

Board of Directors – held in public

Date: Wednesday 29 January 2025

Time: 9.00 until 12.00

Venue: Hybrid Meeting to be held on Microsoft Teams and Room 2.10 at New Mill

AGENDA

We welcome stakeholders to submit questions to the Board of Directors. Questions can be submitted in advance of the meeting (contact details are at the end of the agenda).

This meeting will be held using Microsoft Teams (details of how to express your interest in joining this meeting can be found at the end of the agenda).

Strategic Priority			Lead	Time
GG	1	Welcome and apologies for absence (verbal)	LP	9.00
	2	Declaration of any conflicts of interest (enclosure)	LP	-
BQS	3	Learning from your experience: A Carers Experience (presentation)	PH SH & FSh	9.05
GG	4	Questions received (verbal)	LP	-
	5	Minutes of the previous meeting (enclosure)	LP	
	6	Matters arising (verbal)	LP	-
	7	Action log (enclosure)	LP	

Strategy and partnerships

All	8	Chair's Report (enclosure)	LP	9.30
	9	Chief Executive's Report (enclosure)	TP	9.40
	10	Strategic Assurance and Performance Report (to follow)	PH & KB	10.05
	10.1	Strategic Risk Summary (enclosure)	FSt	10.15
		Break (10.30am – 10.35am)		

Quality and Safety

BQS	11	Alert, Advise, Assure and Decision Report: Mental Health Legislation Committee held January 2025 (to follow)	SL	10.35
	12	Alert, Advise, Assure and Decision Report: Quality and Safety Committee held 13 November 2024 and 15 January 2025 (enclosures)	AM	10.40

People and Culture

BPTW	13	Alert, Advise, Assure and Decision Report: People and Culture Committee held 14 November 2024 and 16 January 2025 (enclosure)	MR	10.45
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Finance and Sustainability

BUOR	14	14.0 Finance Report (enclosure)	MW	10.50
		14.1 NHS England Quarterly Submission (enclosure)		
	15	Alert, Advise, Assure and Decision Report: Finance and Performance Committee held 20 November 2024 and 23 January 2025 (enclosure)	MA	11.05
		15.1 Lynfield Mount Hospital Re-development Update (presentation)	MW/SE	11.10

Governance and well led

GG	16	The Insightful Provider Board – New NHS England Guidance (enclosure)	FSt	11.30
	17	Alert, Advise, Assure and Decision Report: Audit Committee held January 2025 (enclosure)	SL	11.45
		17.1 Ratification of the Standing Financial Instructions (enclosure)	MW	11.50
		17.2 Ratification of the Scheme of Delegation (enclosure)	MW	
	18	West Yorkshire Community Committee In Common – AAA Report - November 2024 (enclosure)	For information	-
	19	Any other business (verbal)	LP	11.55
	20	Comments from public observers (verbal)	LP	-
	21	Meeting evaluation (verbal)	LP	-

Date of the Next Meeting: 26 March 2025– final details to be confirmed by Corporate Governance Team

Questions for the Board of Directors can be submitted to:

Name: Fran Stead (Trust Secretary)

Email: fran.stead@bdct.nhs.uk

Name: Linda Patterson (Chair of the Trust)

Email: linda.patterson@bdct.nhs.uk

Expressions of interest to observe the meeting using Microsoft Teams:

Email: corporate.governance@bdct.nhs.uk

Phone: 01274 251313

Strategic Priorities (Key)

Best Place to Work	Theme 1 – Looking after our people	BP2W:T1
	Theme 2 – Belonging in our organisation	BP2W:T2
	Theme 3 – New ways of working and delivering care	BP2W:T3
	Theme 4 – Growing for the future	BP2W:T4
Best Use of Resources	Theme 1: Financial sustainability	BUoR:T1
	Theme 2: Our environment and workspaces	BUoR:T2
	Theme 3: Giving back to our communities	BUoR:T3
Best Quality Services	Theme 1 – Access and Flow	BQS:T1
	Theme 2 – Learning for improvement	BQS:T2
	Theme 3 – Improving the experience of people using our services	BQS:T3
Good Governance	Governance, accountability and effective oversight	GG

Board of Directors Meeting in Public
On Wednesday 27 November 2024
9.00 until 12.00
Hybrid meeting held on Microsoft Teams and
in person at New Mill, Saltaire

Present in person:	Dr Linda Patterson OBE FRC P	Chair of the Trust (Chair of the Board)
	Kelly Barker	Chief Operating Officer
	Phil Hubbard	Director of Nursing, Professions and Care Standards, Deputy Chief Executive
	Tim Rycroft	Chief Information Officer
	Dr David Sims	Medical Director
	Mike Woodhead	Chief Finance Officer
	Therese Patten	Chief Executive Officer
Present via MS Teams:	Simon Lewis	Non – Executive Director and Deputy Trust Chair (left the meeting at 10am)
	Mark Rawcliffe	Non-Executive Director
	Bob Champion	Chief People Officer
	Sally Napper	Non-Executive Director
In attendance:	Suzanne Hala	Patient Experience & Communications Officer (for item 3)
	Emily	Learning from your experience (for Item 3)
	Annette Womack-Brown	Recreational Coordinator (for item 3)
	Matthew Riley	For item 15
	Jacqui Hooley	For item 15
	Fran Stead	Trust Secretary
	Rachel Trawally	Corporate Governance Manager and Deputy Trust Secretary (Secretariat)
	Mike Lodge	Governor (Lead Governor)
	Olufunto Segun	Specialist Trainee

MINUTES

Item	Discussion	Action
1	<p>Welcome and Apologies for Absence (agenda item 1)</p> <p>The Chair opened the meeting at 9.00am. Apologies for absence had been received from Alyson McGregor, MBE (NED), Maz Ahmed (NED) & Chris Malish (NED). The Board noted that C Malish was absent due to sick leave & sent him well wishes for his recovery.</p> <p>The Board of Directors was quorate.</p>	
2	<p>Declarations of Interest (agenda item 2)</p> <p>No declarations of interest were made.</p>	
3	<p>Learning from your experience: Me, myself & my Mental Health (agenda item 3):</p> <p>Annette Womack-Brown, Recreational Coordinator, introduced Emily, Therapeutic Volunteer Coordinator at Lynfield Mount and 4 Seasons Café, to talk about her experience of mental illness whilst working for the Trust. The Board watched a pre-recorded video.</p> <ul style="list-style-type: none"> • Emily qualified as a Mental Health Nurse and started her first job on clover ward at Lynfield Mount. • In 2015 Emily suffered with personal trauma and accessed some support services over a period, which included sickness absence from work. • This included accessing support from Calderdale MH Services/Crises team referred to AIP. She remained with them for 8 years, with some challenges due to lack of compliance with medication. • Emily tried various medications which she felt did not help her. • During 2017 Emily had long periods off sick and met with HR to discuss options, she decided on a 6-month career break which was 2 years in total. • In 2019, Emily went to Darlington where she met a new consultant who listened and took advice. Emily was supported to try a different medication and her life totally changed – she returned to work and got her driving licence back. This impact of the medication change was huge for Emily. • Emily returned to work in 2021 in 2022 chose to make a career change to a more therapeutic role, so with the support of Annette Womack-Brown and other managers she started working in the 4 Seasons café. She had a happy and fulfilled 18 months there and continues to work there on a Friday. • Emily then applied for the role of Therapeutic Volunteer Coordinator and was successful. Despite great challenges and upsetting circumstances in her life over the last 12 months, she felt that life was good overall. She had learnt how to deal with difficult life circumstances. • She expressed the importance that work (voluntary or paid) had been in her recovery as it gave her structure. 	

Item	Discussion	Action
	<ul style="list-style-type: none"> Emily story was immensely helpful to explain the process she had been through as a service user and employee. It was a direct insight into a deeply personal experience. It was also a reminder that mental health can affect the workforce and any one of us. They were encouraged and pleased to hear that Emily was doing well and in a position to help others. The Board were keen to take Emily's feedback on; the importance and structure of work and the additional support that the IPS had provided alongside reasonable adjustments and a supportive service. Annette Womack-Brown explained the importance that nurturing Emily had played and the important relationship that Emily now had with service users at the 4 seasons café. The 4 Seasons café had been a bridge to instil confidence and had been vital in her recovery. Emily thanked Suzanne Hala for her support in sharing her story <p>Members noted that Emily provided inspiration for service users and expressed their thanks to Emily for her powerful story.</p>	
4	<p>Questions Received (agenda item 4)</p> <p>No questions had been received.</p>	
5	<p>Minutes of the previous meeting (agenda item 5)</p> <p>To follow for approval via email.</p>	
6	<p>Matters Arising (agenda item 6)</p> <p>There were no matters arising.</p>	
7	<p>Action Log (agenda item 7)</p> <p>The Board of Directors:</p> <ul style="list-style-type: none"> noted the contents of the action log; agreed to close the actions listed as complete; and noted that no further actions were required on any actions listed. 	
8	<p>Alert, Advise, Assure and Decision Report: Mental Health Legislation Committee held 12 September and 14 November 2024 (agenda item 11)</p> <p>It was reported:</p> <ul style="list-style-type: none"> There were risks highlighted in September 2024, there was limited confidence in the mitigation and management of these, however, at the meeting 14 November 2024. The risks were further discussed. The Mental Health Act reforms would continue to be monitored by the Committee. The Board noted that interviews were due to be held for Associate Hospital Managers. It was noted that it was best practice for NEDs to be trained to act as Hospital Managers – The Board would agree in January whether they would act. Benchmarking had been undertaken with regional Trusts. The proposal was to bring this in with Mental Health Act reforms and proposals being made over a longer period of time. The Mental Health Legislation Committee Chair noted that the Associate Hospital Managers had attended the Committee and he noted that members 	

Item	Discussion	Action
	<p>had been impressed with them as a group which could be added to with the new recruitment.</p> <ul style="list-style-type: none"> A family member had emailed the Chief Executive Officer and complimented the Estates Manager and their team for their responsiveness. This would be shared with The Mental Health Legislation Committee Chair. 	TP
9	<p>Chair's Report (agenda item 8)</p> <p>The Chair presented her report to the Board & focused on the following areas:</p> <ul style="list-style-type: none"> Continuation of partnership working. New guidance issued with regard to Board operation – the Insightful Board. This would be considered alongside the Trust Secretary and Board members. The Leadership Competency Framework was being implemented this year, work would be undertaken to see how this applied to the Trust. B Champion, Chief People Officer and F Stead would be leading on this. This would link to appraisals and had been utilised for NEDs appraisals. The Darzi review – the next stage would be the formulation of a 10 year plan, there were 3 priorities the Secretary of State had highlighted – hospital to home, analogue to digital, treatment to prevention. Trust staff would be invited to be part of this consultation. The Trust would be a health and work accelerator site within West Yorkshire, this would enable people to access the workforce and be economically independent. West Yorkshire would be a trail blazer. The Chair and Chief Executive Officer had met with the Interim Lead Governor and the new Lead Governor had now been appointed. The Interim Lead Governor would return to the role of Deputy Lead Governor. An extension of term had been Ratified at the Private Council of Governors meeting held on 21 November 2024 for NEDs Mark Rawcliffe and Alyson McGregor, MBE, Non-Executive Directors, their terms would be extended for a further 3 years. P Hubbard noted that the IPS were going through a fidelity review, interviews would be held with Executives. Simon Lewis (NED) welcomed that the Trust was engaging with the new government/new initiatives and reflected that a number of Executives that had been appointed into regional and national roles would position the Trust well in terms of informing and influence. Discussion followed with regard to the Darzi review and the Trust's response to engaging staff within the organisation and across Place. The Trust had provided feedback on what is required within mental health community and prevention/public health agenda. The Chair noted that the Trust had a great deal of information regarding what the local community/ service users felt about the NHS. The Chair suggested this could be collated to feed back. <p>The Board noted the continuing engagement that had taken place with external partners, internally at the Trust and with the Council of Governors.</p>	
10	<p>Chief Executive's Report (agenda item 9)</p> <p>T Patten, Chief Executive, presented the report, the following areas were highlighted:</p>	

Item	Discussion	Action
	<ul style="list-style-type: none"> NHS England had issued guidance on Manager Regulation, Trusts, ICBs and the code of conduct. The Staff survey would close this week, there had been a 52% response rate and 34% for bank workers, which was above national average. Staff were encouraged to submit their response and the team were thanked for their work on this. Dr David Sims, Medical Director provided an update on suicide prevention. This was a follow to the visit from Catherine Turner who had published with staff from within the Trust regarding suicide prevention. Working across the services had led to a reduction in suicide and self-harm visits to A and E. The Trust had been investigating how to implement this at the Bradford Place Suicide Prevention Group and also consider how to continue involving researchers. A researcher had now identified a PhD student to work with the Trust to evaluate this further. The Trust had also engaged with Merseycare, who were leading in suicide prevention, and how this could fit into the Bradford group and into our work within the Trust and Community Mental Health work. Key factors to consider would be working alongside zero suicide frameworks/alliance. This was also tied into with one of the West Yorkshire Strategies/ambitions. Discussion followed with regard to inpatient suicides and the Trust's close focus on this. There had been no inpatient suicides for over 5 years. A focus was on how the Trust can learn from deaths and examples of what the Trust was doing to work with community leaders was provided. Phil Hubbard, Director of Nursing, Professions and Care Standards, Deputy Chief Executive, provided an update on the serious mental illness review, this followed a Joint Committee held in October to consider the learning from the case in Nottingham. The Trust assurance document/ NHSE had been submitted with 'partial risk' noted. The Trust was looking in to how to strengthen the intensive outreach service. A financial ask had been made in terms of further strengthening/adding to the service should there be additional money provided. <p>The Board noted the Chief Executive's report.</p>	
11	<p>Strategic Assurance and Performance Report (agenda item 10)</p> <p>K Barker presented the report to the Board and highlighted the following:</p> <ul style="list-style-type: none"> The report would be underpinned by the Alert, Assure, Advise + Discussion (AAA+D) reports that would be discussed throughout the Board meeting. There was significant assurance in elements surrounding 'Best Place to Work', there was some limited assurance in 'New Ways of Working' and for 'Delivery the Best Quality Services' there was significant challenges around demand, complexity and access and waiting times. This would be further discussed later in the Board in terms how this would be improved. Financial sustainability would also be considered later in the meeting and the Trust's (and Place) ongoing challenges and work to address this. The Trusts strategy was aligned with partnership working for 'Best Partner' and integration. There was significant assurance around 'Good Governance'. 	

Item	Discussion	Action
	<p>The Board of Directors:</p> <ul style="list-style-type: none"> • Noted the data and associated narrative and triangulation as discussed within each delegated committee, detailed within the AAA+D. • Accepted the Assurance levels as confirmed within each delegated committee, detailed within the report and in the AAA+D. 	
12	<p>Committee Alert, Advise, Assure + Decision (AAA+D) – strategic risk summary (item 10.2)</p> <p>F Stead, Trust Secretary presented the item, it was reported:</p> <ul style="list-style-type: none"> • This was a new style of report, the content had previously been discussed. This new model was being trialled this year in response to the changes made to the Assurance Framework and highlighted how the organisation was reporting strategic risk. This would be further discussed at the February Board Development Session, this would allow for an interactive session to consider the model, impact, improvements and to aid with forward planning and how to support the Board to consider strategic risks. • The Audit Committee was currently under review, an effectiveness review had been undertaken to consider its role and terms of reference etc. It has been benchmarked to other Trusts and aligned to external guidance. This work would be taken to January 2025 Committee, an aspect would be considering how this Committee can track strategic risks and consider the effectiveness of other Committees. The Board would continue to be updated. • There was ongoing work to look at the effectiveness of the Board and Committees. • The AAADs would be presented throughout the meeting. Therefore if members had any actions or further discussions that were required to obtain more assurance, members should raise this within the Board or after the meeting. There were various ways this could be addressed – Committee workplans, learning from your experiences, deep dive sessions, Joint Committees and Go See visits. • The Board discussed how the report could be updated to display progress and actions being taken to provide assurance. This would be provided in future to provide further assurance. • The report had less of a focus on patient safety and the Board discussed if there should be tolerances within the report on certain aspects and how this could link to the risk appetite and view this in a balanced way. 	<p>FS</p> <p>FS</p>
13	<p>Alert, Advise, Assure and Decision Report: Quality and Safety Committee held 13 November 2024 (agenda item 12)</p> <p>P Hubbard presented this on behalf of the Committee. It was noted:</p> <ul style="list-style-type: none"> • There was a risk that the continued pressure relating to gaps across our workforce and recruitment, however, it was noted that there had been some positive news in inpatient environments, who would be fully staffed by January 2025. • Some Service Users had raised concerns about the layout of Willow Ward, a Go See visit would be undertaken to understand this further. • Quality Assurance Visits had been undertaken in adult Community Mental Health Team (CMHT) North, Craven and Aire Wharfe with the next scheduled visits to City and South and West CMHT. One area identified was the current 	

Item	Discussion	Action
	<p>waiting time from GP referral to assessment and allocation to a care coordinator. Work was ongoing to address this.</p> <ul style="list-style-type: none"> • Safer staffing levels had been significantly challenged over the last 6 months particularly within community nursing, highlighted concerns were rated red on the Trusts risk register. Work was ongoing to address this, a joint Committee would be considering staffing levels/model rota in December 2024. • Challenge remained within access and flow into Adult Acute Inpatient Units and Psychiatric Intensive Care Unit (PICU) which was leading to a large number of out of area placements. Recovery and analysis work was taking place. • Number of speech and language therapists, junior posts had been filled and once trained it was expected this would have an impact on the waiting list. Recruitment was a local and national challenge; work was ongoing within the Trust to address this. • The Board noted that safer staffing was considered at PCC and QSC from different angles, and at the next joint committee in December these different views would be considered together. <p>The Committee noted the verbal update on the AAAD.</p> <p>The AAAD was awaiting Chair sign off, however, would be provided to members following the meeting.</p>	RT
14	<p>Winter Planning update (agenda item 13)</p> <p>K Barker, Chief Operating Officer presented the item, it was reported:</p> <ul style="list-style-type: none"> • NHSE & DHSC had published their winter planning priorities, outlined within the report. • There was a larger focus on prevention this year (via vaccines/helping neighbours etc.). • In terms of the Place/organisation-based strategies this was a continuation of the usual activity. • Actions & mitigations were in place, new for Mental Health and Community – this area would have local level escalations, this was in a testing stage. Discussion followed regarding the OPEL different levels. • An overview was provided on business continuity and how this is utilised. • Daily lean management was explained and how winter resilience well structures would work. • The Chair asked what the NED role would be within the command structure, it was explained that NEDs would become involved with gold command. • Discussion followed with regard to what the risk to finances was, the impact had been mapped out at the start of the year and updated throughout the year to take in account any changes (eg PICU). This was built into the costings. The difference this year was building work is being undertaken this year which was already built into the plans. In previous years the Trust had a system resilience budget, this now formed part of the block contract and was built into the forecast. <p>The Board of Directors:</p> <ul style="list-style-type: none"> • noted the system wide approach to winter planning; 	

Item	Discussion	Action
	<ul style="list-style-type: none"> acknowledged the challenges and associated responses to winter pressures; approved and finalised the Winter Plan as detailed in the report. received further updates as system wide winter planning progresses. 	
15	<p>Access & Waits – Focus on Specialist Children & Young People Mental Health Service (item 14)</p> <p>K Barker presented the item, it was reported:</p> <ul style="list-style-type: none"> The paper should be read in conjunction with the Joint Strategic Analysis that was undertaken in 2024 which focused mental health in Bradford. KB to circulate the Joint Strategic Analysis Young People and Children’s Services to Board Members. The Trust acknowledged the huge impact that waiting times had on young people. It was also noted that this also impacted on staff retention, dealing with the large volume of complaints. Waiting times for Neurodevelopmental Assessment and Diagnosis remains to be the pathway where children and families wait the longest. This was a national issue and is the focus of Place and System strategic programmes to look at how this national issue can be addressed. This area was an area that BDCFT CAMHS was unable to address without WY and place-based support. CAMHS have taken a quality improvement led approach to developing improvement and recovery plans, and during 24/25 have targeted improvement methodology relating to demand, capacity and flow of CYP through the CAMHS pathways. CAMHS were now reporting an average wait of 21.1 weeks, this was an improvement of 12.2 weeks from commencement of the quality improvement plans. This was a significant improvement. The Trust was aiming for 18 weeks from referral and beyond. Board members were directed to the Thrive Framework and the aim was to move to prevention. Post-covid the demand had dramatically increased (however there were signs of this increasing pre-covid), the Trust was in line with other organisations. The huge spike in demand had led to an increase in waiting times and flow. The report presented figures which demonstrated demand in April 2023 and October 2024. Positively in 2022, BDCFT CAMHS received some additional funding to help support the growth in demand however nationally workforce availability in terms of number and expertise had been a challenge and recruitment into those post was slower than the pace of referrals but in the last financial year recruitment had been more positive and vacancies in a healthier position. The Core Team, with support from BDCFT Improvement and Innovation Team took up the opportunity to work with the Royal College of Psychiatrists Quality Improvement Scheme to look at a national programme that sought to improve waiting times through understanding capacity and flow, to make changes to pathways and processes supporting greater productivity and flow through a pathway. Primary Mental Health Worker Team (PMHW) - A similar approach has been applied to our PMHW pathway and offer. 	KB

Item	Discussion	Action
	<ul style="list-style-type: none"> • Neurodevelopmental Assessment and Diagnosis Pathway – this had the longest waiting time, largest demand and longest wait for treatment. • The Board was directed to 'Waiting Well and Waiting Safely'. • There were various oversight mechanisms in place to monitor and escalate, various Committees also had oversight and regular reports. • A QI approach had been taken to understand how best to find solutions and create realistic and time bound improvement plans to address the significant rise in referrals, support people to wait safely and begin to reduce the length of time people are waiting for support. • Discussion followed with regard to the term 'waiting well' and 'waiting safely' and how service users responded to the terminology. This was a national term and the Trust was considering which terms to use and consult with service users. • The wider issue of prevention was discussed and prioritisation within other services or if this could be discussed more at Place level. The issues being faced were a national issue at Place and System level. There was more work that could be done in Schools and Local Authorities, GPs to target children with poorer outcomes. • The wider Mental Health Leadership Group had been considering a shift from a school /local authority through to a primary care service and issues with redirecting. The Trust was working on a pathway and aim to focus on a school-based approach. • Born in Bradford have set a new project (Age of Wonder) to look at various mental health issues and the climate within schools (considering schools in India/Australia) and research into this. This will commence in January 2025. • Discussion followed with regard to the importance of keeping children in schools and their progression to universities, undertaking apprenticeships etc. and into employment. • Discussion followed with regard to the Trust had received a Local Government Assessment (SEND). • The team behind the project 'Getting it Right the First Time' had identified the Trust CAMHS Crisis Team as being within the top 10% for performance and would be undertaking a visit over the next few weeks. • Kelly Barker agreed to send the report to Counsellor Hinchliffe. <p>The Board noted the contents of this report and took assurance in the progress made to address the rise in demand and subsequent impact upon access and waiting times.</p> <p>The Board expressed their thanks for the great work that had been undertaken by the team.</p>	<p>KB</p>
16	<p>Mental Health Personal Health Budget (item 15)</p> <p>The Board welcomed Matthew Riley and Jacqui Hooley to the meeting to present the item, it was reported that:</p> <ul style="list-style-type: none"> • Personal budgets in mental health and opened up the service to other services. 	

Item	Discussion	Action
	<ul style="list-style-type: none"> • This has arisen as a result of barriers being identified when people leave hospital, which wouldn't fall under health care. And also not being connected with community resources. • The project was launched in February 2024, small budgets (up to £300) have been provided to overcome barriers to going home and having conversations about what recovery looks like and how people can be more connected with the community. • The evaluation had just been launched, and the team were now looking for permanent funding for the initiative. • Positives had been, working in a more collaborative way with the local authority, joint funding, working with the voluntary sector and sharing an understanding of risk management. • People were beginning to feel more confident about managing risk in the community. It had supported recovery goals and allowed for more personalisation and created hope and optimism for staff and service users. It had provided more opportunity for trauma informed/person centred care. • An explanation was provided on how the process worked and support that had been provided and the initiative had led to less hospital stays overall. • Some of the examples that the budget had been used for were – providing a basic phone, food parcels and shopping vouchers as well as clothing. • Discussion followed with regard to the funding and the ICB involvement. The team were advised to speak to Claire Risdon for advice on evidence. <p>The Board thanked the team for their presentation and hard work on the project.</p>	
17	<p>Lynfield Mount update (item 16)</p> <p>M Woodhead, BDCFT Chief Finance Officer, presented the item. It was reported:</p> <ul style="list-style-type: none"> • New information was provided in blue within the report, the full business case and appendices had been provided in the Private Board papers. • The team had sent the outline business case to the Regional NHSE, it was such of high quality that it shortened the time that NHSE needed to do their quality checks, which in turn meant it was able to go to the national review process earlier. There were very tight deadlines to meet as the project had an end date proposed. There was a new part of the process, Cabinet Office approval process returned their outcome of 'assured' which was positive news for the Trust. • The Department Head Economist had stated that there were only 2 options provided, so the Trust was awaiting a final decision on this, but 2 further options were also being worked on. <p>The Board noted the contents of the Report.</p>	
18	<p>Alert, Advise, Assure and Decision Report: People and Culture Committee held 14 November 2024 (item 17)</p> <p>Mark Rawcliffe, Non-Executive Director, presented the item. It was reported that:</p> <ul style="list-style-type: none"> • The current risks. • The key alerts. • An update was provided on the National Staff Survey. The team were thanked for the continued efforts on this. 	

Item	Discussion	Action
	<ul style="list-style-type: none"> • There had been an increase in staff sickness. • Significant progress had been made in agency and bank staff usage and the attention had now focused to unused hours and rostering. This would be the focus of a joint development session. • A medical staffing update had been provided. • An update was provided on the apprenticeship/levy etc. • Recruitment timescales continued to improve; an increased number of managers were being trained on Trac. • Labour turnover had declined. • The wealth of data and case studies available for the Public Sector Equality Duty Report was a testament to the work throughout the Trust. <p>The Board noted the verbal update on the AAAD.</p> <p>The AAAD was awaiting chair sign off, however, would be provided to members following the meeting.</p>	RT
19	<p>Finance Report (item 18)</p> <p>M Woodhead presented the item, it was reported that:</p> <ul style="list-style-type: none"> • Break even target was still planned, focus would continue on out of area placement and temporary staffing. • There had been good progress made on reducing agency staff, but this has resulted in an increase in bank staff. Temporary staff in totality would need to be considered. • There was a reduction in September and this had continued in October, so the impact of recruitment and the work that was being undertaken within teams to work differently was having an impact. • Next years planning would be brought to a future Board. <p>The Board noted the financial position.</p>	
20	<p>Alert, Advise, Assure and Decision Report: Finance and Performance Committee held 20 November 2024 (item 19)</p> <p>M Rawcliffe presented the item on behalf of the Chair of the Committee, Maz Ahmed. It was reported that:</p> <ul style="list-style-type: none"> • Out of area placements/non-recurrent mitigation and bank and agency was discussed. • Financial sustainability and a focus on 2025. • The finance team would be visiting Mark Rawcliffe and his team to look at external assurance, governance, structure, costings, dependency management and initiatives. • Discussions had taken place around the 0-19 contract and a settlement had been reached with the Council for 25/26. Some management restructure to make savings would take place. • In year risk share had been reached with the Council. • A discussion was held on Community Dental – the Team had been nominated as the lead provider - working across system to bring higher standards 	

Item	Discussion	Action
	<ul style="list-style-type: none"> Discussion followed with regard to the PMO (this would be considering savings and transformation) and the role of the PWO. Audit Committee would have oversight of the PWC assessment/audit - grip and control work. <p>The Board noted the verbal update on the AAAD.</p> <p>The AAAD would be provided to members following the meeting.</p>	RT
21	<p>West Yorkshire ICS Mental Health, Learning Disability and Autism Committee In Common – AAA Report – 23 October 2024 (item 20)</p> <p>The Board noted the AAAD report, which was provided for information.</p>	
22	<p>Any other business (agenda item 21)</p> <p>No other business was raised.</p>	
23	<p>Comments from public observers (agenda item 22)</p> <p>There were no comments made.</p>	
24	<p>Meeting Evaluation (agenda item 23)</p> <p>The Chair thanked all colleagues for their contributions to the meeting. The Board discussed the meeting and reviewed its effectiveness as part of the Trust's commitment to good governance and continuous improvement.</p> <p>The Board thanked all authors for their high-quality papers.</p> <p>The meeting was closed at 11.48.</p>	

Action Log for the Public Board of Directors' Meeting

Action Key	Green: Completed	Amber: In progress, not due		Red: Not completed, action due
Action Log Reference	Action (including the title of the paper that generated the action)	Person who will complete the action	Meeting to be brought back to / Date to be completed by	Update report - comments
8. 18/12/2024	<p><u>Alert, Advise, Assure and Decision Report: Mental Health Legislation Committee held 12 September and 14 November 2024</u></p> <p>A family member had emailed the Chief Executive Officer and complimented the Estates Manager and their team for their responsiveness. This would be shared with The Mental Health Legislation Committee Chair.</p>	TP	January 2025	<u>Complete</u>
12. 18/12/2024	<p><u>Committee Alert, Advise, Assure + Decision (AAA+D) – strategic risk summary</u></p> <ul style="list-style-type: none">• The Board discussed how the report could be updated to display progress and actions being taken to provide assurance. This would be provided in future to provide further assurance.• The report had less of a focus on patient safety and the Board discussed if there should be tolerances within the report on certain aspects	<p>FS</p> <p>FS</p>	<p>January 2025</p> <p>January 2025</p>	<u>Complete:</u> a new draft template will be presented to the January meeting for discussion.

better lives, together

Action Key	Green: Completed	Amber: In progress, not due		Red: Not completed, action due
Action Log Reference	Action (including the title of the paper that generated the action)	Person who will complete the action	Meeting to be brought back to / Date to be completed by	Update report - comments
	The AAAD would be provided to members following the meeting			

Actions closed at the last meeting

Action Log Reference	Action (including the title of the paper that generated the action)	Person who will complete the action	Meeting to be brought back to / Date to be completed by	Update report - comments
6. 29/05/2024	<u>Chief Executive's Report</u> No formal feedback had been received but P Hubbard agreed to share the report once it had been published.	Phil Hubbard	July 2024	<u>The Committee is asked to consider this action as closed</u> Update presented to November 2024 meeting
5. 29/05/2024	<u>Learning from your experience: An Involvement Partners journey from Crisis to Involvement</u> The Chief Finance Officer for BDCFT highlighted that he would be interested in speaking with P Soper to learn from her experience of dealing with reception colleagues. It was confirmed afterwards that it mainly affected reception services under Kelly's remit.	Mike Woodhead Kelly Barker	July 2024 September 2024 January 2025	<u>Non-returning:</u> to be picked up outside of the Board

Board of Directors – meeting held in public

29 January 2025

Paper title:	Chair of the Trust's Report	Agenda Item 08.0
Presented by:	Dr Linda Patterson, Chair of the Trust	
Prepared by:	Corporate Governance team	
Committees where content has been discussed previously	People & Culture Committee	
Purpose of the paper Please check <u>ONE</u> box only:	<input type="checkbox"/> For approval <input type="checkbox"/> For information <input checked="" type="checkbox"/> For discussion	

Relationship to the Strategic priorities and Board Assurance Framework (BAF)		
The work contained with this report contributes to the delivery of the following themes within the BAF		
Being the Best Place to Work	Looking after our people	
	Belonging to our organisation	
	New ways of working and delivering care	
	Growing for the future	
Delivering Best Quality Services	Improving Access and Flow	
	Learning for Improvement	
	Improving the experience of people who use our services	
Making Best Use of Resources	Financial sustainability	
	Our environment and workplace	
	Giving back to our communities	
Being the Best Partner	Partnership	
Good governance	Governance, accountability & oversight	X

Purpose of the report
Chair's Report to inform Board members on activities that have taken place over the last two months.

Executive Summary	
Chair's Report to inform Board members on relevant strategic developments, system and Well-Led governance developments, Integrated Care partnership Working, external stakeholder engagement, activities with the Trust's Council of Governors, and internal staff engagement and Board visibility, including service visits.	
Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?	<input type="checkbox"/> Yes (please set out in your paper what action has been taken to address this) <input checked="" type="checkbox"/> No

Recommendation(s)
The Board is asked to: <ul style="list-style-type: none"> note the continuing engagement that has taken place with external partners, internally at the Trust, and with the Council of Governors.

Links to the Strategic Organisational Risk register (SORR)	N/A
Care Quality Commission domains Please check <u>ALL</u> that apply	<input type="checkbox"/> Safe <input type="checkbox"/> Effective <input type="checkbox"/> Responsive <input type="checkbox"/> Caring <input checked="" type="checkbox"/> Well-Led
Compliance & regulatory implications	The following compliance and regulatory implications have been identified as a result of the work outlined in this report: <ul style="list-style-type: none"> Well-Led Compliance NHS Code of Governance NHS Act Health and Social Care Act Health and Care Act Nolan Principles Provider Licence

Board of Directors – meeting held in public

29 January 2025 Chair of the Trust Report

Partnerships and strategy

Over the last two months I continue to meet with various stakeholders to continue discussions on key issues. They include the following:

<u>DATE</u>	<u>Meeting</u>
18/11/2024	NHS Confed Chairs Group
19/11/2024	West Yorkshire Health and Care Partnership Monthly Chairs
19/11/2024	A discussion with Thea Stein, Chief Executive Officer of Nuffield Trust
20/11/2024	Catch up meeting with Cathy Elliott
21/11/2024	West Yorkshire Association of Acute Trusts Senior Leadership Programme Celebration Event
22/11/2024	West Yorkshire Community Collaborative Time Out
03/12/2024	Associate Hospital Manager interviews
06/12/2024	Anna Dixon MP visit to our Trust
09/12/2024	Webinar with Amanda Pritchard and Secretary of State to discuss winter preparedness
08/01/2025	Elaine Applebee Meeting with - Trust Chairs
09/01/2025	Catch up meeting with Councillor Susan Hinchcliffe
13/01/2025	NHS Confed All member Chairs Group
16/01/2025	Community Dentistry West Yorkshire Collaboration Event
22/01/2025	Council of Governors meeting

I continue to meet with partners in the Local Authorities, at Place Partnership Board and across West Yorkshire in the collaboratives and at the West Yorkshire Partnership Board.

Further details on other partnership work, including involvement with other Place and System work will be presented at the meeting as a verbal update.

We all work together to continue building the supporting governance framework for the partnerships, which evolves each month. Board members are encouraged to keep up to date with the partnership work using these links:

Bradford District & Craven Partnership Board - [How we make decisions - Bradford District & Craven Health & Care Partnership \(bdcpartnership.co.uk\)](https://bdcpartnership.co.uk)

West Yorkshire Health & Care Partnership Board - [Partnership Board papers :: West Yorkshire Health & Care Partnership \(wypartnership.co.uk\)](https://wypartnership.co.uk)

West Yorkshire Integrated Care Board (ICB) - [Integrated Care Board :: West Yorkshire Health & Care Partnership \(icb.nhs.uk\)](https://icb.nhs.uk)

Each of the meetings are held in public, with Board colleagues, Governors, colleagues, and our members encouraged to attend to observe the discussion and raise questions.

Communities

Bradford District and Craven Clinical Strategy

Work is taking place amongst partners at Place to create a Clinical Strategy. This strategy will focus on ensuring a person-centred approach is applied in support of creating the best therapeutic pathways for our communities. This is in support of meeting the needs of our population, to drive excellence, innovation and developing care models that priorities patient experience and encourage sustainable safe care models. Further updates will be presented as the work progresses, my thanks to all partners and colleagues within the Trust for creating this important vision and supporting commitment.

People Matters

Equality Delivery System 2022; 2025 draft results

The Trust is in the final stages of the NHS Equality Delivery System 2022 (EDS22) assessment for 2025. Performance has been assessed against the three domains of the EDS22. The engagement process has included discussions and consultation with three clinical services, staff networks and union representatives, the Trusts senior leadership team via the Strategic Staff Equality, Diversity and Inclusion Partnership and engagement with patients and the public at an event held in partnership with Bradford Teaching Hospitals Foundation Trust, Airedale Foundation Hospital and the West Yorkshire Integrated Care Board. A peer review process of the results has taken place with West and South Yorkshire Mental Health Trusts. The draft score for the Trust is 22 'achieving'. Actions identified as a result of the assessment are embedded into the Trusts reviewed Belonging and Inclusion Plan 2025 – 2028 and into the assessed clinical teams' priorities. Once ratified the documents will be published on the Trust's website and shared with NHS England.

Belonging and Inclusion Plan 2025 – 2028

The Belonging and Inclusion Plan has been reviewed and updated in 2025. The plan contains the Trusts Equality Diversity and Inclusion (EDI) priorities for the next three years. It supports delivery of the EDI and Health Equity priorities identified in the Trust's organisational strategy 'Ambition to Action'. Progress against the plan will be monitored regularly with key performance measures, workstream updates to committee and board and regular reports published on our external website.

Appraisals and objective setting – alignment to the NHS England Fit and Proper Person Requirements

The Board is asked to note that over the coming months work will take place for individual Board members to spend time reflecting with their line manager on the past year as part of the appraisal discussion, this will include reviewing their objectives from the last year and agreeing the next year's objectives and personal development plan. As appropriate, the Senior Independent Director, and Lead Governor will be involved with the Chair of the Trust's appraisal and objective setting discussion. As required, we continue to work to the national NHS England appraisal framework within the Leadership Competency Framework. Part of this work is an annual compliance review for the Fit and Proper Person requirements, which the Trust Secretary will lead.

Governance and compliance

Forward planning

The 2025/26 Board and Committee meeting schedule has been confirmed. As a learning organisation, a governance review took place during 2024/25, key changes to the Trust's meeting cycle will commence from 1 April 2025. This is in support of an improved flow of information being reported to the strategic assurance and performance focused Committee's, then onto the Board held in public, to further strengthen the Board's oversight.

Joint Committee learning sessions

The Trust introduced Joint Committee sessions a few years ago. They were originally set up to bring together two Committee's to discuss a specific topic that covered both areas. The model has evolved over the last few years due to the Trust being a learning organisation and ensuring that effectiveness reviews take place supported by opportunity to capture people's experience. Over the last couple of years, the remit of the Joint Committee's has broadened out to include opportunity for all Committee's to be involved with the discussion. Work has also taken place to create a forward plan for these learning sessions, aligned to the Trust's strategy. A deep dive takes place within each session, which allows a rounded conversation to take place. Work is now taking place to understand how benchmarking and external learning can feature within these learning sessions.

Effectiveness reviews

The Board is asked to note that a series of effectiveness reviews will commence over the coming months, starting with the Board Committee meetings. This is in line with year-end close down work, good governance practices, and requirements of the NHS Code of Governance. The reviews will give meeting attendees and members the opportunity to reflect on past practice and performance over the last year, and consider any changes that should be enacted the following year. This work is aligned to the production of the Committee's Annual Report, review of the Terms of Reference, and agreeing the next year's work plans. In support of continuous improvement, this year the Committee effectiveness reviews will be supported by the Care Trust Way methodology.

Forward planning and Board development

As we complete our effectiveness reviews and continuous improvement development plans, work will take place to finalise the next year's work plans for our formal business. This includes the Board and Committees, and the Council of Governors, each group will receive a suggested work plan to consider and formally approve. To support this work, analysis of the annual work plans from previous years will take place to understand any changes made to business and consideration of tactical meetings that report formally to each Committee. As a Board we will continue with our ongoing Board development sessions, with a continued focus on the Trust-wide governance improvements that continue to take place and become embedded, further information will be provided on the Board development programme.

Emergency Planning, Preparedness and Resilience (EPRR)

- Since September 2024, increased the EPRR staffing from one individual to now comprise a team of 3. This is directly in response to nationally introduced increases in EPRR core standards and training requirements, as mandated by NHS England.
- Newly introduced EPRR training is now being delivered to meet National Occupational Standards (NOS) for all strategic and tactical managers who may be involved in emergency or incident response, including all on-call directors and managers. NHS England requirement is for all Trusts to have 80% of their on-call directors, managers and EPRR specialists trained by 31st March 2025. To ensure BDCFT meets this deadline, the

EPRR Team has devised a training schedule to cover the mandated NOS competency requirements, which are being delivered in a linked 3-tier series of half or full-day training events. The training is being managed and delivered by the EPRR Team, and all BDCFT staff with on-call manager or on-call director responsibilities are required to attend. Details of training dates have been widely publicised and are available via EPRR.Team@bdct.nhs.uk.

- The full programme of BCP exercises for all BDCFT services was completed as scheduled in December 2024. The BCP exercise programme for 2025 will commence in April, upon completion of the EPRR NOS training, as detailed above.

Council of Governors

Lead Governor

At the Council of Governors meeting held in November, the Governors elected Mike Lodge, Public Governor (Rest of England), as the Lead Governor. Linzi Maybin will return to the Deputy Lead Governor role, on behalf of the Board and all Governors I would like to thank Linzi for acting as Interim Lead Governor since May 2024.

Recent Council of Governors Meetings

Therese Patten, the Chief Executive, Franstead, Trust Secretary and I continue to have regular meetings with the Lead Governor offering the Senior Independent Director the opportunity to attend, as previously has taken place.

Dr Linda Patterson OBE FRCP - Chair of the Trust – January 2025

Board of Directors – Meeting held in Public

29 January 2025

Paper title:	Chief Executive's Report	Agenda Item 09.0
Presented by:	Therese Patten, Chief Executive	
Prepared by:	Therese Patten, Chief Executive	
Committees where content has been discussed previously	N/A	
Purpose of the paper Please check <u>ONE</u> box only:	<input type="checkbox"/> For approval <input checked="" type="checkbox"/> For information <input checked="" type="checkbox"/> For discussion	

Relationship to the Strategic priorities and Board Assurance Framework (BAF)		
The work contained with this report contributes to the delivery of the following themes within the BAF		
Being the Best Place to Work	Looking after our people	Yes
	Belonging to our organisation	Yes
	New ways of working and delivering care	Yes
	Growing for the future	Yes
Delivering Best Quality Services	Improving Access and Flow	Yes
	Learning for Improvement	Yes
	Improving the experience of people who use our services	Yes
Making Best Use of Resources	Financial sustainability	Yes
	Our environment and workplace	Yes
	Giving back to our communities	Yes
Being the Best Partner	Partnership	Yes
Good governance	Governance, accountability & oversight	Yes

Purpose of the report
The purpose of the report is to provide commentary on strategic, operational and systems issues.

Executive Summary

The areas covered in this report include:

- Involvement in Enhancing Research Quality in Afghanistan and Pakistan
- Winter Planning – Operational resilience and response
- Awards and Recognition
- Recruitment Headlines
- New-look Trust website
- You're a Star Awards impact
- CQC Notifiable Incidents, Regulatory Matters and Visits
- Media Coverage
- Bradford District and Craven Health and Care Strategy

Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?

- ☐ **Yes** (please set out in your paper what action has been taken to address this)
- ☒ **No**

Recommendation(s)

The Board of Directors is asked to note the contents of the paper and seek any further clarification as appropriate.

Links to the Strategic Organisational Risk register (SORR)

N/A

Care Quality Commission domains

Please check **ALL** that apply

- | | |
|--|--|
| <input checked="" type="checkbox"/> Safe | <input checked="" type="checkbox"/> Caring |
| <input checked="" type="checkbox"/> Effective | <input checked="" type="checkbox"/> Well-Led |
| <input checked="" type="checkbox"/> Responsive | |

Compliance & regulatory implications

N/A

Board of Directors – Meeting held in Public 29 January 2025

Chief Executive's Report

1 Purpose

The Chief Executive report provides an overview of news, events and significant issues that have occurred during the month that require Trust Board to be aware of and/or to discuss.

2 Trust News

Involvement in Enhancing Research Quality in Afghanistan and Pakistan

Two members of the Research and Development (R&D) Team, Iftikhar Khan and John Hiley, are leading on delivering an initiative in Pakistan with C4I, The Centre for Impact, a NIHR Global Health Research (GHR) Centre established to improve mental and physical health in Afghanistan and Pakistan. BDCFT is the only UK based NHS organisation to be a member of the Centre for Impact collaboration.

The most recent stage of this process involved a 2-day workshop, delivered in both Karachi and Peshawar to 60 participants representing all levels of staff involved in research design and delivery. These well received workshops established guidelines and models for the teams to generate their own, locally relevant, systems and are now being supported to deliver some initial outcomes. These will be reviewed at a 'consensus workshop' later in Spring, where we hope to agree initial common processes to be rolled out across all the NIHR funded projects run by C4I.

We recognise the challenges of establishing systems such as these, and as part of C4I hope to be further involved in the process through support for C4I colleagues in the longer term, funding notwithstanding.

Winter Planning – Operational resilience and response over the festive period and adverse weather

Across the festive period and more recently through the adverse weather conditions, our staff have once again demonstrated resilience, commitment and true teamwork that kept our services safe and running. Our proactive winter planning and use of Care Trust Way tools saw us able to respond to ongoing service demands, the impacts of winter illness and an unprecedented extended period of wintry weather.

Kelly Barker as AEO alongside Chris Wright and the EPRR team co-ordinated an adverse weather response team meeting twice daily to co-ordinate and oversee the deployment of business continuity plans and actions to ensure that our services were maintained and that our staff and service users were safe. We saw services proactively review rosters, work schedules and prioritise capacity to meet the needs of our communities. Our Estates and

Facilities teams enabled access to sites and maintained our buildings to ensure we remained open and available.

We worked collaboratively with our Place partners and EPRR leads to ensure that our plans were supportive of one another, provided mutual aid around contingencies such as accommodating staff overnight should it be needed, and of course worked together to alleviate the huge pressures our Acute Hospital Trusts saw throughout the period.

We communicated daily to teams across the organisation on how we were responding to support them during this challenging time. This was a cross organisational effort, and our teams have gone above and beyond. Kelly is reaching out personally to individuals to thank them for their work and will also be looking at how we use Thanks a Bunch and Living our Values Awards to mark their extraordinary efforts.

3 Awards and Recognition

Living our Values Awards

Each month, colleagues and teams are recognised in our Living our Values awards, for actively demonstrating one of our Trust values in their work. The most recent winners are mentioned below, congratulations to each of you.

We care award winner: Suzanne Hall, service manager for Older People's Mental Health	Nominator: 'An extremely complex patient decision arose rapidly with differing clinical views. Suzanne organised a rapid professionals meeting and led this. She led the development of a new care plan, appropriate to the individual yet supporting each clinician to have their voice. This all happened on a Friday, so that there was also a good crisis plan included for the weekend support. She delivered care that put the patient at the heart of our care.'
We listen award winner: Terry Best, Payroll Officer	Nominator: 'Terry is quite frankly amazing! His approach to resolving pay queries epitomises compassion and care. He has been commended many times for his help and advice. One service stated "we should have a wall of Terry"; most recently an ex-employee receiving no help at her new Trust has written to say "how exceptional" he is and sent her gratitude and appreciation.'
We deliver award winner: Lucy Speller, Staff Nurse, Kilmeny District Nursing Team	Nominator: 'During severe weather conditions, Lucy offered and undertook, visits to two diabetic patients on foot on her day off. Lucy did this without being asked, ringing the coordinator in the morning offering help as she was able to get to them on foot, whereas scheduled staff would struggle in vehicles due to the treacherous road conditions. This shows true dedication to her nursing role and deserves to be recognised as the star she is. Well done and thank you!'

Thanks a Bunch Nominations

We continue to see lots of interest thanking staff and individuals, and I am pleased that as with previous months we see nominations coming from across the Trust.

Month	Nominations	Awards	Single nominations	Team nominations	Grouped nominations	Single award	Team award	Group award
Nov-24	22	10	18	1	3	8	1	1

4 Supporting our People

Recruitment

We have seen sustained improvements across our recruitment activity during the year and performance exceed all but one KPI in December. Work continues to refine our transactional processes and ensure that our job opportunities reach places in the market to keep our pipeline of applicants open. The table below shows December's performance:

Process element - average calendar days	KPI Target	09-Dec-24
Approved to live advert	1	0.26
Rec Manager to complete shortlisting	5	4.7
Interview to offer gateway	3	1.8
offer gateway to conditional offer sent	3	1.05
Pre-employment checks to be completed within	20	20.75
ID appointment arrange and held	5	4.71
Arrange a start date	5	3.54
Advert to unconditional offer	65	20.39
Conditional offer to unconditional offer	35	27.82

In the last months we have made some key appointments made which include:

- Chris Dixon, Deputy Director of Nursing
- Thabani Songo, Head of Nursing (Mental Health)
- Carla Smith, Head of Nursing (Physical Health)
- Sandra Renga, Consultant Clinical Psychologist
- Majid Saleem, Consultant Practitioner Psychologist/Psychological Therapist
- Misbah Mahmood, Chief Information and Clinical Safety Officer (Front line Digitalisation)
- Jillian Tozer, Senior Head of Safety, Compliance and Risk
- Suzanne Hall, Head of Programme (Najurally Ward)

New-look Trust website – improving accessibility

Our refreshed Trust website has now been launched, with a new design and layout to ensure it meets accessibility requirements for all public sector sites. The requirements ensure that sites are easy to use/navigate, information is easy to understand and is easy to find. The new site makes it easier for people to search and find the information about Trust services, which is one of the top search terms on the site.

The design was developed and tested with people who either use, or might use Trust services, across a range of ages and locations, and with different health and care needs. Focus groups were ethnically diverse, ranging from 17-80 years and included families, volunteers, carers, parents and people with lived experience of health and care services, including mental health. Service colleagues were also involved.

The feedback from the user sessions was consistently positive across all areas. Comments included: 'shows the friendliness and kindness of the NHS', 'much more user friendly, more accessible in a few clicks, and visually more appealing', and 'service pics are helpful....shows what it is'. View the new website here [the new website](#).

Staff You're a Star Awards – positive impact

We have now had the formal evaluation of our You're a Star Awards event in October. The awards celebrated the work of clinical and non-clinical staff, service users, carers and volunteers across the Trust. The post-event evaluation showed that 98% of respondents rated the event as 'excellent' or 'good'; 83% said they are more 'likely to nominate others for a You're a Star Award', and 76% said they felt valued due to the awards. Senior service leads also welcomed the addition of more awards to support their staff recognition - 'a brilliant night; made me feel proud to be part of the Trust.'

5 CQC Notifiable Incidents, Regulatory Matters and Visits (1 November–31 December 24)

Regulatory matters and visits

Quarterly reporting on these matters continues to the Quality and Safety Committee with intermittent briefings being made where incidences of significant concern have been raised, or where these might be of interest to the Quality and Safety Committee or Trust Board.

Mental Health Act (MHA) visits

There have been three Mental Health Act visits during this time:

- The DAU 5th November no actions were identified from this visit
- Bracken 2nd December the action statement is currently with service for completion
- Ashbrook 17th December the action statement is still to be received from the CQC

CQC Notifiable incidents

Number by category	Detail
3 AWOLs	Baildon – returned within 30 minutes
	Baildon – returned by police the following day
	Ilkley – Returned by family the following day

CQC Engagement and Enquiries

The team continue to respond to these according to requests via the Director of Nursing, Professions and Care Standards, DIPC. A quarterly report detailing all engagement and enquiry activity is prepared for the Quality and Safety Committee.

Inquests

12 inquests were concluded during this period in which the Trust provided some level of evidence to the Coroner. Of those, BDCFT staff were called by the Coroner in two cases. There was no criticism made of the Trust by the Coroner in any of the cases and no Prevention of Future Death reports were made. The coroner's conclusions for all cases were:

Accident x 1
Alcohol/Drug related x 5
Suicide x 4
Narrative x 1
Natural Causes x 1

Patient Safety Incidents and Never Events

Since the last report there have been no Never Events reported, three new Patient Safety Incident Investigations (PSII) were reported two suspected suicide and one unexpected death.

Currently we have five open investigations. There is one external completed investigation, this is the double homicide from 2021 (commissioned by NHSE; investigation completed by NICHE). A number of other response approaches are also now being utilised regularly as per the PSIRP: Thematic analysis, After Action Review and Local Learning Reviews. Four investigations were completed in the reporting period.

6 Media Coverage

Media and news highlights since the last Board meeting:

Area / dates	Details
Beat Blue Monday: Tips for Mental Wellbeing from Bradford District and Craven Talking Therapies - 15 Jan	Blue Monday - dubbed the most miserable day of the year - falls on Monday, 20 January 2025. This day, derived in 2005 using a calculation involving factors like poor weather, financial worries, and low motivation, often highlights the challenges people face during this time of year.
Bradford District and Craven Talking Therapies launches employment support service and helps man regain confidence and control - 8 Jan	Bradford District and Craven Talking Therapies, in partnership with The Cellar Trust, is proud to announce a new initiative aimed at helping individuals with mental health conditions find and sustain meaningful employment. The service offers tailored support to ensure that mental health care and workplace well-being go hand in hand, providing practical assistance for those struggling with mental health to secure or maintain employment.

Mental Health Nurse Kate Dale honoured in New Year Honours List 2025 - 31 Dec	Bradford District Care NHS Foundation Trust is delighted to announce that Kate Dale has been recognised in the New Year Honours List 2025 with the British Empire Medal (BEM) for her outstanding services to people with severe mental illness.
Sovereign Health Care donates £18,000 to Care Trust to enhance patient care - 19 Dec	Bradford-based cash plan provider, Sovereign Health Care, has continued its support of local health initiatives by donating £8,000 to Bradford District Care NHS Foundation Trust and its charity, Better Lives.
Care Trust shares top tips for boosting mental wellbeing during autumn and winter - 11 Nov	As the days grow shorter and temperatures drop, taking care of your mental wellbeing is just as important as looking after your physical health. Bradford District Care NHS Foundation Trust's Talking Therapies team is encouraging residents of Bradford, Airedale, Wharfedale, and Craven to focus on their mental health this season.

7 Place and System

Bradford District and Craven Health and Care Strategy

Our Place has embarked on the development of a Health and Care strategy. This work is needed for a number of reasons, in particular as the services we provide across the partnership are not all clinically sustainable and our spend exceeds the resources we have available. In addition:

- Health inequalities remain wide and are a source of excess cost
- Insufficient resource is focused on population health improvement and prevention rather than treating illness
- There is unwarranted variation in healthcare provision across place
- Transitions between acute, community and primary care services remain a focal point of omission and duplication, especially for people with long term conditions
- We aspire to shifting of the locus of care from hospitals to communities and this needs to be matched by a rebalancing of resources

The work will be anchored by the District Plans for Bradford District and Craven and constitute the health delivery and wellbeing aspects of those plans. The framework for the strategy development will be aligned to the diagram below, as this clearly describes a role for all providers across the health care sector, statutory and non-statutory, and will enable us to focus on the transition points between the quadrants which often are a point of frustration for our populations.



The work will be overseen by the Bradford District and Craven Partnership Board which has set out the following principles for the work:

- all system partners contribute
- strengths and asset based
- future proof as far as able - clinically, financially and environmentally sustainable
- people first based on population health - right size for the population, prioritise those who need care most
- delivers happy, healthy at home - in a flexible and agile way
- minimise points of contact maximise value of first contact - generalist not specialist

ENDS

Board of Directors – Meeting held in public

29 January 2025

Paper title:	Strategic Risk Assurance Report	Agenda Item 10.1
Presented by:	Fran Stead, Trust Secretary	
Prepared by:	Fran Stead, Trust Secretary	
Committees where content has been discussed previously	Mental Health Legislation Committee; Quality & Safety Committee; Finance & Performance Committee, Audit Committee, People & Culture Committee	
Purpose of the paper Please check <u>ONE</u> box only:	<input type="checkbox"/> For approval <input type="checkbox"/> For information <input checked="" type="checkbox"/> For discussion	

Relationship to the Strategic priorities and Board Assurance Framework (BAF)		
The work contained with this report contributes to the delivery of the following themes within the BAF		
Being the Best Place to Work	Looking after our people	
	Belonging to our organisation	
	New ways of working and delivering care	
	Growing for the future	
Delivering Best Quality Services	Improving Access and Flow	
	Learning for Improvement	
	Improving the experience of people who use our services	
Making Best Use of Resources	Financial sustainability	
	Our environment and workplace	
	Giving back to our communities	
Being the Best Partner	Partnership	
Good governance	Governance, accountability & oversight	X

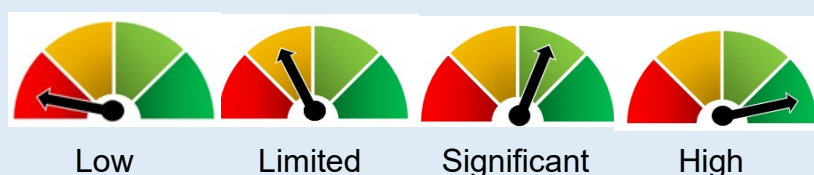
Purpose of the report

The purpose of this paper is to highlight the strategic risks identified by each committee to the Board. The detail supporting these risks can be found in each Committee's Alert Advise Assure + Decision (AAA+D) report and associated minutes of each meeting.

Executive Summary

This report brings together the strategic risks that have been identified within the Board Committees. In support of ensuring dynamic governance & proactive action management, an agenda item features within every Committee meeting to discuss the risks, consider changes, & confirm how assured the Committee is in the management of the strategic risk. During this item, there is also opportunity for the Committee to raise any new risks that arose during the discussion.

All Committee identified strategic risks are then reported within this report to show the full picture of strategic risk associated with delivery of the Better Lives, Together strategy. This report provides an update in support of ensuring dynamic governance. Within this report, each strategic risk has a Committee approved 'assurance rating', which is aligned to the internal audit assurance for consistency.



As a learning organisation, benchmarking & self-reflection has taken place in support of developing this report to ensure it is robust, & can be used as a tool for Board, Committee, to help action management. A proposed new template for this Strategic Risk Assurance Report is included at appendix 1, which is presented for Board feedback & support of an enhanced reporting template. When considering the new template, Board members are asked to keep in mind how this tool can ensure a level of confidence in the Trust achieving its strategic objectives, it is simple & clear, with enough information to drive further action & prioritisation.

Consideration is being made to how the AAAD reports flow up from Committee to Board, with feedback gather at Board then reporting back into Committee as an ongoing cycle. Changes will commence in the meetings, January 2025.

Work is continuing with the planned development of the Trust Audit Committee. A self-review exercise, & comparison (which included benchmarking) of the terms of reference, has taken place in support of learning. The findings will be considered alongside consideration to the Audit Committees role in reviewing the establishment & maintenance of an effective system of integrated governance, risk management and internal control across the whole of the Trust, that supports the achievement of the Trust's strategic objectives. As part of the Audit Committees integrated approach, it will have effective relationships with other key Committees so that it understands processes and linkages. Consideration will also be made by the Committee on how the Trust's assurance framework & strategic risk management can link to System & Place risk management.

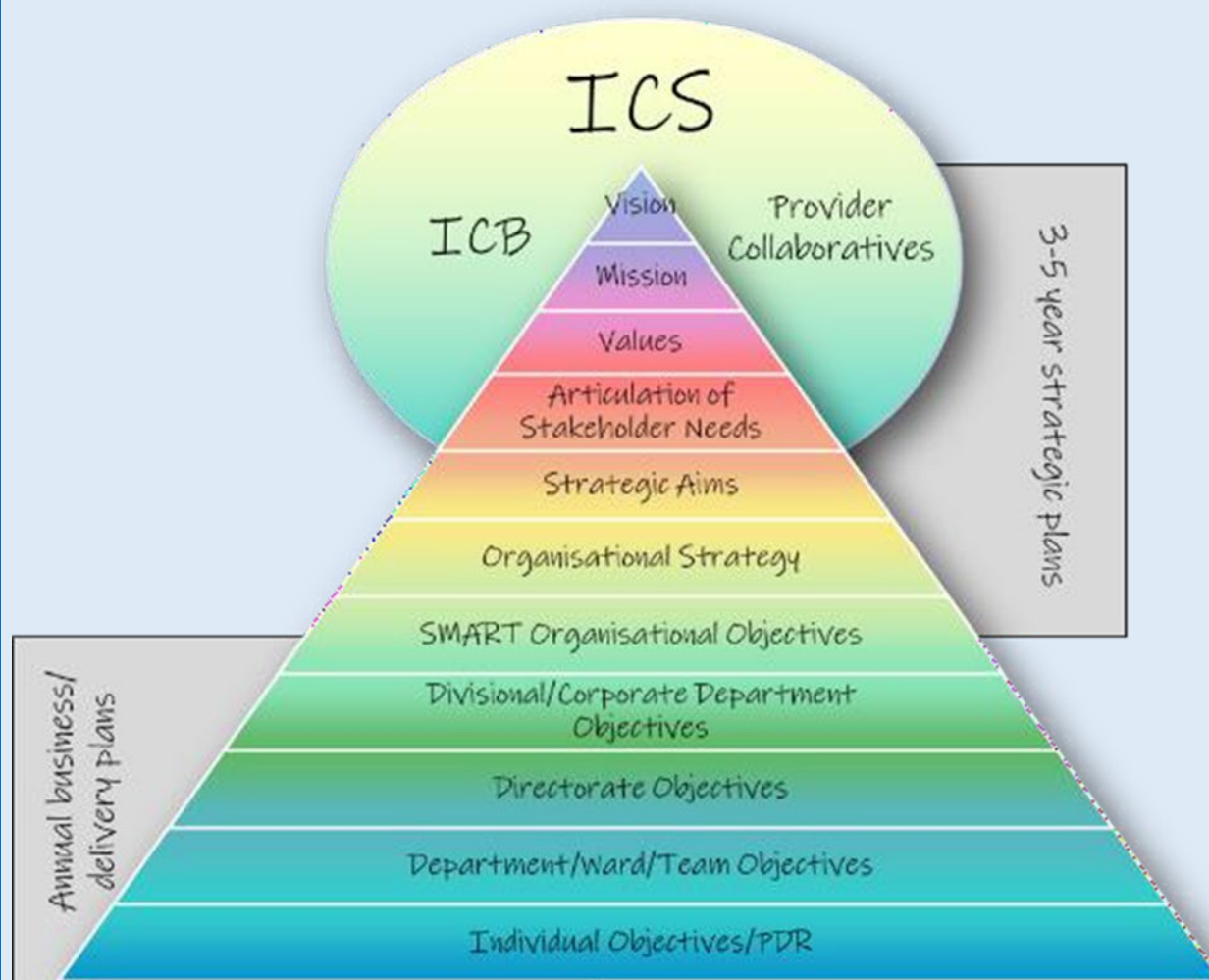
Work has commenced to ensure effective oversight is in place within the Trust. A fact-finding phase is underway, which includes capturing feedback from colleagues. Complementing this work is a review of the strategic measures, which were agreed as part of the Better, Lives Together refresh July 2023.

A Board Development Session will take February to consider the strategic risks further.

The annual effectiveness review will commence shortly of the Committees & Board, which will include a multi-layered approach, utilising the Care Trust Way methodology. The findings will be tracked for each Committee within a new development plan, & will feature within changes made to the 2025/26 work plan for each meeting.

Strategic alignment:

The below diagram outlines the work that we are undertaking in support of ensuring an integrated model of strategy deployment, performance management, strategic risk management, & assurance. It supports deployment of objectives, & escalation of risk/assurance.



Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?	<input type="checkbox"/> Yes (please set out in your paper what action has been taken to address this) <input checked="" type="checkbox"/> No
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Recommendation(s)
<p>The Board of Directors is asked to:</p> <ul style="list-style-type: none"> • Note the strategic risks identified by each Committee and discuss the implications for achievement of the Trust's overall Strategy. • Note the update on ensuring an integrated model of good governance, assurance & risk is embedded robustly within the Trust. • Discuss the new template presented within appendix 1 of the Strategic Risk Assurance Report.

Links to the Strategic Organisational Risk register (SORR)	<p>The work contained with this report links to the following corporate risks as identified in the SORR:</p> <p>Not applicable</p>
Care Quality Commission domains Please check <u>ALL</u> that apply	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Safe <input type="checkbox"/> Effective <input type="checkbox"/> Responsive </div> <div> <input type="checkbox"/> Caring <input checked="" type="checkbox"/> Well-Led </div> </div>
Compliance & regulatory implications	<p>The following compliance and regulatory implications have been identified as a result of the work outlined in this report:</p> <ul style="list-style-type: none"> - Well Led - Provider Licence - NHS Act 2006 - Health & Care Act 2022 - Trust Constitution - NHS Code of Governance

Board of Directors – Meeting held in public

Strategic Risk Assurance Report

1 Purpose

The purpose of this paper is to highlight the strategic risks identified by each committee to the Board. The detail supporting these risks can be found in each Committee's AAA+D report and associated minutes of each meeting.

2 Delivering Better Lives Together (BLT)

BLT comprises of four strategic priorities, each of which have strategic measures & supporting measures associated with it. Each priority is broken down into a number of themes, which have been assigned to the relevant Board Committee(s) for monitoring. Underpinning the BLT strategy is a supporting principle of 'good governance, effective oversight & accountability', which has been assigned to the Audit Committee for monitoring.

Best Place to Work	Theme 1 – Looking after our people
	Theme 2 – Belonging in our organisation
	Theme 3 – New ways of working and delivering care
	Theme 4 – Growing for the future
Best Use of Resources	Theme 1: Financial sustainability
	Theme 2: Our environment and workspaces
	Theme 3: Giving back to our communities
Best Quality Services	Theme 1 – Access and Flow
	Theme 2 – Learning for improvement
	Theme 3 – Improving the experience of people using our services
Good Governance	Governance, accountability and effective oversight

Our core: Everything we do over the next 3-years will be focused upon making better lives together.

Our purpose: Supporting people to feel as healthy as they can be at every point in their lives& connecting people to the best quality care when & where they need it to make every contact count.

Our vision: To connect people to the best quality care when & where they need it, & be a national role model as an employer

3 Strategic risks and assurance of mitigation

December 2023, the Board received a report on the implementation of the refreshed strategic risk & assurance framework. This included confirmation that whilst the risks being identified by Committee's were different, it was possible to distil the risks to a top 3 overarching risks. They are:

1. There is a risk that the **inability to recruit and retain an appropriately skilled substantive workforce** will continue to negatively impact on the Trust's financial sustainability; the safety and experience of people who use our services & on the morale and experience of colleagues.
2. There is a risk that **continued increase in demand across many of our services** will continue to negatively impact on the quality of services we can offer, including maintaining unacceptable waits for treatment, safety concerns & potential impacts on outcome; that this will continue to negatively impact on the financial sustainability by driving the need for additional staffing related to additional activity & acuity of patients relating to the impact of waiting for treatment, & that this will impact on colleague experience due to increased workload & associated pressures as well as a lack of time to invest in development and support.
3. There is a risk that the **continued lack of available capital to invest across the estate** will lead to patient & colleague safety incidents as well as continued poor experiences for patients & colleague relating to an aging & inappropriate environment.

The following table highlights the most recently identified strategic risks and the current level of confidence in their mitigation.

Committee	Strategic priority	Theme number(s)	Risk Identified	New/Existing	Date added to report	Confidence level in mitigation / Management
Mental Health Legislation Committee	BPTW BQS	T1 T3	Risk of ineffective or insufficient recruitment/retention of Associate Hospital Managers ("AHMs") and for insufficient AHMs to be willing & able to act as chairs.	New pressures on existing situation.	September 2023	Significant
	BPTW BQS	T1 T3	Risk that safety and experience of service users and/ or staff is materially compromised by limited ability to respond, in a sufficiently coherent and	New	January 2024	Significant

Committee	Strategic priority	Theme number(s)	Risk Identified	New/Existing	Date added to report	Confidence level in mitigation / Management
			rapid way, to estates issues and/or innovations.			
	BPTW BQS	T1 T3	Risk that safety and experience of service users and/ or staff is materially compromised by unjustified or sub-optimally managed use of restraint/intervention on wards.	New	March 2024	Significant
	BQS	T3	Risk of sub-optimal application of “best interests” principles.	New	March 2024	Limited
	GG	-	Risk that the Trust may not act in a fully compliant / best practice way in relation to Hospital Managers.	New	May 2024	Limited
Quality & Safety Committee	BPTW BQS	T1 T3	Continued pressure on our workforce impacting on quality of care to patients.	New pressures on existing situation.	September 2023	Limited
	BPTW BQS	T1 T3	Continued demand & acuity in a number of services including acute inpatient, community MH, Children & Adults, Podiatry, LAC will have a negative impact on patient experience and outcomes.	New pressures on existing situation.	September 2023	Limited
	BPTW BQS	T1 T3	Recruitment challenges to roles & services having a negative impact on wellbeing & culture.	New pressures on existing situation.	September 2024	Limited

Committee	Strategic priority	Theme number(s)	Risk Identified	New/Existing	Date added to report	Confidence level in mitigation / Management
Finance & Performance Committee (verbal update to be presented at Board on any changes following January FPC meeting)	BUOR	T1	There is a maintained risk that the Trust will be unable to maintain its financial sustainability in the medium to long term.	New pressures on existing situation.	September 2023	Low – there are in year mitigations in place within the Trust, which is also contributed to by wider system pressures.
	BUOR BPTW BQS	T1 T1 T3	There is a risk that ongoing lack of capital funding will mean we are unable to effectively address the short, medium and long term estates requirements at Lynfield Mount, impacting on the safety, experience and outcomes for patients and staff.	New pressures on existing situation.	September 2023	Significant
People & Culture Committee	BUOR BPTW BQS	T1 T1 T3	Continuing medical locum usage, associate quality & financial pressures associated with this strategic risk.	Existing.	September 2023	Limited.
	BUOR BPTW BQS	T1 T1 T3	Workforce utilisation and effective rostering as part of the Model Roster 3 programme.	New pressures on existing situation.	May 2024	Limited
	BPTW	T1	Manager capability & competence, in light of new financial pressures/challenges.	New pressures on existing situation.	May 2024	Limited

Committee	Strategic priority	Theme number(s)	Risk Identified	New/Existing	Date added to report	Confidence level in mitigation / Management
	BPTW	T1	Threat to culture change in light of additional performance/financial pressures as 2024/25 progresses.	New pressures on existing situation.	July 2024	Limited

Fran Stead
Trust Secretary
January 2025

Board of Directors – Strategic Risk Assurance Report

1. Purpose

The purpose of this paper is to highlight the strategic risks identified by each committee to the Board. The detail supporting these risks can be found in each Committee's AAA+D report and associated minutes of each meeting.

2. Delivering Better Lives Together (BLT)

BLT comprises of four strategic priorities, each of which have strategic measures & supporting measures associated with it. Each priority is broken down into a number of themes, which have been assigned to the relevant Board Committee(s) for monitoring.

Underpinning the BLT strategy is a supporting principle of 'good governance, effective oversight & accountability', which has been assigned to the Audit Committee for monitoring.

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	Theme 2 – Belonging in our organisation
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Best Quality Services	Theme 1 – Access and Flow
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Strategic Risk Assurance Report - overview

Bradford District Care
NHS Foundation Trust

Strategic Objective	Principal Risk	Risk Appetite	Assurance Rating						Assuring Committee
			J a n	M a r	M a y	J u l	S e p	N o v	
Best Place to Work	<i>If, then. Resulting in (detail)</i>	<i>Rating (aligned to tolerance)</i>							People & Culture Committee
Best Use of Resources									Finance & Performance Committee
Best Quality Services									Quality & Safety Committee
Being the Best Partner									Board of Directors
Good Governance									Audit

Risk Appetite: None; Minimal; Cautious; Open; Seek; Significant



Strategic Risk Assurance Report - details

SR01	If, then. Resulting in (detail)				Assurance Rating					
					J a n	M a r	M a y	Ju l	S e p	N o v
Strategic Objective										
High-level risk's										
Assuring Committee										
Controls		Gaps in controls	Sources of assurance	Gaps in assurance	Actions		Progress			
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			3 rd line: <ul style="list-style-type: none">DetailDetail	<ul style="list-style-type: none">DetailDetail						

Committee update – DATE YEAR:

Strategic Risk Assurance Report - details

SR02	<i>If, then. Resulting in (detail)</i>				Assurance Rating					
					J a n	M a r	M a y	Ju l	S e p	N o v
Strategic Objective										
High-level risk's										
Assuring Committee										
Controls	Gaps in controls	Sources of assurance	Gaps in assurance	Actions		Progress				
<ul style="list-style-type: none"> Detail Detail 	<ul style="list-style-type: none"> Detail Detail 	1 st line: <ul style="list-style-type: none"> Detail Detail 	<ul style="list-style-type: none"> Detail Detail 	<ul style="list-style-type: none"> Detail Detail 		<ul style="list-style-type: none"> Detail Detail 				
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		3 rd line: <ul style="list-style-type: none"> Detail Detail 	<ul style="list-style-type: none"> Detail Detail 							
Committee update – DATE YEAR:										

Escalation and Assurance Report (AAA+D)

Report from the: Quality and Safety Committee (QSC)

Date of meeting: 13 November 2024

Report to the: Board of Directors

Agenda
Item

12.1

Top strategic risks identified by Committee	New / existing	Confidence level in mitigation / management
There is a risk that the continued pressure relating to gaps across our workforce will impact on the quality of care we are able to provide to patients	Existing	Limited assurance
There is a risk that the continued high demand and acuity in a number of services including acute inpatient, community MH, Children & Adults, Podiatry, LAC, will have a negative impact on patient experience and outcomes	Existing	Limited assurance
Recruitment challenges to roles & services having a negative impact on wellbeing & culture.	Existing	Limited assurance

Key escalation and discussion points from the meeting

Alert

- Some Service Users had raised concerns about the layout of Willow Ward, a Go See visit would be undertaken to understand this further.
- Quality Assurance Visits had been undertaken in adult Community Mental Health Team (CMHT) North, Craven and Aire Wharfe with the next scheduled visits to City and South and West CMHT. One area identified was the current waiting time from GP referral to assessment and allocation to a care coordinator. Work was ongoing to address this.
- District nursing - Safer staffing levels had been significantly challenged over the last 6 months particularly within community nursing, highlighted concerns were rated red on the Trusts risk register. The safer staffing paper presented provided additional information and an overview of the actions currently underway to support.
- Challenge remains within access and flow into Adult Acute Inpatient Units and Psychiatric Intensive Care Unit(PICU) which was leading to a large number of out of area placements. Recovery and analysis work was taking place.
- The Trust was expecting a challenging winter in terms of respiratory infections, with the Trust contributing to the Integrated Care System (ICS) Winter Planning arrangements.
- Challenges continue to be highlighted around shortage of qualified staff. Work was ongoing regionally and in partnership to address this.
- Number of speech and language therapists, junior posts had been filled and once trained it was expected this would have an impact on the waiting list. Recruitment was a local and national challenge, work was ongoing within the Trust to address this.

Advise:

1. The new Involving Strategy would be circulated to stakeholders.
2. 3 wards would be undertaking Culture of Care – Bracken, Oakburn and Ashbrook. This was an NHS initiative supported by the Royal College of Psychiatrists.
3. Friends and Family Test (FFT) – A new contract had been approved with the Patient and Public Involvement team supporting implementation for late 2024 with ongoing work with operational services to ensure the new reporting structures will support service improvement.
4. Equality and Quality Impact Assessment (EQIA) – 0-19 services had been discussed as a potential EQIA. At present contract negotiations continued and the impact would be assessed following their conclusion. At present no transformation programmes have submitted an EQIA.
5. Electronic patient record (EPR) – update noted difficulties in the sharing of information between the Trust and our primary care colleagues.
6. Patient Safety and Complaints - capacity demand of operational colleagues continued to be a challenge but the improvements made to the complaints process & activity was noted.
7. Health inequalities was being looked into and how the Trust could engage with this. Strategic narrative changes were expected along with further presentation of data,
8. There is no national target mandated for memory assessment, but there was ongoing work around the national oversight strategy and there was an ongoing necessity to have a focus on reducing waiting assessment times.
9. Children's services, continued to have a focus on waiting times. There was a stability of referrals.
10. Speech and language therapy had been integrated into the respective clinical Operational disciplines; work continued within this area. Demand continued to increase.
11. A quarterly report on the CQC was provided.

Assure:

1. Clinical Supervision – Rates continued to be over the 80% threshold up to September with a slight reduction to 78% in October, areas of under compliance escalated to operational leads to support recovery.
2. Work surrounding population health work/neighbourhood teams that the Trust was embarking on in community nursing would start to see a change in assurance level from limited.
3. The Trust Smoke Free Initiative had now been implemented, this would continue to be monitored and reviewed, with oversight provided by the appropriate Committee/s.
4. EQIA pre decision making tool was trialled and approved for use.
5. Patient Safety and Complaints – work was ongoing to ensure acknowledgements were timely, however, the trajectories had been improved (particularly for complaints and governance and oversight) - capacity demand of operational colleagues continued to be a challenge.

Decisions / Recommendations:

- Minutes and action log - approved.

- Equality Delivery System 2022 (EDS22) 20024 update and 2025 Methodology Proposal – approved.
- Strategic Assurance levels and strategic risks – approved.

Report completed by: Jess Greenwood-Owens - Corporate Governance Officer

Report approved by: Alyson McGregor

Chair of the Quality and Safety Committee

Date: 9 December 2024

Effective Oversight: Escalation and Assurance

Report to:	Board of Directors (Public)	Meeting date:	29/01/2025
Report from:	Quality & Safety Committee	Meeting date:	15/01/2025
Quorate?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Members present	Alyson McGregor MBE (NED/Chair), Bob Champion, Kelly Barker, Sally Napper (NED), David Sims, Phillipa Hubbard.		
In attendance	Abigail Larvin, Anne-Marie Dorrington, Christopher Dixon, Fran Stead, Grainne Eloi, James Cooke, Jess Greenwood-Owens, Lisa Wright, Lucy Bennett, Matthew Riley, Michelle Holgate, Prabhdeep Sidhu, Rachel Howitt, Rebecca Jowett, Rebecca Le-Hair.		
Observers	Trevor Ramsay (Governor), Sarah Denton.		
Apologies	Anita Brewin, Thabani Songo, Rachel Trawally.		
Best Quality Services	Theme 1 – Access and Flow	BQS:T1	
	Theme 2 – Learning for improvement	BQS:T2	
	Theme 3 – Improving the experience of people using our services	BQS:T3	
Agenda items	<ul style="list-style-type: none"> • Matters Arising: Response to Enforcement Notice ref-70330 • Learning from your experience: 0-19 service - Patient Story • Feedback from Involvement Partners • Strategic Assurance Report and Supporting items: .1 Integrated Performance Report and .2 Strategic Narrative • Quality Assurance Framework update • Quality Account Project Plan • NICE Compliance Annual Report • Learning from Nursing student experience bedside teaching (action from Sept committee) • Community Dental Service - Review of Dental Performance • EDS22 next 3 services for domain 1 - Addressing Inequalities - Service Workforce and Leadership • Alert, Advise, Assure + Decision Reports: .1 AAAD report: System Quality Committee/.2 AAAD report: Clinical Board/.3 AAAD report: Patient Safety & Learning Group/.4 AAAD report: Safer Staffing Group/.5 AAAD report: Senior Leadership Team Quality, Safety, Governance/.6 AAAD report: Allied Health Professionals • Strategic Risk Summary • Confirmation of Escalation Reporting including: .1 Confirming strategic priority assurance levels (decision based on outcome of entire meeting, details of level in item 8) / .2 Confirming top 3 strategic risk to include in AAA report (decision based on outcome of entire meeting) / .3 Confirmation of Alert; Advise; Assure + Decision Reporting 		

Alert items agreed by Committee	<ul style="list-style-type: none"> • Use of Out of area beds continued. • Service User in a residential home and the police investigation which was ongoing. 		
Advise items agreed by Committee	<ul style="list-style-type: none"> • Regulation 28 notification was expected. • Inpatient services continued to see a significant demand, length of stay was stable, nationally Trusts were now required to provide data on numbers waiting for access to beds. Occupancy levels remain within tolerable levels from an Opal perspective. • Work within Children and young people's mental health services continued to improve access and wait time, work across other serviced continued. • An NHSE assurance report had been submitted on compliance with safer staffing (this was a requirement of all NHS providers). • Community nursing workforce continued to be a challenge. • Discussion regarding NICE compliance highlighted future work to undertake. 		
Assure items agreed by Committee	<ul style="list-style-type: none"> • Trust response to the Enforcement Notice Ref-70330 (Fire risk assessment) • Achievements within the 0-19 Service, which demonstrated collaborative and transformative initiatives. • Ongoing work addressing feedback from Involvement Partners was having a positive impact throughout the Trust. • Achievements within Community Dental Services, collaborative work with partners and the dedication of staff within the team. • The Equality Diversity and Inclusion team and their work within EDSS was praised by the Committee. 		
Decisions made by Committee	<ul style="list-style-type: none"> • Approved - EDS22 next 3 services for domain 1 - Addressing Inequalities -Service Workforce and Leadership • Approved - Strategic Risk Summary 		
New risks identified by Committee	<ul style="list-style-type: none"> • There were no new risks identified for the Committee. 		
Feedback following discussion at 'parent' meeting			
Report completed by	Jess Greenwood-Owens Corporate Governance Officer	Date	16/01/2025
On Behalf of Chair	Alyson McGregor MBE (NED/Chair)		



Bradford District Care
NHS Foundation Trust

Escalation and Assurance Report (AAA+D)

Report from the: People and Culture Committee (PCC)
Date of meeting: 14 November 2024
Report to the: Board of Directors

Agenda
Item
13.1

Top strategic risks identified by Committee	New / existing	Confidence level in mitigation / management
Continuing medical locum usage, associate quality & financial pressures associated with this strategic risk.	Existing	Limited
Workforce utilisation and effective rostering as part of the Model Roster 3 programme.	Existing	Limited
Manager capability & competence, in light of new financial pressures/challenges.	Existing	Limited
Threat to culture change in light of additional performance/financial pressures as 2024/25 progresses.	Existing	Limited

Key escalation and discussion points from the meeting
<p>Alert</p> <ol style="list-style-type: none"> 1. Level of temporary staffing (particularly in inpatient areas) high acuity of patients, effective rostering and best use of resources, deployment of available staff and ensuring safer staffing. 2. Increase in number of disciplinaries within the inpatient area.
<p>Advise:</p> <ol style="list-style-type: none"> 1. An update was provided on the National Staff Survey. 2. Staff sickness has had a slight increase, staff vaccinations were being encouraged. 3. Work was ongoing to publicise return to work interviews and the mechanism to undertake this. 4. The Committee discussed 'unused' hours and rostering and what this meant in terms of data and what was being undertaken to address data manipulation issues to determine what was happening in practice. The joint development session in December 2024 would further investigate rostering at the Trust. 5. Medical Staffing Update - Recruits from India would be expected in early 2025, there has been a delay with obtaining certificates of sponsorships. A further 9 jobs had been advertised. 6. There was a pilot starting within admin services to encourage people onto the Trust bank, to reduce reliance on external providers. 7. Apprenticeship Levy –an update was received of the current and projected finances, progress against achieving key performance targets, the current providers, and the commitment of the new Government to change the Apprenticeship Levy and how this could impact the Trust.

Assure:

1. Daily executive panel for vacancy approval had been stood down, the Trust was confident that monitoring mechanisms to approve vacancies was working appropriately and the Trust also had alternative strategic oversight in place via the Programme Management Office.
2. Recruitment timescales continued to improve; an increased number of managers were being trained on Trac.
3. Improvement work continued to maintain the correct levels of mandatory training for bank workers to improve ability for them to undertake temporary work.
4. Labour turnover continued, it was at 1% decline for the numbers of leavers and the number of leavers within 12 months
5. The Trust was close to inducting 100% of new starters within the first month of joining the organisation.
6. Medical Staffing – the Trust had achieved 100% direct engagement. The new liaison system was working effectively - savings were estimated to be £25,000 (to date) due to negotiating hourly rates and commission.
7. The wealth of data and case studies available for the Public Sector Equality Duty Report was a testament to the work throughout the Trust.
8. A presentation was provided on the Employee Relations Casework Review, the changes implemented and the positive impact.

Decisions / Recommendations:

3. Action log – approved
4. Public Sector Equality Duty Report (including update on Strategy and Equality Objectives) – approved
5. Equality Delivery System 2022 (EDS22) Domains 2 and 3 Update – approved

Report completed by: Jess Greenwood-Owens - Corporate Governance Officer

Report approved by: Sally Napper and Mark Rawcliffe - Chairs of the People and Culture Committee (PCC)

Date: December 2024

Effective Oversight: Escalation and Assurance

Report to:	Board of Directors (Public)	Meeting date:	29/01/2025
Report from:	People and Culture Committee	Meeting date:	16/01/2025
Quorate?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Members present	Mark Rawcliffe (NED/Chair) Bob Champion, David Sims, Sally Napper (NED).		
In attendance	Chris Farquhar, Claire Ingle, Fran Stead, Jeanette Homer, Jess Greenwood-Owens, Jill Boyd, Jo Wilson, Lisa Wright, Michelle Holgate, Michelle Holland, Naomi Fernandez, Susan Francis		
Observers	N/A		
Apologies	Kelly Barker, Fay Davies, Rachel Trawally, Tim Rycroft, Therese Patten, Phillipa Hubbard		
Best Place to Work	Theme 1 – Looking after our people	BP2W:T1	
	Theme 2 – Belonging in our organisation	BP2W:T2	
	Theme 3 – New ways of working and delivering care	BP2W:T3	
	Theme 4 – Growing for the future	BP2W:T4	
Agenda items	<ul style="list-style-type: none">• Learning from your experience Autistic with ADHD, working in Information Governance – Understanding Perceptions.• Strategic Assurance Report including: .1 Strategic Narrative Report.• Integrated Strategic Performance Report: .1 Medical Staffing Update and .2 Recruitment Activity Update.• Reciprocal Mentoring Programme update• Subject Focus: Subject Focus: Induction Activity• EDS22 Domain 2 and 3 Scores and Action Plan• Belonging & Inclusion update• Alert, Advise, Assure + Decision AAA+D Report/s: .1 Senior Leadership Team, People, Planning & Innovation .2 Strategic EDI Partnership Group .3 Strategic Risk.• Confirmation of Escalation Reporting including: .1 Confirming strategic priority assurance levels (decision based on outcome of entire meeting) .2 Confirming top 3 strategic risk to include in AAA report (decision based on outcome of entire meeting) .3 Confirmation of Alert; Advise; Assure + Decision Reporting		
Alert items agreed by Committee	<ul style="list-style-type: none">• There were no alerts raised within the meeting.		
Advise items agreed by Committee	<ul style="list-style-type: none">• Increase in appraisals, recruitment of Mental Health Nurses (RMNs) and the reduction in the time taken to onboard staff following interviews.• The Trust’s commitment to a memo of understanding to allow mandatory training to be moved to another NHS provider.		

Assure items agreed by Committee	<ul style="list-style-type: none"> Assurance levels within Integrated Strategic Performance Report including the significant improvements within medical staffing and the reduction in the use of agency staff International workforce development. Significant work in equality and inclusion which included; the reciprocal mentoring scheme, the EDS22/action plan and the new belonging inclusion policy. Substantial work on the Trust Welcome, which had previously been identified as requiring improvement, the initiatives were having a significant positive impact on staff retention, wellbeing etc. Payroll and the recent success in various audits. Reduction in the number of employee relation cases from 78 to 38 due to the engagement with staff. 		
Decisions made by Committee	<ul style="list-style-type: none"> Approved - Reciprocal Mentoring Programme update. Approved - Equality Delivery System 2022 (EDS22) Domains 2 and 3 Assessment 2025. Approved - Belonging and Inclusion Plan 2025 – 2026. Approved - Strategic Risk. 		
New risks identified by Committee	<ul style="list-style-type: none"> Potentially a change (not new) to the risk surrounding <i>Workforce utilisation and effective rostering as part of the Model Roster 3 programme</i> – this may need to be reconsidered due the change of Trust initiatives/focus, this would be further investigated. 		
Feedback following discussion at ‘parent’ meeting			
Report completed by	Jess Greenwood-Owens Corporate Governance Officer	Date	16/01/25
On Behalf of Chair	M Rawcliffe (Chair)		

Trust Board

29th January 2025

Item 14 - Financial Position as at 31st December 2024 (M09)

Financial Performance – Key Messages & Risks

Key Messages

In agreeing a breakeven plan for 2024/25, it was recognised that this included significant likely risks in the region of c£6m which would require in year mitigations. The risks largely related to the delivery of the stretching £14.2m CIP Plan.

The CIP Programme is forecasting a shortfall in delivery for the year of £7.2m, which largely relate to the risks identified during planning – Out of area placements and temporary staffing costs. The Trusts commissioned Strategic Programmes remain the focus for recurrent delivery, with a new PMO function being established to support delivery of plans. The Organisational Sustainability Board has strengthened the arrangements for oversight and delivery of the strategic programmes, including developing a pipeline of opportunities for medium/ long term sustainability.

Whilst every effort is being made to identify recurrent plans, more time is needed to secure solutions. It has therefore been necessary to target in year non recurrent measures to provide headroom. These include deploying the planned contingency of £3m; releasing all available flexibilities; fortuitous increase in vacancies; and underspends on wider budgets. After recognising these benefits, we think we can achieve the plan for the year, and are reporting better than plan by £18k at Month 9.

After taking account of the known risks and opportunities for mitigations, there is confidence that the Trust can deliver its breakeven plan for 2024/25.

Trust Financial Overview

Bradford District Care
NHS Foundation Trust

Statement of Comprehensive Income

Financial Position by Care Group/Directorate						
£000's	YTD Budget	YTD Actual	Revised YTD Variance	Annual Budget	FOT Actual	Revised FOT Variance
Mental Health Care Group	68,124	71,806	● 3,682	90,611	96,239	● 5,628
Adults and Children's Comm. Care Group	40,181	41,000	● 819	54,058	54,854	● 796
Medical Directorate	12,783	12,923	● 140	17,013	17,082	● 69
Central Reserves & Developments	11,307	5,213	● (6,094)	13,399	5,656	● (7,743)
Contract Income	(157,070)	(155,807)	● 1,263	(209,127)	(207,622)	● 1,505
Estates & Facilities	8,004	8,048	● 44	10,887	10,864	● (23)
Finance	2,101	2,134	● 33	2,768	2,848	● 80
Informatics	3,422	3,386	● (36)	4,585	4,576	● (9)
Trust General Management	2,548	2,468	● (80)	3,395	3,268	● (127)
Nursing, Quality and Gov	4,382	4,726	● 344	5,854	5,802	● (52)
Performance, Kaizen and BD	1,025	1,022	● (3)	1,425	1,374	● (51)
People Matters	3,854	3,724	● (130)	5,132	5,059	● (73)
Grand Total	661	643	● (18)	0	0	● 0

Statement of Financial Position

Statement of Financial Position £000's	Year to Date			Forecast		
	Plan	Actual	Variance	Plan	Actual	Variance
Non-Current Assets	60,684	54,872	(5,812)	60,773	60,773	0
Current Assets	18,425	88	(18,337)	23,690	23,933	243
Current Liabilities	(15,921)	(192)	15,729	(21,026)	(19,993)	1,033
Non-Current Liabilities	(6,783)	(1,031)	5,752	(6,168)	(6,168)	0
Total Assets Employed	56,405	53,737	(2,668)	57,269	58,545	1,276
Public dividend capital	38,273	38,273	0	38,475	39,751	1,276
Income and expenditure reserve	(1,064)	444	1,508	(403)	(403)	0
Revaluation Reserve	9,000	6,757	(2,243)	9,000	9,000	0
Miscellaneous Other Reserves	10,196	10,196	0	10,196	10,196	0
Total Taxpayers' and Others' Equity	56,405	55,670	(735)	57,268	58,544	1,276

Cost Improvement Programme

The CIP Programme is delivering 50% of the planned savings at Month 9 and forecast to achieve 49% - a shortfall of £7.2m. The main areas of pressure relate to:

- Out of area placements;
- Temporary staffing costs on the acute inpatient wards; and
- Staff wellbeing programme

Strengthened arrangements are being developed to prioritise resources to support delivery of the plans, through a centralised Programme Management Office.

Efficiency Plan	Director Lead	YTD Plan £'000	YTD Actual £'000	Variance from Plan £'000	Full Year Plan £'000	Forecast £'000	Variance from Plan £'000	Risk Rating	BEST	LIKELY	WORST
OOA	Kelly Barker	3,234	402	2,832	5,162	1,020	4,143	High	1,147	1,020	217
Adult Inpatients	Kelly Barker	2,136	0	2,136	2,848	0	2,848	High	0	0	0
Low Secure	Kelly Barker	373	267	106	497	375	122	Low	497	375	243
DAU	Kelly Barker	552	679	(127)	736	889	(153)	Low	889	889	889
Sub Total Inpatients		3,061	946	2,115	4,081	1,264	2,818		1,386	1,264	1,131
Unidentified CIP	Mike Woodhead	351	495	(144)	635	635	0	Low	635	635	525
Stretch Target - Medical Staffing	David Sims	100	0	100	150	32	118	High	150	32	0
Stretch Target - Staff Wellbeing	Phil Hubbard	200	73	127	376	92	283	High	376	92	35
Stretch Target - Estates Maintenance	Mike Woodhead	92	92	0	122	122	0	Low	122	122	122
Stretch Target - Telephony	Tim Rycroft	20	20	0	30	30	0	Low	30	30	30
Stretch Target - Transformation	Kelly Barker	51	51	0	68	68	0	Low	68	68	68
Sub Total		813	731	82	1,380	979	402		1,381	979	780
0-19 Contract funding shortfall	Kelly Barker	169	169	0	225	225	0	Low	225	225	225
Procurement	Mike Woodhead	150	150	0	200	200	0	Low	200	200	200
Digital Telephony	Tim Rycroft	120	231	(111)	160	301	(141)	Low	301	301	301
Overhead Contribution	Mike Woodhead	327	327	0	436	436	0	Low	436	436	436
COVID	Phil Hubbard	519	519	0	692	692	0	Low	692	692	692
Non Recurrent	Mike Woodhead	1,379	1,379	0	1,838	1,838	0	Low	1,838	1,838	1,838
Sub Total		2,663	2,774	(111)	3,551	3,693	(141)		3,693	3,693	3,693
Grand Total CIP		9,772	4,853	4,919	14,175	6,955	7,220		7,606	6,955	5,821
Percentage of CIP plan delivered				50%			49%		54%	49%	41%

Previous Years CIP & Cost Avoidance	Director Lead	YTD Plan	YTD Actual	Variance from Plan	Full Year Plan	Forecast	Variance from Plan	Risk Rating	BEST	LIKELY	WORST
23-24 CIP - Adults & Childrens Non pay	Kelly Barker	375		375	500		500	High	150	0	0
23-24 CIP - Estates rationalisation	Mike Woodhead	104	254	(150)	250	332	(82)	Low	332	332	332
Total		479	254	225	750	332	418		482	332	332
Percentage delivered				53%			44%		64%	44%	44%

Risks & Mitigations

Headlines:

- The areas of greatest variability remains in OAPs costs and temporary staffing spend
- The financial position includes the current forecast risk for Provider Collaboratives of £0.649m. Due to the volatility of costs/ demand the risk could worsen in the CYP PC by c£160k.
- Income is still to be agreed for a number of areas, as highlighted in the table below.
- Actions from the additional management controls are likely to deliver a likely £1.17m:
 - £600k reduction in annual leave provision
 - A further £67k from vacancies (above the planned level of £2m for the year)
 - £75k reduction in Fixed Term Contract provision
 - £428k Balance Sheet Accruals review

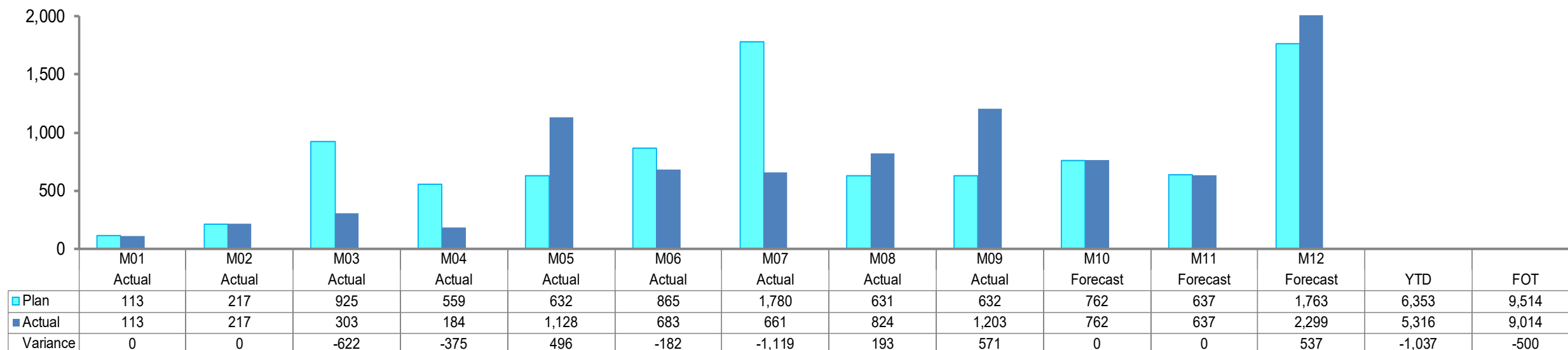
After reflecting all known risks and available mitigations Trust is confident in delivering the breakeven plan for 2024/25.

Detail	Planning assumption	Best £'000	Likely £'000	Worse £'000
Breakeven Plan	Breakeven Plan	£0	£0	£0
Downside				
CIP - OAPs	Month 9 forecast includes OAPS costs of £9.4m Best case: OAPs remain in line with forecast Likely case: 1 additional OAP from January onwards Worse case: 2 additional OAPs from January onwards	£0	(£273)	(£410)
Provider Collaboratives	Month 9 forecast includes risk share of £0.53m Best & Likely case: Forecast remains unchanged Worse case: CYP increased demand risk	£0	£0	(£160)
Income	Reduction in income for Long COVID act as one	(£100)	(£100)	(£100)
Income	Income not secured (Oliver McGowan, Sexual Health, Crisis etc)	(£272)	(£272)	(£272)
Winter	Additional costs for winter pressures/ adverse weather conditions	£0	(£112)	(£112)
Run Rate risks	Temporary Staff (Medical, ATU and DN)	(£171)	(£171)	(£342)
CIP - Low Secure	Risk if run rates continue in line with YTD (80%; 100%; 120%)	(£96)	(£120)	(£144)
CIP - Model Roster 3	Risk if run rates continue in line with YTD (80%; 100%; 120%)	(£98)	(£122)	(£153)
Total Downside Risks		(£737)	(£1,170)	(£1,692)
Upside				
Additional Management Controls	Annual Leave provision in plan £0.872m Best case: Zero annual leave accrual Likely & worse case: £272k accrual for staff on sick/ mat leave	£600	£600	£600
Additional Management Controls	Further vacancies	£62	£67	£39
Additional Management Controls	Provisions - reduction in Fixed term Contract risk	£75	£75	£75
Balance Sheet	Accruals review	£0	£428	£428
Total Upside Mitigations		£737	£1,170	£1,142
Risk assessed plan - Surplus/ (Deficit)		£0	(£0)	(£551)

Capital Expenditure

Bradford District Care
NHS Foundation Trust

Capital Expenditure Plan vs Actual/Forecast



The capital position in December is in underspent by £1.0m with a YTD spend of £5.3m.

The Trust capital plan is allocated as follows:

- Operational Capital - £6.7m
- PDC Funding for Year 3 EPR - £0.2m
- PDC Funding for Enabling works and Fees for the Lynfield Mount Redevelopment - £1.276m (funding will be received in quarter 4 2024/25)
- IFRS16 Lease Renewals, Additions and Remeasurements - £1.3m

Forecast capital expenditure is £0.5m under plan at £9.01m, relating to the £500k IFRS 16 amendment due to the review of 2024/25 charging schedule from NHSPS and CHP. The Trust has also offered a contribution to the Bradford, District and Craven Place (BDC) data cloud investment of £150k, which is reflective as spend within the forecast outturn position.

In August, the Trust received confirmation that £50m has been allocated over 4 years to support the development of Lynfield Mount Hospital. The Outline Business Case has been developed and submitted to NHS England regional teams and has passed the gateway. The OBC will now enter the national review process, in advance of the case being considered at January JISC.

Recommendations

Trust Board are asked to:

- Note the challenging financial position, and the actions being taken to deliver the agreed breakeven plan;
- Note the level of risks and actions being taken to mitigate;
- Note that the capital position is largely in line with plan, and the contribution to ICB capital; and
- Highlight any further assurances required.

Trust Board Meeting

29th January 2025

Paper title:	NHS England Quarterly Return Declaration	Agenda Item 14.1
Presented by:	Mike Woodhead, Chief Finance Officer	
Prepared by:	Claire Risdon, Operational Director of Finance	
Committees where content has been discussed previously		
Purpose of the paper Please check <u>ONE</u> box only:	<div><input checked="" type="checkbox"/> For approval</div> <div><input type="checkbox"/> For discussion</div> <div><input type="checkbox"/> For information</div>	

Relationship to the Strategic priorities and Board Assurance Framework (BAF)		
The work contained with this report contributes to the delivery of the following themes within the BAF		
Being the Best Place to Work	Looking after our people	
	Belonging to our organisation	
	New ways of working and delivering care	✓
	Growing for the future	
Delivering Best Quality Services	Improving Access and Flow	✓
	Learning for Improvement	✓
	Improving the experience of people who use our services	✓
Making Best Use of Resources	Financial sustainability	✓
	Our environment and workplace	✓
	Giving back to our communities	
Being the Best Partner	Partnership	✓
Good governance	Governance, accountability & oversight	✓

Purpose of the report
The purpose of this report is to share the recommendation from the Finance & Performance Committee that the Trust Board formally approve the Quarter 2 NHS England financial submission.

Executive Summary

The purpose of this report is to request that the Trust Board approve the Quarter 3 NHS England financial submission endorsed by the Finance & Performance Committee.

Key headlines are as follows:

- **Revenue:** Trust performance for the period April 2024 to December 2024 is a deficit of £0.643m which is £18k better than planned.
- The **Cost Improvement Programme** is reporting a performance shortfall of £4.9m at Month 9 and a forecast shortfall of £7.2m which is being mitigated by non-recurrent measures.
- **Capital:** Total Trust capital expenditure year to date is £5.3m and forecast to be £9.0m.
- Closing **Cash** balance at the end of December of £18.4m.
- **Use of Resources** - reporting is currently suspended.
- **Agency Expenditure** - Agency caps are set at 3.2% of pay expenditure – year to date agency expenditure is £3.8m which is in line with plan and is 2.9% of pay expenditure. The planned full year agency expenditure is £5.35m with forecast outturn agency expenditure at Month 9 being £5.1m which is 3.0% of pay expenditure.
- **NHS Oversight Framework (NOF) rating** – segment 2.

Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?

- ☐ **Yes** (please set out in your paper what action has been taken to address this)
- ☒ **No**

Recommendation(s)

The Trust Board is asked to:

- Approve the quarterly submission made to NHS England on 23rd January 2025.

Trust Board Meeting

29th January 2025

NHS England & NHS Improvement Quarterly Return and Declaration

1 Background and Context

NHS Foundation Trusts are required to make quarterly submissions to NHS England to confirm their Risk Rating under the NHS Oversight & Assessment Framework (NOF). From 2024, the NHS Oversight & Assessment Framework replaced the provider Single Operating Framework and the NHS Oversight Framework published to coincide with the establishment of ICBs. For providers, the Risk Assessment Rating reflects a single consolidated rating which is 'Use of Resources' (UoR).

The Trust is not currently reporting an UoR rating as reporting is suspended.

2 Considerations

The key points are that the Trust has delivered the following financial indicators for quarter 3 of 2024/25:

- Trust performance for the period April 2024 to December 2024 is a deficit of £0.643m compared to a planned position of £0.661m deficit, resulting in a favourable variance of £18k.
- Capital expenditure to December 2024 is £5.316m against a plan of £6.352m resulting in an underspend to date of £1.036m. Forecast capital expenditure is £0.5m under plan at £9.01m, relating to the £500k IFRS 16 amendment due to the review of 2024/25 charging schedule from NHSPS and CHP. The Trust has also offered a contribution to the Bradford, District and Craven Place (BDC) data cloud investment of £150k, which is reflective as spend within the forecast outturn position.
- Cash – Closing cash balance at the end of December of £18.4m.
- UoR – reporting is currently suspended.
- Agency Expenditure - Agency caps are set at 3.2% of pay expenditure – year to date agency expenditure is £3.818m which is in line with plan and is 2.9% of pay expenditure. The planned full year agency expenditure is £5.35m with forecast outturn agency expenditure at Month 9 being £5.112m which is 3.0% of pay expenditure.
- NHS Oversight Framework (NOF) rating – segment 2.

The Month 9 financial templates were submitted to NHS England on the 23rd January 2025 in line with national timescales.

3 Implications

3.1 Legal and Constitutional

There are no legal or constitutional requirements in relation to this paper.

3.2 Resource

There are no direct financial implications / costs associated with this paper.

3.3 Quality and Compliance

Financial performance is a key measure under the NHS England NHS Oversight & Assessment Framework. Any cost improvements planned by the Trust are subject to a Quality Impact Assessment process overseen by the Medical Director and the Chief Operating Officer.

4 Communication and Involvement

The Board was sighted on key plan risks and additional scrutiny of key assumptions, risks and mitigation takes place at every Finance & Performance Committee. Key messages are discussed through the Trust's Senior Leadership Team and through the Trust's current command structures.

5 Monitoring and review

The Finance & Performance Committee review and formally recommend the NHS England Quarterly submission to Trust Board following each quarter end.

Name of author/s	Claire Risdon
Title/s	Operational Director of Finance
Date paper written	10 th January 2025

Escalation and Assurance Report (AAA+D)

Report from the: Finance and Performance Committee (FPC)
Date of meeting: 20 November 2024
Report to the: Board of Directors

Agenda
Item
15.0

Top strategic risks identified by Committee	New / existing	Confidence level in mitigation / management
There is a maintained risk that the Trust will be unable to maintain its financial sustainability in the medium to long term	Existing	There are in year mitigations in place within the Trust, which is also contributed to by wider system pressures
There is a risk that ongoing lack of capital funding will mean we are unable to effectively address the short, medium and long term estates requirements at Lynfield Mount, impacting on the safety, experience and outcomes for patients and staff	Existing	Capital funding is out of the control of the Trust, alternative plans are being explored but require support from partners

Key escalation and discussion points from the meeting

Alert

- Continued challenges were within the demand into acute pathways of support.
- There were a number of risks (which had previously been identified) – out of area placements and temporary staffing.
- Agency staffing would be under the cap, however, the cost for bank staff was increasing.

Advise:

- The Trust had been asked to identify service users who needed an assertive outreach model and who were a high risk to public safety, this impacted a small number of high-cost placements.
- The Trust risk tolerance would also be useful to review for 2025 and the Board should be informed of these choices and a discussion should take place about the balance of quality and financial risks. A paper on patient safety would be submitted to the next Board and the impact could then be considered.
- It had been agreed that an annual review would be undertaken in February 2025, linked to the Board Assurance Framework, to consider effectiveness of meetings/strategic risk. This would become an annual activity.
- It had been highlighted to NHSE that the Trust would forecast to deliver the break-even plan, however, areas were highlighted on the report which could affect this and the risk of around £1 – 1.7 million.
- The gross risk to delivering our Cost Improvement Programme plan is in the region of £6.8m. When all available mitigations are deployed, the current risks can be covered, however these are non-recurrent mitigations. Recurrent delivery of the CIP plan

continues to be the solution, with the focus on the 12 high priority programmes. The year to date financial position is £106k off track from plan.

- Bradford District and Craven started with a combined deficit of £39.6 million, deficit funding had been received and this would therefore be zero.
- £7 million off target Bradford Place ICB. Discussion had been taking place on progress of a System wide response to the deficit.
- Airedale's hospital programme had been given approval, the amount to be provided was to be determined. Key conversations and decision making needed to take place regarding financial sustainability and delivering services differently.
- Community Dental Service Lead Provider Update - The existing Community Dental Service contracts across Yorkshire and Humber end on the 31st March 2025. A short process was undertaken to determine the lead provider, the Trust had submitted an application to undertake this role.
- An update was provided on the 0-19 Contract. Discussion regarding contract management, the changes proposed and timeframes and key performance indicators. It was agreed that an update would be provided to a future Committee on progress if the risk level changed.
- Smarter Spaces – An update was provided on Trust and collaborative actions required in relation to the risks and forward planning for 2025.
- Degree of assurance regarding finances for 24/25, however, it was important to bring together accountability and ownership for 25/26 surrounding strategic programmes. Identify better opportunities for System working and recognise the quality dimension.

Assure:

- Dental had seen an improvement (service users waiting on general anaesthetics). Targeted work had been undertaken to achieve this in waiting list management, supporting the right people to be in the right place and improved productivity through the acute Trust.
- An update was provided on the Lynfield Mount Hospital Redevelopment. The short deadlines were noted by the Committee and members thanked all staff working on this project for their dedication and hard work.
- Green Plan Update reassured the Committee of the work being undertaken.

Decisions / Recommendations:

Minutes of the previous Committee meeting.

Actions listed as completed & those agreed within the meeting as closed.

The items approved by the Committee were:

- 0-19 Contract update (recommend approval to Trust Board).

Report completed by: Jess Greenwood-Owens - Corporate Governance Officer

Report approved by: Maz Ahmed

Chair of the Finance and Performance Committee (FPC)

Effective Oversight: Escalation and Assurance

Report to:	Board of Directors	Meeting date:	29.01.2025
Report from:	Finance & Performance Committee	Meeting date:	23.01.2025
Quorate?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Members present	Maz Ahmed (Chair/NED), Mark Rawcliffe (NED), Mike Woodhead		
In attendance	Other attendees Kelly Barker, Bob Champion, Shane Embleton, Theresa Fawcett, Nazmeen Khan, Therese Patten, Claire Risdon, Fran Stead, Tim Rycroft, Rachel Trawally		
Observers	Sarah Denton, Paul Hodgson		
Apologies	Philip Dunn		
Best Use of Resources	Theme 1: Financial sustainability		
	Theme 2: Our environment and workspaces		
	Theme 3: Giving back to our communities		
Best Quality Services	Theme 3 – Improving the experience of people using our services		
Agenda items	<ul style="list-style-type: none"> Trust Financial Performance. <ul style="list-style-type: none"> .1 Month 9 - Finance Report. .2 Quarterly Submission to NHS England. System Financial Performance. <ul style="list-style-type: none"> System Month 9 - Finance Report. Alert, Advise, Assure, Decision (AAAD): System Finance and Performance Committee. Annual Financial & Operational Plan (Draft) 2025 (3-year/medium term financial plan). Strategic Narrative Report. Strategic Performance Report. AAAD Organisational Sustainability Board. Digital Strategy. <ul style="list-style-type: none"> Risk Awareness & Mitigations. Digital Contract Extension. Estates Strategy update. <ul style="list-style-type: none"> Lynfield Mount Hospital Redevelopment & Project Board Terms of Reference. Strategic Risk Report. Confirmation of Escalation Reporting. 		
Alert items agreed by Committee	<ul style="list-style-type: none"> No items. 		
Advise items agreed by Committee	<ul style="list-style-type: none"> Ongoing challenge for the Trust on efficiency performance and delivery. It was acknowledged that the Trust will have more granular plans through the Programme Management Office support being mobilised. Discussion to take place at Board held in Private in support of a strategic approach to efficiencies. 		

	<ul style="list-style-type: none"> • A draft medium term financial plan was presented. • Ongoing work is taking place to finalise the future efficiency targets. 10 high-priority programmes have been identified for 2025/26. Supported by a five-year efficiency target. • Ongoing challenges with System & Place, financial performance, the Trust is continuing to proactively work with partners to understand performance, data, & alignment of strategy delivery. • Internal transformation work continuing in support of better alignment of innovation; improvement; digital; performance; planning. • Ongoing trends for operational performance were reported. 		
Assure items agreed by Committee	<ul style="list-style-type: none"> • A break-even financial position to be delivery for 2024/25 at the Trust. Work to take place to understand challenges associated with efficiency delivery in support of learning lessons for future year's delivery. • Lynfield Mount Hospital redevelopment – governance mobilised for the programme, with the strategic outline case progressing well. Enabling work continuing at site in support of the phase one of the redevelopment commencing later in 2025. 		
Decisions made by Committee	<p>Approved: Minutes of last meeting on November 2024.</p> <p>Approved: Proposed assurance rating (Performance Report).</p> <p>Approved: Strategic Risk report, assurance ratings remain as is.</p> <p>Approved: Quarterly submission to NHS England.</p>		
New risks identified by Committee	<ul style="list-style-type: none"> • Digital contract discussion (operational risk: confidential due to commerciality) 		
Feedback following discussion at 'parent' meeting			
Report completed by	Nazmeen Khan Corporate Governance Officer	Date	23.01.2025
On Behalf of Chair	Maz Ahmed (Chair)		

Trust Board Meeting

29th January 2025

Paper title:	Lynfield Mount Hospital re-development update	Agenda Item 15.1
Presented by:	Mike Woodhead, Chief Financial Officer	
Prepared by:	Shane Embleton, Deputy Director of Estates and Facilities	
Committees where content has been discussed previously	Trust Board and F&P Committee	
Purpose of the paper Please check <u>ONE</u> box only:	<input type="checkbox"/> For approval <input checked="" type="checkbox"/> For information <input type="checkbox"/> For discussion	

Relationship to the Strategic priorities and Board Assurance Framework (BAF)		
The work contained within this report contributes to the delivery of the following themes within the BAF		
Being the Best Place to Work	Looking after our people	x
	Belonging to our organisation	x
	New ways of working and delivering care	x
	Growing for the future	x
Delivering Best Quality Services	Improving Access and Flow	x
	Learning for Improvement	x
	Improving the experience of people who use our services	x
Making Best Use of Resources	Financial sustainability	x
	Our environment and workplace	x
	Giving back to our communities	x
Being the Best Partner	Partnership	x
Good governance	Governance, accountability & oversight	x

Purpose of the report
The purpose of this report is to provide Members with an update on the status of the Lynfield Mount Hospital capital redevelopment and to outline next steps.

Executive Summary

The Trust submitted a bid to the National 'New Hospitals Programme' in 2021 which was unsuccessful. However, in August 2024, the Department of Health and Social Care made an offer to the Trust of £49.5m public dividend capital funding over the next 3.5 years. This offer was accepted and work has progressed to deliver a revised, if reduced solution which falls within the financial envelope and timescales proposed.

The presentation slides attached will outline the current status of the project, highlight key milestones and identify next steps.

Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?

☐ **Yes** (please set out in your paper what action has been taken to address this)

☒ **No**

Recommendation(s)

The Board of Directors is asked to:

- Note and gain assurance as to the content of the report and progress to-date

Links to the Strategic Organisational Risk register (SORR)

The work contained with this report links to the following corporate risks as identified in the SORR:

- Risk 2672: Lynfield Mount Hospital - Estate condition, associated impacts & redevelopment requirements

Care Quality Commission domains

Please check **ALL** that apply

☒ Safe

☒ Effective

☒ Responsive

☒ Caring

☒ Well-Led

Compliance & regulatory implications

The following compliance and regulatory implications have been identified as a result of the work outlined in this report:

- None

Bradford District Care NHS Foundation Trust

Lynfield Mount Hospital Redevelopment

Trust Board update – 29th January 2025



Background and context

Purpose & Desired Outcome

- ✓ The Trust's long-term ambition is to redevelop the LMH site into a best-in-class inpatient facility with a phased development over a potential 5-year period. This would comprise a re-build of the main block with 5 new wards, off ward therapy, support spaces and therapeutic gardens at a cost of £127m (*2024 prices*).

DHSC Capital Allocation

- ✓ The Trust was notified in August 2024 that it had successfully been allocated up to £50m of Capital funding for the project from DHSC based upon the development of a 'Plan B' solution which will provide:
 - **Phase 2** – a new build ward block (2x18-bed wards), a new entrance with refurbishment programme of the main building; and
 - **Phases 3 & 4** – refurbishment of 2 existing wards.
 - This will deliver 100% en-suite facilities – a key benefit of the development.
- ✓ It should be noted that the allocated £50m capital funding is less than half of the funding required to realise our desired outcome/ preferred option for LMH and remains subject to approval of an Outline Business Case and thereafter a Full Business Case.

Progress in 2024/25 (1)

Governance and Approvals

- ✓ The Trust submitted an Outline Business Case (OBC) to NHSE in October 2024 following full support from the Trust Board and letters of support from the West Yorkshire Integrated Care Board (ICB).
- ✓ Approval of the OBC is expected by the end of January 2025. Subject to timely approval, a Full Business Case (FBC) will be developed over coming months for submission in Q2 2025/26.
- ✓ Subject to FBC approval and a positive procurement, it is expected that work will begin on site in October 2025, with an overall completion date of March 2028. This is a requirement to align with national spending profiles.
- ✓ The Trust Board approved an application to draw-down of funding (£1.275m) in relation to early professional fees and enabling works (agreed with support from NHSE). This demonstrates the Trust's commitment to start works and also assists national capital cashflow in 2024/25.
- ✓ The application was successful and has facilitated enabling works for the scheme to be completed pre-31st March 2025.

Progress in 2024/25 (2)

Stakeholder Engagement

- ✓ Successful ward visits took place throughout November 2024 to engage with clinical staff and to share plans for the project as they were developed. Useful feedback was incorporated into the design process.
- ✓ Architect-led workshops were held with Trust staff onsite in December 2024 to produce workable and affordable floor plans and establish individual room requirements. Follow-up meetings were held in early January to address outstanding issues and final floor plans have been shared for agreement / sign off.

Early Contractor Appointment (PCSA)

- ✓ The Trust have engaged with McAvoy Construction in a pre-construction services agreement. This enables the Trust to refine the design of the new build elements, particularly around buildability and associated efficiencies and also to provide cost certainty for the procurement process.

Tender Package

- ✓ The design team is developing the tender packages in readiness for the procurement process (deadline of 31st January 2025).
- ✓ McAvoy will work alongside the appointed design team in developing the procurement packages and reserved matters planning documentation.

Progress in 2024/25 (3)

- ✓ Outline Planning Permission has been obtained with reserved matters to be discharged during the current design process. Reserved matters are due for submission by mid-February at the latest. Productive discussions have taken place with the Council's Planning Department and no significant issues are currently anticipated.
- ✓ A new 160 space secure car park costing £3.8m is nearing completion in February 2025, delayed due to materials delivery and inclement weather. The existing main entrance car park will be decanted to the new car park allowing the vacated space to be redeveloped for Phase 2.

Risks & Benefits

A risk register has been developed which is a 'live' document for use as the redevelopment continues. Highest rated risks at this time are noted as follow:-

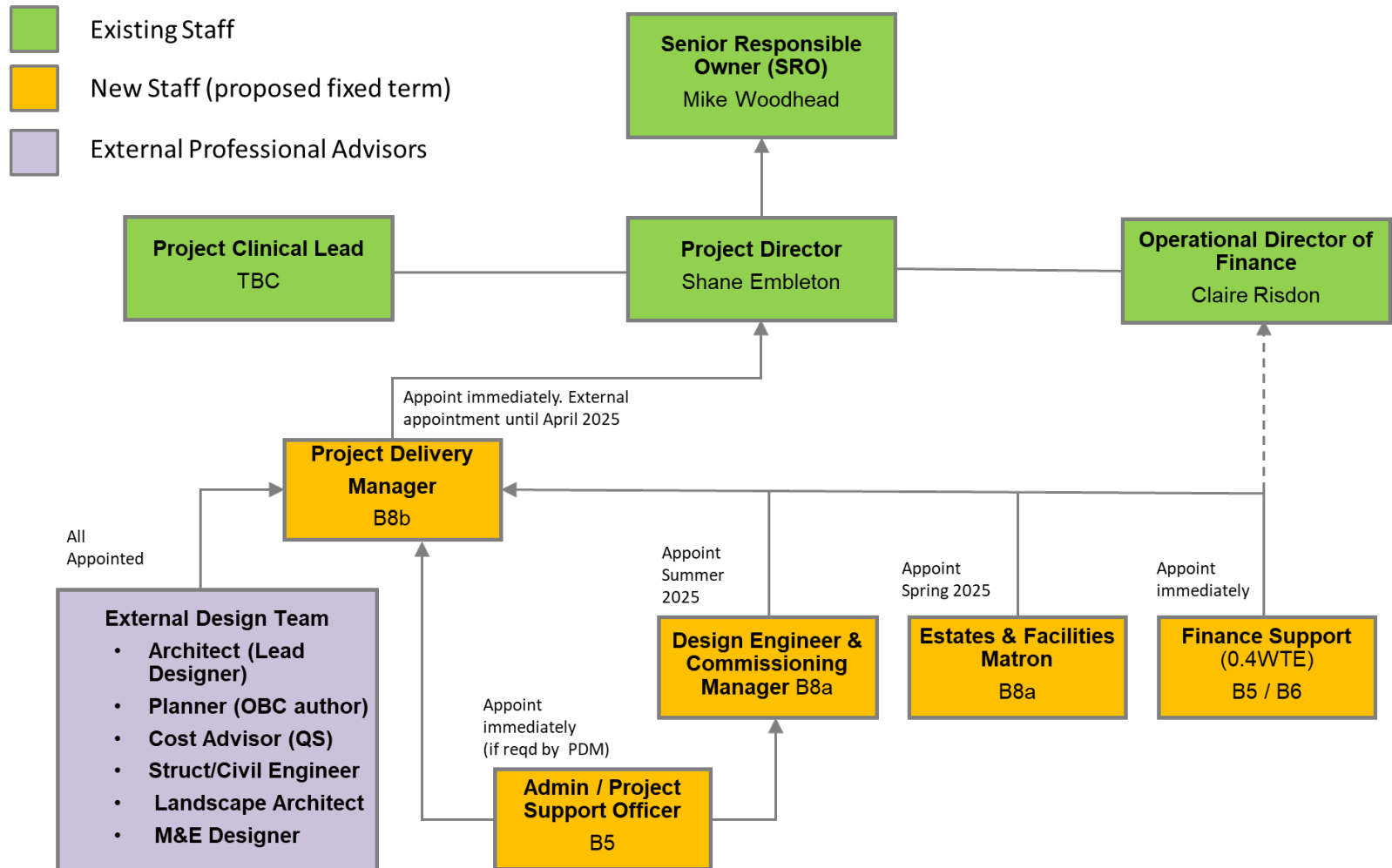
- ✓ The OBC and/or the FBC will not be supported or are delayed. Any delay will alter the spend profile of the project – a key risk being the project cannot be delivered by the March 2028 deadline.
- ✓ New Cabinet Controls procedures (in place from 31 October 2024) could delay the start of the project. The Trust however, actively engaged in the process and provided detailed assurances on proposed spending plans. We successfully secured "assured" status resulting in a light-touch approach to monitoring and reporting as the project progresses.
- ✓ The spend profile is noted below which will be subject to change should business case approvals be delayed.

Phase	Project Description	2024/25	2025/26	2026/27	2027/28	TOTAL
		£000	£000	£000	£000	£000
1	Enabling works; Demolition of Bungalows and new temporary entrance.	673				673
2	New modular two-storey ward building with associated external works. Refurbishment to main building cluster and external works.	602	25,044	17,098		42,744
3	Refurbishment of Ashbrook Ward ensuites.			1,690	1,409	3,099
4	Refurbishment of Oakburn Ward ensuites.				2,972	2,972
	TOTAL	1,275	25,044	18,788	4,381	49,488

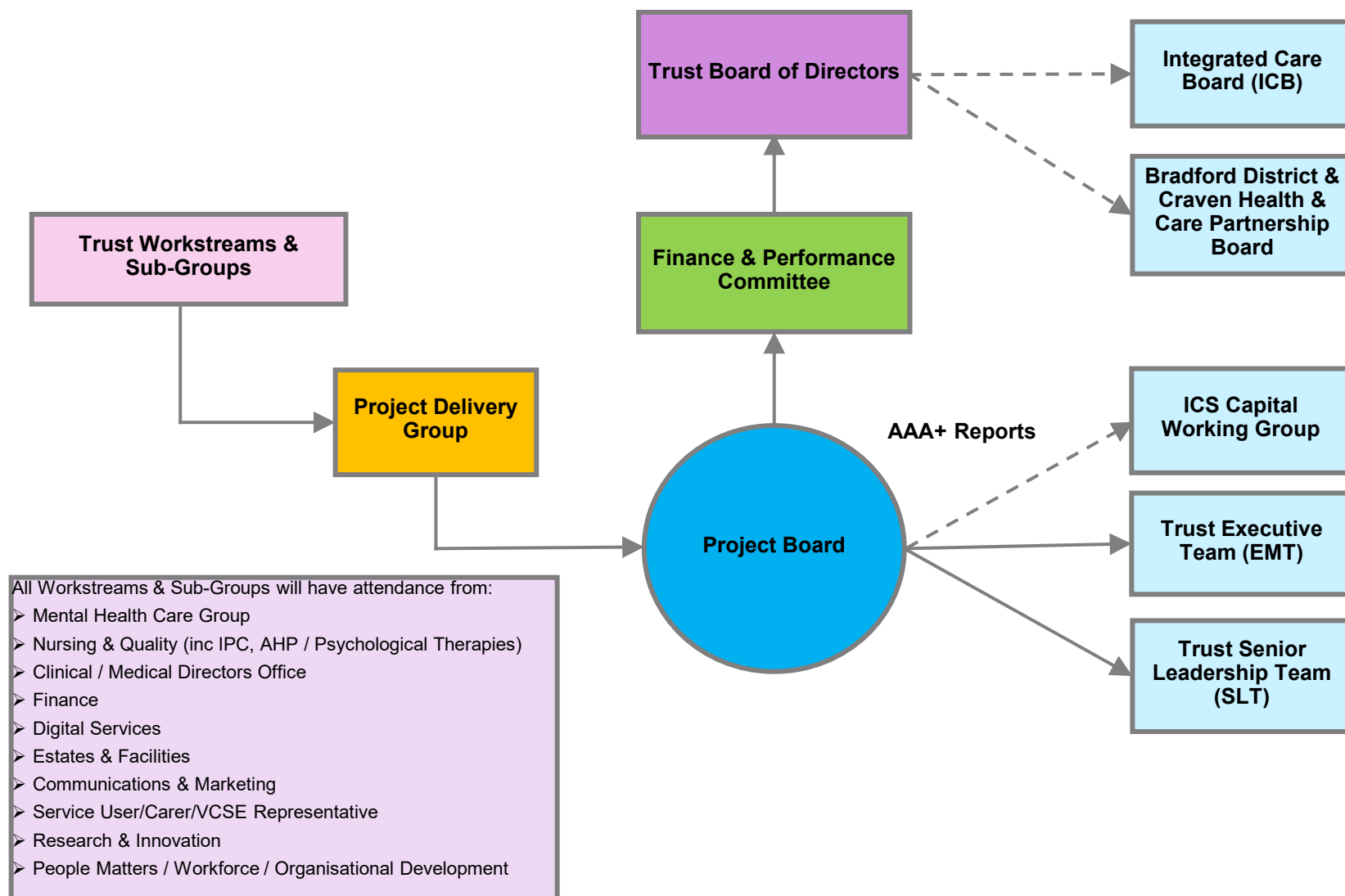
Next Steps

- ✓ Await OBC approval from NHSE Joint Investment Sub Committee (JISC) - decision due 27 January 2025.
- ✓ Subject to approval of OBC, commence development of FBC for submission in Q2 2025/26.
- ✓ Recruitment into key project delivery roles in Q4 2024/25.
- ✓ Begin “early works” approved by NHSE (relocate reception & associated spaces) and complete by 31st March 2025 as required.
- ✓ Complete detailed design work for tender process.
- ✓ Submit Reserved Matters planning application by mid-February 2025.
- ✓ Procurement / tender of main scheme - Q1 2025/26.

Project Management Arrangements



Project Reporting Arrangements



Recommendations

It is recommended that:

- The Trust Board note the detail provided in the presentation in terms of progress to date and next steps.

Board of Directors – Meeting held in public

29 January 2025

Paper title:	The Insightful Provider Board – new NHS England Guidance	Agenda Item 16.0
Presented by:	Fran Stead, Trust Secretary	
Prepared by:	Fran Stead, Trust Secretary	
Committees where content has been discussed previously	Board of Directors – November 2024	
Purpose of the paper Please check <u>ONE</u> box only:	<input type="checkbox"/> For approval <input checked="" type="checkbox"/> For information <input type="checkbox"/> For discussion	

Relationship to the Strategic priorities and Board Assurance Framework (BAF)		
The work contained with this report contributes to the delivery of the following themes within the BAF		
Being the Best Place to Work	Looking after our people	
	Belonging to our organisation	
	New ways of working and delivering care	
	Growing for the future	
Delivering Best Quality Services	Improving Access and Flow	
	Learning for Improvement	
	Improving the experience of people who use our services	
Making Best Use of Resources	Financial sustainability	
	Our environment and workplace	
	Giving back to our communities	
Being the Best Partner	Partnership	
Good governance	Governance, accountability & oversight	X

Purpose of the report

This is new non-mandatory guidance 'The Insightful Provider Board' has been issued by NHS England. It focuses on the use of information and data to create useful insight for the Board and its Committee.

Executive Summary

On Tuesday 12 November NHS England (NHSE) published the Insightful Provider Board and the Insightful ICB Board. This non-mandatory 'supportive guidance' aims to support provider boards and Integrated Care Boards (ICB) boards to turn data into useful insight.

Both documents consider effective governance practice around board reporting and assurance-seeking, and each contains suggested measures that boards might wish to consider using for planning, monitoring and seeking assurance about progress.

The document for ICBs also helpfully reframes their role around strategic planning and delivery of health care to achieve the four core aims of Integrated Care Systems (ICSs), and away from day-to-day performance management of providers in their systems.

This work aligns to our Trust ambition of aiming for 'outstanding' within Well Led, with our supporting ambition statement of:

We have an inclusive and positive culture of continuous learning and improvement. This is based on meeting the needs of people who use our services, wider communities and reducing inequalities. All our leaders and colleagues share this. Leaders proactively support colleagues to collaborate with partners to delivery care that is safe, collaborative, person-centred and sustainable.

Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?

- ☐ **Yes** (please set out in your paper what action has been taken to address this)
- ☒ **No**

Recommendation(s)

The Board of Directors is asked to:

- note the content of the report and new national guidance
- note that a self-review exercise will take place, led by Corporate Governance, in support of learning lessons and understanding area of good practice, and those for further development.

Links to the Strategic Organisational Risk register (SORR)

The work contained with this report links to the following corporate risks as identified in the SORR:

Not applicable

Care Quality Commission domains Please check <u>ALL</u> that apply	<div> <input type="checkbox"/> Safe <input type="checkbox"/> Caring </div> <div> <input type="checkbox"/> Effective <input checked="" type="checkbox"/> Well-Led </div> <div> <input type="checkbox"/> Responsive </div>
Compliance & regulatory implications	<p>The following compliance and regulatory implications have been identified as a result of the work outlined in this report:</p> <ul style="list-style-type: none"> - Well Led - Provider Licence - NHS Act 2006 - Health & Care Act 2022 - Trust Constitution - NHS Code of Governance

Board of Directors – Meeting held in public

29 January 2025

The Insightful Provider Board – New NHS England Guidance

Executive Summary

On Tuesday 12 November NHS England (NHSE) published the Insightful Provider Board and the Insightful ICB Board. This non-mandatory ‘supportive guidance’ aims to support provider boards and ICB boards to turn data into useful insight.

Both documents consider effective governance practice around board reporting and assurance-seeking, and each contains suggested measures that boards might wish to consider using for planning, monitoring and seeking assurance about progress.

The document for ICBs also helpfully reframes their role around strategic planning and delivery of health care to achieve the four core aims of ICSs, and away from day to day performance management of providers in their systems.

Context

NHSE said at the launch that that these documents were aimed to properly equip Boards; “making sure they’ve got the right information at the right time and can use it in the right way to both lead and track improvement, as well as responding quickly to problems. Providing, in one place, what executives and non-executives should be looking at, and [setting out] how to use it to drive better outcomes, better productivity, better decisions.”

Both documents are framed as supportive good practice as opposed to mandatory guidance. For provider boards, the “document is not an exhaustive governance resource and should be read alongside other the code of governance for NHS providers and guidance on good governance and collaboration. Therefore, “non-compliance is not in itself a breach of any regulatory requirement.”

This guidance is intended for boards to use to check they are covering all the bases and to seek inspiration and improvement from, if required. The insightful ICB board reflects NHSE's 'expectations of ICBs', and while not as explicit as provider board guidance in terms of being non-mandatory, is also framed as a 'guide' to "help ICBs to assess the effectiveness of the information they collect and use".

The document is in three sections, covering:

- The board's role in governance and organisational culture.
- Suggestions for ensuring that information boards receive and review is meaningful.
- Domains for consideration by boards, with related key questions they might wish to consider, and measures and indicators that might enable them to gain adequate assurance about performance.

Governance and Culture

This section highlights the board's responsibility for ensuring quality and safety, and for promoting the long-term sustainability of the trust as part of its integrated care system (ICS).

An extensive list of what well-led boards need to do is set out (Appendix 1), which demonstrates the wide range of issues boards should be concerned with. The guidance highlights the need for effective governance arrangements, open, curious and transparent cultures, and insightful information needed for boards to undertake these complex functions and to assure themselves of progress.

While the guidance focuses on the need for robust, relevant information that is effectively interpreted and used, governance and culture are recognised as significantly impacting on the board's ability to obtain and use information effectively. The need for independent board effectiveness reviews every three to five years is highlighted, as well as the importance of continuous board development and of attention to directors' skills and experience mix.

The section sets out some fundamental principles of good governance, including processes and structures, alongside key governance questions for boards to consider. The value of compassionate, inclusive, open and transparent cultures is highlighted, which should be fair and just, and facilitate continuous improvement, and the need for boards to be 'problem sensing' is set out: early detection of closed cultures is encouraged.

Meaningful Information

Recognising that the context in which boards operate is increasingly complex, for example due to access to more datasets, this section provides an overview of board practice which seeks to prevent boards being blinded by information overload. In this context, the guidance highlights the importance of committees effectively escalating to the board after reviewing more granular data, and also the importance of triangulation, considerations around aggregating data, making good use of analytical tools, and pitfalls to avoid.

NHSE sets out the characteristics of an effective NHS provider board:

- Is curious.
- Takes necessary actions.
- Requires continuous assurance.
- Supports staff and system.

Six Domains to Consider

The final section provides an overview of the types of information and metrics which boards may consider and is intended to cover all NHS provider sectors. The document makes it clear that “by its nature [the measures are] extensive and although it identifies mandatory reporting, the inclusion of metrics in these domains should not be taken to imply that all information and metrics should routinely be reported.” Boards are also told that using other ways to arrange indicators and measures is acceptable, and that this is one possible structure that NHSE have chosen.

The section is structured around six ‘domains’:

- Strategy
- Quality
- People
- Access and targets
- Productivity
- Finance

Suggested questions for boards are again included against each domain, and then each is broken down into further areas, each with suggested qualitative and quantitative measures that boards may want to use to monitor and gain assurance. Further detail in relation to these indicators are included in supporting guidance.

For example, when setting the Trust’s own strategic objectives and developing and using indicators the following should be considered:

- I. Boards should ensure patient and service user experience shapes the organisation’s strategic objectives.
- II. Indicators should be specific, measurable and time bound. The board should review these to monitor delivery of the strategic objectives.
- III. The board should use quarterly Board Assurance Framework and strategic risk framework updates to identify risks in year that threaten delivery and focus their attention on them.

Appropriate data along with trends, trajectories and forecasts are included in order to present the data in an understandable way alongside clear narrative.

The Integrated Care Board (ICB)

The guidance for ICB boards follows a similar format to ‘The Insightful Provider Board’. For ICBs, the board’s focus is framed squarely in the context of strategic planning to deliver health care that achieves the four core purposes of integrated care systems (ICSs):

1. Improve population health and health care.
2. Tackle inequalities in outcomes, experience and access.
3. Enhance productivity and value for money.
4. Help the NHS support broader social and economic development.

It is notable that this document emphasises ICBs’ role as strategic commissioners, and does not position them as performance managers in their systems. Nor does it contain any reference to NHSE exercising its regulatory functions ‘with and through’ ICBs, as set out in the 2022 NHS England operating framework. Instead, it focuses on the information and insight ICBs require into both their own performance as boards and the performance of the system itself, to understand progress towards achieving the four core aims.

As organisations, ICBs must also be sure they are run well and operate effectively, including delivering on their statutory functions. ‘Active governance’ is advocated, including relevant policies and reporting structures, and clarity about where decision-making and accountability sits in terms of any delegated functions. The guidance includes advice on ensuring information is meaningful, including information ICBs might wish to consider.

The third and most extensive section includes suggested indicators and measures against “six functional areas which underpin how ICBs deliver their purpose”:

1. Strategy and planning.
2. Leadership.
3. Arranging for the provision of healthcare services (strategic commissioning).
4. Assuring performance, quality and delivery.
5. Learning and transformation
- 6 Effective governance and people.

The insightful ICB board guidance reframes ICBs’ role to emphasise strategic leadership focused on achieving the four core aims of ICSs. ICBs’ ability to focus on longer-term aims is vital to shifting care closer to home, and towards a prevention-focused model – two of the government’s three ‘big shifts’. This is the system leadership role that was envisaged for them in the 2022 Health and Care Act. ICBs have previously been asked to focus on immediate operational and financial pressures (including through the NHS England operating framework) and this has made it harder for systems to focus on longer term transformation.

Well Led

This work aligns to our Trust ambition of aiming for ‘outstanding’ within Well Led, with our supporting ambition statement of:

We have an inclusive and positive culture of continuous learning and improvement. This is based on meeting the needs of people who use our services, wider communities and reducing inequalities. All our leaders and colleagues share this. Leaders proactively support colleagues to collaborate with partners to delivery care that is safe, collaborative, person-centred and sustainable.



Conclusion

These are helpful overviews for Board members which will help Board members to check their own reporting, monitoring and assurance-seeking, and make improvements where needed. Both documents contain sound and established governance principles and practice, clearly and briefly articulated. Board members could use this by thinking through and self-assessing their practice against the principles and suggested questions here, with colleagues, NHS partners, and input from their governance and data analytics professionals.

The domains and areas suggested for provider board attention are those which mature, effective boards should be concerned with.

The specific measures and indicators give boards a potentially helpful list of suggestions to review their current reporting and assurance seeking practice against. As the document recognises, this is a guide, not a checklist.

It should be noted that the guidance states that “Finance should not be considered in a silo – it is a significant factor in how the trust prioritises resources and the impact this has on the services provided for patients and service users, and the wider finances of the system”. NHS Providers consider that the productivity measures are more acute-focused and the people indicators lack a sustained focus on equality, diversity and inclusion.

It is anticipated that the changes suggested here would need to be reflected in NHSE’s revised oversight and assessment framework, while the 10-year plan must tackle the other barriers to successful system working and integration.

Fran Stead
Trust Secretary
December 2024

Appendix 1 - Governance and culture

The Role of an NHS Provider Board

The board is responsible for ensuring the healthcare and other services the trust provides for patients are high quality and safe. The board also promotes the long-term sustainability of the trust as part of its integrated care system (ICS) serving the wider population and healthcare system.

The board has a collective responsibility for:

- ensuring high-quality and effective care for all patients and service users
- setting strategic direction, ensuring the executive has appropriate capacity and capability to monitor and manage quality of care and operational delivery
- adding value to the success of the organisation and its system
- using prudent and effective controls to lead the organisation
- promoting and adhering to the organisation’s values
- ensuring the organisation’s obligations and duties are met.

As set out in the Code of Governance, boards are unitary, which means decisions are taken as a single group of executives and non-executive directors, and all members of the board share the same responsibility and liability.

Well-led boards:

- set a challenging but achievable strategic direction
- identify the strategic issues that require discussion or decision and distinguish these from operational detail
- embed the trust’s values throughout the organisation to consistently improve the culture
- provide constructive challenge
- make sure all patients and service users receive a consistently high-quality service

- ensure that innovation and transformational change are being delivered and benefits realised
- focus on improving access to services and reducing health inequalities across all the communities they serve
- make sure taxpayers receive value for money by maximising productivity
- identify unwarranted variation in quality and performance
- triangulate signals from different sources to identify underlying issues
- use benchmarking tools and data such as the Model Health System to regularly compare their performance with similar organisations
- embed continuous quality improvement approaches in all aspects of service delivery
- understand and respond to the needs and views of patients, service users and all the communities they serve, listening to their experiences and using their feedback to improve services
- anticipate the potential impact of policy, technological and socioeconomic developments
- protect board agenda time to regularly reflect on learnings from independent reviews
- assure themselves that the organisation is complying with statutory duties, quality and clinical standards, other regulatory requirements and national priorities.

To fulfil these duties, run their organisations well and support their system, boards need to have the appropriate mix of knowledge, skills, experience and diversity to reflect their population.

Boards also need to ensure:

- effective governance arrangements are in place across their organisation
- their trust has an open, curious and transparent culture which supports the sharing of information, provides psychological safety and fosters learning and improvement
- insightful information is used to set strategy, oversee the quality of care and delivery of national standards, and monitor the overall health of the organisation and its people.

Effective Oversight: Escalation and Assurance

Report to:	Board of Directors	Meeting date:	29 th January
Report from:	Audit Committee	Meeting date:	15 th January 2025
Quorate?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Members present	Simon Lewis, Sally Napper.		
In attendance	Stacey Pearson, Leanne Sobratee, Lee Swift, Salma Younis, Phillip Dunn, Helen Higgs, Sarah Denton, Fran Stead, Bob champion, Tim Rycroft, Claire Risdon.		
Observers	There were no observers present.		
Apologies	Apologies were noted from Chris Malish, Chris Boyne and Mike Woodhead.		
Good Governance	Governance, accountability and effective oversight		GG
Agenda items	<ul style="list-style-type: none">• Matters arising: disciplinary/grievance internal audit.• Matter arising: cyber security internal audit• PWC Investigation and Intervention Programme.• Strategic Assurance Report and Supporting items: .1 Strategic Narrative 2. Compliance and Risk Report.• Review of Losses & Special Payments.• Waiver of Standing Orders & Standing Financial Instructions.• Proposed Write off of Outstanding Debt.• External Audit: Technical Update.• Internal Audit: Progress Report and any Follow Up Reports.• Local Counter Fraud Progress Report.• Review of Standard financial Instructions.• Better Lives Charity Annual Accounts.• Annual report & Annual Governance Statement Project Plan.• Year End Accounts Timetable.		
Alert items agreed by Committee	<ul style="list-style-type: none">• Nothing.		
Advise items agreed by Committee	<ul style="list-style-type: none">• Three findings noted in the Cyber Security internal audit, one flagged as a major risk where one out of ten identified servers were patched within a 3-month period. Work is being done to address the risk and necessary items have been added to the risk register.• Additions to be captured within the next Loses and Special Payment Report in support of learning and thematic analysis.• Work continued to progress well on the internal audit workstream, with reports made outlining that Trust colleagues were engaged well.		

	<ul style="list-style-type: none"> The Better Lives Charity and supporting external audit work had gone well, was compliant with national requirements, following adoption by the Trust the accounts would be submitted to the Charity Commission. 		
Assure items agreed by Committee	<ul style="list-style-type: none"> Progress made within the Trust on the disciplinary/grievance internal audit findings Progress made within the Trust on the cyber security internal audit findings. Work undertaken on the PWC Investigation and Intervention programme, noting work was already underway at the Trust to support sustainability, transformation and improvement. Work taking place to ensure effective oversight was in place at the Trust, aligned to a review of strategy deployment. A review of new national guidance (HFMA) on good practice within an NHS Audit Committee, including other benchmarking, had taken place with the findings compared to the Trust Audit Committee to support improvements made. A self reflection on the Trust Audit Committee had taken place by the Audit Chair and Trust Secretary, using the HFMA checklist. Review of Losses and Special Payments; Waiver of Standing Order; Proposed Write off of outstand debt processes provided assurance. External Audit Technical update provided assurance. Local Counter Fraud update provided assurance. An update on the production plan and associated timescales for the Trust Annual Report, and Annual Accounts were received, noting compliance with national guidance. 		
Decisions made by Committee	<ul style="list-style-type: none"> Approved: The Standard Financial Instructions, and Scheme of Delegation were reviewed and it was agreed to recommend the proposed changes to the Board to be ratified. Approved: Committee agreed that a significant level of assurance in relation to the good governance workstream. Approved: the Better Lives Chairty Annual Accounts. A private meeting took place where an update on the external audit tender process and proposal was discussed. 		
New risks identified by Committee	<ul style="list-style-type: none"> There were no new risks identified by the Committee. 		
Feedback following discussion at 'parent' meeting			
Report completed by	Sarah Denton, Executive Assistant	Date	17.01.2025
On Behalf of Chair	Simon Lewis, Non-Executive Director		

Board of Directors – Meeting held in public

15 January 2025

Paper title:	Review of Standing Financial Instructions and Scheme of Delegation	Agenda Item 17.1 & 17.2
Presented by:	Mike Woodhead, Chief Finance Officer	
Prepared by:	Stacey Pearson, Head of Financial Accounting & Capital	
Committees where content has been discussed previously	Audit Committee 15 th January 2025	
Purpose of the paper Please check <u>ONE</u> box only:	<input checked="" type="checkbox"/> For approval <input type="checkbox"/> For information <input type="checkbox"/> For discussion	

Relationship to the Strategic priorities and Board Assurance Framework (BAF)		
The work contained with this report contributes to the delivery of the following themes within the BAF		
Being the Best Place to Work	Looking after our people	
	Belonging to our organisation	
	New ways of working and delivering care	
	Growing for the future	
Delivering Best Quality Services	Improving Access and Flow	
	Learning for Improvement	
	Improving the experience of people who use our services	
Making Best Use of Resources	Financial sustainability	
	Our environment and workplace	
	Giving back to our communities	
Being the Best Partner	Partnership	
Good governance	Governance, accountability & oversight	X

Purpose of the report

The purpose of this paper is to summarise the changes required to the Standing Financial Instructions and Scheme of Delegation and present the recommended changes to the Audit Committee, for approval by the Board.

The recommended changes to the Standing Financial Instructions and Scheme of Delegation, were presented to Audit Committee on the 15th January 2025, where the recommendation was made that the Board approve the amendments proposed to the Standing Financial Instructions and Scheme of Delegation.

Executive Summary

A review of the Trust's Standing Financial Instructions (SFI's) and the Scheme of Delegation (SoD) has been undertaken, to reflect changes required.

The proposed amendments to the SFI's and SoD's are provided in **Appendix A**. As a result of some recent changes within procurement regulations, all the proposed amendments relate to the area of tendering, requisitioning and contracting procedures;

- Replace the Head of Procurement with the Assistant Director of Procurement and Sustainability,
- Replace the Deputy Head of Procurement with Operational Head of Procurement,
- Reference change to national procurement rules, not EU procurement rules, Reference that Healthcare Services must now be procured in accordance with the NHS Provider Selection Regime,
- Removal of all narrative relating to the management of paper-based tenders. The invitation to tender is a fully system-based process (electronic documents),
- Other minor narrative changes.

Appendix A: Summary of the existing and proposed amendments to the SFI's and SoD's

Appendix B: Detailed SFI's with the proposed amendments – includes track changes

Appendix C: Detailed SoD with the proposed amendments – includes track changes

Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?

☐ **Yes** (please set out in your paper what action has been taken to address this)

☒ **No**

+

Recommendation(s)
<p>The Board of Directors is asked to: Review the recommendation by the Audit Committee held on the 15th January 2025 and approve the amendments proposed to the Standing Financial Instructions and Scheme of Delegation, to reflect changes presented within the paper.</p>

<p>Links to the Strategic Organisational Risk register (SORR)</p>	<p>The work contained with this report links to the following corporate risks as identified in the SORR:</p> <ul style="list-style-type: none"> • Risk 2536: If we do not make effective use of our resources this may result in regulatory interventions, as well as impacts on quality of services
<p>Care Quality Commission domains Please check <u>ALL</u> that apply</p>	<div> <input type="checkbox"/> Safe <input type="checkbox"/> Caring </div> <div> <input type="checkbox"/> Effective <input checked="" type="checkbox"/> Well-Led </div> <div> <input type="checkbox"/> Responsive </div>
<p>Compliance & regulatory implications</p>	<p>The following compliance and regulatory implications have been identified as a result of the work outlined in this report:</p> <ul style="list-style-type: none"> • Standing Financial Instructions (SFIs) 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 the Independent Regulator's relevant guidance. SFIs identify the financial responsibilities that apply to everyone working for the Trust and its constituent organisations.

PROPOSED AMENDMENTS TO STAND

SFI SECTION

AMENDMENTS IN RELATION TO TENDERING,

9.2.1 Requisitioning

9.2.2 Requisitioning

9.5.1 Official Orders

9.5.1 Official Orders

9.5.2 Duties of Managers and Officers

9.5.2 Duties of Managers and Officers

17.2 Directives Governing Public Procurement

17.5.2 Health Care Services

17.5.3 Exceptions and instances where formal tendering need not be applied

17.5.3 Exceptions and instances where formal tendering need not be applied

17.5.4 Fair and Adequate Competition/Single Tender

17.5.5 List of Approved Firms

☐

17.6.1 Invitation to tender

17.6.2 Receipt and safe custody of tenders

17.6.3 Opening tenders and Register of tenders
(paper based responses)

17.6.4 Opening tenders and Register of tenders (Electronic Responses) – Procurement Department Only
17.6.4 Opening tenders and Register of tenders (Electronic Responses) – Procurement Department Only
17.6.6 Late tenders
17.6.6 Late tenders
17.6.8 Acceptance of formal tenders (See overlap with SFI No. 17.7)
17.6.8 Acceptance of formal tenders (See overlap with SFI No. 17.7)
17.6.10 List of approved firms (see SFI No. 17.5.5)
17.8 Authorisation of Tenders and Competitive Quotations
17.11 Compliance requirements for all contracts
17.13 Healthcare Services Agreements (see overlap with SFI No. 7)

PROPOSED AMENDMENTS TO THE SC

SoD SECTION

3. PROCUREMENT

3.4 Approvals and Limits - acceptance of tenders

ING FINANCIAL INSTRUCTIONS (SFI's)

EXISTING NARRATIVE WITHIN THE SFI's

REQUISITIONING AND CONTRACTING PROCEDURES

Requisitioners shall use the iProcurement and Edge for Health (EFH) facility to order goods and services supported by Trust negotiated contracts.

Where a service or goods is not available then the requisitioner should consult with the Procurement department. In choosing the item to be supplied (or the service to be performed) best value for money for the Trust should always be sought. Where the advice of the Procurement department is not acceptable to the requisitioner, the Chief Finance Officer (and/or the Chief Executive) shall be consulted.

a) be **consecutively** numbered

(d) only be raised by the Purchasing system

(b) contracts above specified thresholds are advertised and awarded in accordance with **EU** rules on public procurement

Public Contract Regulations 2015 prescribing procedures for awarding all forms of contracts shall have effect as if incorporated in these Standing Financial Instructions.

remove - Where the Trust elects to invite tenders for the supply of healthcare services these Standing Financial Instructions shall apply as far as they are applicable to the tendering procedure.

part (m) Contracts awarded by the **Head of Procurement** in conjunction with Points (f) and

part (m) - (g) are not required to be waived, as contracts awarded in these circumstances have been let through nationally negotiated contracts which have demonstrated best value and have been let through open competition in accordance with National Procurement legislation. The **Head of Procurement** is not required to document and report this to the Trust Board.

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 three firms/individuals**, having regard to their capacity to supply the goods or materials or to undertake the services or works required unless:

The Trust shall ensure that firms/individuals invited to tender are technically competent to undertake to fulfil the supply of goods and services. Contracts should only be awarded to firms/individuals who are financially and technically competent or are among those on the approved lists.

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

(a) 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) 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.

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.

(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 managers designated by the Chief Executive and not from the originating department. In the event that the two senior managers availability is limited to Microsoft Teams, this is deemed acceptable, as long as there is another senior manager, or a member of the executive support team (in addition to the existing two senior managers) also present at the opening of the tender and in receipt of hard copy paper based tender document. The meeting must be recorded and saved for audit/ assurance purposes.'

(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 £30,000. 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 Chief Finance Officer 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. This may be delegated to Deputy Directors where a director is not available.

The Trust Secretary and Chief Information Officer will count as Directors 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~~ the name of all firms individuals invited;
- ~~the~~ the names of firms individuals from which tenders have been received;
- ~~the~~ the date the tenders were opened;
- ~~the~~ the persons present at the opening;
- ~~the~~ the price shown on each tender;
- ~~a~~ 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. (SFI No. 17.6.5 below).

(iii) The Head of Procurement and the Deputy Head of Procurement will be required to be one of the two approved persons present for the releasing of the tenders estimated above £30k. In the case where the Head of Procurement or the Deputy Head of Procurement is the tender originator, a separate delegated officer will need to be present. The rules relating to the opening of tenders will need to be read in conjunction with any delegated authority set out in the Trust's scheme of delegation.
(iv) A register shall be maintained by the Head of Procurement , or a person authorised by them, to show for each set of competitive tender invitations despatched:
(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.
part (d) The Head of Procurement may enter into post tender negotiations on terms of costs provided that the reasons for, and the results of, such negotiations are maintained in a permanent record.
(iv) (C) in accordance with MEAT (Most Economically Advantageous Tender) criteria
(d) Procurement The Head of Procurement should seek to ensure that all firms, with whom the Trust enters into a contract, are technically and financially competent to undertake to fulfil the supply of goods and services, making use of the national and regional framework contracts, the NHS Supply Chain, and Trust approved contractors.
Head of Procurement up to £30,000
(b) Public Contract Regulations and other statutory provisions;

SCHEME OF DELEGATION (SoD's)

EXISTING NARRATIVE WITHIN THE SFI's	
Head of Procurement	Up to £30k
Prime Budget Holder	£5k - £50k
Deputy Director	£50k - £100k
Director	£100k - £150k
ODoF	£150k-£1m
CFO	£150k-£1m
CEO & CFO*	£1m - £2m

PROPOSED NARRATIVE FOR APPROVAL WITHIN THE SFI's

Requisitioners shall use the iProcurement and Edge for Health **catalogue** (EFH) facility to order goods and services supported by Trust negotiated contracts.

Where a service or goods **line** is not available then the requisitioner should consult with the Procurement department. In choosing the item to be supplied (or the service to be performed) best value for money for the Trust should always be sought.

a) be **uniquely** numbered

(d) only be raised by **an approved purchasing to pay** system, **I.E. Oracle or Concept**.

(b) contracts above specified thresholds are advertised and awarded in accordance with **national** rules on public procurement

(m) orders for healthcare services must be awarded in accordance with the NHS Provider Selection Regime.

Public Contract Regulations 2015 **and any superseding legislation** prescribing procedures for awarding all forms of contracts shall have effect as if incorporated in these Standing Financial Instructions.

Healthcare Services must be procured in accordance with the NHS Provider Selection Regime

part (m) Contracts awarded by the **Assistant Director of Procurement and Sustainability** in conjunction with Points (f) and

part (m) - (g) are not required to be waived, as contracts awarded in these circumstances have been let through nationally negotiated contracts which have demonstrated best value and have been let through open competition in accordance with National Procurement legislation. The **Assistant Director of Procurement and Sustainability** is not required to document and report this to the Trust Board.

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 **or advertised appropriately** to provide fair and adequate competition as appropriate, having regard to their capacity to supply the goods or materials or to undertake the services or works required unless:

The Trust shall ensure that firms/individuals invited to tender are technically competent to undertake to fulfil the supply of goods and services. Contracts should only be awarded to firms/individuals who are financially and technically competent or are among those on the approved lists **(frameworks or dynamic purchasing systems)**.

Text to be removed. No longer applicable

Text to be removed. No longer applicable

Text to be removed. No longer applicable. Paper based responses are no longer accepted.

(iii) Assistant Director of Procurement and Sustainability and the Operational Head of Procurement will be required to be one of the two approved persons present for the releasing of the tenders estimated above £30k. In the case where the Assistant Director of Procurement and Sustainability or the Operational Head of Procurement is the tender originator, a separate delegated officer will need to be present. The rules relating to the opening of tenders will need to be read in conjunction with any delegated authority set out in the Trust's scheme of delegation.
(iv) A register shall be maintained by the Assistant Director of Procurement and Sustainability , or a person authorised by them, to show for each set of competitive tender invitations despatched:
(i) Below threshold 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. This is not applicable to above threshold tenders.
(ii) Only in the most exceptional circumstances will a tender be considered which is received after the opening of the other tenders, or if the process of evaluation and adjudication has not started. This is not applicable to above threshold tenders
part (d) The Assistant Director of Procurement and Sustainability may enter into post tender negotiations on terms of costs provided that the reasons for, and the results of, such negotiations are maintained in a permanent record.
(iv) (C) in accordance with MAT (Most Advantageous Tender) criteria
(d) Procurement The Assistant Director of Procurement and Sustainability should seek to ensure that all firms, with whom the Trust enters into a contract, are technically and financially competent to undertake to fulfil the supply of goods and services, making use of the national and regional framework contracts, the NHS Supply Chain, and Trust approved contractors.
Assistant Director of Procurement and Sustainability up to £30,000
(b) Public Contract Regulations or superseding legislation and other statutory provisions;
Healthcare Services contracts must be procured in accordance with The Provider Selection Regime.

PROPOSED NARRATIVE FOR APPROVAL WITHIN THE SFI's

Assistant Director of Procurement and Sustainability	Up to £30k
Prime Budget Holder	£5k - £50k
Deputy Director	£50k - £100k
Director	£100k - £150k
ODoF	£150k-£1m
CFO	£150k-£1m
CEO & CFO*	£1m - £2m



Bradford District Care
NHS Foundation Trust

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STANDING FINANCIAL INSTRUCTIONS

January~~September~~ 2025~~3~~

STANDING FINANCIAL INSTRUCTIONS

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1. INTRODUCTION

1.1 General

- 1.1.1 These Standing Financial Instructions (SFIs) 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 the Independent Regulator's relevant guidance. They should be used in conjunction with the *Scheme of Decisions and Scheme of Delegation* and Annex 7 of the Trust's Constitution "*Standing Orders for the Board of Directors*" (the Trust's Standing Orders).
- 1.1.2 These SFIs identify the financial responsibilities that apply to everyone working for the Trust and its constituent organisations including any trading units. They do not provide detailed procedural advice and should be read in conjunction with the detailed departmental and financial procedure notes. All financial procedures must be approved by the Chief Finance Officer (CFO). These SFIs do not set out in full the requirements of the Independent Regulator's guidance and all relevant guidance of the Independent Regulator should be consulted. Such guidance will also change over time and these SFIs do not record or reference all such applicable guidance.
- 1.1.3 Should any difficulties arise regarding the interpretation or application of any of the SFIs then the advice of the Chief Finance Officer must be sought before acting. The user of these SFIs should also be familiar with and comply with the provisions of the Trust's Standing Orders (SOs).
- 1.1.4 **Failure to comply with SFIs and SOs is a disciplinary matter that could result in dismissal.**
- 1.1.5 If for any reason these SFIs 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 SFIs to the Chief Finance Officer as soon as possible.
- 1.1.6 Officers of the Trust should note that the SFIs, SOs and Scheme of Decisions and Scheme of Delegation do not contain every legal obligation applicable to the Trust. The Trust and each officer of the Trust must comply with all requirements of legislation and all guidance and directions binding on the Trust. Legislation, guidance and directions will impose requirements additional to the SOs, SFIs and Scheme of Decisions and Scheme of Delegation. All such legislation and binding guidance and directions shall take precedence over these SFIs, SOs and the Scheme of Decisions and Scheme of Delegation. The SFIs, SOs and Scheme of Decisions and Scheme of Delegation shall be interpreted accordingly.
- 1.1.7 All policies and procedures of the Trust, to the extent that they are consistent with this SFI, must be followed by all Governors, Directors and Officers of the Trust in addition to the provisions of this SFI (whether specifically referenced in this schedule or not).

1.2 Responsibilities and delegation

1.2.1 The Trust Board

The Board exercises financial supervision and control by:

- (a) formulating the financial strategy;
- (b) requiring the submission and approval of the Annual Plan and budgets within 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 Decisions and Scheme of Delegation document.

1.2.2 The Chief Executive and Chief Finance Officer

The Chief Executive, and Chief Finance Officer 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 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.

- 1.2.3 It is a duty of the Chief Executive to ensure that Members of the Board and, employees and all new appointees are notified of, and put in a position to understand their responsibilities within these Instructions.

1.2.4 The Chief Finance Officer

The Chief Finance Officer 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 Chief Finance Officer 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.

1.2.5 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 Decisions and Scheme of Delegation.

1.2.6 **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.

- 1.2.7 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 Chief Finance Officer.

2. AUDIT

2.1 Audit Committee

The Committee has been formally constituted by the Board in accordance with its Standing Orders and will report through to the Board of Directors.

The Committee is authorised to investigate any activity within its Terms of Reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any requests made by the Committee.

The Committee is authorised to obtain outside legal and other independent professional advice and to secure the attendance of outsiders with relevant experience, expertise if it considers it necessary.

2.2 Scope and Duties

- 2.2.1 To provide the Board of Directors with a means of independent and objective review of financial systems, internal financial control, financial information used by the Trust and compliance with law, guidance and codes of conduct and accountability.
- 2.2.2 To monitor the implementation of policies and procedures and standards of probity and business conduct for the Board of Directors and staff.
- 2.2.3 To review the annual financial statements before submission to the Board, focusing particularly on:-
- (a) Changes in/and compliance with accounting policies and practices
 - (b) Major judgmental areas
 - (c) Significant adjustments resulting from the audit
- 2.2.4 To review the establishment and maintenance of an effective system of internal control and risk management.
- 2.2.5 Review the adequacy of all risk and control related disclosure statements together with any accompanying Head of Internal Audit Annual Opinion Statement prior to endorsement by the Board. This will encompass all risks that affect the Trust not just financial risks.
- 2.2.6 Review the structure processes and responsibility for identifying and managing key risks facing the organisation.
- 2.2.7 Review policies for ensuring that there is compliance with relevant regulatory, legal, and code of conduct requirements as set out in the relevant guidance.
- 2.2.8 Review and monitor tenders waived.

- 2.2.9 Review the operational effectiveness of policies and procedures.
- 2.2.10 Review the policies and procedures for all work related to fraud and corruption as set out in the NHS Counter Fraud Authority's Counter Fraud Standards for Providers.
- 2.2.11 Review and monitor the Trust's Board Assurance Framework.
- 2.2.12 To consider the appointment of the Local Counter Fraud Service (LCFS).
- 2.2.13 To consider the appointment of the Internal Audit Services, the audit fee and any questions of resignation and dismissal.
- 2.2.14 To review the internal audit programme considering the major findings of internal audit investigations and management's response and ensure co-ordination between the Internal and External Auditors.
- 2.2.15 To ensure that the Internal Audit function is adequately resourced and has appropriate standing within the organisation.
- 2.2.16 To advise and support the appointment of the External Auditors by the Council of Governors.
- 2.2.17 To discuss with External Audit before the audit commences, the nature and scope of the audit and ensure co-ordination as appropriate with External Auditors within the local health economy.
- 2.2.18 To review External Audit reports including value for money reports and annual audit letters, together with the management response.
- 2.2.19 To review proposed changes to Standing Orders and Standing Financial Instructions, unless a situation should arise that would result in delaying urgent revisions to the documents being made. In these circumstances, this task can be escalated to the Board of Directors.
- 2.2.20 To examine circumstances associated with each occasion when Chair's Action is taken to waive Standing Orders and/or Standing Financial Instructions.
- 2.2.21 To review schedules of losses and special payments and make recommendations to the Trust Board.

2.3 Chief Finance Officer

- 2.3.1 The Chief Finance Officer 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; ensuring that the internal audit is adequate and meets the NHS mandatory audit standards;
 - (b) deciding at what stage to involve the police in cases of fraud, misappropriation and other regularities; and
 - (c) ensuring there are appropriate terms of reference for the internal audit function, and that these are reflected in the SFIs.
- 2.3.2 The Chief Finance Officer or designated Auditors are entitled, without necessarily giving prior notice, to require and receive:
 - (a) access to all records, documents and correspondence relating to any financial or other relevant transactions, including documents of a confidential nature;

- (b) access at all reasonable times to any land, premises, members of the Board or Officers of the Trust;
- (c) the production of any cash, stores or other property of the Trust under a member of the Board and/or Officer's control; and
- (d) explanations concerning any matter under investigation.

2.4 Role of Internal Audit

- 2.4.1 Internal audit provides an independent and objective opinion to the Chief Executive, the Audit Committee and the Board on the degree to which risk management, control and governance support the achievement of the Trust's agreed objectives.
- 2.4.2 The Head of Internal Audit will provide an annual opinion statement, in accordance with Department of Health and Social Care (DHSC) guidelines, which will be based on a 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 Trust's objectives;
 - (b) identify, assess and manage the risks to achieving the Trust'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 Trust's assets and interests from losses of all kinds, including those arising from fraud, irregularity or corruption; and
 - (f) ensure the integrity and reliability of information, accounts and data, including internal and external reporting and accountability processes.
- 2.4.3 Where key systems are being operated on behalf of the Trust by any body external to the Trust, the Head of Internal Audit must ensure arrangements are in place to form an opinion on their effectiveness.
- 2.4.4 Where the Trust operates systems on behalf of other bodies, the Head of Internal Audit must be consulted on the audit arrangements proposed or in place.
- 2.4.5 Whenever a 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 Chief Finance Officer must be notified immediately.
- 2.4.6 The Head of Internal Audit will normally attend Audit Committee meetings and has a right of access to all Audit Committee members, the Chair and Chief Executive of the Trust.
- 2.4.7 The Chief Finance Officer shall produce written procedures for the issue and clearance of audit reports. These shall include the appropriate following action and the steps to be taken when managers fail to take remedial action within the appropriate time period.
- 2.4.8 Where in exceptional circumstances the use of normal reporting channels could be seen as possibly limiting the objectivity of the audit, the Head of Internal Audit shall have access to report directly to the Chair or Deputy Chair of the Board, Chair of the Audit Committee or Chief Executive.

2.4.9 The Head of Internal Audit shall be accountable to the Chief Finance Officer. The reporting system for internal audit shall be agreed between the Chief Finance Officer, the Audit Committee and the Head of Internal Audit. The agreement shall be in writing and shall comply with any guidance on reporting contained in all relevant NHS mandatory audit standards t. The reporting system shall be reviewed at least every three years

2.5. External Audit

2.5.1 The Council of Governors shall appoint or remove the auditor at a general meeting of the Council of Governors.

2.5.2. The Audit Code applicable to NHS Foundation Trusts ("The Audit Code") contains directions of the Independent Regulator under Schedule 7 paragraph 24 of the National Health Service Act 2006, with respect to the standards, procedures and techniques to be adopted by the Auditor.

2.5.3 The Trust shall apply and comply with the Code of Audit Practice.

2.5.4 The Auditor shall be required by the Trust to comply with the Code of Audit Practice.

2.5.5 SFI 2.3.2 relates equally to internal and external audit.

2.5.6 In the event of the Auditor issuing a public interest report the Trust shall forward a report to the Independent Regulator within 30 days (or such shorter period as the Independent Regulator may specify) of the report being issued. The report shall include details of the Trust's response to the issues raised within the public interest report.

2.6. Fraud and Corruption

2.6.1 The Trust shall take all necessary steps to counter fraud and deal effectively with security management issues affecting NHS funded services in accordance with:

- (a) the NHS Counter Fraud Manual;
- (b) The NHS counter fraud manual Chapter 6 – Pursuing sanctions where there is evidence of fraud, bribery or corruption;
- (c) any other reasonable guidance or advice issued by the NHS Counter Fraud Authority that affects efficiency, systemic and/or procedural matters; and
- (d) the security management manual.
- (e) the Trust's Fraud, Bribery & Corruption policy

2.6.2. The Chief Executive and Chief Finance Officer shall monitor and ensure compliance with the above.

2.6.3 The Trust shall nominate a suitable person to carry out the duties of the local counter fraud specialist (LCFS) in accordance with the NHS Requirements under Government Functional Standard 013 for Counter Fraud. Whilst the legacy standards historically required by NHS Protect (Security Management Standards for Providers) no longer exist they still provide an excellent framework for the management of security that will be continually implemented via the Health, Safety and Security Team.

2.6.4 The LCFS shall report to the Chief Finance Officer and shall work with staff in the NHS Counter Fraud Authority in accordance with the NHS Counter Fraud Manual. The Health, Safety & Security Team will report to the Compliance & Governance Manager (Estates) and provide security management arrangements in accordance with the relevant section of the Health & Safety Policy.

2.6.5 The Trust shall appoint a Counter Fraud Champion (CFC) in accordance with the NHS Requirements under Government Functional Standard 013 for Counter Fraud. The CFC will work closely with the LCFS to assist in promoting awareness of fraud, bribery and corruption and in embedding a counter fraud culture within the Trust.

3. BUSINESS 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 an integrated Business 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
- (c) full compliance with the Independent Regulator's requirements as detailed in the authorisation

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

- (a) be in accordance with the aims and objectives set out in the Business Plan;
- (b) accord with workload and manpower plans;
- (c) be produced following discussion with appropriate budget holders;
- (d) be prepared within the limits of available funds;
- (e) identify potential risks; and
- (f) enable the Trust to comply with the prudential borrowing code set out by the Independent Regulator.

3.1.3 The Chief Finance Officer 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 Chief Finance Officer to enable budgets to be compiled.

3.1.5 All budget holders will sign up to their allocated budgets at the commencement of each financial year.

3.1.6 The Chief Finance Officer 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) autonomy within approved Care Group budget envelope, income growth and any service line deficit recovery plans;
- (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 but have autonomy within Board approved budget envelope income growth and any service line deficit recovery plan to vary budget in order to meet their agreed targets.

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 Should a major incident be declared, with the Trust enacting its emergency planning and preparedness framework as part of the business continuity plans, budgetary responsibility will be delegated as outlined within a revised version of the Standing Financial Instructions to ensure adequate business continuity.

3.3 Budgetary Control and Reporting

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

- (a) monthly financial reports to the Board and the Executive Management Team (EMT) in a form approved by the Board containing:
 - (i) income and expenditure to date showing trends and forecast year-end position;
 - (ii) movements in working capital;
 - (iii) movements in cash and capital;
 - (iv) capital project spend and projected outturn against plan;
 - (v) explanations of any material variances from plan; and
 - (vi) details of any corrective action where necessary and the Chief Executive's and/or Chief Finance Officers' 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, including providing information, support and challenge at monthly performance meetings; 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; and
 - (c) no permanent employees are appointed without the approval of the Chief Finance Officer and Chief People Officer 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 trading gaps and implementing initiatives to close them in accordance with the requirements of a balanced budget.
- 3.3.4 In a situation of a major incident, budgetary reporting will operate in line with the Trusts latest emergency planning and preparedness framework as part of the business continuity plans.

3.4 Capital Expenditure & Leases (those accounted for under IFRS16)

- 3.4.1 The Board approves the overall programme as part of the annual plan and delegates to Executive Management Team decisions on variations/business cases between £1m and £2m. The Capital Planning & Investment Group (CPIG) approves any below those limits.
(The particular applications relating to capital are contained in SFI 11).

3.5 NHS England Returns

- 3.5.1 The Chief Executive is responsible for ensuring that the appropriate forms are submitted as required by NHS England and/or by the Department of Health and Social Care.

4. ANNUAL ACCOUNTS AND REPORTS

- 4.1.1 The Trust is to keep accounts in such form as NHS England (was NHS Improvement), may direct. The accounts are to be audited by the Trust's external Auditor.
- 4.1.2 The following documents will be made available to the Comptroller and Auditor General for examination at his request
- (a) the accounts;
 - (b) any records relating to them; and
 - (c) any report of the external Auditor on them.
- 4.1.3 The Trust is to prepare in respect of each financial year annual accounts in such form as NHS England may direct with the approval of the Treasury.
- 4.1.4 In preparing its annual accounts, the Trust is to comply with any directions given by NHS England with the approval of the Treasury as to:
- (a) the methods and principles according to which the accounts are to be prepared; and
 - (b) the information to be given in the accounts.
- 4.1.5 The annual accounts, any report of the external Auditor on them, and the annual report are to be presented to the Council of Governors at a Members' Meeting.
- 4.1.6 The Trust shall:

- (a) lay a copy of the annual accounts, and any report of the external Auditor on them, before Parliament; and
- (b) send copies of those documents to NHS England

4.1.7 Responsibility for complying with the requirements relating to the form, preparation and presentation of the accounts shall be delegated to the Chief Executive.

4.2 Annual Report

4.2.1 The Trust is to prepare annual reports and send them to NHS England. The reports are to give:

- (a) information on any steps taken by the Trust to secure that (taken as a whole) the actual membership of its public constituencies and of the classes of the staff constituency is representative of those eligible for such membership; and
- (b) any other information NHS England requires.

4.2.2 The Trust is to comply with any decision by NHS England with regard to:

- (a) the form of the reports;
- (b) when the reports are to be sent; and
- (c) the periods to which the reports are to relate.

4.3 Annual Plan

4.3.1 The Trust is to give information as to its forward planning in respect of each financial year to NHS England. The document containing this information is to be prepared by the Directors, and in preparing the document, the Board of Directors must have regard to the views of the Council of Governors.

5. BANKING

5.1 General

5.1.1 The Chief Finance Officer 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 NHS England or HM Treasury. In line with 'Managing Operating Cash in NHS Foundation Trusts' Trusts should minimise the use of commercial bank accounts and consider using the 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 Chief Finance Officer is responsible for:

- (a) bank accounts and the 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; and
- (e) monitoring compliance with the Independent Regulator's guidance on the level of cleared funds.

5.3 Banking Procedures

- 5.3.1 The Chief Finance Officer 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; and
 - (b) those authorised to sign cheques or other orders drawn on the Trust's accounts.
- 5.3.2 The Chief Finance Officer 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 Chief Finance Officer will review the commercial banking arrangements of the Trust at regular intervals to ensure they reflect best practice and represent best value for money by periodically seeking competitive tenders for the Trust's commercial banking business.

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

6.1 Income Systems

- 6.1.1 The Chief Finance Officer 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 Chief Finance Officer is also responsible for the prompt banking of all monies received.

6.2 Fees and Charges

- 6.2.1 The Chief Finance Officer 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 being considered in line with the latest guidance from the Department of Health and Social Care.
- 6.2.2 All employees must inform the Chief Finance Officer 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 Chief Finance Officer 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 should be detected (or preferably prevented) and recovery initiated.

6.4 Security of Cash, Cheques and other Negotiable Instruments

6.4.1 The Chief Finance Officer is responsible for:

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

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 Chief Finance Officer.

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. LEGALLY BINDING CONTRACTS FOR THE PROVISION OF SERVICES

7.1 Legally Binding Contracts (LBCs)

The Chief Executive, as the Accountable Officer, is responsible for ensuring the Trust enters into suitable Legally Binding Contracts (LBCs) with service commissioners for the provision of NHS services.

The Trust will follow the detail contained within the schedules of the contract. 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 Performance Assessment Framework within the LBC;
- that the LBC builds on existing partnership arrangements;
- that SLAs are based on integrated care pathways.

7.2 Involving Partners and jointly managing risk

A good LBC 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 LBC 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.

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 LBCs.

8. TERMS OF SERVICE, ALLOWANCES AND PAYMENT OF MEMBERS OF THE TRUST BOARD AND EMPLOYEES

8.1 Remuneration and Terms of Service

- 8.1.1 The Remuneration & Nominations Committee has been established by the Board of Directors to ensure that proper systems exist to advise on the appropriate level of remuneration for the Chief Executive and Executive Directors of the Trust.

8.2 Scope and Duties

- 8.2.1 To recommend to the Board the appropriate level of remuneration and terms of service of the Chief Executive, Executive Directors ensuring that they are fairly rewarded for their individual contribution to the Trust, having proper regard to the organisation, circumstances and performance and the provision of any national arrangements for such staff where appropriate and appropriate labour market information.
- 8.2.2 To ensure that the appropriate systems exist to monitor the performance of the Chief Executive and Executive Directors of the Trust.
- 8.2.3 To review the level of performance and remuneration of the Chief Executive and Executive Directors annually.
- 8.2.4 To advise on, and oversee contractual arrangements for such staff including a proper calculation and scrutiny of termination payments, taking account of relevant national guidance and legal advice.
- 8.2.5 The Committee has no authority in relation to the remuneration and terms of service of the Chair and Non-Executive Directors. It is the Council of Governors who will decide these remuneration and allowances.

8.3 Staff Appointments

- 8.3.1 No officer or Member of the Board of Directors 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 Finance Officer and the Chief People Officer; and
 - (b) they are within the approved limit of the annual plan.
- 8.3.2 The Board will approve procedures presented by the Chief Finance Officer and the Chief People Officer for the determination of commencing pay rates, condition of service, etc, for employees.

8.4 Processing Payroll

8.4.1 The Chief People Officer is responsible for:

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

8.4.2 The Chief People Officer 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.

8.4.3 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 Chief People Officer instructions and in the form prescribed by the Chief People Officer;
- (c) submitting termination forms in the prescribed form immediately upon knowing the effective date of an employee's or Officer's resignation, termination or retirement. Where an employee fails to report for duty or to fulfil obligations in circumstances that suggest they have left without notice, the Chief People Officer must be informed immediately.

8.4.4 Regardless of the arrangements for providing the payroll service, the Chief People Officer 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.

8.5 Contracts of Employment

8.5.1 The Board shall delegate responsibility to the Chief People 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.

9. NON-PAY EXPENDITURE

9.1 Delegation of Authority

9.1.1 The Scheme of Delegation sets out the delegated powers.

9.2 Requisitioning

9.2.1 Requisitioners shall use the iProcurement and Edge for Health catalogue (EFH) facility to order goods and services supported by Trust negotiated contracts.

9.2.2 Where a service or goods line is not available then the requisitioner should consult with the Procurement department. In choosing the item to be supplied (or the service to be performed) best value for money for the Trust should always be sought. ~~Where the advice of the Procurement department is not acceptable to the requisitioner, the Chief Finance Officer (and/or the Chief Executive) shall be consulted.~~

9.3 System of Payment and Payment Verification

The Chief Finance Officer 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.

9.3.1 The Chief Finance Officer 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 (Procurement) 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 Trust employees (including specimens of their signatures) authorised to certify invoices.
 - (ii) Proper Certification.

9.4 Prepayments

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

- (a) Prepayments are only permitted where the financial advantages outweigh the disadvantages (i.e. cash flows must be discounted to NPV) and the intention is not to circumvent cash limits
- (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 Chief Finance Officer will need to be satisfied with the proposed arrangements before contractual arrangements proceed; and
- (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.

9.5 Official orders

9.5.1 Official Orders must:

- (a) be ~~uniquely~~consecutively numbered;
- (b) be in a form approved by the Chief Finance Officer
- (c) state the Trust's terms and conditions of trade;
- (d) only be raised by ~~an approved the p~~Purchasing to pay system, ~~ie Oracle or Concept-~~

9.5.2 Duties of Managers and Officers

Managers and Officers must ensure that they comply fully with the guidance and limits specified by the Chief Finance Officer 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 Chief Finance Officer in advance of any commitment being made;
- (b) contracts above specified thresholds are advertised and awarded in accordance with ~~national~~EU rules on public procurement;
- (c) where consultancy advice is being obtained, the procurement of such advice must be in accordance with guidance issued by the Department of Health and Social Care (DHSC);
- (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 and the principles outlined in the national guidance "Managing Conflicts of Interest in the NHS: Guidance for staff and organisations")

- (e) no requisition/order is placed for any item or items for which there is no budget provision unless authorised by the Chief Finance Officer 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 Chief Finance Officer;
- (k) purchases from petty cash are restricted in value and by type of purchase in accordance with instructions issued by the Chief Finance Officer;
- (l) petty cash records are maintained in a form as determined by the Chief Finance Officer.

(m) orders for healthcare services must be awarded in accordance with the NHS Provider Selection Regime.

9.6 Joint Finance Arrangements with Local Authorities and Voluntary Bodies

- 9.6.1 Payments to local authorities and voluntary organisations made under the powers of section 256 of the NHS Act 2006 shall comply with procedures laid down by the Chief Finance Officer which shall be in accordance with these Acts.

10. EXTERNAL BORROWING AND INVESTMENTS

10.1 Public dividend capital

- 10.1.1 On authorisation as a Foundation Trust the public dividend capital held immediately prior to authorisation continues to be held on the same conditions.
- 10.1.2 Additional public dividend capital may be made available on such terms the Secretary of State (with the consent of the Treasury) decides.
- 10.1.3 Draw down of public dividend capital should be authorised in accordance with the mandate held by the Department of Health and Social Care capital and cash funding team, and is subject to approval by the Secretary of State.
- 10.1.4 The Trust shall be required to pay annually to the Department of Health and Social Care a dividend on its public dividend capital at a rate to be determined from time to time, by the Secretary of State.

10.2 Commercial borrowing

- 10.2.1 The Trust may borrow money from any commercial source for the purposes of or in connection with its functions, subject to compliance with the Secretary of State's guidance under section 42A of the NHS Act 2006.

10.3 Investments

- 10.3.1 The Trust may invest money (other than money held by it as charitable Trustee) for the purposes of or in connection with its functions. Such investment may include forming, or participating in forming, or otherwise acquiring membership of bodies corporate.
- 10.3.2 The Trust may also give financial assistance (whether by way of loan, guarantee or otherwise) to any person for the purposes of or in connection with its functions.

10.4 Investment of Temporary Cash Surpluses

- 10.4.1 Temporary cash surpluses must be held only in such public and private sector investments as approved in the Trust's treasury management policy which should be drawn up by the Chief Finance Officer and pursuant to all applicable guidance including Managing Operating Cash in NHS Foundation Trusts published by the Independent Regulator.
- 10.4.2 The Chief Finance Officer shall report periodically to the Trust Board concerning the performance of any investments held.
- 10.4.3 The Chief Finance Officer will prepare detailed procedural instructions on investment operations and on the records to be maintained. The Trust's treasury management policy will incorporate guidance from the Independent Regulator as appropriate.
- 10.4.4 The Trust shall comply with all relevant guidance published on investments from time to time in force.

10.5 Working Capital Facility

- 10.5.1 Whenever the Trust requires a Working Capital Facility, the Board will ensure that funds are available for short-term cash flow management by negotiating an irrevocable working capital facility with a commercial bank. The value of this facility shall not exceed the limit set in the Trust's authorisation.

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

11.1 Capital Investment

- 11.1.1 The Chief Executive:
- (a) shall ensure that there is an adequate appraisal and approval process in place for determining capital expenditure priorities and the effect of each proposal upon business plans;
 - (b) is responsible for the management of all stages of capital schemes and for ensuring that schemes are delivered on time and to cost;
 - (c) shall ensure that the capital investment is not undertaken without confirmation of purchaser(s) support and the availability of resources to finance all revenue consequences, including capital charges;
 - (d) shall ensure that the Trust complies with the requirements of NHS Oversight Framework, including the regulators guidance 'Supporting NHS providers: guidance on transactions for NHS foundation trusts', .

11.1.2 For every capital expenditure proposal (other than replacement equipment or rolling programmes) the Chief Executive shall ensure:

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

11.1.3 The Chief Executive and Chief Finance Officer shall ensure that the arrangements for financial control and financial audit of building and engineering contracts and property transactions comply with the guidance contained within the ESTATECODE or any other legally binding contractual process as appropriate. The technical audit of these contracts shall be the responsibility of the relevant Director.

11.1.4 For capital schemes where the contracts stipulate stage payments, the Chief Executive will issue procedures for their management, incorporating the recommendations of "Estatecode".

11.1.5 The Chief Finance Officer shall assess on an annual basis the requirement for the operation of the construction industry tax deduction scheme in accordance with HM Revenue and Customs guidance.

11.1.6 The Chief Finance Officer shall issue procedures for the regular reporting of expenditure and commitment against authorised expenditure.

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

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

- (a) specific authority to commit expenditure;
- (b) authority to proceed to tender;
- (c) approval to accept a successful tender (see overlap with Scheme of Delegation).

11.1.9 The Chief Executive will issue a scheme of delegation for capital investment management.

11.1.10 The Chief Finance Officer shall issue procedures governing the financial management, including variations to contract, of capital investment projects and valuation for accounting purposes.

11.2 Private Finance

11.2.1 The Trust should normally test for PFI when considering capital procurement. For all proposals:

- (a) The Chief Finance Officer shall demonstrate that the use of private finance represents value for money and genuinely transfers significant risk to the private sector.
- (b) Where the sum involved exceeds delegated limits, the business case must be referred to NHS England or in line with any current guidelines.
- (c) The proposal must be specifically agreed by the Board.

11.3 Asset Registers

- 11.3.1 The Chief Executive is responsible for the maintenance of registers of assets, taking account of the advice of the Chief Finance Officer 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.
- 11.3.2 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 accordance with the International Financial Reporting Standards (IFRS) and any other standards applicable for the periods concerned.
- 11.3.3 Additions to the fixed asset register must be clearly identified to an appropriate budget holder and be validated by reference to:
- (a) properly authorised and approved agreements, architect's certificates, supplier's invoices and other documentary evidence in respect of purchases from third parties;
 - (b) stores, requisitions and wages records for own materials and labour including appropriate overheads;
 - (c) lease agreements in respect of assets held under a finance lease and capitalised.
- 11.3.4 Where capital assets are sold, scrapped, lost or otherwise disposed of, their value must be removed from the accounting records and each disposal must be validated by reference to authorisation documents and invoices (where appropriate).
- 11.3.5 The Chief Finance Officer shall approve procedures for reconciling balances on fixed assets accounts in ledgers against balances on fixed asset registers.
- 11.3.6 The value of each asset shall be depreciated using methods as allowed in the IFRSs.

11.4 Security of Assets

- 11.4.1 The overall control of fixed assets is the responsibility of the Chief Executive.
- 11.4.2 Asset control procedures (including fixed assets, cash, cheques and negotiable instruments, and also including donated assets) must be approved by the Chief Finance Officer. 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.
- 11.4.3 All discrepancies revealed by verification of physical assets to fixed asset register shall be notified to the Chief Finance Officer.

11.4.4 Whilst each employee and officer has a responsibility for the security of property of the Trust, it is the responsibility of Board members and senior employees in all disciplines to apply such appropriate routine security practices in relation to Trust property as may be determined by the Board. Any breach of agreed security practices must be reported in accordance with agreed procedures.

11.4.5 Any damage to the Trust's premises, vehicles and equipment, or any loss of equipment, stores or supplies must be reported by Board members and employees in accordance with the procedure for reporting losses.

11.4.6 Where practical, assets should be marked as Trust property.

12. STORES AND RECEIPT OF GOODS

12.1 General position

12.1.1 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.

12.2 Control of Stores, Stocktaking, condemnations and disposal

12.2.1 Subject to the responsibility of the Chief Finance Officer 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 Chief Finance Officer. The control of any Pharmaceutical stocks shall be the responsibility of a designated Pharmaceutical Officer; the control of any fuel oil and coal of a designated estates manager.

12.2.2 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 Trust property.

12.2.3 The Chief Finance Officer shall set out procedures and systems to regulate the stores including records for receipt of goods, issues, and returns to stores, and losses.

12.2.4 Stocktaking arrangements shall be agreed with the Chief Finance Officer and there shall be a physical check covering all items in store at least once a year.

12.2.5 Where a complete system of stores control is not justified, alternative arrangements shall require the approval of the Chief Finance Officer.

12.2.6 The designated Manager/Pharmaceutical Officer shall be responsible for a system approved by the Chief Finance Officer for a review of slow moving and obsolete items and for condemnation, disposal, and replacement of all unserviceable articles. The designated Officer shall report to the Chief Finance Officer any evidence of significant overstocking and of any negligence or malpractice (see also overlap with SFI on 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.

12.3 Goods supplied by NHS Supply Chain

- 12.3.1 For goods supplied via the NHS Supply Chain central warehouses, the Chief Executive shall identify those authorised to requisition and accept those goods. Generally goods will be ordered to regularly agreed stock levels. Any discrepancies to order should be reviewed and resolved with NHS Supply Chain.

13. DISPOSALS AND CONDEMNATIONS, LOSSES AND SPECIAL PAYMENTS

13.1 Disposals and Condemnations

13.1.1 Procedures

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

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

13.1.3 All unserviceable articles shall be:

- (a) condemned or otherwise disposed of by an employee authorised for that purpose by the Chief Finance Officer;
- (b) recorded by the Condemning Officer in a form approved by the Chief Finance Officer 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 Chief Finance Officer.

- 13.1.4 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 Chief Finance Officer who will take the appropriate action.

13.2 Losses and Special Payments

13.2.1 Procedures

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

- 13.2.2 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 Chief Finance Officer or inform an officer charged with responsibility for responding to concerns involving loss. This officer will then appropriately inform the Chief Finance Officer and/or Chief Executive. Where a criminal offence is suspected, the Chief Finance Officer 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 Chief Finance Officer must inform the relevant LCFS in accordance with the Trusts Fraud, Bribery and Corruption Policy.

The Chief Finance Officer must notify the Counter Fraud and Security Management Service Division (CFSMS) and the External Auditor of all frauds.

- 13.2.3 For losses apparently caused by theft, arson, neglect of duty or gross carelessness, except if trivial, the Chief Finance Officer must immediately notify:

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

13.2.4 Within limits delegated to it by the Department of Health and Social Care, the Audit Committee shall approve the initial writing-off of losses, which in turn are reported to the Board.

13.2.5 The Chief Finance Officer shall be authorised to take any necessary steps to safeguard the Trust's interests in bankruptcies and company liquidations.

13.2.6 For any loss, the Chief Finance Officer should consider whether any insurance claim can be made.

13.2.7 The Chief Finance Officer shall maintain a Losses and Special Payments Register in which write-off action is recorded.

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

13.2.9 All losses and special payments must be reported to the Audit Committee at every meeting.

14. INFORMATION TECHNOLOGY

14.1 Responsibilities and duties of the Chief Finance Officer

14.1.1 The Chief Finance Officer, 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;
- (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.

14.1.2 The Chief Finance Officer 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.

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

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

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

- (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.

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

14.3.1 The Chief Finance Officer 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.

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

14.4 Risk Assessment

The Chief Information Officer 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.

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

Where computer systems have an impact on corporate financial systems the Chief Finance Officer 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) Chief Finance Officer staff have access to such data;
- (d) such computer audit reviews as are considered necessary are being carried out.

15. PATIENTS' PROPERTY

15.1 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.

15.2 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.

- 15.3 The Chief Finance Officer 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.
- 15.4 Where Department of Health and Social Care instructions require the opening of separate accounts for patients' moneys, these shall be opened and operated under arrangements agreed by the Chief Finance Officer.
- 15.5 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.
- 15.6 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.
- 15.7 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

16. FUNDS HELD ON TRUST (CHARITABLE FUNDS)

16.1 Corporate Trustee

- 16.1.1 The Trust is responsible, as a corporate Trustee, for the management of funds it holds on Trust and shall comply with Charities Commission latest guidance and best practice.
- 16.1.2 The discharge of the Trust's corporate Trustee responsibilities are distinct from its responsibilities for exchequer funds and may not necessarily be discharged in the same manner, but there must still be adherence to the overriding general principles of financial regularity, prudence and propriety. Trustee responsibilities cover both charitable and non-charitable purposes.
- 16.1.3 The Chief Finance Officer 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.

16.2 Accountability to Charity Commission and Secretary of State for Health

- 16.2.1 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.
- 16.2.2 The Scheme of Decisions and Scheme of Delegation make clear where decisions regarding the exercise of discretion regarding the disposal and use of the funds are to be taken and by whom. All Trust Board members and Trust Officers must take account of that guidance before taking action.

16.3 Applicability of Standing Financial Instructions to funds held on Trust

- 16.3.1 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.
- 16.3.2 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.

17. TENDERING AND CONTRACTING PROCEDURE

17.1 Duty to comply with Standing Financial Instructions

The procedure for making all contracts by or on behalf of the Trust shall comply with these Standing Financial Instructions.

In instances where a major incident is declared, with the Trust enacting its emergency planning and preparedness framework, a deviation to the tender process will be outlined within a revised version of the Standing Financial Instructions to ensure adequate business continuity.

17.2 Directives Governing Public Procurement

Public Contract Regulations 2015 and any superseding legislation prescribing procedures for awarding all forms of contracts shall have effect as if incorporated in these Standing Financial Instructions.

17.3 Reverse eAuctions

The Trust should have policies and procedures in place for the control of all tendering activity carried out through Reverse eAuctions.

17.4 Capital Investment and other Department of Health and Social Care Guidance

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

17.5 Formal Competitive Tendering

17.5.1 General Applicability

The Trust shall ensure that competitive tenders are invited for:

- the supply of goods, materials and manufactured articles;
- the rendering of services including all forms of management consultancy services (other than specialised services sought from or provided by other government organisations);
- For the design, construction and maintenance of building and engineering works (including construction and maintenance of grounds and gardens); for disposals.

17.5.2 Health Care Services

~~Where the Trust elects to invite tenders for the supply of healthcare services these Standing Financial Instructions shall apply as far as they are applicable to the tendering procedure. Healthcare Service must be procured in accordance with the NHS Provider Selection Regime.~~

17.5.3 Exceptions and instances where formal tendering need not be applied

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

- (a) the estimated expenditure or income does not, or is not reasonably expected to, exceed **£30,000**;
- (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. 13;

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 national or regional framework agreements available to the public sector are in place
- (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 Chief Finance Officer 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 within current Department of Health and Social Care capital investment guidance.

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

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

Contracts awarded by the Assistant Director of Procurement and Sustainability Head of Procurement in conjunction with Points (f) and

(g) are not required to be waived, as contracts awarded in these circumstances ~~h~~Have been let through nationally negotiated contracts which have demonstrated best value and have been let through open competition in accordance with National Procurement legislation. The Assistant Director of Procurement and Sustainability Head of Procurement is not required to document and report this to the Trust Board.

17.5.4 Fair and Adequate Competition/Single Tender

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 or advertised appropriately to provide fair and adequate competition as appropriate, ~~and in no case less than three firms/individuals~~, having regard to their capacity to supply the goods or materials or to undertake the services or works required unless:

- the goods required are from a sole manufacturer, or monopoly supplier then single tender is permitted.

17.5.5 List of Approved Firms

The Trust shall ensure that firms/individuals invited to tender are technically competent to undertake to fulfil the supply of goods and services. Contracts should only be awarded to firms/individuals who are financially and technically competent or are among those on the approved lists (frameworks of dynamic purchasing systems):-

17.5.6 Building and Engineering Construction Works

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

17.5.7 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.

17.6 Contracting/Tendering Procedure

17.6.1 Invitation to tender

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

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

~~(a) 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) 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.~~

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- (iii) Every tender for goods, materials, services or disposals shall embody such of the NHS Standard Contract Conditions as are applicable.
- (iv) Every tender for building or engineering works (except for maintenance work, when Estatecode guidance shall be followed) shall embody or be in accordance with the terms of a recognised form of construction contract e.g. the Joint Contracts Tribunal (JCT) standard forms of building contract or the NEC4 Engineering and Construction Contract. Where the content of the work is primarily engineering, the Model Forms of general conditions of contract recommended by the Institution of Mechanical and Electrical Engineers or the Institute of Civil Engineers, may be more appropriate. These documents may be modified and/or amplified to accord with Department of Health guidance and, in minor respects, to cover special features of individual projects

17.6.2 Receipt and safe custody of tenders

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

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

The Electronic Return of Tenders

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

- Such systems will be configured so that responses are secure and visible to the delegated staff only, upon the expiry of the published response deadline only.
- The electronic system will not detract in any way from the provisions of this document in any other way.

Tender responses will be accessed electronically by approved/delegated staff, whereupon all offers will be printed and recorded in the same way as hard copy only Tenders.

~~17.6.3 Opening tenders and Register of tenders (paper based responses)~~

~~(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 managers designated by the Chief Executive and not from the originating department. In the event that the two senior managers availability is limited to Microsoft Teams, this is deemed acceptable, as long as there is another senior manager, or a member of the executive support team (in addition to the existing two senior managers) also present at the opening of the tender and in receipt of hard copy paper based tender document. The meeting must be recorded and saved for audit/assurance purposes.~~

~~(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 £30,000. 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 Chief Finance Officer 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. This may be delegated to Deputy Directors where a director is not available.~~

~~The Trust Secretary and Chief Information Officer will count as Directors 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. (SFI No. 17.6.5 below).~~

17.6.4 Opening tenders and Register of tenders (Electronic Responses) – Procurement Department Only

(i) As soon as practicable after the release date of the tender, they shall be opened and printed by designated staff from the originating Department.

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

(iii) The ~~Head of Procurement~~ Assistant Director of Procurement and Sustainability and the ~~Deputy Operational~~ Head of Procurement will be required to be one of the two approved persons present for the releasing of the tenders estimated above £30k. In the case where the ~~Head of Procurement~~ Assistant Director of Procurement and Sustainability or the ~~Deputy Operational~~ Head of Procurement is the tender originator, a separate delegated officer will need to be present. The rules relating to the opening of tenders will need to be read in conjunction with any delegated authority set out in the Trust's scheme of delegation.

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

- the name of all firms/individuals invited;

- the names of firms individuals from which tenders have been received and for electronic tenders;
- 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.

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

- (v) Incomplete tenders, i.e. those from which information necessary for the adjudication of the tender is missing, and amended tenders i.e., those amended by the tendered upon his own initiative either orally or in writing after the due time for receipt, but prior to the opening of other tenders, should be dealt with in the same way as late tenders (17.6.6 below)

17.6.5 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 Chief Finance Officer shall, as far practicable, ensure that the price to be paid is fair and reasonable and will ensure value for money for the Trust.

17.6.6 Late tenders

- (i) Below threshold 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. This is not applicable to above threshold tenders.
- (ii) Only in the most exceptional circumstances will a tender be considered which is received after the opening of the other ~~tenders 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. This is not applicable to above threshold tenders

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

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

- (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.

The ~~Head of Procurement~~ Assistant Director of Procurement and Sustainability may enter into post tender negotiations on terms of costs provided that the reasons for, and the results of, such negotiations are maintained in a permanent record.

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.
 - (c) in accordance with MEAT (Most ~~Economically~~ Advantageous Tender) criteria
- (v) All tenders should be treated as confidential and should be retained for inspection.

17.6.9 Tender reports to the Trust Board

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

17.6.10 List of approved firms (see SFI No. 17.5.5)

(a) Responsibility for maintaining list

A manager nominated by the Chief Executive shall on behalf of the Trust maintain lists of approved firms 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..
- 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 Equality Act 2010, 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 Chief Finance Officer may make or institute any enquiries deemed appropriate concerning the financial standing and financial suitability of approved contractors. The Director with lead responsibility for clinical governance will similarly make such enquiries as is felt appropriate to be satisfied as to their technical / medical competence.

(d) **Procurement**

The ~~Head of Procurement~~ Assistant Director of Procurement and Sustainability should seek to ensure that all firms, with whom the Trust enters into a contract, are technically and financially competent to undertake to fulfil the supply of goods and services, making use of the national and regional framework contracts, the NHS Supply Chain, and Trust approved contractors.

17.6.11 **Exceptions to using approved contractors**

If in the opinion of the Chief Executive and the Chief Finance Officer 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.

17.7 **Quotations: Competitive and non-competitive**

17.7.1 **General Position on quotations**

Quotations are required where formal tendering procedures are not adopted and where the intended expenditure or income exceeds or is reasonably expected to exceed £30,000.

17.7.2 **Competitive Quotations**

- (i) Quotations should be obtained from at least three firms/individuals based on specifications or terms of reference prepared by, or on behalf of, the Trust.
- (ii) Quotations should be in writing unless the Chief Executive 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)~~ (iii) The Chief Executive or his nominated officer should evaluate the quotation and select the quote which gives the best value for money. If this is not the lowest quotation if payment

is to be made by the Trust, or the highest if payment is to be received by the Trust, then the choice made and the reasons why should be recorded in a permanent record.

17.7.3 Non-Competitive Quotations

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

- (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)~~ (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.

17.7.4 Quotations to be within Financial Limits

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

17.8 Authorisation of Tenders and Competitive Quotations

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

Head of Procurement Assistant Director of Procurement and Sustainability		up to	£30,000
Prime Budget Holder	up to	£50,000	
Deputy Director	up to	£100,000	
Director	up to	£150,000	
Operational Director of Finance (ODoF)	up to	£1,000,000	
CFO	up to	£1,000,000	
Chief Executive and CFO	up to	£2,000,000	
Trust Board	over	£2,000,000	

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

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

In the event that the Chief Finance Officer (CFO) is deputising for the Chief Executive and the authorisation limit has been reached where both signatories are required, the function of CFO will be delegated to the Operational Director of Finance but supported by additional Executive Director approval.

Where the Trust is involved in a financial decision relating to the relevant partnerships and collaborations within the Strategic Partnership Agreement, the threshold would be set at £500k. For other decisions that rest solely with the BDCFT Board, the £2mk threshold would be retained.

In the event of a major incident being declared with the Trust commencing its business continuity

framework, Appendix A outlines the authorised signatories.

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

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

- (a) the Trust shall use the NHS Supply Chain 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) The Trust shall use national and regional framework contracts.
- (c) If the Trust does not use the options in (a) and (b) - where tenders or quotations are not required, because expenditure is below £30,000 the Trust shall procure goods and services in accordance with procurement procedures approved by the Chief Finance Officer.

17.10 Private Finance for capital procurement (see overlap with SFI No. 11)

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

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

17.11 Compliance requirements for all contracts

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

- (a) The Trust's Standing Financial Instructions;
- (b) Public Contract Regulations or superseding legislation and other statutory provisions;
- (c) any relevant directions including the Capital Investment Manual, Estatecode 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.
- (g) In all contracts made by the Trust, the Board shall endeavour to obtain best value for money by use of all systems in place. The Chief Executive shall nominate an officer who shall oversee and manage each contract on behalf of the Trust.

17.12 Personnel and Agency or Temporary Staff Contracts

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

17.13 Healthcare Services Agreements (see overlap with SFI No. 7)

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 level agreements are not contracts in law and therefore not enforceable by the courts. However, a contract with a Foundation Trust, being a PBC, is a legal document and is enforceable in law.

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

Healthcare Services contracts must be procured in accordance with The Provider Selection Regime

17.14 Disposals (See overlap with SFI No. 13)

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 Procurement policy of the Trust;
- (c) items to be disposed of with an estimated sale value of less than £5,000, this figure to be reviewed on a periodic basis;
- (d) items arising from works of construction, demolition or site clearance, which should be dealt with in accordance with the relevant contract;
- (e) land or buildings concerning which DHSC guidance has been issued but subject to compliance with such guidance.

17.15 In-house Services

17.15.1 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.

17.15.2 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 group, comprising the Chief Executive or nominated officer/s and specialist.
- (b) In-house tender group, comprising a nominee of the Chief Executive and technical support.
- (c) Evaluation team, comprising normally a specialist officer, a procurement officer and a Chief Finance Officer representative. For services having a likely annual expenditure

exceeding £150,000, a non-officer member should be a member of the evaluation team.

17.15.3 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.

17.15.4 The evaluation team shall make recommendations to the Board.

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

17.16 Applicability of SFIs on Tendering and Contracting to funds held in trust

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

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

The Chief of People 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 national NHSE guidance 'Managing Conflict of interest in the NHS: Guidance for staff and organisations', and is also deemed to be an integral part of these Standing Orders and Standing Financial Instructions.

19. RETENTION OF RECORDS

19.1 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.

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

19.3 Records held in accordance with the latest NHS Code of Practice shall only be destroyed at the express instigation of the Chief Executive. Detail shall be maintained of records so destroyed.

20. RISK MANAGEMENT AND INSURANCE

20.1 Programme of Risk Management

The Chief Executive shall ensure that the Trust has a programme of risk management, operated through the risk management strategy, in accordance with current Department of Health and Social Care assurance framework requirements, which must be approved and monitored by the Board. The Trust Board shall approve at least annually the assurance framework.

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 a Statement on the effectiveness of the system of Internal Control within the Annual Report and Accounts as required by current Department of Health and Social Care guidance.

20.2 Insurance: Risk Pooling Schemes administered by NHS Resolution (formerly NHS Litigation Authority)

The Board shall decide if the Trust will insure through the risk pooling schemes administered by NHS Resolution (formerly NHS 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.

20.3 Insurance arrangements with commercial insurers

- 20.3.1 The Chief Finance Officer shall ensure that insurance arrangements exist in accordance with the risk management programme.

20.4 Arrangements to be followed by the Board in agreeing Insurance cover

- 20.4.1 Where the Board decides to use the risk pooling schemes administered by NHS Resolution the Chief Finance Officer shall ensure that the arrangements entered into are appropriate and complementary to the risk management programme. The Chief Finance Officer shall ensure that documented procedures cover these arrangements.
- 20.4.2 Where the Board decides not to use the risk pooling schemes administered by the NHS Resolution for one or other of the risks covered by the schemes, the Chief Finance Officer 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 Chief Finance Officer 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.
- 20.4.3 All the risk pooling schemes require Scheme members to make some contribution to the settlement of claims (the 'deductible'). The Chief Finance Officer should ensure documented procedures also cover the management of claims and payments below the deductible in each case



Bradford District Care
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SCHEME OF DECISIONS AND SCHEME OF DELEGATION

JanuarySeptember 20253

SCHEME OF DECISIONS AND SCHEME OF DELEGATION

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1. INTRODUCTION

This Schedule of Reserved Decisions and Scheme of Delegation sets out all roles and decision levels through which the Board of Directors operates. Many of the areas shown can be linked to specific paragraphs in the Standing Orders (where references to such relate to the specific paragraph(s) contained in Annex 7 “*Standing Orders for the Board of Directors*” of the Trust’s Constitution), Standing Financial Instructions or Procurement Regulations and these should also be consulted as required. (The Schedules are set out in the following tables).

The general description of the roles of the Board of Directors, the Chair, the Chief Executive and Executive Directors, are shown below followed by descriptions of the role/decision level in specific areas which form part of the Trust’s regular business.

2. GENERAL CONDITIONS

- All powers are vested in the Board of Directors and remain to be exercised by the Board unless specifically delegated within a scheme of delegation authorised by the Board. The ultimate responsibility for all decisions taken under delegated powers remains with the Board of Directors.
- Decisions made under delegated powers must comply with statutory and legal provisions, with Trust policy and regulations and must not incur expenditure that is not provided for, in the Trust’s Business Plan (revenue or capital budget).
- No Committee may exercise power greater than those available to the Board of Directors or greater than those specifically delegated by the Board.
- It is the responsibility of each Chair (or acting Chair) of each Committee, operating within delegated powers, to ensure that:
 - ◆ Business is conducted in accordance with formal agenda reports.
 - ◆ Minutes are compiled in respect of all business considered at meetings and that those minutes are comprehensive and clear and adequately reflect the considerations and decisions made.
 - ◆ Minutes of meetings including reference to decisions taken, should be submitted to the Board of Directors at the earliest practical opportunity, but in any case on a regular and timely basis.

3. ROLE OF THE BOARD OF DIRECTORS

The Trust sets the strategic direction of the organisation within the NHS Oversight Framework and overall NHS policy, sets objectives and the plans to meet them and oversees their delivery. It aims to ensure high standards of corporate governance and personal behaviour in the conduct of business with high standards of financial stewardship and value for money and achieves this through officers led by the Chief Executive and a team of Executive Directors who will advise and appraise. It is important to note that the Board of Directors functions as a unified Board as opposed to individuals’ accountabilities.

4. ROLE OF THE CHAIR

The Chair acts as the main link in communication between the Chief Executive and the Board of Directors; to provide a focus for Directors' views; to act on behalf of the Board between meetings where necessary and to report on such actions where appropriate; to advise and guide the Chief Executive; and to maintain close contact with Governors and other NHS Chairs; to act as the main spokesperson for the Board. The Chair also has a responsibility for authorising, on behalf of the Trust, urgent actions in respect of appropriate matters. In the event of the absence of the Chair, the Deputy Chair will deputise over the whole range of the Chair's responsibilities.

5. ROLE OF THE CHIEF EXECUTIVE

The Chief Executive is directly accountable to the Board of Directors in relation to the performance of all of the Trust's functions. Whilst Executive Directors have a crucial role in the development of policy, The Chief Executive is ultimately responsible for advice to the Board and for ensuring that the Board's policies and decisions are implemented. The only exception to this is when advice is given by other officers in their professional capacity.

6. ROLE OF THE EXECUTIVE DIRECTORS

Executive Directors are responsible to the Chief Executive for the scope of work delegated to them and for assisting him in the formulation of policy and advice to the Board.

7. EMERGENCY PLANNING, RESILIENCE AND PREPAREDNESS

To support the Trust's business continuity plans in a situation where a major incident has been declared, an identified deviation to the Standing Financial Instructions will be established and a revised version of the Standing Financial Instructions approved

In relation to the Scheme of Delegation, the following deputy agreements will be recognised in extraordinary circumstances where the Chief Executive, or the Chief Finance Officer (CFO) is not available to fulfil their duties due to a leave of unplanned absence.

Where the Chief Executive (CE) is named to fulfil a particular duty, in their unplanned absence from work the Deputy Chief Executive, Chief Finance Officer (CFO) or any other Executive Director, as nominated by the Chief Executive will assume full deputy responsibilities acting in good faith on behalf of the Chief Executive during their leave of absence.

Where the Chief Finance Officer is named to fulfil a particular duty, in their unplanned absence from work the Chief Executive or any other Executive Director, or Operational Director of Finance as nominated by the Chief Executive will assume full deputy responsibilities acting in good faith on behalf of Chief Finance Officer during their leave of absence.

Where the Chair of the Trust is named to fulfil a particular duty, in their unplanned absence from the role the Deputy Chair or any other Non-Executive Director, as nominated by the Chair will assume full deputy responsibilities acting in good faith on behalf of the Chair of the Trust during their leave of absence.

Where a nominated Executive Director is named to fulfil a particular duty, in their unplanned absence from the role the Chief Executive will fulfil or nominate another Executive Director, Associate Director or relevant Deputy Director to fulfil full deputy responsibilities acting in good faith on behalf of the Chair of the Trust during their leave of absence.

Record

For any situation where a deviation has taken place to the Standing Financial Instructions; or any situation that may give rise to a conflict of interest (either actual or potential), the outcome will be presented at the relevant Trust meeting or where the Chief Executive or Chief Finance Officer has been unavailable with a deputy identified to fulfil their nominated duties. The decision made, and by whom will be recorded within the Trust record for that meeting.

8. SCHEME OF DECISIONS AND SCHEME OF DELEGATION

DESCRIPTION	DECISION BY BOARD	DECISION BY ROLE OF:			SFI REF
		CHAIR	CHIEF EXECUTIVE	DIRECTOR /SENIOR MANAGER	
1. Governance					
1.1 Standing Orders/ Standing Financial Instructions (SO's/SFI's)	Approves	Chair in conjunction with the Chief Executive and Trust Secretary is the final authority in interpretation of SOs and the Audit Committee for SFIs.	Responsible for creation/ submission of Standing Orders.	CFO responsible for creation/amendment of SFI's and submission for approval	S.F.I . 1
1.2 Audit Arrangements	Approval through Audit Committee. Action on points raised by External Auditors			CFO manages the arrangements for the provision of external and internal audit. Advises Chair/CEO on points raised by auditors	S.F.I. 2.
1.3 Emergency Powers / Urgent Decisions		In conjunction with the Chief Executive takes action as appropriate and reports to the next Board meeting			S.F.I 1
1.4 Health and Safety Arrangements	Approves policy on Health & Safety and arranges for the undertaking of specific reviews on the advice of the Finance and Performance Committee.		Overall responsibility for operational arrangements.	CFO to ensure effective implementation of Trust policy to monitor on a day-to-day basis and to advise CEO of requirements. EDs/Senior Managers responsible for arrangements within their scope of operation.	
1.5 Code of Conduct, Hospitality etc.	Approves overall policy.	Approval of attendance at conferences or similar visits by Non-Executive Directors and CEO.	Overall responsibility for the arrangements for Director/Officer hospitality in line with Trust policy and national guidance.	CPO to ensure that the Trust's Code of Conduct for Directors and Employees is brought to the attention of staff including new starters.	

KEY:

CEO	Chief Executive	MD	Medical Director
CFO	Chief Finance Officer	DN	Director of Nursing/Professions & Care Standards DIPC
ED	Executive Directors	CPO	Chief People Officer
CIO	Chief Information Officer	COO	Chief Operating Officer
ODoF	Operational Director of Finance		

	DECISION BY BOARD	DECISION BY ROLE OF:			SFI REF
		CHAIR	CHIEF EXECUTIVE	DIRECTOR/SENIOR MANAGER	
1.6 Risk Management	Approves Policy. Receives regular reports on quantified Risks from the Audit Committee. Approves the Assurance Framework. Through the Audit Committee, approves the Annual Governance Statement.		Overall responsibility for Risk Management Delegated to DN. Overall responsibility for the signed Annual Governance Statement.	DN to ensure that the Risk Management Policy is implemented. Advises Board and CEO of significant risk. ED's/Senior Manager responsibility to put in place Risk Management for arrangements within the scope of operations and for taking appropriate action based upon risk assessments.	S.F.I 20
1.7 Sealing of Documents	Receives Annual Reports on the documents on which the Common Seal has been fixed in the presence of Chair and CEO (or an ED)	To be present and attested by the Chair for all contracts which exceed £2m (with organisations other than NHS or government bodies) or for any leases as deemed appropriate.	To be present and attested by CEO/ED for all contracts which exceed £150k (with organisations other than NHS or government bodies) and up to £2mm for any leases as deemed appropriate.		
1.8 Complaints against the Health Service	Approves complaints policy. Assesses and actions reports submitted on complaints or allegations of ill treatment/inappropriate treatment.		Advises Chair/Board on specific issues.	DN and/or COO advises CEO on specific issues.	
1.9 Research & Development (R&D)	Approves policy and strategy having regard to the advice of the Quality and Safety Committee.		Reports R&D performance and governance to Board of Directors.	MD to put in place an effective Research Governance System and reporting.	
1.10 Data Protection	To ensure policy on data protection is effective			CIO in line with statute and Trust policy to nominate a Data Protection Manager. CIO responsible for reports to Board annually and as required.	S.F.I 14

DESCRIPTION	DECISION BY BOARD	DECISION BY ROLE OF:			SFI REF
		CHAIR	CHIEF EXECUTIVE	DIRECTOR/SENIOR MANAGER	
2. Finance					
2.1 Business Plan, Budget, Annual Report and Accounts	Accepts and approves reports submitted by the CEO/CFO		Approves Business Plan, Annual Report and Accounts for submission to the Board of Directors.	CFO submits budgets and financial reports to the Board.	S.F.I. 3 & 4
2.2 Delegation of Budgets and Approval to spend.	Accepts and approves delegated budgets			CFO to draw up proposals for individual budgets within the limits and plans of the Board. Individual Directors to accept responsibility for budgets allocated to them, to operate within SFIs, and to delegate to individual budget holders as required. CFO approves virement according to SFIs.	S.F.I. 3
2.3 Service Development & Business Cases (including responding to Health Tenders/ Contracts)	Approves Trust's Annual Plan		Responsible, as the Trust's accountable officer for the legality of service developments & (via SLT, and where appropriate FPC) approves in-year developments (with the CFO) between £1m & £2m.	CFO responsible for ensuring that the business planning process and service developments take account of legality considerations	
2.4 Operation of all Detailed Finance Matters including Bank Accounts and Banking Procedures.				CFO to be responsible for the implementation of the Board's financial policies, in accordance with SFIs.	
2.5 Banking	All banking arrangements must be approved by the Board of Directors.			CFO to advise the Board on: <ul style="list-style-type: none"> ♦ Banking needs ♦ The provision of banking services ♦ The need for re-tendering. CFO to stipulate operational and day-to-day controls.	S.F.I. 5

DESCRIPTION	DECISION BY BOARD	DECISION BY ROLE OF:			SFI REF
		CHAIR	CHIEF EXECUTIVE	DIRECTOR/SENIOR MANAGER	
2.6 Insurance Arrangements	Approves insurance portfolio.		Reports to Board on potential insurable risks.	CFO draws up insurance portfolio recommendations. MD responsible for R&D clinical indemnity arrangements.	S.F.I. 20
2.7 Management and Control of Stocks				CFO defines what is to be classed as stock and the controls and records required. Individual Directors are responsible for stocks under their control but may delegate day-to-day control to Deputy Directors/General Managers or to Heads of Service/Departments.	S.F.I. 9 & 12
2.8 Recording and Monitoring of Payments under the Losses and Compensation Regulations				Directors and Senior Managers will notify CFO in writing of losses and special payments who will arrange for the appropriate authorisation, notify the CFO and provide reports to each Audit Committee. CFO will notify the CEO/Chair/Board of Directors of specific items of a managerial nature without delay.	S.F.I. 13
2.9 Management of Charitable Funds (Endowment Funds)	Approve the composition of Charitable Funds Committee. Charitable Funds Committee approves Charity/ Endowment Scheme of Delegation and Sets overall policy on investments and accepts annual progress reports.			CFO acts as Treasurer to the Charitable Fund Committee. CFO to be responsible for ensuring management and accounting arrangements are in place which must comply with legislation. Fund Manager Up to £1,000 CFO £1k - £10k Charitable Funds Committee Above £10k	S.F.I. 16

DESCRIPTION	DECISION BY BOARD	DECISION BY ROLE OF:			SFI REF
		CHAIR	CHIEF EXECUTIVE	DIRECTOR/SENIOR MANAGER	
2.10 Service Delivery: Budgets and Monitoring	Monitors financial and patient activity on a regular basis.			CFO to prepare monthly corporate report which monitors the progress of financial and patient activity within the Trust.	S.F.I. 3 & 7
2.11 External/Internal Audit	Through the Audit Committee takes necessary action on external audit reports and internal audit provision.		Considers submission to Board of Directors.	CFO monitors audit issues.	S.F.I. 2

DESCRIPTION	DECISION BY BOARD	DECISION BY ROLE OF:			SO/SFI REF
		CHAIR	CHIEF EXECUTIVE	DIRECTOR/SENIOR MANAGER	
3. Procurement					
3.1 General	Agrees Standing Orders regarding tendering.		Ensures compliance with Standing Orders.	CFO advises CEO on Standing Order requirements.	
3.2 Receipt and Opening of Tenders				CFO nominates and authorises Senior Officers and decides on admissibility and acceptance of tenders. Two nominated Senior Officers to open and receive tenders. Neither should have been involved in the commissioning of the work.	
3.3 Post Tender Negotiations				CFO agrees to post tender negotiations taking place. Directors advise CFO in writing that post tender negotiations are to take place or are being considered.	
3.4 Approvals and Limits	Agrees tendering limits as part of Standing Orders/Standing Financial Instructions. Approves acceptance of tenders over £2mk. Approves any tender accepted that is other than the lowest.		CEO, or CFO, waives quotations and tenders over £30k and reports to Audit Committee.	Details of all tenders accepted to be reported to the CFO. Limits for approving acceptance of tenders:- Head of Procurement - Assistant Director of Procurement and Sustainability Up to £30k Prime Budget Holder £5k - £50k Deputy Director £50k - £100k Director £100k - £150k ODoF £150k - £1m CFO £150k - £1m CEO & CFO* £1m - £2m *In the event that the Chief Finance Officer (CFO) is deputising for the Chief Executive and the authorisation limit has been reached where both	

DESCRIPTION	DECISION BY BOARD	DECISION BY ROLE OF:			SO/SFI REF																		
		CHAIR	CHIEF EXECUTIVE	DIRECTOR/SENIOR MANAGER																			
3.5 Ordering Goods and Services			Authorises named individuals to raise and sign orders within prescribed monetary levels.	<p>signatories are required, the function of CFO will be delegated to the Operational Director of Finance (ODoF) but supported by additional Executive Director approval.</p> <p>**In the event of a major incident being declared with the Trust commencing its business continuity framework, any deviation to the approvals and limits will be outlined within a revised version of the Standing Financial Instructions t</p> <p>These are maximum levels for authorised signatories:</p> <table><tr><td>Budget Monitor</td><td>Up to £5k</td></tr><tr><td>Delegated Budget Holder</td><td>Up to £10k</td></tr><tr><td>Prime Budget Holder</td><td>Up to £50k</td></tr><tr><td>Deputy Director/General Manager</td><td>Up to £100k</td></tr><tr><td>Director</td><td>Up to £150k</td></tr><tr><td>ODoF</td><td>Up to £1m</td></tr><tr><td>CFO</td><td>Up to £1m</td></tr><tr><td>CEO & CFO*</td><td>Up to £2m</td></tr><tr><td>Trust Board</td><td>Over £2m</td></tr></table> <p>*In the event that the Chief Finance Officer is deputising for the Chief Executive and the authorisation limit has been reached where both signatories are required, the function of CFO will be delegated to the Operational Director of Finance (ODoF) but supported by additional Executive Director approval</p> <p>where the Trust is involved in a financial decision relating to the relevant partnerships and collaborations within the Strategic Partnership Agreement, the threshold</p>	Budget Monitor	Up to £5k	Delegated Budget Holder	Up to £10k	Prime Budget Holder	Up to £50k	Deputy Director/General Manager	Up to £100k	Director	Up to £150k	ODoF	Up to £1m	CFO	Up to £1m	CEO & CFO*	Up to £2m	Trust Board	Over £2m	S.F.I. 9
Budget Monitor	Up to £5k																						
Delegated Budget Holder	Up to £10k																						
Prime Budget Holder	Up to £50k																						
Deputy Director/General Manager	Up to £100k																						
Director	Up to £150k																						
ODoF	Up to £1m																						
CFO	Up to £1m																						
CEO & CFO*	Up to £2m																						
Trust Board	Over £2m																						

DESCRIPTION	DECISION BY BOARD	DECISION BY ROLE OF:			SO/SFI REF
		CHAIR	CHIEF EXECUTIVE	DIRECTOR/SENIOR MANAGER	
				<p>would be set at £500k. For other decisions that rest solely with the BDCFT Board, the £2m threshold would be retained.</p> <p>**In the event of a major incident being declared with the Trust commencing its business continuity framework, Appendix A in the Standing Financial Instructions outlines the authorised signatories.</p>	
3.6 Appointment of Management Consultants	Ensure NHS Improvement's consultancy expenditure approval process is adhered to.			<p>Approval of Management Consultancy services within the limits of:</p> <ul style="list-style-type: none"> • ED & CFO signing new contracts for consultancy projects up to £50k • ED & CFO extending or varying existing contracts or incurring additional expenditure to which they are not already committed (where the total contract value does not exceed £50k) • CEO & CFO signing new contracts for consultancy projects over £50k (see below additional NHS Improvement requirement) • CEO & CFO extending or varying existing contracts or incurring additional expenditure to which they are not already committed (where the total contract value exceeds £50k) (see below additional Monitor requirement) <p>NHS Improvement expects any submission (for costs in excess of £50k) to be authorised by at least two board level executives. For projects with direct impact on clinical services, authorisation by the Director of Nursing/Professions & Care Standards DIPC, Chief Operating Officer or the Medical Director is required.</p>	

DESCRIPTION	DECISION BY BOARD	DECISION BY ROLE OF:			SO/SFI REF
		CHAIR	CHIEF EXECUTIVE	DIRECTOR/SENIOR MANAGER	
3.7 Management of Other Significant assets	Sale or purchase of capital assets (land or buildings) greater than £2mk.	Authorise purchase (following reporting through FPC), with CEO, or determines submission to Board of Directors on the purchase or sale of capital assets up to £2mk.	In conjunction with CFO, granting and termination of leases, including leases with annual rent.		

DESCRIPTION	DECISION BY BOARD	DESCION BY ROLE OF:			SO/SFI REF
		CHAIR	CHIEF EXECUTIVE	DIRECTOR/SENIOR MANAGER	
4. Human Resources					
4.1 Remuneration and Terms of Services for EDs	To be determined following recommendations from Remuneration Committee.			CPO advises Remuneration Committee.	S.F.I. 8
4.2 Human Resources Policy Disputes/Arbitration/ Disciplinary Matters	Approves policies for Trust		Determines submission to Board. Approves all premature retirements	CPO to prepare options and draft policy in liaison with EDs. CPO reports to EDs or Board as required. MD to make recommendations regarding medical staff.	
4.3 Education and Training	Approves overall policy and monitors implementation.			CPO drafts policy in liaison with EDs.	
4.4 Manpower Plan	Approves as part of Annual Plan.			CPO and CFO for changes where not in Annual Plan.	S.F.I. 8.3.1

DESCRIPTION	DECISION BY BOARD	DECISION BY ROLE OF:			SO/SFI REF
		CHAIR	CHIEF EXECUTIVE	DIRECTOR /SENIOR MANAGER	
5. Asset Management					
5.1 Management and Control of Computer Systems and Facilities.	Approves overall corporate IT policy on procurement and control of systems and facilities based on regular reports submitted by EDs.			CIO co-ordinates IT policy on behalf of Trust and is responsible for ensuring satisfactory arrangements exist for the control and security of hardware, software and data.	S.F.I.14
5.3 Management of Land and Buildings	Approves the general policy in respect of acquisitions, sale exchange or reservation of land and buildings and also the apportionment of proceeds as required.			CFO to be responsible for the design and management of capital schemes, surveys land and building acquisition and disposal. CO to be responsible for the day-to-day management of land and buildings.	

Corporate Investments, R&D, Shares etc.

DESCRIPTION	DECISION BY BOARD	DECISION BY ROLE OF:			SO/SFI REF
		CHAIR	CHIEF EXECUTIVE	DIRECTOR /SENIOR MANAGER	
6. Corporate Investments					
6.1 Commercialisation of Trust's Intellectual Property	Approves overall corporate policy on any investments in third party corporate vehicles and/or any internal financial support required to protect the Trust's Intellectual Property, based on reports submitted by ED's.			MD co-ordinates policy on behalf of Trust and is responsible for ensuring satisfactory arrangements exist for the control on any investments in third party corporate vehicles and/or any internal financial support required to protect the Trust's Intellectual Property. CFO to be responsible for the accounting treatment resulting from any commercial interests arising.	S.F.I.11
6.2 Strategic Alliances, Partnerships and Joint Ventures	Approves the general policy in respect of joint ventures and strategic alliances, based on reports submitted by ED's.			CFO to be responsible for the structuring of any joint ventures and strategic alliances and the accounting treatment of such transactions.	
6.3 Major Projects	Approves the general policy in respect of acquisitions, sale exchange or reservation of land and buildings and also the apportionment of proceeds as required.			CFO to be responsible for the design and management of capital schemes, surveys, land and building acquisition and disposal, CFO to be responsible for the day-to-day management of land and buildings.	

Approvals to sign SLA/Contracts with Commissioners

DESCRIPTION	DECISION BY BOARD	DECISION BY ROLE OF:			SO/SFI REF
		CHAIR	CHIEF EXECUTIVE	DIRECTOR /SENIOR MANAGER	
7. Contracts for Provision of Services					
7.1	<p>Receives Annual overview of Contract agreements/ baseline and consistency with Annual Budget plan.</p> <p>Receives updates on contractual negotiations and exception reporting on material contractual matters.</p>			CFO responsible for agreeing baseline values within overall Contracts, and ensuring consistency or variation reporting, comparing to Trust plans contained within the Annual Budget plan.	S.F.I. 3 & 7

Escalation and Assurance Report (AAA)

Report from the: West Yorkshire Community Health Services Provider Collaborative (WYCHS) - Quarterly Chairs and Executives Leads meeting.

Date of meeting: 22nd November 2024

Agenda
Item

18.0

Key escalation and discussion points from the meeting			
Alert	Action (to be taken)	By Whom	Target Date
N/A			
Advise:			
<p>At the 22nd November Community Collaborative time out it was agreed to;</p> <ul style="list-style-type: none">undertake a stocktake, in partnership with ICB colleagues, to understand current service delivery and delivery against the expected national published community services Core offer. To review opportunities to enhance, standardise (where appropriate) and measure our community offer for West Yorkshire. The publication of a Core Universal Community Offer (expected December 2024) is intended to drive standardisation and consistency of service delivery alongside being able to clearly measure and demonstrate the impact of community health services. To develop a blueprint of community services for the future and to measure this against the stocktake baseline leading to the development of plans to move to the desired model with partners.engage in the outcome of the review of Place-based arrangements and to help define which organisations lead the provider collaboration in Place.To meet again as Chairs and Chief Executives to consider progress made by Community Collaboratives governance on these actions. <p>The Collaborative has been invited by the WYICB 21st January 2025 to detail plans, outline challenges and opportunities, and propose the transformation required, including in strategic commissioning, to enable neighbourhood healthcare within existing system resources.</p>			
Assure:			
<p>In response to the government's 'big shift' from hospital to community in the NHS, the West Yorkshire Community Services Provider Collaborative focused its in-person 'time-out' session on 22 November 2024 in Leeds on the design and delivery of neighbourhood healthcare. The WY ICB Chief Executive and Chair attended this meeting. This discussion and planning between Chairs and Chief Executives of providers in the NHS and with social enterprise Locala, supports the on-going work of</p>			

the Collaborative which the ICB Board has formally supported since July 2023. The design and implementation of effective neighbourhood healthcare to deliver care closer to home is enabled by system-wide work on Primary Care Recovery via our West Yorkshire Fuller Delivery Board reported to Board in November 2023, overseen by our ICB Quality Committee, and our 2024/25 transformation aim to design an Integrated Neighbourhood Team (INT) blueprint across our five Places, overseen by our ICB Transformation Committee.

Report completed by:

Becca Spavin

Programme Director: West Yorkshire Community Healthcare Provider Collaborative

19.12.24

Report distribution:

Chairs and Company Secretaries of Airedale NHSFT, Bradford District Care Trust, Calderdale and Huddersfield NHSFT, Harrogate and District NHSFT, Leeds Community Healthcare NHS Trust, Locala, Mid Yorkshire Teaching Hospital NHS Trust and Yorkshire Ambulance Service