shall be agreed between the Finance Director, the Audit Committee and the Head of Internal Audit. The agreement shall be in writing and shall comply with the guidance on reporting contained in the NHS Internal Audit Standards. The reporting system shall be reviewed at least every three years. Where, in exceptional circumstances, the use of normal reporting channels could be seen as a possible limitation on the objectivity of the audit, the Head of Internal Audit shall have access to report to the Chief Executive, Chair~~man~~ or any non-executive Director of the Trust.

2.3.7 If the Head of Internal Audit or the Audit Committee ~~consider~~considers that the level of audit resources or the terms of reference in any way limit the scope of internal audit, or prejudice the ability of internal audit to deliver a service consistent with the definition of internal auditing, they should advise the Board accordingly.

2.4 External Audit

2.4.1 The External Auditor is appointed by the Council of Governors and paid for by the Trust. The Audit Committee must ensure a cost-efficient service. If there are any problems relating to the service provided by the External Auditor, then this should be raised with the External Auditor and referred on to the Council of Governors if the issue cannot be resolved.

2.4.2 External audit responsibilities (in compliance with the requirements of the Independent Regulator) are:

(a) To be satisfied that the accounts comply with the directions provided, i.e. that the accounts comply with the Annual Reporting Manual issued by NHS Improvement;
(b) To be satisfied that the accounts comply with the requirements of all other provisions, contained in, or having effect under, any enactment which is applicable to the accounts;
(c) To be satisfied that proper practices have been observed in compiling the accounts;
(d) To be satisfied that proper arrangements have been made for securing economy, efficiency and effectiveness in the use of resources;
(e) To comply with any directions given by the National Audit Office ~~Department of Health~~ as to the standards, procedures and techniques to be adopted, i.e. to comply with the Audit Code;
(f) to consider the issue of public interest report;
(g) to certify the completion of the audit;
(h) to express an opinion on the accounts; and
(i) to refer the matter to the Independent Regulator if the Trust, or any officer or director of the Trust, makes or are about to make decisions involving potentially unlawful action likely to cause a loss or deficiency.

2.4.3 External auditors will ensure that there is a minimum of duplication of effort between themselves and other agencies. The auditors will discharge this responsibility by:

(a) reviewing the statement made by the Chief Executive in the Annual Governance Statement and making a negative statement within the audit opinion if the Annual Governance Statement is not consistent with their knowledge of the Trust;
(b) reviewing the results of the work of relevant assurers, for example the ~~Healthcare~~ Care Quality Commission and Internal Audit, to determine if the results of the work have an impact on their responsibilities; and~~.~~
(c) Undertaking any other work that they feel necessary to discharge their responsibilities.

2.5 Fraud, Bribery and Corruption

2.5.1 The Trust Chief Executive and Finance Director have overall responsibility for ensuring that there are sound systems of internal control (e.g. procedures, guidance

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notes and effective supervision) to minimise the opportunities for fraud, bribery and corruption within the day-to-day business of the Trust and its contractors. This responsibility extends to ensuring that policies and procedures for all work related to fraud and bribery is implemented and the findings from investigations and proactive counter fraud work are acted upon accordingly.

In line with their responsibilities, the Chief Executive and the Chief Finance Officer will monitor and ensure compliance with the NHS Standard Contract and the NHSCFA Standards for Providers.

2.5.2 The Trusts shall nominate a suitable person to carry out the duties of the Local Counter Fraud Specialist as specified by NHSCFA guidance;

2.5.3. The Local Counter Fraud Specialist shall report to the Finance Director and shall work with staff in the NHSCFA in accordance with the NHSCFA Standards.

2.5.4. **Fraud:** any person who dishonestly makes a false representation to make a gain for themselves or another, or who dishonestly fails to disclose to another person, information which he is under a legal duty to disclose or commits fraud by abuse of position including any offence as defined in the Fraud Act 2006.

Bribery: giving or receiving a financial or other advantage in connection with the "improper performance" of a position of trust, or a function that is expected to be performed impartially or in good faith.

Where the organisation is engaged in commercial activity it could be considered guilty of a corporate bribery offence if an employee, agent, subsidiary or any other person acting on its behalf bribes another person, intending to obtain or retain business or an advantage in the conduct of business for the organisation and it cannot demonstrate that it has adequate procedures in place to prevent such.

The adequate procedures the Trusts are required to have in place to prevent bribery being committed on their behalf are informed by six principles:

- Proportionate procedures;
- Top-level commitment;
- Risk Assessment;
- Due diligence;
- Communication (including training);
- Monitoring and review.

2.5.5 The LCFS will provide a written report, and attend the Audit Committee to present, at least annually, on counter fraud work within the Trust.

2.5.6 The Trust will complete a Self-Review Tool, inclusive of a summary of the counter fraud, bribery and corruption work conducted over the previous twelve months, for submission to the NHSCFA.

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2.5.7 The Finance Director must prepare a fraud response plan that sets out the action to be taken both by persons detecting a suspected fraud and those persons responsible for investigating it.

2.5.8 All suspected incidents of potential fraud, bribery or corruption should be reported to the Trusts' Local Counter Fraud Specialist, either directly (contact details can be found on the Trusts' intranet pages) or by contacting the National Fraud and Corruption reporting line by telephoning 0800 028 40 60. Your call will be treated in confidence and you can remain anonymous. You may also report your concerns on-line at www.cfa.nhs.uk/reportfraud.

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~~2.5.1 In line with their responsibilities, the Trust Chief Executive and Finance Director shall monitor and ensure compliance with Directions issued by the Secretary of State for Health on fraud and corruption.~~

~~2.5.2 The Trust shall nominate a suitable person to carry out the duties of the Local Counter Fraud Specialist as specified by the Department of Health Fraud and Corruption Manual and guidance.~~

~~2.5.3 The Local Counter Fraud Specialist shall report to the Trust Finance Director and shall work with staff in the Counter Fraud and Security Management Services (CFSMS) and the Regional Counter Fraud and Security Management Services (CFSMS) in accordance with the Department of Health Fraud and Corruption Manual.~~

~~2.5.4 The Local Counter Fraud Specialist will provide a written report, at least annually, on counter fraud work within the Trust.~~

~~2.5.5 The Bribery Act 2010, which repeals existing corruption legislation, has introduced the offences of offering and or receiving a bribe. It also places specific responsibility on organisations to have in place sufficient and adequate procedures to prevent bribery and corruption taking place. Under the Act, Bribery is defined as "Inducement for an action which is illegal unethical or a breach of trust. Inducements can take the form of gifts loans, fees rewards or other privileges". Corruption is broadly defined as the offering or the acceptance of inducements, gifts or favours payments or benefit in kind which may influence the improper action of any person; corruption does not always result in a loss. The corrupt person may not benefit directly from their deeds; however, they may be unreasonably using their position to give some advantage to another. To demonstrate the organisation has sufficient and adequate procedures in place and to demonstrate openness and transparency all staff are required to comply with the requirements of Standing Financial Instructions and Standing Orders policy. For a more detailed explanation see the Anti Bribery Policy. Should members of staff wish to report any concerns or allegations they should contact their Local Counter Fraud Specialist.'~~

~~2.5.6 The NHS Fraud and Corruption Reporting Line (FCRL) is a freephone number 0800 028 40 60. The FCRL is a simple means of reporting genuine suspicions of NHS fraud. It allows NHS staff who are unsure of internal reporting procedures, or who wish to speak with complete confidentiality, to report their concerns. All calls are dealt with by experienced, trained staff. Callers may remain anonymous if they wish.~~

~~2.5.7. Any employee discovering or suspecting a loss of any kind must immediately inform their head of department, who must immediately inform the Director of Finance or inform an officer charged with responsibility for responding to concerns involving loss. This officer will then appropriately inform the Director of Finance. Where a criminal offence is suspected, the Director of Finance must immediately inform the police if theft or arson is involved. In cases of fraud and corruption or of anomalies, which may indicate fraud, or corruption, the Director of Finance must inform the Local Counter Fraud Specialist (LCFS) in accordance with Secretary of State Directions.~~

2.6 Security Management

2.6.1 In line with their responsibilities, the Trust Chief Executive will monitor and ensure compliance with Directions issued by the Secretary of State for Health on NHS security management.

2.6.2 The Trust shall nominate a suitable person to carry out the duties of the Local Security Management Specialist (LSMS) as specified by the Secretary of State for Health guidance on NHS security management.

2.6.3 The Trust shall nominate a Non-Executive Director to be responsible to the Board for NHS security management through representation on Corporate Risk ~~Management Executive~~ Committee.

2.6.4 The Chief Executive has overall responsibility for controlling and coordinating security. However, key tasks are delegated to the Security Management Director (SMD) and the appointed Local Security Management Specialist (LSMS).

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

3.1 Preparation and Approval of Plans and Budgets

3.1.1 The Chief Executive will compile and submit to the Board a Plan which takes into account financial targets and forecast limits of available resources. The Business 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.

3.1.2 Prior to the start of the financial year the Finance Director will, on behalf of the Chief Executive, prepare and submit budgets for approval by the Board. Such budgets will:

(a) be in accordance with the aims and objectives set out in any planning guidance issued from the Department of Health and Social Care and relevant regulatory bodies;

(b) accord with workload and manpower plans;

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

(d) be prepared within the limits of available funds or be clear about the funding strategies for any planned deficit; and

(e) identify potential risks.

3.1.3 The Finance Director shall monitor financial performance against budget and plan, periodically review them, and report to the Board.

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

3.1.5 Budget holders at an appropriate level will sign up to their allocated budgets at the commencement of each financial year.

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

3.2 Budgetary Delegation

3.2.1 The Chief Executive may delegate the management of a budget to permit the performance of a defined range of activities. This delegation must be in writing and be accompanied by a clear definition of:

(a) the amount of the budget;
(b) the purpose(s) of each budget heading;
(c) individual and group responsibilities;
(d) authority to exercise virement;
(e) achievement of planned levels of service;
(f) the provision of regular reports.

3.2.2 The Chief Executive and delegated budget holders must not exceed the budgetary total or virement limits set by the Board without prior authority.

3.2.3 Any budgeted funds not required for their designated purpose(s) revert to the immediate control of the Chief Executive, subject to any authorised use of virement.

3.2.4 Non-recurring budgets should not be used to finance recurring expenditure without the authority in writing of the Chief Executive, as advised by the Finance Director.

3.3 Budgetary Control and Reporting

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

(a) monthly financial reports to the Board in a form approved by the Board containing:

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

(ii) summary cash flow and forecast year-end position;

(iii) summary balance sheet;

(iv) movements in working capital;

(v) Movements in cash and capital;

(vi) capital project spend and projected outturn against plan;

(vii) explanations of any material variances from plan;

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

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

(c) investigation and reporting of variances from financial, workload and manpower budgets;

(d) monitoring of management action to correct variances; and

(e) arrangements for the authorisation of budget transfers.

3.3.2 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 Board;

(b) the amount provided in the approved budget is not used in whole or in part for any purpose other than that specifically authorised subject to the rules of virement;

(c) no permanent employees are appointed without the approval of the Chief Executive, or those he has delegated authority to, other than those provided for within the available resources and manpower establishment as approved by the Board.

3.3.3 The Chief Executive is responsible for identifying and implementing cost improvements and income generation initiatives in accordance with the requirements of the Trust Plan and a balanced budget over time.

3.4 Capital Expenditure

3.4.1 The general rules applying to delegation and reporting shall also apply to capital expenditure. (The particular applications relating to capital are contained in SFI 14).

3.5 Monitoring Returns

3.5.1 The Chief Executive is responsible for ensuring that the returns are submitted to DH and regulatory bodies as required.

4. ANNUAL ACCOUNTS AND REPORTS

4.1 The Finance Director, on behalf of the Trust, will:

(a) prepare financial returns in accordance with the accounting policies and guidance given by relevant regulatory bodies, the Trust's accounting policies, and other relevant accounting requirements;

(b) prepare and submit annual financial reports to the relevant regulatory body certified in accordance with current guidelines;

(c) submit financial returns to the relevant regulatory body for each financial year in accordance with the timetable prescribed.

4.2 The Trust's annual accounts must be audited by an auditor appointed by the Trust's Council of Governors. The Trust's audited annual accounts must be presented to a public meeting and made available to the public.

4.3 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 relevant guidance and timetable.

5. BANK AND GBS ACCOUNTS

5.1 General

5.1.1 The Finance Director is responsible for managing the Trust's banking arrangements and for advising the Trust on the provision of banking services and operation of accounts. This advice will take into account guidance/ Directions issued from time to time by the Department of Health and Social Care. In line with 'Cash Management in the NHS' Trusts should minimize the use of commercial bank accounts and consider using Government Banking Service (GBS) accounts for all banking services.

5.1.2 The Board shall approve the banking arrangements.

5.2 Bank and GBS Accounts

5.2.1 The Finance Director is responsible for:

(a) bank accounts and Government Banking Service (GBS) accounts;

(b) establishing separate bank accounts for the Trust's ~~non-exchequer~~charitable funds;

(c) ensuring payments made from bank or GBS accounts do not exceed the amount credited to the account except where arrangements have been made;

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

(e) monitoring compliance with guidance from DH and the relevant regulatory body on the level of cleared funds.

5.3 Banking Procedures

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

(a) the conditions under which each bank and GBS account is to be operated;

(b) those authorised to sign cheques or other orders drawn on the Trust's accounts.

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

5.4 Tendering and Review

5.4.1 The Finance Director will regularly consider the need to retain commercial bank~~d~~ing arrangements in addition to the GBS account. Where there is a need to maintain commercial banking arrangements, they will be reviewed at regular intervals to ensure they reflect best practice and represent best value for money by periodically seeking competitive tenders for the Trust's commercial banking business.

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

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

6.1 Income Systems

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

6.1.2 The Finance Director is also responsible for the prompt banking of all monies received.

6.2 Fees and Charges

6.2.1 The Trust shall follow the Department of Health and Social Care and other relevant regulatory guidance in setting prices for NHS and non NHS contracts

6.2.2 The Finance Director is responsible for approving and regularly reviewing the level of all fees and charges other than those determined by the Department of Health and Social Care or by Statute. Independent professional advice on matters of valuation shall be taken as necessary. Where sponsorship income (including items in kind such as subsidised goods or loans of equipment) is considered, the guidance in the Department of Health and Social Care's Commercial Sponsorship – Ethical standards in the NHS shall be followed.

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

6.3 Debt Recovery

6.3.1 The Finance Director is responsible for the appropriate recovery action on all outstanding debts.

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

6.3.3 Overpayments by the Trust should be detected (or preferably prevented) and recovery initiated.

6.4 Security of Cash, Cheques and other Negotiable Instruments

6.4.1 The Finance Director is responsible for:

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

6.4.2 Official money shall not under any circumstances be used for the encashment of private cheques or IOUs.

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

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

7. TENDERING AND CONTRACTING PROCEDURE

7.1 Duty to comply with Standing Orders and Standing Financial Instructions

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

7.2 EU Directives Governing Public Procurement

Directives by the Council of the European Union (EU) promulgated by the Department of Health and Social Care (DHSC) prescribing procedures for awarding all forms of contracts shall have effect as if incorporated in these Standing Orders and Standing Financial Instructions. Following any changes to membership of the EU any replacement regulations will apply in the same way.

7.3 ~~Reverse eAuctions~~

~~The Trust should have policies and procedures in place for the control of all tendering activity carried out through Reverse eAuctions. For further guidance on Reverse eAuctions refer to www.ogc.gov.uk~~

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7.4 Capital ~~Investment Manual and other Department of Health Guidance~~

The Trust shall comply as far as is practicable with the requirements of the Department of Health and Social Care ~~"Capital Investment Manual"~~Group Accounting Manual and "Health Building Note 00-08 Strategic Framework for the Efficient Management of Healthcare Estates and Facilities" in respect of capital investment and estate and property transactions. In the case of management consultancy contracts the Trust shall comply as far as is practicable with Department of Health and Social Care guidance "The Procurement and Management of Consultants within the NHS".

7.5 Formal Competitive Tendering

7.5.1 General Applicability

The Trust shall ensure that competitive quotes/ 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 services sought from or provided by the DH);
- For the design, construction and maintenance of building and engineering works (including construction and maintenance of grounds and gardens); for disposals.

7.5.2 Health Care Services

Where the Trust elects to invite tenders for the supply of healthcare services these Standing Orders and Standing Financial Instructions shall apply as far as they are applicable to the tendering procedure and need to be read in conjunction with Standing Financial Instruction No. 8 and No. 9.

7.5.3 **Exceptions and instances where formal tendering need not be applied**

All amounts referred to are inclusive of VAT regardless of whether the VAT is reclaimable or not.

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

(a) the estimated expenditure or income for the contract period does not, or is not reasonably expected to, exceed **£75,000**;

(b) where the supply is proposed under special arrangements negotiated by the DH in which event the said special arrangements must be complied with;

(c) regarding disposals as set out in Standing Financial Instructions No. 16;

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

(d) in very exceptional circumstances where the Chief Executive decides that formal tendering procedures would not be practicable or the estimated expenditure or income would not warrant formal tendering procedures, and the circumstances are detailed in an appropriate Trust record;

(e) where the requirement is covered by an existing contract;

(f) where ~~PASA~~ National Framework agreements are in place and have been approved by the Board;

(g) where a consortium arrangement is in place and a lead organisation has been appointed to carry out tendering activity on behalf of the consortium members;

(h) where the timescale genuinely precludes competitive tendering but failure to plan the work properly would not be regarded as a justification for a single tender;

(i) where specialist expertise is required and is available from only one source;

(j) when the task is essential to complete the project, and arises as a consequence of a recently completed assignment and engaging different consultants for the new task would be inappropriate;

(k) there is a clear benefit to be gained from maintaining continuity with an earlier project. However in such cases the benefits of such continuity

must outweigh any potential financial advantage to be gained by competitive tendering;

(l) for the provision of legal advice and services providing that any legal firm or partnership commissioned by the Trust is regulated by the Law Society for England and Wales for the conduct of their business (or by the Bar Council for England and Wales in relation to the obtaining of Counsel's opinion) and are generally recognised as having sufficient expertise in the area of work for which they are commissioned.

The Finance Director 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 Manual.~~

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

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 TEG quarterly and the Audit Committee ~~at each meeting~~annually.

7.5.4 **Fair and Adequate Competition**

Where the exceptions set out in SFI ~~Nos.~~ 17~~.1 and 17.5.3~~ apply, the Trust shall ensure that invitations to tender are sent to a sufficient number of firms/individuals to provide fair and adequate competition as appropriate, and in no case less than two firms/individuals, having regard to their capacity to supply the goods or materials or to undertake the services or works required.

~~7.5.5 **List of Approved Firms**~~

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

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~~7.5.6 **Building and Engineering Construction Works**~~

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

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7.5.~~7~~5 **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 Chief Executive, and be recorded

in an appropriate Trust record. Such cases should be reported to the Audit Committee at the earliest opportunity.

7.6 Contracting/Tendering Procedure

7.6.1 Invitation to tender

(i) ~~All~~ all invitations to tender shall state the date and time as being the latest time for the receipt of tenders.

(ii) ~~All~~ all invitations to tender shall state that no tender will be accepted unless:

(a) the prescribed electronic submission process is followed if coordinated by Purchasing; or

(b) (i)submitted in a plain sealed package or envelope bearing a pre-printed label supplied by the Trust (or the word "tender" followed by the subject to which it relates) and the latest date and time for the receipt of such tender addressed to the Chief Executive or nominated Manager;

(~~b~~ii) that tender envelopes/ packages shall not bear any names or marks indicating the sender. The use of courier/postal services must not identify the sender on the envelope or on any receipt so required by the deliverer.

(iii) ~~Every~~ every tender for goods, materials, services or disposals shall embody such of the NHS Standard Contract Conditions as are applicable.

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

7.6.2 Receipt and safe custody of tenders

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

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

7.6.3 Opening tenders and Register of tenders

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

(ii) A member of the Trust Board will be required to be one of the two approved persons present for the opening of tenders estimated above £75,000. 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.

(iii) The 'originating' Department will be taken to mean the Department sponsoring or commissioning the tender.

(iv) The involvement of Finance Directorate staff in the preparation of a tender proposal will not preclude the Finance Director or any approved Senior Manager from the Finance Directorate from serving as one of the two senior managers to open tenders.

(v) All Executive Directors/members will be authorised to open tenders regardless of whether they are from the originating department provided that the other authorised person opening the tenders with them is not from the originating department.

The Trust~~'s Company~~ Secretary will count as a Director for the purposes of opening tenders.

(vi) Every tender received shall be marked with the date of opening and initialled by those present at the opening.

(vii) A register shall be maintained by the Chief Executive, or a person authorised by him, to show for each set of competitive tender invitations despatched:

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

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

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

(viii) Incomplete tenders, i.e. those from which information necessary for the adjudication of the tender is missing, and amended tenders i.e., those amended by the tenderer upon his own initiative either orally or in writing after the due time for receipt, but prior to the opening of other tenders, should be dealt with in the same way as late tenders. (Standing Order No. 17.6.5 below).

7.6.4 **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.

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

7.6.5 **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 or his nominated officer decides that there are exceptional circumstances i.e. despatched in good time but delayed through no fault of the tenderer.

(ii) Only in the most exceptional circumstances will a tender be considered which is received after the opening of the other tenders and only then if the tenders that have been duly opened have not left the custody of the Chief Executive or his nominated officer or if the process of evaluation and adjudication has not started.

(iii) While decisions as to the admissibility of late, incomplete or amended tenders are under consideration, the tender documents shall be kept strictly confidential, recorded, and held in safe custody by the Chief Executive or his nominated officer.

7.6.6 **Acceptance of formal tenders (See overlap with SFI No. 7.7)**

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

(ii) The lowest tender, if payment is to be made by the Trust, or the highest, if payment is to be received by the Trust, shall be accepted unless there are good and sufficient reasons to the contrary. Such reasons shall be set out in either the contract file, or other appropriate record.

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

(a) experience and qualifications of team members;

(b) understanding of client's needs;

(c) feasibility and credibility of proposed approach;

(d) ability to complete the project on time.

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

(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.

(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) that best value for money was achieved.

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

7.6.7 **Tender reports to the Trust Board**

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

7.6.8 **List of approved firms for Estates and Facilities ~~(see SFI No. 7.5.5)~~**

(a) **Responsibility for maintaining list**

A manager nominated by the Chief Executive shall on behalf of the Trust maintain lists of approved firms for Estates and Facilities from who tenders and quotations may be invited. These shall be kept under frequent review. The lists shall include all firms who have applied for permission to tender and as to whose technical and financial competence the Trust is satisfied. All suppliers must be made aware of the Trust's terms and conditions of contract.

(b) **Building and Engineering Construction Works**

(i) Invitations to tender shall be made only to firms included on the approved list of tenderers compiled in accordance with this Instruction or on the separate maintenance lists compiled in accordance with Estmancode guidance (Health Notice HN(78)147).

ii) Firms included on the approved list of tenderers shall ensure that when engaging, training, promoting or dismissing employees or in any conditions of employment, shall not discriminate against any person because of colour, race, ethnic or national origins, religion or sex, and will comply with the provisions of the Equal Pay Act 1970, the Sex Discrimination Act 1975, the Race Relations Act 1976, and the Disabled Persons (Employment) Act 1944 and any amending and/or related legislation.

iii) Firms shall conform at least with the requirements of the Health and Safety at Work Act and any amending and/or other related legislation concerned with the health, safety and welfare of workers and other persons,

and to any relevant British Standard Code of Practice issued by the British Standard Institution. Firms must provide to the appropriate manager a copy of its safety policy and evidence of the safety of plant and equipment, when requested.

(c) **Financial Standing and Technical Competence of Contractors**

The Finance Director may make or institute any enquiries he deems appropriate concerning the financial standing and financial suitability of approved contractors. The Director with lead responsibility for clinical governance will similarly make such enquiries as is felt appropriate to be satisfied as to their technical / medical competence.

7.6.9 **Exceptions to using approved contractors**

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

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

7.7 Quotations: Competitive and non-competitive

7.7.1 **General Position on quotations**

Written quotations are required where formal tendering procedures are not adopted ~~and~~ where the intended expenditure or income ~~exceeds, or~~ is reasonably expected to exceed £~~10~~5,000 but not expected to exceed £75,000. For orders below £5,000 at least 2 quotes should be sought and recorded by the authoriser.

7.7.2 **Competitive Quotations**

(i) Quotations should be obtained from at least ~~three~~ 2 firms/individuals based on specifications or terms of reference prepared by, or on behalf of, the Trust for contracts up to £10,000 and from three for contracts in excess of £10,000 but less than £75,000. These must be in writing for all orders over £5,000.

(ii) Quotations should be in writing for all orders over £5,000 unless the Chief Executive or his nominated officer determines that it is impractical to do so in which case quotations may be obtained by telephone. Confirmation of telephone quotations should be obtained as soon as possible and the reasons why the telephone quotation was obtained should be set out in a permanent record.

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

(iv) The Chief Executive or his nominated officer should evaluate the quotation and select the quote which gives the best value for money. If this is not the lowest quotation if payment is to be made by the Trust, or the highest if payment is to be received by the Trust, then the choice made and the reasons why should be recorded in a permanent record.

7.7.3 **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.

7.7.4 **Quotations to be within Financial Limits**

No quotation shall be accepted which will commit expenditure in excess of that which has been allocated by the Trust and which is not in accordance with Standing

Financial Instructions except with the authorisation of either the Chief Executive or Finance Director.

7.8 Authorisation of Tenders and Competitive Quotations

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

Designated budget holders	up to	£~~75~~50,000
Finance Director	up to	£100,000
Chief Executive and Finance Director	up to	£250,000
Trust Board	over	£250,000

These levels of authorisation may be varied or changed and need to be read in conjunction with the Trust Board's Scheme of Delegation.

In accordance with the Quotation procedures tenders are not required under £75,000.

At the time of approval the Trust Board may delegate the responsibility for signing of orders / requisitions to the Chief Executive and the Finance Director.

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

7.9 Instances where formal competitive tendering or competitive quotation is not required

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

(a) the Trust shall use NHS Supply Chain for procurement of all goods and services unless the Chief Executive or nominated officers deem it inappropriate. The decision to use alternative sources must be documented.

(b) If the Trust does not use NHS Supply Chain - where tenders or quotations are not required, because expenditure is below £10,000, the Trust shall procure goods and services in accordance with procurement procedures approved by the Finance Director.

7.10 Private Finance for capital procurement (see overlap with SFI No. 24)

The Trust must assess the most competitive funding source for capital projects. This may include borrowing from DH (or delegated departments), borrowing commercially or PFI/ PPP schemes. The selection of the most competitive funding sources will be from a combination of business case shortlisting and competitive tendering~~.~~. When the Board proposes, or is required, to use finance provided by the private sector the following should apply:

(a) The Chief Executive shall demonstrate that the use of private finance represents value for money and for PFI/ PPP 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 and Social Care for approval or treated as per current guidelines.

(c) The proposal must be specifically agreed by the Board of the Trust.

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

7.11 Compliance requirements for all contracts

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

(a) The Trust's Standing Orders and Standing Financial Instructions;

(b) EU Directives and other statutory provisions including any replacement regulations after leaving the EU;

(c) any relevant directions including ~~the Capital Investment Manual,~~ Health Building Note 00-08 Strategic Framework for the Efficient Management of Healthcare Estates and Facilities and guidance on the Procurement and Management of Consultants;

(d) such of the NHS Standard Contract Conditions as are applicable;~~.~~

(e) contracts with Foundation Trusts must be in a form compliant with appropriate NHS guidance;~~.~~

(f) Where appropriate contracts shall be in or embody the same terms and conditions of contract as was the basis on which tenders or quotations were invited; and~~.~~

(g) In all contracts made by the Trust, the Board shall endeavour to obtain best value for money by use of all systems in place. The Chief Executive shall nominate an officer who shall oversee and manage each contract on behalf of the Trust.

7.12 Personnel and Agency or Temporary Staff Contracts

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

7.13 Healthcare Services Agreements ~~(see overlap with SFI No. 18)~~

Service agreements with NHS providers for the supply of healthcare services shall be drawn up in accordance with the NHS and Community Care Act 1990 and

administered by the Trust. Service agreements are not contracts in law and therefore not enforceable by the courts. However, a contract with a Foundation Trust, being a Public Body Corporate (PBC), is a legal document and is enforceable in law.

7.14 Disposals (See overlap with SFI No. 26)

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

(a) any matter in respect of which a fair price can be obtained only by negotiation or sale by auction as determined (or pre-determined in a reserve) by the Chief Executive or his nominated officer;

(b) obsolete or condemned articles and stores, which may be disposed of in accordance with the supplies policy of the Trust;

(c) items to be disposed of with an estimated sale value of less than £1,000, this figure to be reviewed on a periodic basis;

(d) items arising from works of construction, demolition or site clearance, which should be dealt with in accordance with the relevant contract;

(e) land or buildings concerning which DH guidance has been issued but subject to compliance with such guidance.

7.15 In-house Services

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

7.15.2 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~~ stakeholder group, comprising the Chief Executive or nominated officer/s and specialist;~~.~~

(b) ~~I~~in~~-~~house tender group, comprising a nominee of the Chief Executive and technical support;~~.~~ and

(c) ~~Evaluation~~ evaluation team, comprising normally a specialist officer, a supplies officer and a Finance Director representative. For services having a likely annual expenditure exceeding £250,000, a non-Executive Director should be a member of the evaluation team.

7.15.3 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.

7.15.4 The evaluation team shall make recommendations to the Board.

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

7.16 Applicability of SFIs on Tendering and Contracting to funds held in trust ~~(see overlap with SFI No. 29)~~

These Instructions shall not only apply to expenditure from Exchequer funds but also to works, services and goods purchased from the Trust's ~~trust~~ charitable funds and private resources.

8. NHS SERVICE AGREEMENTS FOR PROVISION OF SERVICES (see overlap with SFI No. 7.13)

8.1 Service Level Agreements (SLAs)

8.1.1 The Chief Executive, as the Accountable Officer, is responsible for ensuring the Trust enters into suitable Service Level Agreements (SLA) with service commissioners for the provision of NHS services.

All SLAs should aim to implement the agreed priorities contained within any planning guidance and priorities issued by the Department of Health and Social Care and wherever possible, be based upon integrated care pathways to reflect expected patient experience. In discharging this responsibility, the Chief Executive should take into account:

- the standards of service quality expected;
- the relevant national service framework (if any);
- the provision of reliable information on cost and volume of services;
- the NHS Outcomes Framework;
- that SLAs build where appropriate on existing Joint Investment Plans;
- that SLAs are based on integrated care pathways.

8.2 Involving Partners and jointly managing risk

A good SLA will result from a dialogue of clinicians, users, carers, public health professionals and managers. It will reflect knowledge of local needs and inequalities. This will require the Chief Executive to ensure that the Trust works with all partner agencies involved in both the delivery and the commissioning of the service required. The SLA will apportion responsibility for handling a particular risk to the party or parties in 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.

8.3 Reports to Board on SLAs

The Chief Executive, as the Accountable Officer, will need to ensure that regular reports are provided to the Board detailing actual and forecast income from the SLA, including information on costing arrangements.

9. COMMISSIONING

~~9.1 Not applicable to NHS Foundation Trusts~~Most Trust activity is for the provision of healthcare. However on occasion the Trust sub-contracts the provision of healthcare to other providers, either in the private or public sector.

9.1.1. Healthcare contracts with the private sector are subject to the sane quotation and tender procedures as non-healthcare contracts.

9.2 In addition for healthcare contracts the following should be considered:

- a) Contract setting to include required reporting on a range of quality and effectiveness metrics;
- b) Monitoring and analysis of reporting against these quality metrics;
- c) Reviewing the metrics against other evidence or performance reported from other sources e.g. patient/user groups, HealthWatch, CQC;
- d) Action planning to address deficiencies and concerns, agreed with the provider;
- e) Monitoring the action plan to gain assurance of completion with evidence;
- f) Review of the implementation of actions during a quality improvement visit to the provider;
- g) On-going review of reporting and audit results;
- h) Revising quality metrics through annual review and agreeing contractual improvements; and
- Contract and target setting to address areas identified for development and improvement.

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

10.1 Remuneration and Terms of Service (see overlap with SO No. 4)

10.1.1 In accordance with Standing Orders the Board shall establish a Remuneration Committee, with clearly defined terms of reference, specifying which posts fall within its area of responsibility, its composition, and the arrangements for reporting. (See NHS guidance contained in the Higgs report.)

10.1.2 The Committee will:

(a) advise the Board about appropriate remuneration and terms of service for the Chief Executive, other Executive Directors employed by the Trust and other senior employees including:

Comment [p2]: I don't think this is necessarily non-applicable- should a section be added here? Have asked Mark Game for CCG SFIs 27/12/18. Chased 17/1/19.

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(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) make such recommendations to the Board on the remuneration and terms of service of Executive Directors of the Board (and other senior employees) to ensure they are fairly rewarded for their individual contribution to the Trust - having proper regard to the Trust's circumstances and performance and to the provisions of any national arrangements for such members and staff where appropriate;

(c) monitor and evaluate the performance of individual Executive Directors (and other senior employees);

(d) advise on and oversee appropriate contractual arrangements for such staff including the proper calculation and scrutiny of termination payments taking account of such national guidance as is appropriate.

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

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

10.1.5 The Trust will pay allowances to the Chair~~man~~ and non-Executive Directors of the Board in accordance with instructions issued by the Secretary of State for Health.

10.2 Funded Establishment

10.2.1 The manpower plans incorporated within the annual budget will form the funded establishment.

10.2.2 The funded establishment of any department may not be varied without the approval of the Chief Executive or those with the delegated authority.

10.3 Staff Appointments

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

(a) unless authorised to do so by the Chief Executive or those with the delegated authority; and

(b) it is within the limit of their approved budget and funded establishment.

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

10.4 Processing Payroll

10.4.1 The Finance Director 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.

10.4.2 The Finance Director will issue instructions regarding:

(a) verification and documentation of data;

(b) the timetable for receipt and preparation of payroll data and the payment of employees and allowances;

(c) maintenance of subsidiary records for superannuation, income tax, social security and other authorised deductions from pay;

(d) security and confidentiality of payroll information;

(e) checks to be applied to completed payroll before and after payment;

(f) authority to release payroll data under the provisions of the Data Protection Act;

(g) methods of payment available to various categories of employee and officers;

(h) procedures for payment by cheque, bank credit, or cash to employees and officers;

(I) procedures for the recall of cheques and bank credits;

(j) pay advances and their recovery;

(k) maintenance of regular and independent reconciliation of pay control accounts;

(l) separation of duties of preparing records and handling cash;

(m) a system to ensure the recovery from those leaving the employment of the Trust of sums of money and property due by them to the Trust.

10.4.3 Appropriately nominated managers have delegated responsibility for:

(a) submitting time records, and other notifications in accordance with agreed timetables;

(b) completing time records and other notifications in accordance with the Finance Director's instructions and in the form prescribed by the Finance Director;

(c) submitting termination forms via HR in the prescribed form immediately upon knowing the effective date of an employee's or officer's resignation, termination or retirement. Where an employee fails to report for duty or to fulfil obligations in circumstances that suggest they have left without notice, the Finance Director and Human Resources Director must be informed immediately.

10.4.4 Regardless of the arrangements for providing the payroll service, the Finance Director 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.

10.5 Contracts of Employment

10.5.1 The Board shall delegate responsibility to an officer for:

(a) ensuring that all employees are issued with a Contract of Employment in a form approved by the Board and which complies with employment legislation;

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

10.6 Consultant staff appointments

10.6.1 All new and replacement Consultant Staff require the approval of the Trust Executive Group.

11. NON-PAY EXPENDITURE

11.1 Delegation of Authority

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

11.1.2 The Chief Executive will set out:

(a) the list of managers who are authorised to place requisitions for the supply of goods and services; and

(b) the maximum level of each requisition and the system for authorisation above that level.

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

11.2 Choice, Requisitioning, Ordering, Receipt and Payment for Goods and Services (see overlap with Standing Financial Instruction No. 17)

11.2.1 **Requisitioning**

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

11.2.2 System of Payment and Payment Verification

The Finance Director shall be responsible for the prompt payment of accounts and claims. Payment of contract invoices shall be in accordance with contract terms, or otherwise, in accordance with national guidance. Methods of payment can include use of commercial bank accounts, Government banking Services accounts, Government Procurement cards and Trust authorised credit cards.

11.2.3 The Finance Director 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 employees (including specimens of their signatures) authorised to certify invoices.

(ii) Certification that:

- goods have been duly received, examined and are in accordance with specification and the prices are correct;

- work done or services rendered have been satisfactorily carried out in accordance with the order, and, where applicable, the materials used are of the requisite standard and the charges are correct;

- in the case of contracts based on the measurement of time, materials or expenses, the time charged is in accordance with the time sheets, the

rates of labour are in accordance with the appropriate rates, the materials have been checked as regards quantity, quality, and price and the charges for the use of vehicles, plant and machinery have been examined;

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

- the account is arithmetically correct; and

- the account is in order for payment.

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

(d) ~~(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. 21.2.4 below.~~where it is normal industry practice to pay in advance such as travel tickets, hotel bookings, course bookings and maintenance contracts.

(e) Be responsible for ensuring payments to suppliers are supported by an order that has been receipted unless the service supplied has been approved as an exception.

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11.2.4 Prepayments

In accordance with HM Treasury guidance Prepayments are a risk and 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 2%).~~

~~(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 Finance Director will need to be satisfied with the proposed arrangements before contractual arrangements proceed (taking into account the EU public procurement rules where the contract is above a stipulated financial threshold);~~

~~(c)~~ ~~(d)~~ ~~The budget holder is responsible for ensuring that all items due under a prepayment contract are received and they must immediately inform the appropriate Director or Chief Executive if problems are encountered.~~

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~~(d)~~(c) Where the industry norm requires payment in advance such that it is impossible to negotiate alternative terms e.g. software licences and maintenance contracts.

11.2.5 Official orders

Official Orders must be raised in advance on the Trust procurement system and:

(a) be consecutively numbered;

(b) be in a form approved by the Finance Director;

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

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

11.2.6 **Duties of Managers and Officers**

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

(b) contracts above specified thresholds are advertised and awarded in accordance with EU rules on public procurement or relevant legislation after leaving the EU;

(c) where consultancy advice is being obtained, the procurement of such advice must be in accordance with guidance issued by the Department of Health and Social Care;

(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 Order No. 6, the principles outlined in the national guidance contained in HSG 93(5) "Standards of Business Conduct for NHS Staff" and the principles set out in the Bribery Act 2010);

Comment [p3]: Check cross reference is still correct after review is complete

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

(f) all goods, services, or works are ordered on an official order except works and services executed in accordance with a contract and purchases from petty cash;

(g) verbal orders must only be issued very exceptionally - by an employee designated by the Chief Executive and only in cases of emergency or urgent necessity. These must be confirmed by an official order and clearly marked "Confirmation Order";

(h) orders are not split or otherwise placed in a manner devised so as to avoid the financial thresholds;

(i) goods are not taken on trial or loan in circumstances that could commit the Trust to a future uncompetitive purchase;

(j) changes to the list of employees and officers authorised to certify invoices are notified to the Finance Director;

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

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

11.2.7 The Chief Executive and Finance Director shall ensure that the arrangements for financial control and financial audit of building and engineering contracts and property transactions comply with ~~the~~ best practice guidance ~~contained within CONCODE~~ and Health Building Note 00-08 Strategic Framework for the Efficient Management of Healthcare Estates and Facilities. The technical audit of these contracts shall be the responsibility of the relevant Director.

11.3 Joint Finance Arrangements with Local Authorities and Voluntary Bodies ~~(see overlap with Standing Order No. 9.1)~~

11.3.1 Payments to local authorities and voluntary organisations must comply with~~made under~~ the powers of section 28A of the NHS Act. ~~**shall** comply with procedures laid down by the Finance Director which shall be in accordance with these Acts. (See overlap with Standing Order No. 9.1)~~

12. FINANCING

~~**EXTERNAL BORROWING**~~

12.1~~.1~~ **External Borrowing**

12.1.1 The Finance Director will advise the Board concerning the Trust's ability to pay dividend on, and repay Public Dividend Capital and any proposed new borrowing, within the limits set by the Department of Health and Social Care. The Finance Director is also responsible for reporting periodically to the Board concerning the PDC debt and all loans and overdrafts.

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12.1.2 The Board will agree the list of employees (including specimens of their signatures) who are authorised to make short term borrowings on behalf of the Trust. This must include the Chief Executive and the Finance Director.

12.1.3 The Finance Director must prepare detailed procedural instructions concerning applications for loans and overdrafts.

12.1.4 All short-term borrowings should be kept to the minimum period of time possible, consistent with the overall cash flow position, represent good value for money, and comply with the latest guidance from the Department of Health and Social Care.

12.1.5 Any short-term borrowing must be with the authority of two members of an authorised panel, one of which must be the Chief Executive or the Finance Director. The Board must be made aware of all short term borrowings at the next Board meeting.

12.1.6 All long-term borrowing must be consistent with the plans outlined in the current Business Plan and be approved by the Trust Board.

12.2 ~~INVESTMENTS~~Investments

12.2.1 Temporary cash surpluses must be held only in such public or private sector investments as notified by the Secretary of State and authorised by the Board.

12.2.2 The Finance Director is responsible for advising the Board on investments and shall report periodically to the Board concerning the performance of investments held.

12.2.3 The Finance Director will prepare detailed procedural instructions on the operation of investment accounts and on the records to be maintained.

12.3 ~~LEASES~~Leases

12.3.1 Only the Finance Director or their ~~nominated manager~~Deputy has the authority to authorise a lease in the Trust's name.

13. FINANCIAL FRAMEWORK

13. ~~3.~~1 The Finance Director should ensure that members of the Board are aware of the Financial Framework. This document contains directions which the Trust must follow. It also contains directions to Strategic Health Authorities regarding resource and capital allocation and funding to Trust's. The Finance Director should also ensure that the direction and guidance in the framework is followed by the Trust.

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

14.1 Capital Investment

14.1.1 The Chief Executive:

(a) shall ensure that there is an adequate appraisal and approval process in place for determining capital expenditure priorities and the effect of each proposal upon business plans;

(b) is responsible for the management of all stages of capital schemes and for ensuring that schemes are delivered on time and to cost;

(c) shall ensure that the capital investment is not undertaken without confirmation of ~~purchaser~~Commissioner(s) support and the availability of resources to finance all revenue consequences, including Public Dividend Capital (PDC).

14.1.2 For every capital expenditure proposal the Chief Executive shall ensure:

(a) that a business case ~~(in line with the guidance contained within the *Capital Investment Manual*)~~ 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;

(ii) appropriate project management and control arrangements;

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

14.1.3 For capital schemes where the contracts stipulate stage payments, the Chief Executive will issue procedures for their management, incorporating the recommendations of "Health Building Note 00-08 Strategic Framework for the Efficient Management of Healthcare Estates and Facilities" as well as Trust Standing Orders and Standing Financial Instructions and in accordance with relevant HM Treasury and DHSC guidance.

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

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

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

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

(a) specific authority to commit expenditure;

(b) authority to proceed to tender (~~-~~see overlap with SFI No. 17.6);

(c) approval to accept a successful tender (see overlap with SFI No. 17.6).

The Chief Executive will issue a scheme of delegation for capital investment management in accordance with ~~"Health Building Note 00-08 Strategic Framework for the Efficient Management of Healthcare Estates and Facilities"~~best practice guidance and the Trust's Standing Orders. Contracts will be constructed using an accepted format such as Joint Contracts Tribunal (JCT) and legal advice will be sought where appropriate.

14.1.7 The Finance Director 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 ~~included in Annex C of HSC (1999) 246~~set by DHSC.

14.~~3~~2 Asset Registers

14.~~3~~2.1 The Chief Executive is responsible for the maintenance of registers of assets, taking account of the advice of the Finance Director 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~~periodically.

14.~~3~~2.2 The Trust shall maintain an asset register recording fixed assets. The minimum data set to be held within these registers shall be as specified in the *Capital Investment Manual* as issued by the Department of Health and Social Care.

14.~~3~~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.

14.~~3~~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).

14.~~3~~2.5 The Finance Director shall approve procedures for reconciling balances on fixed assets accounts in ledgers against balances on fixed asset registers.

14.~~3~~2.6 The value of each asset shall be indexed to current values in accordance with methods specified ~~in the *Capital Investment Manual* issued~~ by the Department of Health and Social Care.

14.~~3~~2.7 The value of each asset shall be depreciated using methods and rates as specified ~~in the *Capital Investment Manual* issued~~ by the Department of Health and Social Care.

14.~~3~~2.8 The Finance Director of the Trust shall calculate ~~and pay capital charges~~depreciation and public dividend capital (PDC) as specified ~~in the *Capital Investment Manual* issued~~ by the Department of Health and Social Care.

14.~~4~~3 Security of Assets

14.~~4~~3.1 The overall control of fixed assets is the responsibility of the Chief Executive.

14.~~4~~3.2 Asset control procedures (including fixed assets, cash, cheques and negotiable instruments, and also including donated assets) must be approved by the Finance Director. This procedure shall make provision for:

(a) recording managerial responsibility for each asset;

(b) identification of additions and disposals;

(c) identification of all repairs and maintenance expenses;

(d) physical security of assets;

(e) periodic verification of the existence of, condition of, and title to, assets recorded;

(f) identification and reporting of all costs associated with the retention of an asset;

(g) reporting, recording and safekeeping of cash, cheques, and negotiable instruments.

14.~~4~~3.3 All discrepancies revealed by verification of physical assets to fixed asset register shall be notified to the Finance Director.

14.~~4~~3.4 Whilst each employee and officer has a responsibility for the security of property of the Trust, it is the responsibility of Board members and senior employees in all disciplines to apply such appropriate routine security practices in relation to NHS property as may be determined by the Board. Any breach of agreed security practices must be reported in accordance with agreed procedures.

14.~~4~~3.5 Any damage to the Trust's premises, vehicles and equipment, or any loss of equipment, stores or supplies must be reported by Board members and employees in accordance with the procedure for reporting losses.

14.~~4~~3.6 Where practical, assets should be marked as Trust property.

15. STORES AND RECEIPT OF GOODS

15.1 General position

15.1.1 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.

15.2 Control of Stores, Stocktaking, condemnations and disposal

15.2.1 Subject to the responsibility of the Finance Director for the systems of control, overall responsibility for the control of stores shall be delegated to an employee by the Chief Executive. The day-to-day responsibility may be delegated by him to departmental employees and stores managers/keepers, subject to such delegation being entered in a record available to the Finance Director. The control of any ~~Pharmaceutical~~ pharmaceutical stocks shall be the responsibility of a designated Pharmac~~yeutical~~ Manager~~Officer~~; the control of any fuel oil and coal of a designated ~~estates~~ Estates ~~manager~~Manager.

15.2.2 The responsibility for security arrangements and the custody of keys for any stores and locations shall be clearly defined in writing by the designated manager~~/Pharmaceutical Officer~~. Wherever practicable, stocks should be marked as health service property.

15.2.3 The Finance Director shall set out procedures and systems to regulate the stores including records for receipt of goods, issues, and returns to stores, and losses.

15.2.4 Stocktaking arrangements shall be agreed with the Finance Director and there shall be a physical check covering all items in store at least once a year.

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

15.2.6 The designated ~~Manager~~manager~~/Pharmaceutical Officer~~ shall be responsible for a system approved by the Finance Director for a review of slow moving and obsolete items and for condemnation, disposal, and replacement of all unserviceable articles. The designated ~~Officer~~ manager shall report to the Finance Director any evidence of significant overstocking and of any negligence or malpractice (see also overlap with SFI No. ~~25~~ 16 Disposals and Condemnations, Losses and Special Payments). Procedures for the disposal of obsolete stock shall follow the procedures set out for disposal of all surplus and obsolete goods.

15.3 Goods supplied by NHS Supply Chain

15.3.1 For goods supplied via the NHS Supply Chain central warehouses, the Chief Executive shall identify those authorised to requisition and accept goods from the store. The authorised person shall check receipt against the delivery note and retain evidence for 2 years ~~before forwarding this to the Finance Director who shall satisfy himself that the goods have been received~~ before accepting the ~~re~~charge.

16. DISPOSALS AND CONDEMNATIONS, LOSSES AND SPECIAL PAYMENTS

16.1 Disposals and Condemnations

16.1.1 **Procedures**

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

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

16.1.3 All unserviceable articles shall be:

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

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

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

16.2 Losses and Special Payments

16.2.1 **Procedures**

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

16.2.2 Any employee or officer discovering or suspecting a loss of any kind must either immediately inform their head of department, who must immediately inform the Chief Executive and the Finance Director or inform an officer charged with responsibility for responding to concerns involving loss. This officer will then appropriately inform the Finance Director and/or Chief Executive. Where a criminal offence is suspected, the Finance Director must immediately inform the police if theft or arson is involved. In cases of fraud and corruption or of anomalies which may indicate fraud or corruption, the Finance Director must inform the LCFS in accordance with NHSCFA Standards for Providers. ~~relevant LCFS and CFSMS regional team in accordance with Secretary of State for Health's Directions.~~

All fraud investigations will be reported to the NHS CFA and the Audit Committee.

~~The Finance Director must notify the Counter Fraud and Security Management Services (CFSMS) and the External Auditor of all frauds.~~

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

(a) the Board,

(b) the External Auditor.

16.2.4 Within limits delegated to it by the Department of Health and Social Care, the Board shall approve the writing-off of losses.

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

16.2.6 For any loss, the Finance Director should consider whether any insurance claim can be made.

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

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

16.2.9 All losses and special payments must be reported to the Trust Executive Group quarterly and to the Audit Committee ~~at every meeting~~annually.

17. INFORMATION TECHNOLOGY – FINANCIAL DATA

17.1 Responsibilities and duties of the Finance Director

17.1.1 The Finance Director, 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 ~~1998~~2018;

(b) ensure that adequate (reasonable) controls exist over data entry, processing, storage, transmission and output to ensure security, privacy, accuracy, completeness, and timeliness of the data, as well as the efficient and effective operation of the system;

(c) ensure that adequate controls exist such that the computer operation is separated from development, maintenance and amendment;

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

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

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

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

17.2.1 In the case of computer systems that fall outside of section 17.1~~which are proposed General Applications (i.e. normally those applications which the majority of Trust's in the Region wish to sponsor jointly)~~ the Trust will assign a director or senior officer to be ~~all~~ responsible. He/ she ~~directors and employees~~ will send to the Finance Director:

(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.

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

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

17.4 Risk Assessment

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

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

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

(d) such computer audit reviews as are considered necessary are being carried out.

18. PATIENTS' PROPERTY

18.1 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.

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

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

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

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

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

18.5 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.

18.6 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.

18.7 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.

19. FUNDS HELD ON TRUST

19.1 Corporate Trustee

(1) Standing Order No. ~~2.8~~1.1.4 outlines the Trust's responsibilities as a corporate trustee for the management of funds it holds on trust, along with SFI 4.9.3 that defines the need for compliance with Charities Commission latest guidance and best practice.

(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.

The Finance Director 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.

19.2 Accountability to Charity Commission and Secretary of State for Health

(1) The trustee responsibilities must be discharged separately and full recognition given to the Trust's dual accountabilities to the Charity Commission for charitable funds held on trust and to the Secretary of State for all funds held on trust.

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

19.3 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. ~~(See overlap with SFI No 17.16).~~

(1)

(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.

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20. ACCEPTANCE OF GIFTS BY STAFF AND LINK TO STANDARDS OF BUSINESS CONDUCT ~~(see overlap with SO No. 6 and SFI No. 21.2.6 (d))~~

The Finance Director shall ensure that all staff are made aware of the Trust policy on acceptance of gifts and other benefits in kind by staff. This policy follows the guidance contained in the NHS England 'Managing Conflicts of Interest in the NHS, June 2017. ~~Department of Health circular HSG (93) 5 'Standards of Business Conduct for NHS Staff' and~~This is also deemed to be an integral part of these Standing Orders and Standing Financial Instructions (see overlap with SO No. 6).

21. PAYMENTS TO INDEPENDENT CONTRACTORS

Not applicable to NHS Foundation Trusts.

22. RETENTION OF RECORDS

22.1 The Chief Executive shall be responsible for maintaining archives for all records required to be retained in accordance with Department of Health and Social Care guidelines.

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

22.3 Records held in accordance with latest Department of Health and Social Care guidance shall only be destroyed at the express instigation of the Chief Executive. Detail shall be maintained of records so destroyed.

23. RISK MANAGEMENT AND INSURANCE

23.1 Programme of Risk Management

The Chief Executive shall ensure that the Trust has a programme of risk management, in accordance with current Department of Health and Social Care assurance framework requirements, which must be approved and monitored by the Board.

The programme of risk management shall include:

a) a process for identifying and quantifying risks and potential liabilities;

b) engendering among all levels of staff a positive attitude towards the control of risk;

c) management processes to ensure all significant risks and potential liabilities are addressed including effective systems of internal control, cost effective insurance cover, and decisions on the acceptable level of retained risk;

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

e) audit arrangements including; Internal Audit, clinical audit, health and safety review;

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

g) arrangements to review the Risk Management programme.

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

23.2 Insurance: Risk Pooling Schemes administered by ~~NHSLA~~NHS Resolution (NHSR)

The Board shall decide if the Trust will insure through the risk pooling schemes administered by the NHSR ~~Litigation Authority~~ 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.

23.3 Insurance arrangements with commercial insurers

23.3.1 The Board must assess the overall adequacy of insurance in place and where risks are not covered by NHSR commercial insurance must be considered and reviewed annually.

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

~~(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) 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~~

~~(3) where **income generation activities** take place. Income generation activities should normally be insured against all risks using commercial insurance. If the income generation activity is also an activity normally carried out by the Trust for a NHS purpose the activity may be covered in the risk pool. Confirmation of coverage in the risk pool must be obtained from the Litigation Authority. In any case of doubt concerning a Trust's powers to enter into commercial insurance arrangements the Finance Director should consult the Department of Health.~~

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23.4 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 NHSR ~~Litigation Authority~~ the Finance Director shall ensure that the arrangements entered into are appropriate and complementary to the risk management programme. The Finance Director shall ensure that documented procedures cover these arrangements.

(2) Where the Board decides not to use the risk pooling schemes administered by ~~the~~ NHSR ~~Litigation Authority~~ for one or other of the risks covered by the schemes, the Finance Director 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 Finance Director 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) ~~(3)~~ All the risk pooling schemes require Scheme members to make some contribution to the settlement of claims (the 'deductible'). The Finance Director

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should ensure documented procedures also cover the management of claims and payments below the deductible in each case.

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Monitoring: (give brief details how this will be done)	Policy monitored through financial systems and procedures
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Additional Information:	

West Suffolk NHS
NHS Foundation Trust

Trust Policy and Procedure **Document Ref. No: PP(19)347**

Standing orders for the practice and procedure of the Board of Directors

For use in:	All areas of the Trust
For use by:	All Trust staff
For use for:	Governance matters
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SECTION A

INTERPRETATION AND DEFINITIONS FOR STANDING ORDERS AND STANDING FINANCIAL INSTRUCTIONS

SECTION B – STANDING ORDERS

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3. MEETINGS OF THE TRUST

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SECTION A

1. INTERPRETATION AND DEFINITIONS FOR STANDING ORDERS AND STANDING FINANCIAL INSTRUCTIONS

1.1 Save as otherwise permitted by law, at any meeting the Chairman of the trust shall be the final authority on the interpretation of Standing Orders (on which they should be advised by the Chief Executive or Secretary to the Board).

1.2 All references in these Standing Orders to the masculine gender shall be read as equally applicable to the feminine gender and vice-versa.

SECTION B – STANDING ORDERS

1. INTRODUCTION

1.1 Statutory Framework

The trust is a public benefit corporation which was established under the 2006 Act.

1.1.1 The powers of the trust are set out in the 2006 Act subject to any restrictions in the Constitution or the License.

1.1.2 The Constitution requires the Board to adopt Standing Orders for the regulation of its proceedings and business. The trust must also adopt Standing Financial Instruction (SFIs) as an integral part of Standing Orders setting out the responsibility of individuals.

1.1.3 The trust will also be bound by such other statute, legal provisions and binding guidance from Monitor which governs the conduct of its affairs.

1.1.4 As a statutory body, the trust has specified powers to contract in its own name and to act as a corporate trustee. In the latter role it is accountable to the Charity Commission for those funds deemed to be charitable.

1.2 Delegation of Powers

1.2.1 The powers of the trust shall be exercised by the Board of Directors on behalf of the trust.

1.2.2 Any of those powers may be delegated to a committee of Directors or to an Executive Director. The Standing Orders set out the detail of these arrangements. Under the Standing Order relating to the Arrangements for the Exercise of Functions (SO 5) the trust is given powers to "make arrangements for the exercise, on behalf of the trust of any of their functions by a committee or subcommittee, or by an Officer of the trust, in each case subject to such restrictions and conditions as the trust thinks fit. Delegated Powers are covered in a separate document (Reservation of Powers to the Board and Delegation of Powers). This document has effect as if incorporated into the Standing Orders. Delegated Powers are covered in a separate document entitled – 'Schedule of Matters reserved to the Board and Scheme of Delegation' and have effect as if incorporated into the Standing Orders and Standing Financial Instructions.

2. THE BOARD

2.1 Composition of the Board

The composition of the Board shall be in accordance with the Constitution.

2.2 Appointment and Powers of Deputy Chairman

2.2.1 In accordance with paragraph 28 of the Constitution and subject to Standing Order 2.2.2 below, the Council of Governors may appoint a Non Executive Director, to be Deputy Chairman, for such period, not exceeding the remainder of his term as a member of the Board, as they may specify on appointing him.

2.2.2 Any Non Executive Director so appointed may at any time resign from the office of Deputy Chairman by giving notice in writing to the Chairman (in the Chairman's capacity as Chairman of the Board and the Council of Governors). The Council of Governors may thereupon appoint another Non Executive Director as Chairman in accordance with the provisions of Standing Order 2.2.1.

2.2.3 Where the Chairman of the trust has died or has ceased to hold office, or where they have been unable to perform their duties as Chairman owing to illness or any other cause, the Deputy Chairman shall act as Chairman until a new Chairman is appointed or the existing Chairman resumes their duties, as the case may be; and references to the Chairman in these Standing Orders shall, so long as there is no Chairman able to perform those duties, be taken to include references to the Deputy Chairman.

2.3 Appointment and Powers of Senior Independent Director

2.3.1 Subject to Standing Order 2.3.2 below, the Board of Directors (in consultation with the Council of Governors) may appoint any Member of the Board, who is also a Non Executive Director, to be the Senior Independent Director, for such period, not exceeding the remainder of his term as a Member of the Board, as they may specify on appointing him. The Senior Independent Director shall perform the role set out in the Trust's "Senior Independent Director Role Description", as amended from time to time by resolution of the Board.

2.3.2 Any Non-Executive Director so appointed may at any time resign from the office of Senior Independent Director by giving notice in writing to the Chairman. The Chairman (in consultation with the other Non Executive Directors and the Council of Governors) may thereupon appoint another member of the Board as Senior Independent Director in accordance with the provisions of Standing Order 2.3.1.

2.4 Appointment and Powers of Deputy Chief Executive

The Chairman and Chief Executive may jointly appoint or remove one of the Executive Directors as the deputy chief Executive. The powers of the Deputy chief executive are defined in the Board's Scheme of Delegation.

2.5 Role of Directors

The Board will function as a corporate decision making body and Non Executive and Executive Directors will be full and equal Board members. Their role as members of the Board will be to consider the key strategic and managerial issues facing the trust in carrying out its statutory and other functions. In exercising these functions, the Board will consider guidance from Monitor "The NHS Foundation Trust Code of Governance" as amended from time to time.

2.6 Corporate role of the Board

2.6.1 All business conducted by the trust shall be conducted in the name of the trust.

2.6.2 All funds received in trust shall be held in the name of the trust as corporate trustee.

2.6.3 The powers of the trust established under statute subject to the License shall be exercised by the Board in private session except as otherwise provided for in Standing Order 3.

2.7 Schedule of Matters reserved to the Board and Scheme of Delegation

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

2.8 Lead Roles for Directors

2.8.1 The Chairman will ensure that the designation of Lead roles as set out in any statutory or other guidance will be made in accordance with that guidance or statutory requirement (e.g. appointing a Lead Board Director with responsibilities for Infection Control or Child Protection Services etc).

3. MEETINGS OF THE TRUST

3.1 Calling meetings

3.1.1 Meetings of the Board shall be held at regular intervals at such times and places as the Board may determine.

3.1.2 The Chairman may call a meeting of the Board at any time.

3.1.3 One third or more Directors of the Board may requisition a meeting in writing. If the Chairman refuses, or fails, to call a meeting within seven days of a requisition being presented, the Directors signing the requisition may forthwith call a meeting.

3.2 Notice of Meetings and the Business to be transacted

3.2.1 Before each meeting of the Board a written notice specifying the business proposed to be transacted shall be delivered to every Director, or sent by post to the usual place of residence of each Director, so as to be available

to Directors at least three days before the meeting. The notice shall be signed by the Chairman or by an Officer authorised by the Chairman to sign on their behalf. Want of service of such a notice on any Director shall not affect the validity of a meeting.

3.2.2 In the case of a meeting called by Directors in default of the Chairman calling the meeting, the notice shall be signed by those Directors.

3.2.3 No business shall be transacted at the meeting other than that specified on the agenda, or emergency Motions allowed under Standing Order 3.6.

3.2.4 A Director desiring a matter to be included on an agenda shall make his/her request in writing to the Chairman at least 15 days before the meeting. The request should include appropriate supporting information. Requests made less than 15 days before a meeting may be included on the agenda at the discretion of the Chairman.

3.2.5 In the event that a meeting of the Board is to be held in public pursuant to paragraph 3.17.1, a public notice of the time and place of the meeting, and the public part of the agenda, shall be displayed at the trust's principal offices at least three days before the meeting.

3.3 Agenda and Supporting Papers

3.3.1 The Agenda will be sent to Directors five days[1] before the meeting and supporting papers, whenever possible, shall accompany the agenda, but will certainly be dispatched no later than three days before the meeting, save in emergency.

3.4 Petitions

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

3.5 Notice of Motion

3.5.1 Subject to the provision of Standing Orders 3.7 'Motions: Procedure at and during a meeting' and 3.8 'Motions to rescind a resolution', a Director of the Board wishing to move a Motion shall send a written notice to the Chief Executive who will ensure that it is brought to the immediate attention of the Chairman.

3.5.2 The notice shall be delivered at least 10 clear days before the meeting. The Chief Executive shall include in the agenda for the meeting all notices so received that are in order and permissible under governing regulations. This Standing Order shall not prevent any Motion being withdrawn or moved without notice on any business mentioned on the agenda for the meeting.

3.6 Emergency Motions

3.6.1 Subject to the agreement of the Chairman, and subject also to the provision of Standing Order 3.7 'Motions: Procedure at and during a meeting', a Director of the Board may give written notice of an emergency

[1] See SO 3.2.1 and 3.2.5; the Notice should precede the Agenda.

Motion after the issue of the notice of meeting and agenda, up to one hour before the time fixed for the meeting. The notice shall state the grounds of urgency. If in order, it shall be declared to the trust Board at the commencement of the business of the meeting as an additional item included in the agenda. The Chairman's decision to include the item shall be final.

3.7 Motions: Procedure at and during a meeting

3.7.1 Who may propose

A Motion may be proposed by the Chairman of the meeting or any Director present. It must also be seconded by another Director.

3.7.2 Contents of Motions

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

- the reception of a report;
- consideration of any item of business before the trust Board;
- the accuracy of minutes;
- that the Board proceed to next business;
- that the Board adjourn;
- that the question be now put.

3.7.3 Amendments to Motions

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

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

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

3.7.4 Rights of reply to Motions

a) Amendments

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

b) Substantive/original Motion

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

3.7.5 Withdrawing a Motion

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

3.7.6 Motions once under debate

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

- an amendment to the Motion;
- the adjournment of the discussion, or the meeting;
- that the meeting proceed to the next business;
- that the question should be now put;
- the appointment of an 'ad hoc' committee to deal with a specific item of business;
- that Director be not further heard;

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

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

3.8 Motion to Rescind a Resolution

3.8.1 Notice of Motion to rescind any resolution (or the general substance of any resolution) which has been passed within the preceding six calendar months shall bear the signature of the Director who gives it and also the signature of three other Directors, and before considering any such Motion of which notice shall have been given, the trust Board may refer the matter to any appropriate Committee or the Chief Executive for recommendation.

3.8.2 When any such Motion has been dealt with by the trust Board it shall not be competent for any Director other than the Chairman to propose a Motion to the same effect within six months. This Standing Order shall not apply to Motions moved in pursuance of a report or recommendations of a Committee or the Chief Executive.

3.9 Chairman of meeting

3.9.1 At any meeting of the trust Board the Chairman, if present, shall preside. If the Chairman is absent from the meeting, the Deputy Chairman (if the Board has appointed one), if present, shall preside.

3.9.2 If the Chairman and Deputy Chairman are absent, such Director (who is not also an Executive Director of the trust) as the Directors present shall choose shall preside.

3.10 Chairman's ruling

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

3.11 Quorum

3.11.1 No business shall be transacted at a meeting unless at least one-third of the whole number of the Chairman and Directors (including at least one Executive Director and one Non Executive Director) is present.

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

3.11.3 If a Director has been disqualified from participating in the discussion on any matter and/or from voting on any resolution by reason of a declaration of a conflict of interest (see Standing Order 7) that person shall no longer count towards the quorum. If a quorum is then not available for the discussion and/or the passing of a resolution on any matter, that matter may not be discussed further or voted upon at that meeting. Such a position shall be recorded in the minutes of the meeting. The meeting must then proceed to the next business.

3.12 Voting

3.12.1 Save as provided in Standing Orders 3.l3 - Suspension of Standing Orders and 3.l4 - Variation and Amendment of Standing Orders, every question put to a vote at a meeting shall be determined by a majority of the votes of Directors present and voting on the question. In the case of an equal vote, the person presiding (i.e.: the Chairman of the meeting) shall have a second, and casting vote.

3.12.2 At the discretion of the Chairman all questions put to the vote shall be determined by oral expression or by a show of hands, unless the Chairman directs otherwise, or it is proposed, seconded and carried that a vote be taken by paper ballot.

3.12.3 If at least one third of the Directors present so request, the voting on any question may be recorded so as to show how each Director present voted or did not vote (except when conducted by paper ballot).

3.12.4 If a Director so requests, their vote shall be recorded by name.

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

3.12.6 A manager who has been formally appointed by the Board to act up for a Director during a period of incapacity or temporarily to fill a Director vacancy as an Acting Director or Interim Director under paragraph 4 and 5 respectively of Annex 10 of the constitution shall be entitled to exercise the voting rights of the Director.

3.12.7 A manager attending the Board meeting to represent a Director during a period of incapacity or temporary absence who is not an acting Director or an interim Director for the purposes of the Constitution may not exercise the voting rights of the Director. An Officer's status when attending a meeting shall be recorded in the minutes.

3.13 Suspension of Standing Orders

3.13.1 Except where this would contravene any provision in the Constitution, the License, any statutory provision, any binding guidance issued by Monitor, or the rules relating to the Quorum (Standing Order 3.11), any one or more of the Standing Orders may be waived at any meeting, provided that at least two-thirds of the whole number of the Directors are present (including at least one Executive Director and one Non Executive Director) and that at least two-thirds of those Directors present signify their agreement to such suspension. The reason for and decision to waive shall be recorded in the trust Board's minutes.

3.13.2 A separate record of matters discussed during the waiver of Standing Orders shall be made and shall be available to the Chairman and Directors of the trust.

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

3.14 Variation and amendment of Standing Orders

3.14.1 These Standing Orders shall only be varied in accordance with paragraph 46 of the Constitution.

3.15 Record of Attendance

The names of the Chairman and Directors present at the meeting shall be recorded.

3.16 Minutes

The minutes of the proceedings of a meeting shall be drawn up and submitted for agreement at the next ensuing meeting where they shall be signed by the person presiding at it.

No discussion shall take place upon the minutes except upon their accuracy or where the Chairman considers discussion appropriate.

3.17 Admission of public and the press

3.17.1 Board meetings shall be held in public but the whole or any part of a meeting may be held in private if the Board so resolves.

3.17.2 In that event members of the public and the press will be excluded from all or part of a Board meeting.

3.17.3 General disturbances

In the event that the public and press are admitted to all or part of a Board meeting pursuant to paragraph 3.17.1 and 3.17.2 above, the Chairman (or Deputy Chairman if one has been appointed) or the person presiding over the meeting shall give such directions as he thinks fit with regard to the arrangements for meetings and accommodation of the public and representatives of the press such as to ensure that the trust's business shall be conducted without interruption and disruption and, the public and/or press maybe required to withdraw from a Board meeting at any time and for any reason whatsoever.

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

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

3.18 Observers at trust meetings

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

3.19 Meetings: electronic communication

3.19.1 In this SO, "electronic communication" means a communication transmitted (whether from one person to another, from one device to another or from a person to a device or vice versa): (a) by means of an electronic communications network; or (b) by other means but while in an electronic form.

3.19.2 A Director in electronic communication with the Chairman and all other parties to a meeting of the Board of Directors or of a committee or sub-committee of the Directors shall be regarded for all purposes as personally attending such a meeting provided that, but only for so long as, at such a meeting he has the ability to communicate interactively and simultaneously with all other parties attending the meeting including all persons attending by way of electronic communication.

3.19.3 A meeting at which one or more of the Directors attends by way of electronic communication is deemed to be held at such a place as the Directors shall at the said meeting resolve. In the absence of such a resolution, the meeting shall be deemed to be held at the place (if any) where a majority of the Directors attending the meeting are physically present, or in default of such a majority, the place at which the Chairman of the meeting is physically present.

3.19.4 Meetings held in accordance with this SO are subject to SO 3.11 (Quorum). For such a meeting to be valid, a quorum must be present and maintained throughout the meeting.

3.19.5 The minutes of a meeting held in this way must state that it was held by electronic communication and that the Directors were all able to hear each other and were present throughout the meeting.

4. APPOINTMENT OF COMMITTEES AND SUB-COMMITTEES

4.1 Subject to the Constitution, the Board shall appoint committees of the Board, consisting wholly of Directors.

4.2 Appointment of Committees

Subject to the Constitution, the trust Board may appoint committees of the trust.

The trust shall determine the membership and terms of reference of committees and sub-committees and shall if it requires to, receive and consider reports of such committees.

4.3 Applicability of Standing Orders and Standing Financial Instructions to Committees

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

4.4 Terms of Reference

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

4.5 Delegation of powers by Committees to Sub-Committees

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

4.6 Approval of Appointments to Committees

The Board shall approve the appointments to each of the committees which it has formally constituted. Where the Board determines, and regulations permit, that persons, who are neither members nor Officers, shall be appointed to a committee the terms of such appointment shall be within the powers of the Board. The Board shall define the powers of such appointees and shall agree allowances, including reimbursement for loss of earnings, and/or expenses in accordance where appropriate with national guidance.

4.7 Committees established by the trust Board

The committees and sub-committees established by the Board may vary from time to time as per operational requirements, legislation and best practice. Their terms of reference may be obtained from the Secretary to the trust.

4.8 The Board of Directors may appoint persons to serve as members on joint committees with the Council of Governors or committees of the Council of Governors on the request of the Chairman.

5. ARRANGEMENTS FOR THE EXERCISE OF TRUST FUNCTIONS BY DELEGATION

5.1 Delegation of Functions to Committees, Officers or other bodies

Subject to the Constitution and License and such guidance as may be given by Monitor, the Board may make arrangements for the exercise, on behalf of the Board, of any of its functions by a committee, sub-committee appointed by virtue of Standing Order 4, or by an Officer of the trust, in each case subject to such restrictions and conditions as the trust thinks fit.

5.2 Emergency Powers and urgent decisions

The powers which the Board has reserved to itself within these Standing Orders (see Standing Order 2.7) may in emergency or for an urgent decision be exercised by the Chief Executive and the Chairman after having consulted at least two non-Executive Directors. The exercise of such powers by the Chief Executive and Chairman shall be reported to the next formal meeting of the trust Board for noting.

5.3 Delegation to Committees

The Board shall agree from time to time to the delegation of executive powers to be exercised by other committees, or subcommittees, which it has formally constituted in accordance with the Constitution, the License, binding guidance issued by Monitor and the 2006 Act. The Constitution and terms of reference of these committees, or sub-committees, and their specific executive powers shall be approved by the Board in respect of its sub-committees.

5.4 Delegation to Officers

5.4.1 Those functions of the trust which have not been retained as reserved by the Board or delegated to other committee or sub-committee or joint-committee shall be exercised on behalf of the trust by the Chief Executive. The Chief Executive shall determine which functions he/she will perform personally and shall nominate Officers to undertake the remaining functions for which he/she will still retain accountability to the trust.

5.4.2 The Chief Executive shall prepare a Scheme of Delegation identifying his/her proposals which shall be considered and approved by the Board. The Chief Executive may periodically propose amendment to the Scheme of Delegation which shall be considered and approved by the Board.

5.4.3 Nothing in the Scheme of Delegation shall impair the discharge of the direct accountability to the Board of the Finance Director to provide information and advise the Board in accordance with the Constitution, License and any statutory requirements, or provisions required by Monitor.

5.5 Schedule of Matters Reserved to the trust and Scheme of Delegation of powers

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

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

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

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

6.1 Policy statements: general principles

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

6.2 Specific Policy statements

Notwithstanding the application of Standing Order 6.1 above, these Standing Orders and Standing Financial Instructions must be read in conjunction with the following Policy statements:

- the Standards of Business Conduct policy for trust staff;
- the staff Disciplinary and Appeals Procedures adopted by the trust both of which shall have effect as if incorporated in these Standing Orders.

6.3 Standing Financial Instructions

Standing Financial Instructions adopted by the trust Board in accordance with the Financial Regulations shall have effect as if incorporated in these Standing Orders.

6.4 Specific guidance

Notwithstanding the application of Standing Order 6.1 above, these Standing Orders and Standing Financial Instructions must be read in conjunction with the following guidance and any other binding guidance issued by Monitor:

- Caldicott ~~Guardian~~ Principles 1997;
- Human Rights Act 1998;
- Freedom of Information Act 2018.

7. DUTIES AND OBLIGATIONS OF DIRECTORS UNDER THESE STANDING ORDERS

7.1 Declaration of Interests

7.1.1 Requirements for Declaring Interests and applicability to Board Directors

(a) All existing Board Directors should declare any relevant and material interests. Any Director appointed subsequently should do so on appointment.

7.1.2 Interests which are relevant and material

(a) Interests which should be regarded as "relevant and material" are defined under paragraph 34 of the Constitution.

(b) Any Director who comes to know that the trust has entered into or proposes to enter into a contract in which he/she or any person connected with him/her (as defined in Standing Order 7.3 below and elsewhere) has any pecuniary interest, direct or indirect, the Director shall declare his/her interest by giving notice in writing of such fact to the trust as soon as practicable.

7.1.3 Advice on Interests

If Board Directors have any doubt about the relevance of an interest, this should be discussed with the Chairman or with the 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 practitioners should also be considered.

7.1.4 Recording of Interests in trust Board minutes

At the time Directors' interests are declared, they should be recorded in the trust Board minutes.

Any changes in interests should be declared at the next trust Board meeting following the change occurring and recorded in the minutes of that meeting.

7.1.5 Publication of declared interests in Annual Report

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

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

During the course of a Board 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.

7.2 Register of Interests

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

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

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

7.3 Exclusion of Chairman and Directors in proceedings on account of pecuniary interest

7.3.1 Definition of terms used in interpreting 'Pecuniary' interest

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

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

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

(c) "Pecuniary interest"

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

(i) he/she, or a nominee of his/her, is a member of a company or other body (not being a public body), with which the contract is made, or to be made or which has a direct pecuniary interest in the same, or

(ii) he/she is a partner, associate or employee of any person with whom the contract is made or to be made or who has a direct pecuniary interest in the same.

(d) Exception to Pecuniary interests

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

(i) neither he/she or any person connected with him/her has any beneficial interest in the securities of a company of which he/she or such person appears as a member, or

(ii) any interest that he/she or any person connected with him/her may have in the contract is so remote or insignificant that it cannot reasonably be regarded as likely to influence him/her in relation to considering or voting on that contract, or

(iii) those securities of any company in which he/she (or any person connected with him/her) has a beneficial interest do not exceed £5,000 in nominal value or one per cent of the total issued share capital of the company or of the relevant class of such capital, whichever is the less.

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

7.3.2 Exclusion in proceedings of the trust Board

(a) Subject to the following provisions of this Standing Order, if a Director has any pecuniary interest, direct or indirect, in any contract, proposed contract or other matter and is present at a meeting of the Board at which the contract or other matter is the subject of consideration, they shall at the meeting and as soon as practicable after its commencement disclose the fact and shall not take part in the consideration or discussion of the contract or other matter or vote on any question with respect to it.

(b) The Board may exclude a Director from a meeting of the Board while any contract, proposed contract or other matter in which he has a pecuniary interest is under consideration.

(c) Any remuneration, compensation or allowance payable to a Director.

(d) This Standing Order applies to a committee or subcommittee as it applies to the trust.

7.4 Standards of Business Conduct

7.4.1 Trust Policy

All trust staff and Directors must comply with the trust's Standards of Business Conduct Policy. This section of standing orders shall be read in conjunction with this document.

7.4.2 Interest of Officers in Contracts

(a) Any Officer or employee of the trust who comes to know that the trust has entered into or proposes to enter into a contract in which he/she or any person connected with him/her (as defined in SO 7.3) has any pecuniary interest, direct or indirect, the Officer shall declare their interest by giving notice in writing of such fact to the Chief Executive or trust's Secretary as soon as practicable.

(b) An Officer should also declare to the Chief Executive any other employment or business or other relationship of his/her, or of a

cohabiting spouse, that conflicts, or might reasonably be predicted could conflict with the interests of the trust.

(c) The trust will require interests, employment or relationships so declared to be entered in a register of interests of staff.

7.4.3 Canvassing of and Recommendations by Directors in Relation to Appointments

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

(b) Directors 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.

7.4.4 Relatives of Directors or Officers

(a) Candidates for any staff appointment under the trust shall, when making an application, disclose in writing to the trust whether they are related to any Director or the holder of any office under the trust. Failure to disclose such a relationship shall disqualify a candidate and, if appointed, render him liable to instant dismissal.

(b) The Chairman and every Director and Officer of the trust shall disclose to the Board any relationship between himself and a candidate of whose candidature that Director or Officer is aware. It shall be the duty of the Chief Executive to report to the trust Board any such disclosure made.

(c) On appointment, Directors (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.

(d) Where the relationship to a Director/Officer of the Trust is disclosed, the Standing Order headed 'Disability of Chairman and Directors in proceedings on account of pecuniary interest' (Standing Order 7) shall apply.

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

8.1 Custody of Seal

The common seal of the trust shall be kept by the Chief Executive or a nominated Officer by him/her in a secure place.

8.2 Sealing of Documents

Where it is necessary that a document shall be sealed, the seal shall be affixed in the presence of two Directors or a Director and the Secretary duly authorised by the Board.

8.3 Register of Sealing

The Chief Executive shall keep a register in which he/she, or another manager of the Authority authorised by him/her, shall enter a record of the sealing of every document.

8.4 Signature of documents

Where any document will be a necessary step in legal proceedings on behalf of the trust, it shall, unless any enactment otherwise requires or authorises, be signed by the Chief Executive or any Executive Director.

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

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20.2. Charitable Funds annual report and accounts

For Reference

Presented by Gary Norgate

My Wish Charity (Registration Number 1049223)

Annual Report 2017/18

My Wish Charity

Index

Foreword by the Chair of the Trustee of My Wish Charity (formerly West Suffolk Hospital Charity)

Welcome to our annual report for 2017/18. We are a Trustee body established as a separate legal identity from the West Suffolk NHS Foundation Trust ("The Trust") but work with them in partnership for the benefit of NHS patients and their families from West Suffolk and the surrounding area.

We exist to further improve the provision of high quality patient care throughout the Trust, focusing on the use of modern technology in areas not covered or fully supported by central NHS funds.

Key highlights of our year:

- **Launch of our Every Heart Matters Appeal**
- **Launch of WW1 trail**
- **Purchasing new equipment**

Your donations made this work possible and your future donations are key to our continued success.

This is my second report as Chair and I would like to thank the volunteers who fundraise and help us, my fellow board members, and the volunteers who work alongside the professional staff of the Trust.

I hope that like me you will be inspired by our plans. If you would like to donate, details about how to do this are set out at the end of this report. Please support us, as every pound donated counts.

Sheila Childerhouse **Date: 29 January 2018**

Chair

Who We Are

My Wish Charity is an independent registered charity (registered number 1049223). We exist to raise funds and receive donations for the benefit of the patients of West Suffolk NHS Foundation Trust. By securing donations, legacies and sponsorship, My Wish can provide the 'icing on the cake' to make a real difference for the patients, their families and the staff who look after them.

Providing both acute and community care, the Trust is our key partner in fulfilling our charitable aims.

We would like you to support us in our crucial work, so please read on and let us tell you more about ourselves, what we do, what we have achieved and how we go about spending the money given to us.

Our mission

By raising new money and careful management of our existing funds, My Wish Charity is able to fund expenditure to seek to support the aims and objectives of West Suffolk Foundation Trust and the organisations it works with 'To serve the patients and their families receiving services from the West Suffolk Foundation Trust by funding facilities, equipment, training, education and to support associated healthcare and complimentary services for patients.'

Payments are made in accordance with charity law, our constitution and the wishes and directions of donors. In making payments, we endeavour to reflect the wishes of patients and staff by directing funds towards areas they tell us are most in need. During the year 2017/18, payments of £825k were made. Our future plans are to continue to raise our level of fundraising that will help us work with our NHS partner to transform the health prospects for patients in our community.

The directors of West Suffolk Foundation Trust acting on behalf of the Corporate Trustee believe they have complied with their duty to have regard to the Charity Commission's public benefit guidance when exercising any powers or duties to which the guidance is relevant. This is demonstrated by our activities throughout the year

What we have achieved: highlights from the activities undertaken in the year

Our key aim is to serve the NHS patients of West Suffolk Hospital, Newmarket Hospital and the community services that West Suffolk NHS Foundation Trust provides for the public benefit. By working with the NHS we assist patients of every walk in life, irrespective of race, creed, ethnicity or personal or family financial circumstances. We put this aim into practice by helping the patients, their families and carers, and visitors to the hospital by:

- **Enhancing the care our partner hospital can offer through new equipment and building improvements to deliver better facilities**
- **Investment in people and in creating a caring environment for the patients receiving care, their families and visitors**
- **Providing direct support to patients by way of information, networking support, better facilities and occasional payments**.

We do this through a range of programmes funded by you, our generous donors. Highlights from the main programmes undertaken in the year are detailed below to give you a wider understanding of the difference we can make together to patients today and in the future.

The Charity once again has been extremely well-supported by our local community

A total of 163 children at Woolpit Primary School aged from four to 11, each donated 50p to wear their slippers to school in a bid to boost the funds of the Charity. And the teachers were not left out of the plans as they also bought in their various comfy slippers. The idea for the day came from eight-year-old pupil Alfie Garwood who was treated for appendicitis and was a patient at the hospital's Rainbow Ward. He returned to school wearing his slippers and was asked why he was wearing them. He replied saying he was wearing them in hospital and thought it was a good idea to don them in school. So a day was held when all the pupils could put on the footwear and at the same time raise money for the charity.

Mandy Andrews took to the open water to compete in a 10-kilometre Dock to Dock swim. She completed it in five hours and four minutes and raised a huge £510 in the process. Mandy from Thetford, said the event, which went from London's Royal Victoria Dock to the Royal Albert Dock, and back again, was "fun and was good." She was one of about 100 swimmers who took part and the money she raised went to the breast imaging department. She decided to raise the money for the unit following a mammogram she had at the hospital last year which found she had a small calcification. She had two biopsies and then an operation to remove it. A further biopsy was done which showed that it was high grade pre-cancerous so she had a course of radiotherapy but is now thankfully well again.

After suffering from Leukaemia when they were four years old, twins Gracie and Megan Garwood decorated a charity pot and placed it in their local post office in Rougham, where it has stayed for the last eight years. They have raised in excess of £1,000 which has been donated to the Rainbow ward where they were treated. They are now fit and well and received the all clear news five years ago.

The christening of baby Chloe Rooney raised an impressive £750 for the neonatal unit. The money is set to purchase a new iPad system which allows mums to see their new-born babies on the unit, if they are elsewhere like on the maternity ward, this is something completely new for the hospital.

Launch of our Every Heart Matters Appeal

We launched a £500,000 appeal at the West Suffolk Hospital to support the build of a brand new cardiac centre.

The hospital's cardiology department has seen a significant increase in patient demand over the last five years, and is now on a mission to transform and improve the care patients with heart conditions receive. The West Suffolk NHS Foundation Trust is investing £5.2m in developing a state of the art cardiac suite that will provide quicker access to more treatments, but the £500,000 that we hope to raise will lead to the whole unit, which is currently fragmented on different floors, being brought together in one purpose-built centre.

With the cardiac suite allowing procedures like angiography and pacemakers to be fitted on site for the first time ever, the appeal funds will mean that diagnostic tests such as heart scans, treadmill testing and cardiac rhythm monitoring can also be done in the same place – rather than two floors above in the current unit. Thanks to the increased space and availability of state-of-the-art equipment, patient experience will improve enormously.

Dr Pegah Salahshouri, consultant cardiologist at West Suffolk NHS Foundation Trust, said: "Patients who currently have to be transferred elsewhere for these procedures will be able to have more of their care here at the West Suffolk Hospital.

"The appeal is an exciting opportunity to create somewhere over and above the norm, better than average, a place that will exceed expectations.

"Relocating the diagnostic unit will also free up valuable clinical space in the main hospital, creating further opportunities for development and improved patient care."

Heart disease is the single biggest killer in the UK, with national statistics showing that on average one person dies every three minutes from the disease.

We have also been extremely lucky to have local Jockey Frankie Dettori as our appeal ambassador, and as a local for the last 31 years he is extremely passionate about seeing the build come to fruition.

It is the biggest appeal that the charity has taken on but we are confident that we can secure the funding to help change cardiac care in West Suffolk. The Charity agreed to underwrite the Every Heart Matters campaign should the appeal fall short of its £500k target. Subsequent to this the Charity benefitted from a legacy that was left to unrestricted funds with a wish to support the Cardiac unit. This assisted the Charity in meeting this commitment.

Here are just a snippet of some of the amazing fundraisers that have helped us with the appeal to date.

We Love Bury St Edmunds website owner James Sheen conquered one of his top three demons by abseiling 262ft down the ArcelorMittal Orbit, at the Queen Elizabeth Olympic Park, in London, this raised an phenomenal £760 which helped kick start the appeal. He was one of 29 individuals who were set the challenge to abseil down the structure on a clear blue sky day back in June along with other staff members of the West Suffolk Hospital and supporters of the hospital's My Wish charity.

Nearly 200 youngsters from Wood Ley Primary School, in Stowmarket, helped to boost appeal to the tune of £650.12. That was the amount of money raised from three performances of their nativity plays. Ninety children, aged five to seven, from Key Stage 1, staged their "Wriggly Nativity" while a further 90 from Key Stage 2 put on "A Tale of Two Birthday" in front of parents, friends and supporters at the school in Lowry Way.

Shoppers at the Tesco stores in Bury St Edmunds helped to boost the funds of the Every Heart Matters appeal by £4,000. It was raised through their blue token Bags of Help scheme which operates at the main store at the St Saviours Interchange and its other three smaller outlets in Stamford Court, Lawson Place and St Andrew's Street South.

Larger-than-life celebrity Christopher Biggins compered a fantastic evening at the Theatre Royal, in Bury St Edmunds, it was an evening of cabaret, comedy, West End Show routines and celebrity guests. The evening was themed around love and affairs of the heart and featured a host of well-known artists from stage, TV and the big screen including Alex Jennings, Robert Glenister, Yvonne Howard, Matthew Croke, Sammy Kelly and racing jockey and our appeal ambassador Frankie Dettori.

Carpet bowlers took part in an annual competition. A total of 20 teams signed up for the Cockfield Invitation Charity Fours which was won by a team from Nayland beating their opponents from Kesgave 4-2. There was a full house of 80 players in four groups with five teams in each group competing with the winning groups being Nayland, Hundon, Kesgrave and Badwell Ash. After the competition a presentation of £750 was donated and the money came from entrance fees along with refreshments.

Members of the Dayspring Community Choir helped to boost the appeal total by raising £500. Based at Christ Church, on the Moreton Hall Estate, in Bury St Edmunds, the money was raised by a series of initiatives including concerts, CDs and subscriptions. The choir have 80 members and 50 regulars that attend rehearsals every Monday evening.

The longest serving member of the cardiac physiologist department at West Suffolk Hospital has helped to boost the funds of the Every Heart Matters appeal. Ed Wilson took part in the Great East Swim completing the two-mile course at Alton Water, near Ipswich, in one hour, 12 minutes and 47 seconds, raising £500 for the campaign.

How we funded our work, our achievements and performance

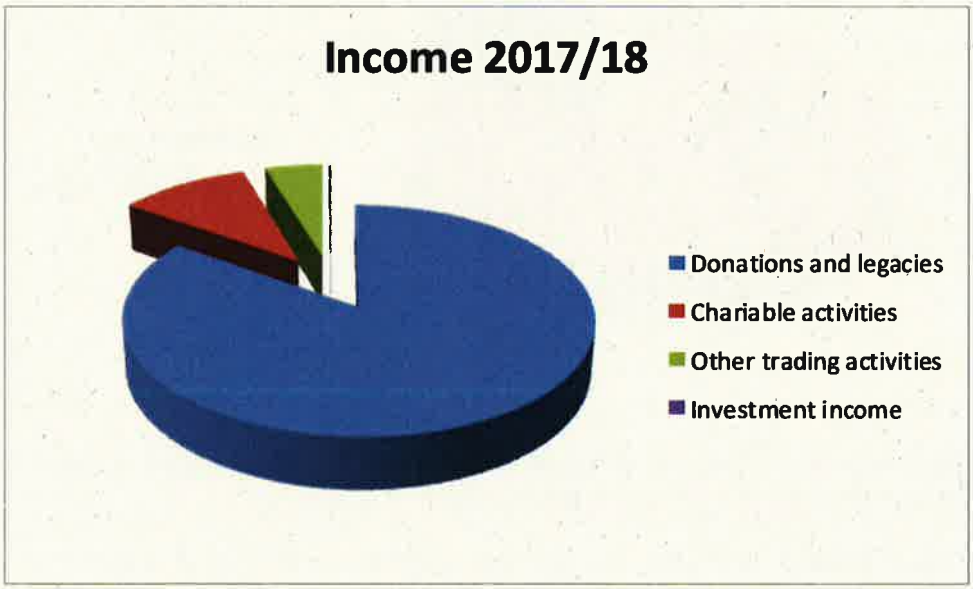
In this section we firstly explain how we raised the money and then how we spent it.

Money received: £1,065k ***Money spent: £825k***

My Wish Charity can only continue to support the work of the Trust for as long as we receive the money needed. Almost all of our income comes from the voluntary efforts of the general public. Overall, we ended the year with income exceeding expenditure by £240k.

Money received: sources of funds

The pie chart shows our main sources of income. The largest is termed voluntary income and represents gifts and donations from the public.



Donations and legacies £925k – Our largest source of income is from the public and by local companies keen to support their local community:

- **Gifts from the public £270k** – from a few pence in a collecting box to several hundred pounds from grateful relatives, we are fortunate to receive thousands of generous gifts each year towards our work.
- **Corporate Donations £60k** – many companies adopt charities as a way of putting something back into the community. My Wish Charity is grateful to the companies

that have donated over the year and to their employees who have given their time and money to maximise the corporate support we receive.

- **Legacies £595k** – a gift in a will really is an investment in the future, and we are fortunate to be remembered by people each year.

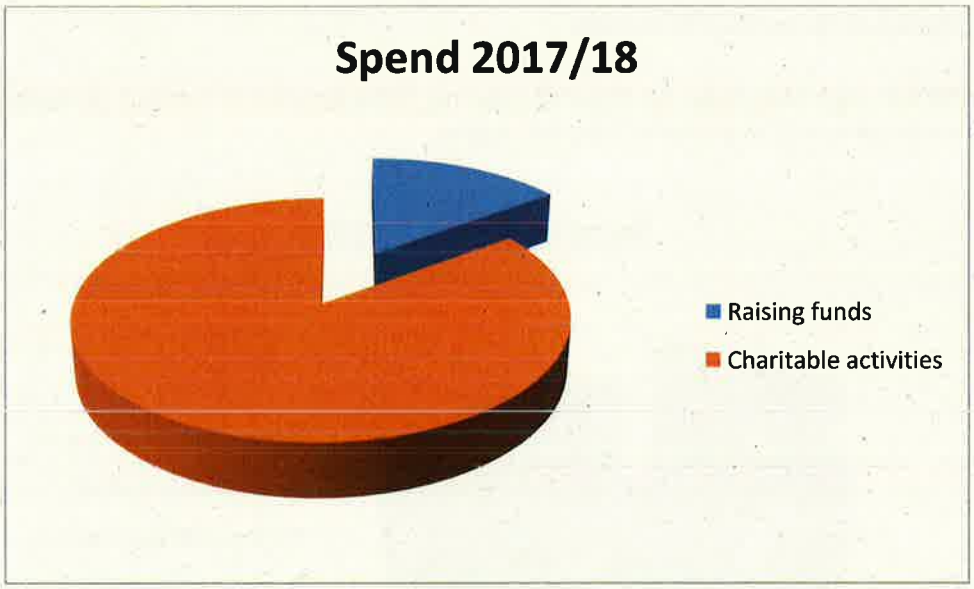
Charitable activities £84k

Other trading activities £55k – by supporting an existing event or organising one of their own with the knowledge and approval of the Trustee, thousands of people have had a good time whilst raising money for My Wish Charity.

- **West Suffolk Hospital other organised fundraising £11k**
- **Course fee income £4k**
- **Third party fundraising £40k**

Investment income £1k income from investment units and interest on bank balances.

Money spent: what we spent the money on



Our charitable work was made up of five distinct areas. The costs shown below exclude attributable support costs as set out in note 9 to the accounts:

Clinical Care & Research Posts: The funds support a counsellor and a nurse within the Macmillan Unit as well as a Clinical Psychologist in SCBU the cost of these staff was **£54k** in 2017/18.

New equipment: The NHS of course buys much of its own equipment for day to day use and has its own capital programme but NHS capital funds for large items of equipment are scarce. With advances in technology we can make a real difference in purchasing items. We spent **£461k** on new equipment. Examples of equipment purchased this year are:

- **Cardio Echo machine for Cardiology**
- **Specialist beds**
- **A birthing bed for maternity**
- **A control suite upgrade in the Macmillan Unit**

- **Wheelchairs**
- **An infant control unit for SCBU**
- **A transfer trolley for Critical Care**

Adaptations to buildings: We spent **£43k** in 2017/18 on a number of minor capital projects including the conversion of a bathroom, refurbishment of part of the fracture clinic and the refurbishment of a clinic room at Newmarket Hospital.

Staff education and welfare: We spent **£93k** on a wide variety of training and educational courses for our staff.

Patient education and welfare: We spent **£6k** supporting education and the welfare of patients.

Performance against objectives

Spending the money is only part of the story because we are concerned to achieve value for money. To ensure the money is well spent applications for General Fund funding include questions about the objectives, impact and success criteria for the proposed project.

Our fundraising performance

Members of My Wish fundraising department organise fundraising events and co-ordinate the activities of our supporters both in the hospital and in the wider community on behalf of the Charity.

During the year the total donations, legacies and income from fundraising came to £1,064k compared to 2016/17 of £653k.

We benchmark our fundraising activity with our peers through the Association of NHS Charities and monitor the comparative success of campaigns and overall fundraising cost to income ratios. Compared to other NHS Trusts, although we have a low cost income ratio, there is the opportunity to increase the level of donations further.

Section 162a of the Charities Act 2011 requires charities to make a statement regarding fundraising activities. Although we do not undertake widespread fundraising from the general public, the legislation defines fund raising as "soliciting or otherwise procuring money or other property for charitable purposes." Such amounts receivable are presented in our accounts as "voluntary income" and include legacies and grants.

In relation to the above we confirm that all solicitations are managed internally, without involvement of commercial participators or professional fund-raisers, or third parties. The day-to-day management of all income generation is delegated to the fundraising team, who are accountable to the Trustee.

The charity is not bound by any undertaking to be bound by any regulatory scheme; however the charity has voluntarily registered with the Fundraising Regulator and complies with the relevant codes of practice. We have received no complaints in relation to fundraising activities.

What we plan to do with your donations: our future plans

We will achieve our mission by working with the NHS to develop the facilities to treat the community of West Suffolk. We will identify ways in which we can actively assist NHS staff to treat all patients to the best of their ability. We will also actively seek guidance from those staff members to any pieces of equipment that would enhance the care of patients, and their

families. Our open invitation to the reader of our annual report and accounts is to join with us in our exciting mission of compassion for the community of West Suffolk by making a gift to secure the best care.

Our detailed plans are to:

- Complete the Every Heart Matters fundraising campaign
- Initiate an appeal to provide a space for our end of life patients
- Link up with our community services and Newmarket hospital
- Continue to engage and develop relationships with the wider community
- Support the Hospital and community services in purchasing equipment and providing training in line with donor wishes

Your support makes these plans possible and to help us, please do consider making a donation.

How we manage the money

The Charity was entered on the Central Register of Charities on the 15 September 1995. The Charity is constituted of 93 individual funds (2016/17: 98) as at 31 March 2018 and the notes to the accounts distinguish the types of fund held and disclose separately all material funds.

Charitable funds received by the Charity are accepted, held and administered as funds and property held on trust for purposes relating to the health service in accordance with the National Health Service Act 1977 and the National Health Service & Community Care Act 1990 and these funds are held on trust by the corporate body.

Our payment making policy

All payments are normally made from the Charity – these funds comprise two elements:

- Unrestricted funds contain funds where the donor has not expressed any specific conditions for which the donation must be used.

- Restricted funds (which contain donations where a particular part of the Hospital or activity was nominated by the donor at the time their donation was made) are managed by nominated charity fund-holders who are responsible for the day to day running of the funds. Delegated powers of authority are in place. However, the ultimate responsibility for all such funds remains with the Corporate Trustee. Reviews are undertaken by the Charitable Funds Committee of the Charity's funds and actions are taken as required.

Exceptionally, transfers may be made from the reserves to finance grant supported projects which would otherwise be delayed due to a shortage of unrestricted funds. This discretion is only exercised where there is a significant on-going benefit and the projects are considered to be a high priority.

Our reserves policy

The Trustee has not yet established a reserves policy as part of their plans to provide long term support to the Trust but believe the current level is sufficient. A review of reserves was undertaken in 2013/14

Our financial health: a strong balance sheet

The assets and liabilities of My Wish Charity as at 31 March 2018 are stated below, compared with the position at 31 March 2017.

	31 March 2018	31 March 2017
	£'000	£'000
Fixed Assets	9	11
Total Current Assets	2,371	2,065
Creditors falling due within one year	(149)	(85)
Total Net Assets	**2,231**	**1,991**
Income Funds		
Restricted	1,636	1,543
Unrestricted Income Funds:		
Our reserve: 'general fund'	595	448
Total Funds	**2,231**	**1,991**

A few helpful definitions:

Net current assets represent cash held on deposit less the value of accruals (money owed to others for expenses chargeable to the year) and outstanding liabilities.

Creditors falling due within one year represent the balance of money owed within 12 months to suppliers of goods and services.

Restricted income funds represent money which is held by the Trustee which can only be used for specified purposes.

Unrestricted income funds are funds available to be spent within the objects of the Charity which can legally be spent wholly at the discretion of the Trustee. In practice, respecting the non-binding preferences expressed by donors, the Trustee has sub categorised the unrestricted income funds under two headings.

Our general fund represents those funds available for distribution by the Trustee at their discretion which have not been restricted or earmarked.

About investments

For many years the Corporate Trustee invested the charitable funds with BlackRock Investment Management (UK) Ltd in Common Investment Funds, Charinco and Charishare with a view to obtaining a return higher than the FTSE All Share Index (dividends reinvested). In February 2016 the Trustee decided to convert the investments held to cash to protect the charity against the uncertainty of the markets in 2016. The investments were sold in April 2016. This decision is reviewed regularly and in August 2018, the Charity invested in COIF Ethical Investment Fund.

How we organise our affairs: reference and administrative details

The Charity

The Charitable Funds are registered with the Charity Commission under an **umbrella registration number My Wish Charity (formerly known as West Suffolk Hospital Charity)** and Other Related Charities – Register number 1049223 in accordance with the Charities Act 2011.

Related Charities:	
West Suffolk Hospitals Trust Charitable Fund	1049223-1
The West Suffolk Hospital Charity	1049223-2
Sudbury Hospital Charity	1049223-3
Joyce Marno-Edwards Fund	1049223-4
West Suffolk Hospital Education Centre	1049223-5

My Wish is the active on-going charity and the Charity Commission will be notified to remove these other dormant charities from the register during 2018/19.

The Trust Board devolved responsibility for the on-going management of funds to the Charitable Funds Committee which administers the funds on behalf of the Corporate Trustee.

The Committee meets at least three times a year. The Committee members are paid for their duties for the Trustee but do not receive any additional pay, emoluments or other financial benefit from the Charity. Whilst the Committee members are not paid for their time they can claim expenses, details of which are disclosed in the accounts.

The Charity's main fund has NHS wide objectives as follows: "The Trustee shall hold the trust fund upon trust to apply the income and, at their discretion, so far as may be permissible, the capital, for any charitable purpose or purposes relating to the National Health Service."

Strategic aims are:

- To manage and govern the fundraising programme in line with best practice to ensure funds are raised effectively, efficiently, ethically and economically
- Fundraising should be in accordance with the Ethical Fundraising Policy of West Suffolk NHS Foundation Trust and follow the Institute of Fundraising's Codes of Fundraising Practice
- To increase the charitable income – fundraising and donations - raised by My Wish Charity. This will be through a comprehensive fundraising programme which ensures fundraising income is sustainable and regular
- To promote legacies in a responsible way
- To ensure all areas of the Hospital are aware of the work of My Wish Charity and how fundraising can help each and every aspect of the trust
- To encourage the appropriate spending of charitable funds by fundholders to enhance the experience of patients, visitors and staff throughout the Trust
- To engage and build strong relationships with partners, patients, carers, staff and other stakeholders

How to contact us

The Charity office and principal address of My Wish Charity is:

The Trust Fund Office
West Suffolk NHS Foundation Trust
Hardwick Lane
Bury St Edmunds
IP33 2QZ
☎ 01284 713805

For fundraising queries please contact:

The Head of Fundraising
My Wish Fundraising Office
Hardwick Lane
Bury St Edmunds
IP33 2QZ
☎ 01284 712952

Our Trustee

The West Suffolk NHS Foundation Trust is the Corporate Trustee of the Charity, governed by the law applicable to Trusts, principally the Trustee Act 2000 and the Charities Act 2011.

The Corporate Trustee is responsible for deciding policy and ensuring that it is implemented.

During 2017/18 the Trust Board consisted of:

Non-executive Directors

Roger Quince (Chair)	Appointed 1 December 2011 until 31 December 2015. Reappointed 1 January 2016 until 31 December 2017
Sheila Childerhouse (Chair)	Appointed 1 January 2018 until 31 December 2020
John Benson	Appointed 1 December 2011 until 18 April 2015. Reappointed 19 April 2015 until 18 April 2017.
Steve Turpie	Appointed 1 December 2011 until 28 February 2014. Reappointed 1 March 2014 until 29 February 2019.
Gary Norgate	Appointed 1 September 2013 until 31 August 2016. Reappointed 1 September 2016 until 31 August 2019.
Neville Hounsome	Appointed 1 January 2015 until 31 December 2017.
Alan Rose	Appointed 1 April 2017 until 31 March 2020
Richard Davies	Appointed 1 March 2017 until 28 February 2020
Angus Eaton	Appointed 1 January 2018 until 31 March 2020

Directors

Stephen Dunn	Chief Executive – appointed 3 November 2014
Craig Black	Executive Director of Resources – appointed April 2011
Jan Bloomfield	Executive Director of Workforce and Communications – appointed February 1991
Rowan Procter	Executive Chief Nurse – appointed 2 November 2015.
Jon Green	Chief Operating Officer – left 1 May 2017
Nick Jenkins	Executive Medical Director – appointed 17 November 2016
Helen Beck	Executive Chief Operating officer – appointed 1 May 2017

More details about the Trustees can be found in West Suffolk Hospital NHS Foundation Trust Annual Report

The names of those people who served as agents for the Corporate Trustee on the Charitable Funds Committee, as permitted under regulation 16 of the NHS Trusts (membership and Procedures) regulations 1990 were as follows:-

			2017/18 Attendance	2016/17 Attendance
Roger Quince	-	Chair	2 / 3	4 / 4
Sheila Childerhouse	-	Chair	1 / 1	
Stephen Dunn	-	Chief Executive	1 / 1	
Gary Norgate	-	Non-Executive Director	4 / 4	4 / 4
Angus Eaton	-	Non-Executive Director	2 / 4	
Craig Black	-	Director of Resources	4 / 4	4 / 4
Helen Beck	-	Chief Operating Officer	2 / 4	
Jon Green	-	Chief Operating Officer		1 / 4
Jan Bloomfield	-	Director of Workforce and Communications	4 / 4	4 / 4

The Trustee is also assisted in their work by a number of professional advisors, as detailed below:

External auditors:
BDO LLP
16 The Havens
Ransomes Europark
Ipswich
IP3 9SJ

Internal auditors:
RSM Risk Assurance Services LLP
Marlborough House
Victoria Road South
Chelmsford
Essex
CM1 1LN

Bankers:
National Westminster Bank
7 Cornhill
Bury St Edmunds
Suffolk
IP33 1BQ.

Legal advisors:
Mills & Reeve
Francis House
112 Hills Road
Cambridge
CB2 1PH

Charity governance, structure and management arrangements

The Charity was established using the Special Purposes Charity model by issuing a Declaration of Trust dated 6 March 1997. The objects clause states: "For any charitable purpose or purposes relating to the National Health Service wholly or mainly for the services provided by the West Suffolk Hospital".

The Corporate Trustee fulfils its legal duty by ensuring that funds are spent in accordance with the objects of each fund and by designating funds the Trustee respects the wishes of our generous donors to benefit patient care and advance the good health and welfare of patients, carers and staff. Where funds have been received which have specific restrictions set by the donor, restricted funds are established.

The charitable funds available for spending are for staff and departments within the Trust's Directorate management structure. Each fund is managed by a designated fund holder.

The Charity has adopted the Institute of Chartered Secretaries and Administrators' guidance for an induction process for newly appointed members of the Trust Board and Charitable Funds Committee. This process currently includes information about the Charity, including the governing document, the Charitable Funds Committee Terms of Reference, Trustee's Annual Report and Accounts and information about trusteeship. An induction to the hospital and a guided tour of the beneficiary Trust's facilities and any other additional training that their roles may require is also available.

Acting for the Corporate Trustee, the Charitable Funds Committee is responsible for the overall management of the Charity. The Committee is required to:-

- Control, manage and monitor the use of the fund's resources
- Provide support, guidance and encouragement for all its income raising activities whilst managing and monitoring the receipt of all income
- Ensure that "best practice" is followed in the conduct of all its affairs fulfilling all of its legal responsibilities
- Ensure that any Investment Policy approved by the Trust Board as Corporate Trustee is adhered to and that performance is continually reviewed whilst being aware of ethical considerations
- Keep the Trust Board fully informed on the activity, performance and risks of the Charity.

The accounting records and the day-to-day administration of the funds are dealt with through the Charitable Trust Fund Accountant, located in the Finance Department, West Suffolk NHS Foundation Trust, Hardwick Lane, Bury St Edmunds, Suffolk, IP33 2QZ.

Trustee recruitment, appointment and induction

Non-Executive Members of the Trust Board are appointed by the Trust's Council of Governors and Executive members of the Board are subject to recruitment by the Trust Board. Members of the Trust Board and Charitable Funds Committee are not individual Trustees under Charity Law but act as agents on behalf of the Corporate Trustee.

Key management personnel remuneration

The Chief Executive of the Trust, under a scheme of delegated authority approved by the Corporate Trustee, has day to day responsibility for the management of the Charity. The Charity operates with agreed operating procedures. These have been reviewed and updated during the financial year. The Trust Director of Resources is employed by West Suffolk NHS Foundation Trust

The Charity does not directly employ any management or employees. Employees associated with fundraising and in an administrative capacity have an appropriate amount of their time recharged from the Trust to the Charity depending on the amount of time undertaking charitable duties.

The board members of the Corporate Trustee are paid by West Suffolk NHS Foundation Trust and receive no direct remuneration for the work that they undertake for the Charity.

Details of expenses of board members of the Corporate Trustee incurred on behalf of the Charity are disclosed in note 11 to the accounts.

The board members of the Corporate Trustee are required to disclose all relevant interests and register them with the Charity and withdraw from decisions where a conflict of interest arises. All related party transactions are disclosed in note 2 to the accounts.

Risk analysis

As part of the business planning exercise carried out during the year, the Trustee has considered the major risks to which My Wish Charity is exposed. It has reviewed systems and identified steps to mitigate those risks. Three major risks have been identified and arrangements have been put in place to mitigate those risks set out below:

- ***Future levels of income***

My Wish Charity is reliant on donations to allow it to make payments to its NHS partner. If income falls then the Trust would not be able to make as many payments or enter into longer term commitments with the NHS body we support.

The Trustee mitigates the risk that income will fall by engaging with the Fundraising Department. That Department comprises dedicated fundraising experts who work with My Wish Charity to provide a co-ordinated approach to raising funds. Fundraising activity is regularly benchmarked against our peers and thorough reviews are undertaken after major campaigns and events to understand what worked well and how things could be done better.

- ***Unforeseen changes in the operation of the NHS***

The NHS is, by its very nature, subject to national changes in government policy as well as local politically driven decisions. The Trustee has identified this as a risk as it may mean initiatives or healthcare activities supported by My Wish Charity are no longer delivered in the local area. The Trustee regularly liaises with other NHS partners to understand the changes that they are facing at an early stage.

- ***Maintaining the reputation of the Charity***

The Trustee is conscious of the importance of maintaining its reputation within the community. To mitigate this risk the Charity's Ethical Fundraising Policy has been reviewed and updated.

Income and Expenditure

Income and expenditure is monitored by individual fund, on a monthly basis as part of the monthly balancing process. The Charitable Fund Accountant looks for anomalies which may indicate exposure to risk and if any are detected will bring them to the attention of the Audit Committee via the Assistant Director of Finance.

Wider networks

My Wish Charity is one of over 250 NHS linked charities in England and Wales who are eligible to join the Association of NHS Charities. As a member charity, we have the opportunity to discuss matters of common concern and exchange information and experiences, join together with others to lobby government departments and others, and to participate in conferences and seminars that offer support and education for our staff and board members.

The charity has organisational membership with the Institute of Fundraising.

The charity became a voluntary member of the new Fundraising Regulator.

Related parties

My Wish Charity works closely with, and provides all of its funding to, the West Suffolk NHS Foundation Trust (the Trust).

Transactions with The Trust are considered to be related party transactions which are disclosed within the financial statements accordingly.

Our relationship with the wider community

The ability of the Charity to continue its vital support for the West Suffolk Hospital is dependent on its ability to maintain and increase donations from the general public. The charity also continues to forge strong relationships with members of staff of the hospital without whose co-operation the ability to make an effective contribution would be much diminished.

Volunteers

The Trustee would like to pay tribute to:

- Our volunteers for their time, support, and commitment
- The members of staff who give of their time out of hours in support of the work on the committees, in developing ideas for charitable fundraising and expenditure with us to identify how we can help them care for the patients

- Our fundraisers who do so much to encourage others to enrich the lives of others through donations and fundraising activities.
- My Wish Charity is currently supported by a very proactive special events committee. The committee consists of a chair and 7 members. The role of the committee is to organise and host fundraising events. They meet usually on a quarterly basis unless it is just before a planned event where the meetings will be increased. Currently they have just finished organising the Soapbox challenge, which was incredibly well received. It is assumed that each member will contribute approximately 35-40 hours per annum. The charity is overwhelmed by the support of the special events committee and holds them in high regard.
- The Charity also has a handful of regular volunteers that help out at events; their roles vary from car park duties to serving food and drink. We are indebted and extremely grateful to our volunteers as without them the charity could not run as efficiently as it does.
- Our new appeal ambassador Frankie Dettori who has been incredibly supportive in his duties for our Every Heart Matters appeal.

Having read all about us, please consider supporting the work of My Wish Charity

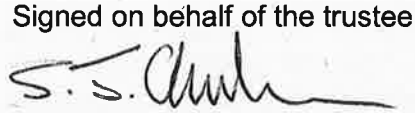
The challenge facing My Wish charity in the future is to maintain and grow our support so that we can continue to make a difference to West Suffolk Hospital patients.

What could your gift buy?
£250 could buy heavy based drip stands
£395 can buy a Temporal Artery Thermometer
£400 could buy a gel used by our glaucoma patients
£1,000 could buy recliner chairs for patients who are having treatments
£10,000 could refurbish a patient area
£20,000 could buy a Sentimag machine which would help our breast cancer patients.
£20,000 can help transform a ward to assist our patients with dementia.
£28,000 could buy a BK3500 ultrasound machine that can help detect cardiac arrest faster.
£50,000 could buy an Echo cardio machine.

If you have a larger gift in mind, please talk to us. We always have a number of major projects waiting funding.

If you would like to make a donation or support any of our fundraising activities, please give us a call on **01284 712952** or send an email to **fundraising@wsh.nhs.uk**.

Signed on behalf of the trustee:



Name: Sheila Childerhouse (Chair of Trustee)
Date: 29 January 2018

Statement of Trustees' responsibilities in respect of the Trustees' annual report and accounts

Under charity law, the Trustee is responsible for preparing the Trustee's annual report and accounts for each financial year which show a true and fair view of the state of affairs of the charity and of the excess of expenditure over income for that period.
In preparing these financial statements, generally accepted accounting practice requires that the Trustee:
- Select suitable accounting policies and then apply them consistently
- Make judgements and estimates that are reasonable and prudent
- State whether the recommendations of the SORP have been followed, subject to any material departures disclosed and explained in the financial statements
- State whether the financial statements comply with the trust deed, subject to any material departures disclosed and explained in the financial statements

- Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue its activities.

The Trustee is required to act in accordance with the trust deed and the rules of the charity, within the framework of trust law. The Trustee is responsible for keeping proper accounting records, sufficient to disclose at any time, with reasonable accuracy, the financial position of the charity at that time, and to enable the Trustee to ensure that, where any statements of accounts are prepared by the Trustee under section 132(1) of the Charities Act 2011, those statements of accounts comply with the requirements of regulations under that provision. The Trustee has general responsibility for taking such steps as are reasonably open to the Trustee to safeguard the assets of the charity and to prevent and detect fraud and other irregularities.

Signed on behalf of the Corporate Trustee:

Sheila Childerhouse
Chair of West Suffolk NHS Foundation Trust, Corporate Trustee
29th January 2019

INDEPENDENT AUDITOR'S REPORT TO TRUSTEES OF MY WISH CHARITY

Opinion

We have audited the financial statements of My Wish Charity for the year ended 31 March 2018 which comprise the statement of financial activities, the balance sheet, the cash flow statement and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 *The Financial Reporting Standard applicable in the UK and Republic of Ireland* (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- give a true and fair view of the state of the Charity's affairs as at 31 March 2018 and of incoming resources and application of resources for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Charities Act 2011.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the Charity in accordance with the ethical requirements relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions related to going concern

We have nothing to report in respect of the following matters in relation to which the ISAs (UK) require us to report to you where:

- the Corporate Trustee use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the Corporate Trustee have not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the Charity's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

Other information

The other information comprises the information included in the Annual Report, other than the financial statements and our auditor's report thereon. The Trustee is responsible for the other information.

Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to

be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Matters on which we are required to report by exception

We have nothing to report in respect of the following matters in relation to which the Charities Act 2011 requires us to report to you if, in our opinion;

- the information contained in the financial statements is inconsistent in any material respect with the Corporate Trustee Annual Report; or
- adequate accounting records have not been kept by the charity; or
- the My Wish financial statements are not in agreement with the accounting records and returns; or
- we have not received all the information and explanations we require for our audit.

Responsibilities of Corporate Trustee

As explained more fully in the Corporate Trustee's responsibilities statement, the Trustee is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the Trustee determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Trustee is responsible for assessing the Charity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Trustee either intend to liquidate the Charity or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

We have been appointed as auditor under section 144 of the Charities Act 2011 and report in accordance with the Act and relevant regulations made or having effect thereunder.

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the financial statements is located at the Financial Reporting Council's ("FRC's") website at: https://www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Use of our report

This report is made solely to the Charity's Trustee, as a body, in accordance with the Charities Act 2011. Our audit work has been undertaken so that we might state to the Charity's Trustee those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone

other than the Charity and the Charity's Corporate Trustee as a body, for our audit work, for this report, or for the opinions we have formed.

David Eagles (Senior Statutory Auditor)
For and on behalf of BDO LLP, statutory auditor
16 The Havens, Ipswich, IP3 9SJ
30 January 2019

BDO LLP is eligible for appointment as auditor of the charity by virtue of its eligibility for appointment as auditor of a company under section 1212 of the Companies Act 2006.

BDO LLP is a limited liability partnership registered in England and Wales (with registered number OC305127).

My Wish Charity Statement of Financial Activities for the year ended 31 March 2018

	Note	Unrestricted Funds 2017/18 £000	Restricted Funds 2017/18 £000	Total Funds 2017/18 £000	Unrestricted Funds (as restated) 2016/17 £000	Restricted Funds (as restated) 2016/17 £000	Total Funds (as restated) 2016/17 £000	Unrestricted Funds 2016/17 £000	Restricted Funds 2016/17 £000	Total Funds 2016/17 £000
Income and endowments from:										
Donations and legacies	3	574	351	925	124	421	545	124	421	545
Charitable activities	4	28	56	84	13	59	72	13	53	66
Other trading activities	5	5	50	55	12	30	42	12	30	42
Investment income	7	0	1	1	0	2	2	0	2	2
Total Income		**607**	**458**	**1,065**	**149**	**512**	**661**	**149**	**506**	**655**
Expenditure on:										
Raising funds	8	15	108	123	19	81	100	19	81	100
Charitable activities	9									
Clinical Care and Research Posts		0	60	60	0	18	18	0	18	18
Purchase of New Equipment		261	229	490	94	202	296	94	202	296
New Building and Refurbishment		34	10	44	0	10	10	0	10	10
Staff Education and Welfare		30	71	101	26	131	157	26	131	157
Patient Education and Welfare		2	5	7	1	3	4	1	3	4
Total Expenditure		**342**	**483**	**825**	**140**	**445**	**585**	**140**	**445**	**585**
Net gains on investments		0	0	0	4	19	23	4	19	23
Net income/(expenditure)		**265**	**(25)**	**240**	**13**	**86**	**99**	**13**	**80**	**93**
Gross transfer between funds	20	(118)	118	0	9	(9)	0	9	(9)	0
Net movements in funds		**147**	**93**	**240**	**22**	**77**	**99**	**22**	**71**	**93**
Reconciliation of Funds:										
Total funds brought forward		448	1,543	1,991	426	1,466	1,892	426	1,446	1,872
Total funds carried forward		**595**	**1,636**	**2,231**	**448**	**1,543**	**1,991**	**448**	**1,517**	**1,965**

All incoming resources and resources expended are derived from continuing activities

The notes set out on pages 25 to 33 form part of these financial statements

My Wish Charity Balance Sheet
as at 31 March 2018

	Notes	Unrestricted Funds £000 31 March 2018	Restricted Funds £000 31 March 2018	Total Funds £000 31 March 2018	Unrestricted Funds (as restated) £000 31 March 2017	Restricted Funds (as restated) £000 31 March 2017	Total Funds (as restated) £000 31 March 2017	Unrestricted Funds £000 31 March 2017	Restricted Funds £000 31 March 2017	Total Funds £000 31 March 2017
Fixed Assets										
Intangible	14	1	8	9	1	10	11	1	10	11
Total Fixed Assets		1	8	9	1	10	11	1	10	11
Current Assets:										
Debtors	16	498	20	518	0	2	2	0	2	2
Cash at bank	17	206	1,647	1,853	466	1,597	2,063	466	1,597	2,063
Total Current Assets		704	1,667	2,371	466	1,599	2,065	466	1,599	2,065
Liabilities:										
Creditors falling due within one year	18	110	39	149	19	66	85	19	92	111
Net Current Assets		594	1,628	2,222	447	1,533	1,980	447	1,507	1,954
Total Assets less Current Liabilities		595	1,636	2,231	448	1,543	1,991	448	1,517	1,965
Net Assets		595	1,636	2,231	448	1,543	1,991	448	1,517	1,965
Charitable Funds	25									
Restricted income funds		0	1,636	1,636	0	1,543	1,543	0	1,517	1,517
Unrestricted income funds		595	0	595	448	0	448	448	0	448
Total Charitable Funds		595	1,636	2,231	448	1,543	1,991	448	1,517	1,965

The financial statements were approved and authorised for issue by the Corporate Trustee and were signed on its behalf on 29 January 2018

Signed: S. J. Childerhouse

Name: Sheila Childerhouse

Trustee

The notes set out on pages 25 to 33 form part of these financial statements

My Wish Charity Statement of Cashflow

Year Ending 31 March 2018

	Note	Total Funds 2017/18 £000	Total Funds 2016/17 £000
Cash flows from operating activities:			
Net cash provided by (used in) operating activities	19	(211)	448
Cash flows from investing activities:			
Dividends, interest and rents from investments	7	1	2
Sale of investments	15	0	1,008
Net cash provided by investing activities		1	1,010
Change in cash and cash equivalents in the reporting period		(210)	1,458
Cash and cash equivalents at the beginning of the reporting period		2,063	605
Cash and cash equivalents at the end of the reporting period	17	1,853	2,063

The notes set out on pages 25 to 33 form part of these financial statements

My Wish Charity
Statement of accounting polices for the year ended 31 March 2018

1 Accounting Policies

[a] Basis of Preparation

The financial statements have been prepared under the historic cost convention.

The accounts (financial statements) have been prepared in accordance with the Statement of Recommended Practice: Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) effective 1 January 2015 and the Charities Act 2011 and UK Generally Accepted Practice as it applies from 1 January 2015.

The Trustee considers that there are no material uncertainties about the My Wish Charity's ability to continue as a going concern. There are no material uncertainties affecting the current year's accounts.

In future years, one of the key risks to the My Wish Charity is a fall in income from donations or investment income but the Trustee has arrangements in place to mitigate those risks (see the Risk analysis section of the Trustee Annual Report, page 16). In addition the Charity does not have ongoing contractual commitments that would impact on the going concern assumption.

[b] Funds

Restricted funds are those where the donor has provided for the donation to be spent in furtherance of a specified charitable purpose. The charity has no endowment funds.

Those funds which are neither restricted nor endowment income funds, are unrestricted income funds which are sub analysed between designated (earmarked) funds where the trustee have set aside amounts to be used for specific purposes or which reflect the non-binding wishes of donors and unrestricted funds which are at the trustee's discretion. The major funds held in each of these categories are disclosed in note 25.

[c] Income

All income is recognised once the Charity has entitlement to the resources, it is probable that the resources will be received and the monetary value of incoming resources can be measured with sufficient reliability.

[d] Incoming resources from legacies

Legacies are accounted for as incoming resources either upon receipt or where the receipt of the legacy is probable; this will be once confirmation has been received from the representatives of the deceased's estate that confirmation has been received from the representatives of the estate(s) that:

- Probate has been granted to pay the legacy and
- All conditions attached to the legacy have been fulfilled or are within the charity's control.

Material legacies which have been notified but not recognised as incoming resources in the Statement of Financial Activities are disclosed in a separate note to the accounts with an estimate of the amount receivable (note 21).

If there is uncertainty as to the amount of the legacy and it cannot be reliably estimated then the legacy is shown as a contingent asset until all of the conditions for income recognition are met.

[e] Resources expended and irrecoverable VAT

All expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all costs related to each category of expense shown in the Statement of Financial Activities. Expenditure is recognised when the following criteria are met:

- There is a present legal or constructive obligation resulting from a past event
- It is more likely than not that a transfer of benefits (usually a cash payment) will be required in settlement
- The amount of the obligation can be measured or estimated reliably.

Irrecoverable VAT is charged against the category of resources expended for which it was incurred.

[f] Allocation of support costs

Support costs are those costs that do not relate to a single activity. These include some staff costs, internal and external audit costs and IT support. Support costs have been apportioned between fundraising costs and charitable activities on the proportion of total spend.

Income from investments is allocated to funds twice a year based upon the balance of the funds held at the time of allocation.

[g] Fundraising costs

The costs of generating funds are those costs attributable to generating income for the Charity, other than those costs incurred in undertaking charitable activities or the costs incurred in undertaking trading activities in furtherance of the Charity's objects. The costs of generating funds represent fund raising costs together with investment management fees. Fund raising costs included expenses for fund raising activities.

[h] Charitable activities

Costs of charitable activities comprise all costs incurred in the pursuit of the charitable objects of the Charity. These costs, where not wholly attributable, are apportioned between the categories of charitable expenditure in addition to the direct costs. The total costs of each category of charitable expenditure include an apportionment of support costs as shown in note 10.

[i] Governance costs

Governance costs are classified as support costs and have therefore been apportioned between fundraising activities and charitable activities. There is no effect on the total expenditure for 2016/17 or 2017/18.

[k] Intangible fixed assets

Valuation

Intangible fixed assets are non-monetary fixed assets that do not have physical substance but are identifiable and are controlled by the charity through custody or legal rights. Intangible fixed assets purchased intangible assets such as software licences. Although such assets lack phyisical substance they provide an ongoing benefit to the Charity, FRS102 requires that intangible fixed assets must be at their historical cost. The residual value of intangible fixed assets is nil when calculating the charge for amortisation unless evidence exists to the contrary. The carrying value of intangible assets are reviewed for impairments in periods or changes in circumstances indicate the carrying value may not be recoverable.

Amortisation

Amortisation on intangible assets are charged as an expense to the relevant SoFA category reflecting the use of the asset. Intangible assets are amortised at rates calculated to write them down to estimated residual value on a straightline basis. The intangible assets relate to software and this has been amortised over seven years.

[l] Realised and Unrealised Gains and Losses

All gains and losses are taken to the Statement of Financial Activities as they arise. Realised gains and losses on investments are calculated as the difference between sales proceeds and opening market value (purchase date if later). Unrealised gains and losses are calculated quarterly based on the change in market value in the quarter. These are apportioned to the funds based on the average fund balance for the quarter. Any realised gains and losses are apportioned to funds in accordance with the fund balances at the date of sale.

[m] Debtors

Debtors are amounts owed to the Charity. They are measured based on the recoverable amount.

[n] Cash and Cash Equivalents

Cash at bank and in hand is held to meet the day to day running costs of the Charity as they fall due. Cash equivalents are short term, highly liquid investments, usually in 90 day notice interest bearing savings accounts.

[o] Creditors

Creditors are amounts owed by the Charity. They are measured at the amount that the Charity expects to have to pay to settle the debt.

[p] Pensions

My Wish Charity has no direct employees. Staff costs incurred in connection with the Charity are recharged at cost by the Corporate Trustee, West Suffolk NHS Foundation Trust and include pensions costs. Employees are able to join the NHS Pension Scheme in accordance with its rules. The Charity is not an employer that accesses the pension scheme directly therefore further disclosure is not required.

2 Related party transactions

Individuals

Members of the Charitable Funds Committee are also non-executive and executive members of West Suffolk NHS Foundation Trust. The Trust is the main beneficiary of the Charity. The Charity has provided funds to The Trust for approved expenditure made on behalf of the Charity. This funding amounted to £825k (2016/17: £585k) of which there is a net creditor of £108k (2016/17: £71k) with the Trust. The expenditure is analysed in greater detail in notes 8 and 9. The Trust also recharges the Charity for members of staff who are directly involved with the Charity, the details of which are given in note 12.

None of the members of the West Suffolk NHS Foundation Trust board or parties related to them has undertaken any transactions with the Charity or received any benefit from the Charity in payment or kind. The Trustee received no honoraria or emoluments in the year. Expenses paid to the Trustee are disclosed in note 11.

The Trust makes a number of clerical and transaction staff available to the charity, by agreement with the Trustee. These include:
- Fundraising, office and administrative staff at a cost of £141k (£109k in 2016/17)

3 Income from donations and legacies

	Unrestricted Funds 2017/18 £'000	Restricted Funds 2017/18 £'000	Total 2017/18 £'000	Total 2016/17 £'000
Donations from Individuals	21	249	270	180
Corporate Donations	44	16	60	133
Legacies	509	86	595	4
Grant from Community Trust	0	0	0	228
Total	574	351	925	545

Donations from individuals are gifts from members of the public, relatives of patients and staff. Gift Aid is recovered from individual donations if a declaration is signed. During the comparative year the Charity received funds of £228,358 arising from charitable balances held by the Community Trust taken over by West Suffolk NHS Foundation Trust from Serco who terminated the contract. The funds were granted by the Community Trust and are shown separetely within donations and legacies above.

4 Charitable activities

	Unrestricted Funds 2017/18 £'000	Restricted Funds 2017/18 £'000	Total 2017/18 £'000	Total (as restated) 2016/17 £'000	Total 2016/17 £'000
Other income	28	56	84	71	66
Total	28	56	84	71	66

5 Other trading activities

	Unrestricted Funds 2017/18 £'000	Restricted Funds 2017/18 £'000	Total 2017/18 £'000	Total 2016/17 £'000
Course fee income	0	4	4	0
West Suffolk Hospital other organised fundraising events	5	6	11	38
Third party fundraising	0	40	40	4
Total	5	50	55	42

6 Role of Volunteers

Like all charities My Wish Charity is reliant on a team of volunteers for our smooth running. Our volunteers perform two roles:

Fund advisors:- there are 70 West Suffolk NHS Foundation Trust staff who manage how the Charity's designated funds should be spent. These funds are designated (or earmarked) by the Trustee to be spent for a particular purpose or in a particular ward or department. Each fund advisor has delegated powers to spend the designated funds that they manage in accordance with the Trustee's wishes. The Trustee determines what each fund can be spent on and the amount that can be spent in a year. Fund advisors who spend more than £5,000 are required to report to Charitable Fund Committee setting out what they spent the money on.

Fundraisers: there are about 25 local volunteers who actively fundraise for the My Wish charity by running events and the use of collections.
In accorance with the SORP, due to the absence of any reliable measurement basis, the contribution of these volunteers is not recognised in the accounts.

7 Gross investment income

	Unrestricted Funds 2017/18 £'000	Restricted Funds 2017/18 £'000	Total 2017/18 £'000	Total 2016/17 £'000
Short term investments and deposits and cash on deposit	0	1	1	2
Total	0	1	1	2

8 Analysis of expenditure on raising funds

	Unrestricted Funds 2017/18 £'000	Restricted Funds 2017/18 £'000	Total 2017/18 £'000	Total 2016/17 £'000
Fundraisng events other	3	6	9	9
Fundraising support costs	12	102	114	91
Total	15	108	123	100

9 Analysis of charitable expenditure

The Charity did not undertake any direct charitable activities on its own account during the year. All of the charitable expenditure was in the form of funding approved expenditure.

Expenditure was approved principally in favour West Suffolk NHS Foundation Trust to carry out activities that will benefit patients. The Charity reimbursed expenditure incurred by West Suffolk NHS Foundation Trust or its staff.

	Funded Activity Unrestricted 2017/18 £000	Funded Activity Restricted 2017/18 £000	Funded Activity Total 2017/18 £000	Support costs 2017/18 £000	Total 2017/18 £000	Total 2016/17 £000
Clinical Care & Research Posts	0	54	54	6	60	18
Purchase of New Equipment	256	205	461	29	490	296
New Building & Refurbishment	34	9	43	2	45	10
Staff Education & Welfare	29	64	93	8	101	157
Patient Education & Welfare	2	4	6	1	7	4
Total	321	336	657	46	703	485

10 Allocation of support costs and overheads

All support and overhead costs are allocated between fundraising activities and charitable activities. Governance costs are support costs which relate to the strategic and day to day management of a charity. The basis of allocation is the average monthly balance of each fund.

	Raising funds £000	Charitable activities £000	2018 Total £000	2017 Total £000
External audit	1	5	6	6
Governance	1	5	6	6
Amortisation	0	2	2	3
Computer maintenance	1	2	3	3
Salaries and related costs	9	34	43	39
Other (2016/17 includes the reversal of audit costs over accrued in previous years)	1	3	4	(6)
	12	46	58	45

	Unrestricted funds £000	Restricted funds £000	2018 Total £000	2017 Total £000
Raising funds	2	10	12	8
Charitable activities	5	41	46	37
	7	51	58	45

11 Trustee's remuneration, benefits and expenses

The board members of the Corporate Trustee receive no direct remuneration for the work that they undertake on behalf of the Charity. However, they can claim expenses to reimburse them for costs that they incur in fulfilling their duties. No board members claimed or was entitled to claim any expenses during the year (2016/17: £nil). Board members of the Corporate Trustee receive remuneration from The Corporate Trustee, West Suffolk NHS Foundation Trust, in accordance with their contracts of employment.

12 Analysis of staff costs and remuneration of key management personnel

The Charity does not directly employ any members of staff. However, the Funds are recharged by the Trust for employees providing support services to charitable activities as well as a clinical member of staff supported directly by an individual fund. Support employees were the Charitable Fund Accountant, Technical Accountant and members of the fundraising team. No employee had emoluments in excess of £60,000 (2016/17: £nil). My Wish Charity has no key management personnel (2016/17: £nil).

12a - Staff Costs and Employee Benefits

	2017/18 £000	2016/17 £000
Salaries and wages	160	108
Social Security Costs	13	7
Employers Pension Contribution	22	10
Total	195	125

12b - Employee numbers

Average Headcount	**9.4**	**5.6**
Average Full Time Headcount	3.8	2.0
Average Part Time Head Count	5.6	3.6
Average WTE	6.1	3.7
Number of Employees earning over £60,000 (excluding employer pension contributions)	Nil	Nil

13 Auditor's remuneration

The external auditor's remuneration of £6,000 including irrecoverable VAT (2016/17: £6,000) related solely to the audit of the financial statements with no other additional work undertaken by the external auditors (2016/17: none undertaken).

14 Intangible fixed assets

Software	2017/18	2016/17
Cost	**£000**	**£000**
At 1 April	17	17
At 31 March	17	17
Accumulated amortisation		
At 1 April	6	3
Provided during the year	2	3
At 31 March	8	6
Net book value		
Net book value at 31 March	9	11

15 Fixed asset investments

Movement in fixed asset investment	31 March 2018 Total £000	31 March 2017 Total £000
Market value brought forward	0	985
Add net gain on revaluation	0	23
Less: disposals at carrying value	0	(1,008)
Market value as at 31 March	**0**	**0**

Subsequent to the balance sheet date the Corporate Trustee agreed to reinvest £1,150,000 in COIF Ethical Investment Fund. This was in accordance with the Charity's investment policy.

16 Analysis of current assets

Debtors due within one year	31 March 2018 Total £000	31 March 2017 Total £000
Other debtors	518	2
Total	**518**	**2**

17 Analysis of cash and cash equivalents

	31 March 2018 Total £000	31 March 2017 Total £000
Cash in Hand	1,853	2,063
	1,853	**2,063**

18 Analysis of current liabilities

Creditors due within one year	31 March 2018 Total £000	31 March 2017 (as restated) Total £000	31 March 2017 Total £000
Trade Creditors	143	59	85
Other Accruals	6	26	26
Total	**149**	**85**	**111**

Other creditors represent sums owed at the year end by the Charity. Of this amount £108k (2016/17: £39k) is owed to a related party, West Suffolk NHS Foundation Trust, for costs incurred by the Trust on behalf of the Charity in the furtherance of the Charity's objects.

19 Reconciliation of net income/(expenditure) to net cash flow from operating activities

	2018 £000	2017 (as restated) £000	2017 £000
Net income (as per the Statement of Financial Activities)	240	99	93
Adjustments for:			
Amortisation	2	3	3
Loss/(gain) on investments	0	(23)	(23)
Dividends, interest and rents from investments	(1)	(2)	(2)
(Increase)/ decrease in debtors	(516)	527	527
Increase/ (decrease) in creditors	64	(156)	(150)
Net cash provided by (used in) operating activities	(211)	448	448

20 Transfer between funds

There were transfers of £118,399 from unrestricted funds to restricted funds. £100,000 related to the agreed contribution from unrestricted funds to support the Every Heart Matters campaign. The balance related to the amount owing to a restricted fund from an auction that was originally included in the general fund. (2016/17: £8,932).

21 Material Legacies

Legacy income is only included in incoming resources where receipt is reasonably certain and the amount can be estimated with reasonable accuracy, or the legacy has been received. As at 31 March 2018 there were three legacies totalling £516,338 that had been notified but not received (2016/17: £nil). These legacies have been included as income and as debtors. There was a further material legacy that was notified subsequent to the balance sheet date that was not included as the value could not be estimated with reasonable accuracy.

22 Comparative figures

The comparative figures relate to the 12 month period between 1 April 2016 and 31 March 2017.

23 Post Balance Sheet Events

Other than the matters referred to in notes 15 and 21 there were no post balance sheet events.

24 Restatement of comparatives

The restatement of comparatives relates to charitable income received in the year that related to previous years. As a consequence of this the comparative figures for 2016/17 were restated to ensure consistency between the two years.

My Wish Charity

25 Analysis of charitable funds

Name of Fund	Source of Fund	Purpose	Fund Balance 1 April 2017 £000	Income	Expenditure	Transfers	Fund Balance 31 March 2018 £000
Macmillan Service	Donations	Patient and Staff welfare	347	117	(114)	0	350
Every Heart Matters	Donations	Patient and Staff welfare	0	83	(33)	100	150
BD Allen Fund	Legacy	Training for Nursing Staff	41	0	(3)	0	38
Scanner Appeal	Donations	Purchase of equipment	22	0	(2)	0	20
Oncology Service	Donations	Patient and Staff welfare	26	0	(6)	0	20
SCBU	Donations	Patient and Staff welfare	215	9	(53)	0	171
Paediatric and Childrens Ward	Donations	Patient and Staff welfare	35	14	(9)	0	40
Breast Cancer Fund (ex Lizzie Duncan)	Donations	Patient and Staff welfare	38	22	(8)	0	52
Microbiology	Donations	Patient and Staff welfare	22	1	(2)	0	21
Bereavement Room	Donations	Patient welfare	24	1	(2)	0	23
Hannah Seeley Fund	Donations	Patient and Staff welfare	16	6	(7)	0	15
Mercury Dementia Appeal	Donations	Patient and Staff welfare	39	8	(14)	0	33
Critical Care	Donations	Patient and Staff welfare	28	5	(24)	0	9
Ward G8	Donations	Patient and Staff welfare	11	15	(9)	0	17
Diabetic Fund	Donations	Patient and Staff welfare	15	1	(2)	0	14
Ophthalmic Fund	Donations	Patient and Staff welfare	53	17	(9)	0	61
Cardiology	Donations	Patient and Staff welfare	11	5	(6)	13	23
Pharmacy social amenities	Donations	Staff welfare	16	4	(4)	0	16
Palliative Care	Donations	Patient and Staff welfare	6	12	(10)	18	26
Haematology research fund	Donations	Patient and Staff welfare	19	1	(2)	0	18
Stroke services	Donations	Patient and Staff welfare	17	4	(2)	0	19
Newmarket Radiology	Donations	Patient and Staff welfare	19	0	(1)	0	18
Newmarket Hospital	Donations	Patient and Staff welfare	148	50	(47)	0	151
Wish upon a Star	Donations	Patient and Staff welfare	0	17	(1)	0	16
Stow Lodge	Donations	Patient and Staff welfare	27	0	(27)	0	0
Accident and Emergency	Donations	Patient and Staff welfare	15	1	(2)	0	14
Chemical Pathology	Donations	Patient and Staff welfare	15	12	0	0	27
Other Restricted Funds			318	78	(109)	(13)	274
Total Restricted Funds			1,543	483	(508)	118	1,636
Unrestricted funds	Donations	Patient and Staff welfare	448	617	(352)	(118)	595
			1,991	1,100	(860)	0	2,231

These are the major funds referred to in Accounting policy note 1(b) the disclosure is based on fund previously disclosed in 2016/17 and funds with brought forward incurred during the year with balances greater than £15,000 and others where there were significant items of income and expenditure incurred during the year.

21. Agenda items for next meeting

To APPROVE the scheduled items for the next meeting

For Approval

Presented by Richard Jones

Board of Directors – 1 March 2019

Agenda item:	21			
Presented by:	Richard Jones, Trust Secretary & Head of Governance			
Prepared by:	Richard Jones, Trust Secretary & Head of Governance			
Date prepared:	18 February 2019			
Subject:	Items for next meeting			
Purpose:		For information	X	For approval

The attached provides a summary of scheduled items for the next meeting and is drawn from the Board reporting matrix, forward plan and action points.

The final agenda will be drawn-up and approved by the Chair.

Trust priorities *[Please indicate Trust priorities relevant to the subject of the report]*	**Deliver for today**	**Invest in quality, staff and clinical leadership**	**Build a joined-up future**
	X	X	X

Trust ambitions *[Please indicate ambitions relevant to the subject of the report]*	*Deliver personal care*	*Deliver safe care*	*Deliver joined-up care*	*Support a healthy start*	*Support a healthy life*	*Support ageing well*	*Support all our staff*
	X	X	X	X	X	X	X

Previously considered by:	The Board receive a monthly report of planned agenda items.
Risk and assurance:	Failure effectively manage the Board agenda or consider matters pertinent to the Board.
Legislation, regulatory, equality, diversity and dignity implications	Consideration of the planned agenda for the next meeting on a monthly basis. Annual review of the Board's reporting schedule.

Recommendation:

To approve the scheduled agenda items for the next meeting

Scheduled draft agenda items for next meeting – 29 March 2019

Description	Open	Closed	Type	Source	Director
Declaration of interests	✓	✓	Verbal	Matrix	All
Deliver for today					
Patient story		✓	Verbal	Matrix	Exec.
Chief Executive's report	✓		Written	Matrix	SD
Integrated quality & performance report	✓		Written	Matrix	HB/RP
Finance & workforce performance report	✓		Written	Matrix	CB
Risk and governance report, including risks escalated from subcommittees		✓	Written	Matrix	RJ
Invest in quality, staff and clinical leadership					
Nurse staffing report	✓		Written	Matrix	RP
"Putting you first award"	✓		Verbal	Matrix	JB
Education report - including undergraduate training (6-monthly)	✓		Written	Matrix	JB
Reporting healthcare worker flu vaccination information	✓		Written	Regulatory requirement	JB
Consultant appointment report	✓		Written	Matrix – by exception	JB
Serious Incident, inquests, complaints and claims report		✓	Written	Matrix	RP
Build a joined-up future					
West Suffolk Alliance and community services report	✓		Written	Matrix	KV
Capital programme 2019-20	✓		Written	Matrix	CB
Strategic update, including Alliance, System Executive Group and System Transformation Partnership (STP)		✓	Written	Matrix	SD
Governance					
Trust Executive Group report	✓		Written	Matrix	SD
Charitable Funds Committee report	✓		Written	Matrix	GN
Council of Governors report	✓		Written	Matrix	SC
Scrutiny Committee report		✓	Written	Matrix	GN
Board Assurance Framework (BAF)	✓		Written	Matrix	RJ
Operational plan 2019-20		✓	Written	Matrix	RJ
Risk management strategy and policy	✓		Written	Matrix	RJ
Confidential staffing matters		✓	Written	Matrix – by exception	JB
Use of Trust seal	✓		Written	Matrix – by exception	RJ
Agenda items for next meeting	✓		Written	Matrix	RJ
Reflections on the meetings (open and closed meetings)		✓	Verbal	Matrix	SC

11:30 ITEMS FOR INFORMATION

22. Any other business

To consider any matters which, in the opinion of the Chair, should be considered as a matter of urgency

For Reference

Presented by Sheila Childerhouse

23. Date of next meeting

To NOTE that the next meeting will be held on Friday, 29 March 2019 at 9:15 am in Quince House, West Suffolk Hospital.

For Reference

Presented by Sheila Childerhouse

RESOLUTION TO MOVE TO CLOSED SESSION

24. The Trust Board is invited to adopt the following resolution:

“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

Presented by Sheila Childerhouse