

Bundle Audit Committee 12 September 2019

9.30am Boardroom, Carlton Court, St Asaph Business Park, St Asaph LL17 0JG

- 1 09:30 - OPENING BUSINESS - OPEN SESSION
- 1.1 09:30 - AC19/52 Apologies for Absence - John Cunliffe
- 1.2 09:31 - AC19/53 Declarations of Interest
- 1.3 09:32 - AC19/54 Procedural Matters
- 1) *To confirm the Minutes of the last meeting of the Committee held on 30th May 2019 as a correct record and to discuss any matters arising;*
- 2) *To review the Summary Action Log ;*
- 3) *To discuss content for the next Audit Committee workshop and agree an indicative date;*
- 4) *To note that the issue of the revised Model Standing Orders from Welsh Government is likely to be in the Autumn with a timeline for adoption by Health Boards across Wales by the end of November and to agree arrangements for sign off by the Audit Committee prior to Board; and*
- 5) *To note the deferment of the C-PIP (Caldicott Principles into Practice) review from the current Internal Audit Plan as a result of planned changes in the reporting tool and migration to a new process, as agreed via Chair's Action; and*
- 6) *To note the updated Terms of Reference approved by the July Board (these incorporate the changes agreed by the Audit Committee in May - re statement that Trade Union Partners are welcome to attend the open session of the meeting).*
- 7) *To recommend to the Board a minor change to the terms of reference of the Charitable Funds Committee membership, replacing the Executive Director of Nursing and Midwifery with the Executive Medical Director.*
- AC19.54a Minutes Open session - Audit Committee 30.5.19.doc
- AC19.54b Summary Action Log Audit Committee live version.doc
- AC19.54c - Audit Committee ToR V11.0.doc
- 1.4 09:37 - AC19/55 Issues Discussed in Previous In Committee Session
- AC19.55 In committee items reported in public.docx
- 2.1 09:38 - AC19/56 Clinical Audit Plan - Melanie Maxwell
- AC19.56a Coversheet for Clinical Audit Plan and Policy.docx
- AC19.56b-Clinical Audit Plan Policy-Introduction Narrative-02.09.19.pdf
- AC19.56c- Appendix 1 Clinical Audit Plan-Tier 1&2-02.09.19.pdf
- AC19.56d-Appendix 2 V1.9-BCUHB-Clinical Audit Policy-2019.pdf
- 2.2 10:08 - AC19/57 Wales Audit Office Update Report - Andrew Doughton/Amanda Hughes/Mike Usher
- AC19.57a WAO September 2019 AC coversheet - WAO.docx
- AC19.57b WAO_Audit_Committee_Update_Sept 2019.docx
- AC19.57c integrated-care-fund-report-eng.pdf
- AC19.57d BCU_theatres_report_Final.pdf
- AC19.57e Theatre review - for information evidence feedback.pdf
- 2.3 10:53 - AC19/58 Internal Audit Progress Report - Dave Harries
- AC19.58a Internal Audit Progress Report_Coversheet.docx
- AC19.58b Internal Audit Progress Report.docx
- 2.4 11:38 - AC19/59 Amendments to the Scheme of Reservation and Delegation - Dawn Sharp
- AC19.59a Coversheet for SoRD Amendments September 2019.docx
- AC19.59b Summary of Scheme of Reservation Changes Sept 2019.docx
- AC19.59c Updated Master SoRD September 2019 v0.01 draft with tracked changes.docx
- AC19.59d Office of the Executive Medical Director Updated Operational SoRD 2019_operational template (2).docx
- AC19.59e Therapies and Health Sciences Updated Operational SoRD 2019_operational template v0.01 Draft.docx
- AC19.59f MHLd updated Operational SORD 2019 v0.01 draft.docx
- AC19.59g Public Health updated operational SoRD 2019 v0.01 draft.docx
- AC19.59h Finance Updated Operational SoRD 2019_operational template RF v0.01 draft.docx

AC19.59i Planning and Performance Updated Operational SoRD 2019_operational template v0.01 draft.docx

AC19.59j West Area Updated Operational SoRD 2019_operational template v0.01 Draft.docx

AC19.59k Primary Care and Community Services updated Operational SoRD 2019_operational template v0.01 draft.docx

AC19.59l Central SoRD Operational Scheme of Delegation - Central Area Team 23-04-2019 v0.01 draft.docx

AC19.59m East Area Updated Operational SoRD 2019_East Area v0.01 Draft.docx

AC19.59n Workforce and OD Updated operational SoRD 2019_WOD Operational_July2019 v0.01 Draft.docx

AC19.59o Ysbyty Gwynedd Site Updated Operational SoRD 2019_operational template (004) (2) v0.01 Draft.docx

AC19.59p Ysbyty Glan Clwyd Site Updated Operational SoRD 2019_operational template (004) (2) v0.01 Draft.docx

AC19.59q Ysbyty Wrexham Maelor Site Updated Operational SoRD 2019_operational template (004) (2) v0.01 Draft.docx

AC19.59r Estates and Facilities Updated Operational SoRD 2019_operational template v0.01 Draft.docx

AC19.59s Executive Director of Nursing and Midwifery Updated Operational SoRD 2019_operational template v0.01 Draft.docx

AC19.59t Office of the Board Secretary Updated Operational SoRD 2019_operational template v0.01 draft.docx

2.5 11:48 - AC19/60 Interim Risk Management Arrangements - Gill Harris/Justine Parry

AC19.60a - Risk Management Coversheet.docx

AC19.60b - Final Draft - Corporate Risk Register.docx

2.6 12:18 - AC19/61 Interim Board Assurance Framework (incorporating the Legislation Assurance Framework) - Dawn Sharp

AC19.61a Coversheet for BAF.docx

AC19.61b BAF - Draft August 2019 V0.3.docx

AC19.61c Draft Assurance Map v0.01.xlsx

AC19.61d_ Appendix 2_LAF_Progress Report_Sept 19_V1_Draft.docx

2.7 12:48 - AC19/62 Annual Review of Declarations of Interest, Gifts and Hospitality and Review of Standards of Business Conduct Policy - Dawn Sharp

AC19.62a Gifts & Hospitality and Dols_Draft.docx

AC19.62b Appendix 1 DOI report.pdf

AC19.62c Appendix 2 Gifts & Hospitality and DOIs Report 01-09-18 to 31-03-19.pdf

AC19.62d Appendix 3 OBS02 - Revised draft of Standards of Business conduct policy_.docx

2.8 13:03 - AC19/63 Briefings and Updates for noting

To note receipt of the following documents:-

- NHS Wales Fighting Fraud Strategy (attached but circulated to Members previously)
- WAST follow up Internal Audit report on Handover of Care (attached but circulated to Members previously)
- to be monitored via Quality, Safety and Experience Committee;
- Conwy County Borough Council - Mental Health Governance - Conwy Community Mental Health Team - the draft report has been circulated to Members previously. Discussions are taking place with a view to undertaking a joint review and the Head of Internal Audit will provide an update with regard to the latest position at the meeting.

AC19.63a Fighting Fraud Strategy FINAL (002).pdf

AC19.63b WAST_18-19_Handover of Care at EDs Follow Up - Health Boards_ Internal Audit.pdf

2.9 13:08 - AC19/64 Issues of Significance for reporting to Board

2.10 13:13 - AC19/65 Date of Next Meeting - 12 December 2019, Boardroom, Carlton Court, St Asaph Business Park

2.11 13:14 - AC19/66 Exclusion of Press and Public

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

AUDIT COMMITTEE DRAFT
Minutes of the Meeting Held on 30.05.19
In the Boardroom, Carlton Court, St Asaph

Present:

Medwyn Hughes	Independent Member - Chair
John Cunliffe	Independent Member
Jacqueline Hughes	Independent Member
Lucy Reid	Independent Member

In Attendance:

Simon Cookson	Director of Audit and Assurance, NWSSP (left prior to Minute 19/38)
John Darlington	Assistant Director, Corporate Planning (for Minute AC 19/30 and 19/31)
Gary Doherty	Chief Executive and Accountable Officer (for Minute AC 19/47 onwards)
Andrew Doughton	Performance Audit Lead, Wales Audit Office
Sue Green	Executive Director of Workforce and OD (for Minute AC 19/32)
Dave Harries	Head of Internal Audit, NWSSP
Sue Hill	Acting Executive Director of Finance
Trevor Hubbard	Deputy Executive Director Of Nursing (for Minute AC 19/34)
Amanda Hughes	Financial Audit Manager, Wales Audit Office
Grace Lewis-Parry	Board Secretary
Melanie Maxwell	Senior Associate Medical Director (for Minute AC 19/36)
Jill Newman	Director Of Performance (for Minute AC 19/37)
Rob Nolan	Finance Director - Commissioning & Strategy (for Minute AC 19/30)
Andy Roach	Director Of Mental Health & Learning Disabilities (MHLDD) (for Minute AC 19/33)
Dawn Sharp	Assistant Director, Deputy Board Secretary
Lesley Singleton	Director Partnership MHLDD (for Minute AC 19/33)
Tony Uttley	Acting Finance Director, Operational Finance
Bethan Wassell	Compliance & Assurance Manager
Karl Woodward	Head of Local Counter Fraud (for Minute AC 19/49)

Agenda Item	Action
AC19/24 Opening Business and Apologies for Absence The Chair welcomed everyone to the meeting and sought the Committee's agreement to vary the order of business slightly to take account of officer diary commitments. Apologies were received from Mike Usher, Engagement Director, Wales Audit Office.	
AC19/25 Declarations of Interest No declarations of interest were made at the meeting.	

<p>AC19/26 Minutes, matters arising and review of summary action log</p> <p>RESOLVED: That</p> <ol style="list-style-type: none"> 1) the Minutes of the last meeting of the Committee held on 14.3.19 be confirmed as a correct record. 2) updates to the summary action log be recorded therein; 3) Chair's action approval to defer the Approval of Plans by the Board Review from this year's Internal Audit Plan be noted; and 4) the deferral of the annual review of Standing Orders be noted pending an all Wales review of the Model being undertaken by Welsh Government, which was expected to be issued July 2019. 	
<p>AC19/27 Issues discussed in previous In Committee session</p> <p>The Committee formally received the report in public session of those issues discussed in the private session at the meeting held on 14.3.19 which related to:-</p> <ul style="list-style-type: none"> • Financial Conformance Report • Counter Fraud Progress Report to the period 31.12.18 • Update on Internal and External Audit Achieved • Post Payment Verification Progress report • Tendering for Goods and Services – Estates Department <p>RESOLVED: That the report be received.</p>	
<p>AC 19/28 Head of Internal Audit Opinion and Annual Report 2018/19</p> <p>AC 19.28.1 In accordance with the Public Sector Internal Audit Standards, the Head of Internal Audit (HIA) provided the annual opinion, based upon and limited to the work performed on the overall adequacy and effectiveness of the organisation's risk management, control and governance processes (i.e. the organisation's system of internal control).</p> <p>AC 19.28.2 The outcomes of the reviews had been shared with management, however, it was noted that some had yet to be finalised although the draft report opinion had been used to inform the HIA opinion.</p> <p>AC 19.28.3 The audit work undertaken during 2018/19 and reported to the Audit Committee through the year and in draft were detailed within the main report.</p> <p>AC 19.28.4 The assurances by domain were:</p> <ul style="list-style-type: none"> • Reasonable Assurance (Yellow) – Strategic planning, performance management and reporting; Financial governance and management and information governance and security. • Limited assurance (Amber) – Corporate Governance, risk management and regulatory compliance; Quality and Safety; Operational services and functional management; Workforce Management; and Capital and Estates management. 	

<p>AC 19.28.5 The Overall assurance opinion for 2018/19 had been reported as limited assurance (Amber). Members considered the opinion as part of their Annual Report to the Board and stressed the importance of addressing promptly the deficiencies highlighted. The Committee would continue to monitor progress of the recommendations as part of the Team Central Tracking arrangements.</p> <p>RESOLVED: That the Head of Internal Audit opinion and annual report for the 2018/2019 financial year be received.</p>	
<p>AC19/29 Internal Audit Progress Report</p> <p>AC19/29.1 The Head of Internal Audit presented the progress report which summarised ten assurance reviews finalised since the last Committee, with the recorded assurance as follows:</p> <ul style="list-style-type: none"> • Reasonable assurance (yellow) – three; • Limited assurance (amber) – five; and • Assurance not applicable (blue) – one. <p>AC19/29.2 The report also detailed:</p> <ul style="list-style-type: none"> • Reviews issued at draft reporting stage as well as work in progress; • Follow-up status of one recommendations reviewed in the period. <p>AC19/29.3 In presenting the report the Head of Internal Audit referred to the deferment from the plan the reviews concerning approval of plans by the Board (referred to earlier as reported under Chair's action). In discussing the report members noted that a process for referring limited assurance audit reports when appropriate to the relevant Committee six months following their presentation to Audit Committee had now been agreed. All recommendations from the audits would continue to be monitored via the tracker tool.</p> <p>AC19/29.4 The following Internal Audit Limited Assurance Reports were presented for members' consideration as part of the Progress Update with the relevant officers in attendance to respond to questions:-</p>	
<p>AC19/30 Internal Audit Report - Revenue Business Cases</p> <p>The Assistant Director, Corporate Planning and the Finance Director, Commissioning and Strategy joined the meeting to respond to questions relating to the review which had been completed in April 2019 with Executive approval having been received in May 2019. Auditors had highlighted that only a small number of expected business cases had been developed with some not following the expected guidance and consequently had recommended that a guidance paper should be published as a formal operational procedure. Members stressed the importance of all management responses setting out clear milestones to address the recommendations and it was agreed the Head of Internal Audit and Assistant Director would review this outside the meeting.</p> <p>RESOLVED: That the update be received and the recommendations be tracked as part of the Team Central tracking arrangements.</p>	DH/JD

<p>AC19/31 Internal Audit Report - Business Continuity arrangements</p> <p>The Assistant Director, Corporate Planning joined the meeting to respond to questions regarding the Review which had been completed during April 2019 with Executive approval having been received in May 2019. The Review had identified that whilst implementation of the continuity plans was progressing well, pre-planned operational testing of plans was not routinely happening.</p> <p>RESOLVED: That the update be received and the recommendations be tracked as part of the Team Central tracking arrangements.</p>	
<p>AC19/32 Internal Audit Report - Case Management and Disciplinary Processes</p> <p>The Executive Director of Workforce and Organisational Development joined the meeting to respond to questions on the Review which was completed in February 2019 with Executive approval having been received in April 2019. The review had identified that timelines for recording investigation start/end dates had not been routinely captured thus undermining the ability of the Directorate to report on the efficiency of the process.</p> <p>RESOLVED: That the recommendations be tracked as part of the Team Central tracking arrangements.</p>	
<p>AC19/33 Internal Audit Report - Mental Health and Learning Disabilities Governance Arrangements and Delivering the Mental Health Strategy</p> <p>AC19/33.1 The Director of Mental Health and Learning Disabilities, together with the Director of Partnerships for the Directorate, joined the meeting to respond to questions regarding the Review which had been completed in January 2019 with Executive approval have been received in March 2019. The review had identified issues of compliance with terms of reference across the Directorate Groups reviewed; with scrutiny of the transformation agenda not evident through the organisational structure and the agenda for the Quality, Safe, Effective, Experience and Leadership Group being large which could become overwhelmed.</p> <p>AC19/33.2 Members also took the opportunity to discuss the Internal Audit Review relating to 'Delivering the Mental Health Strategy'. This review had an Internal Audit rating 'assurance not applicable'. This was given to reviews where support was provided to management to which assurance definitions were not appropriate but which were relevant to the evidence base upon which the overall opinion was formed. Members were concerned that the review had identified that there had been no specified annual project plan in place to underpin the strategy implementation. The Director confirmed that the recommendations arising from the audit were being addressed and that a detailed plan was to be presented to Finance and Performance Committee in July.</p> <p>RESOLVED: That the update be received and progress with the recommendations continue to be monitored via the Team Central tracker and that Members concerns relating to there not having been a specific annual project plan underpinning the 'Delivering the Mental Health Strategy' be escalated for the Board's attention as part of the Chair's assurance report.</p>	DS

<p>AC19/34 Internal Audit Report - Corporate Legislative Compliance with the Nurse Staffing Levels (Wales) Act 2016</p> <p>The Deputy Executive Director of Nursing joined the meeting to respond to questions following the Review which had been completed in January 2019 with Executive approval having been received in April 2019. The review had identified that Board reporting was in accordance with expectations however there had been inconsistent use of Safe care and gaps in the e-rostering data. Members stressed the importance of ensuring that future management responses clearly addressed the audit findings.</p> <p>RESOLVED: That the update be received and the recommendations be tracked as part of the Team Central tracking arrangements.</p>	
<p>AC19/35 Interim Accountability Framework</p> <p>The report outlined the change adopted in the Board's accountability framework as confirmed via the Finance and Performance Committee. The Accountability Framework formed part of the Board Assurance Framework and required ratification following scrutiny via the Finance and Performance Committee of the Board noting:</p> <ul style="list-style-type: none"> • the connectivity of the framework to the operational plan and objective setting, • the transition to health economy accountability; and • the interim nature of the framework, designed to support learning from its application so as to inform the development of a framework suited to the 3 year business planning and delivery cycle of the Health Board. <p>RESOLVED: That the interim accountability framework be ratified.</p>	
<p>AC19/36 Clinical Audit Report</p> <p>AC19/36.1 The Senior Associate Medical Director presented the paper which sought to address concerns raised by the Audit Committee at its meeting on 14th March 2019 and in doing so, strengthen the arrangements for Clinical Audit within the organisation and ensure that a robust plan of action was put in place to satisfy the requirements of both the Annual Governance and Annual Quality Statements. Risks identified that:</p> <ul style="list-style-type: none"> • National audits did not always reflect local priorities and lacked synergy with organisational quality risks • Audit resources were limited, and did not support the entire patient pathway. There was very little digital support. • There was a lack of robust planning for Tier 2 audits; and • There was a lack of clinical engagement in audit with moves to Quality improvement activity which may impact on the effectiveness of audit. <p>AC19/36.2 Following internal discussions, it had been agreed by the Chief Executive that responsibility for clinical audit at Board level would move to the Executive Medical Director. This decision was taken at the end of March 2019, and as a consequence work now needed to be undertaken to implement it. This would include reviewing roles and responsibilities of staff within the Clinical Audit Team, ensuring they had the capacity, skills and resources to deliver clinical audit activities across the Health Board that addressed the key organisations risks to the quality improvement strategy priorities.</p>	

<p>AC19/36.3 An outline plan for Tier 2 projects had been agreed by the Corporate Quality and Safety Group on 13th March 2019. However, the plan required further development and whilst work was on-going to progress key risk based audits (consent/ record keeping) there was further work to do. The plan would be reviewed following completion of the Annual Plan and three year outlook scheduled to be represented to the Health Board in July 2019. A renewed audit plan would be presented in September 2019.</p> <p>AC19/36.4 Members expressed concern that although some limited progress had been made, a revised plan addressing all actions previously identified by the Joint Audit, Quality, Safety and Experience Committee should be presented to the September meeting.</p> <p>RESOLVED: That</p> <p>(1) the transfer of the Clinical Audit function to the leadership of the Executive Medical Director be welcomed;</p> <p>(2) a further paper be prepared for the September meeting in relation to the clinical audit plan for 2019/20 to provide assurance against risks to the Quality Improvement Strategy;</p> <p>(3) the report address each of the actions outstanding from the previous JAQS Committee; and</p> <p>(4) the proposal in relation to future reporting via QSE and Audit Committee be considered further and as such the planned JAQS meeting in November 2019 remain in the diary.</p>	MM
<p>AC 19/37 - Committee Annual Reports</p> <p>AC 19/37.1 All Committees of the Board were required to provide written annual reports to the Board on their work with an assessment of progress against the Committee's annual objectives/work plan. All Committee Annual Reports had been reviewed in a workshop held by Audit Committee Members on 14th May 2019. Members' had used the reports to help inform their own Committee Annual Report.</p> <p>AC 19/37.2 Members reviewed the final submission of the reports prior to their submission to the Board. The review was intended to provide evidence on the scope and effectiveness of the 'committees'. Members concluded that overall the Board can be reasonably assured that 'committees; and assurance systems in place for the year have worked efficiently and effectively and that the Committee Annual Reports provided a clear picture of the assurances received during the year and of their effectiveness. The committee acknowledged and thanked all Committees for engaging in the process of annual review effectively. Section 8 of the Audit Committee's Annual Report set out steps to further improve arrangements by all Committees going forward and detailed a small number of changes to Committee Terms of Reference and consequently Standing Orders which are detailed below:-</p> <ul style="list-style-type: none"> • Quality, Safety and Experience Committee Terms of Reference to be adjusted to note that assurances in respect of Health and Care Standards were provided via 	

<p>the Quality Improvement Strategy and the Legislation Assurance Framework</p> <ul style="list-style-type: none"> • Finance and Performance Committee Terms of Reference – para 3.1.4 delete from the third bullet point “including the revalidation processes for medical and dental staff and registered nurses, midwives and health visitors and Allied professions” and remove the word ‘quarterly’ from the same bullet point. • Remuneration and Conditions of Service Committee Terms of Reference – include responsibility for revalidation processes for medical and dental staff and registered nurses, midwives and health visitors and Allied professions” (transferred from Finance and Performance Committee and refer to Trade Union Partners as opposed to Staff Side • Information Governance and Informatics Committee – agree to change the title of the Committee to Digital and Information Governance Committee • Strategy, Partnerships and Population Health Committee – remove the reference to Prison Health in the Terms of Reference given that this is now monitored by Quality, Safety and Experience Committee. • Stakeholder Reference Group – Support the proposal to include a Hospice Representative in the Group’s Membership • Remove Trade Union Partners reference from all Committee Memberships as set out in the Terms of Reference and replace with a statement that they are welcome to attend the open session of all Committee meetings. <p>AC 19/37.3 With regards to the Charitable Funds Committee, the Committee produced a very detailed combined Annual Report and Accounts. This had to be submitted to the Charities Commission by 31st January each year. The report would be audited during July/August 2019 and submitted to the Charitable Funds Committee in September thus complying with the Charities Commission deadline for submission of the finalised report and accounts in January 2020.</p> <p>RESOLVED: That the suite of annual reports be endorsed for onward submission to the Board, including the proposed changes to the Terms of Reference/Standing Orders as set out in para 19/37.2 above.</p>	DS
<p>AC19/38 – 40 Wales Audit Office Reports</p> <p>AC19/38-40.1 Wales Audit Office presented the regular audit update alongside reports finalised since the last audit committee, which included the Clinical Coding follow up report, together with a paper circulated for information only entitled ‘What’s the hold up’. The findings in relation to the Clinical Coding report stated that the Health Board’s clinical coding performance had improved significantly but that the Welsh Government target was not yet being met. The organisation had not yet started to use clinical coded data to its full potential to support improvements and although some progress on implementing previous recommendations had been made the coding backlog had been a barrier to completing many of the actions. Members noted a small revision to the report which would be reloaded to ‘ibabs’ following the meeting.</p> <p>AC19/38-40.2 Members requested that the report on Clinical Coding be considered by the Information Governance Committee (to be renamed Digital Information Governance Committee) in August whilst acknowledging that the recommendations would be tracked as part of the tracker.</p> <p>RESOLVED: That</p>	

<p>(1) the update be noted;</p> <p>(2) the Clinical Coding follow up review be considered further by the Digital Information Governance Committee in August; and</p> <p>(3) the recommendations within the Clinical Coding follow up review be tracked as part of the Team Central Tracker.</p>	DS (DD)
<p>AC19/41 Issues of Significance for reporting to Board.</p> <p>The Chair agreed to prepare his assurance report for the Board.</p>	MH
<p>AC 19/42 Date of Next Meeting - 12th September 2019, Carlton Court, St Asaph</p>	
<p>AC19/43 Exclusion of the Press and Public</p> <p>RESOLVED: That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960.</p>	

Officer	Minute Reference and Action Agreed	Original Timescale	Latest Update Position	Revised Timescale
Last updated 22.5.19				
Dawn Sharp	AC18/65 – Board Assurance Map (BAM) – Document to be refined following outcome of discussions at September Board Workshop.	May 2019	Draft Board Assurance Map presented to Audit Committee Workshop in May 2019. Members agreed for the Map to be further refined to show the relevant reporting groups and for this together with the BAF to then be submitted to the September Audit Committee. On agenda for September.	Close
Dawn Sharp	AC18/66 – Standards of Business Conduct Policy review	March 2019	On agenda for September	Close
Dave Harries John Darlington	AC19/30 Revenue Business Case –review management response and set clear milestones to address recommendations	August	DH will amend the timelines in TeamCentral once advised by management.	
Melanie Maxwell	AC19/36 Clinical Audit report to be prepared for Sept Cttee	September	Listed on agenda for September	Close
Dawn Sharp	AC19/37 Committee annual reports an changes to TOR to be reported to Board	July	Complete – reported via Chair’s Assurance report	Close
Diane Davies/Dawn Sharp	AC19/40 Clinical Coding report to be referred to DIG committee	August	Listed on COB for DIG in August	Close
Dawn Sharp	AC19/12 – Date for future workshop in the Autumn	Autumn	Date and programme yet to be finalised.	
Dawn Sharp/Medwyn Hughes	AC19/41 – Chair’s Assurance Report / and AC19/33 escalate MH Strategy audit to Board as part of Chair’s assurance report	July 2019	Actioned	Close

Betsi Cadwaladr University Health Board Terms of Reference and Operating Arrangements

AUDIT COMMITTEE

1. INTRODUCTION

- 1.1 The Board shall establish a committee to be known as the **Audit Committee**. The detailed terms of reference and operating arrangements in respect of this Committee are set out below.

2. PURPOSE

2.1 The purpose of the Committee is to advise and assure the Board and the Accountable Officer on whether effective arrangements are in place – through the design and operation of the Health Board's system of assurance – to support them in their decision taking and in discharging their accountabilities for securing the achievement of the Boards objectives, in accordance with the standards of good governance determined for the NHS in Wales.

2.2 Where appropriate, the Committee will advise the Board and the Accountable Officer on where, and how, its assurance framework may be strengthened and developed further.

3. DELEGATED POWERS

3.1 The Committee, in respect of its provision of advice and assurance will and is authorised by the Board to: -

3.1.1 comment specifically in its Annual Report upon the adequacy of the Health Board's strategic governance and assurance arrangements and processes for the maintenance of an effective system of good governance, risk management and internal control across the whole of the organisation's activities (both clinical and non-clinical). It is also intended to support the public disclosure statements that flow from the assurance processes, including the Annual Governance Statement and the Annual Quality statement, providing reasonable assurance on:

- the organisation's ability to achieve its objectives;
- compliance with relevant regulatory requirements, standards, quality and delivery requirements and other directions and requirements set by the Welsh Government and others;
- the reliability, integrity, safety and security of the information collected and used by the organisation;
- the efficiency, effectiveness and economic use of resources; and
- the extent to which the organisation safeguards and protects all its assets, including its people.

3.1.2 to ensure the provision of effective governance -by reviewing

- the Board's Standing Orders, and Standing Financial Instructions (including associated framework documents, as appropriate);
- the effectiveness of the Board's Committees
- the accounting policies, the accounts, and the annual report of the organisation (as specified in the Manual for Accounts as issued by Welsh Government), including the process for review of the accounts prior to submission for audit, levels of errors identified, the ISA260 Report and with Management's letter of representation to the external auditors;
- the, Annual Audit Report and Structured Assessment
- financial conformance and the Schedule of Losses and Compensation;
- the planned activity and results of both internal and external audit, clinical audit, the Local Counter Fraud Specialist and post payment verification work (including strategies, annual work plans and annual reports);
- the adequacy of executive and managements responses to issues identified by audit, inspection, external reports and other assurance activity;
- proposals for accessing Internal Audit services via Shared Service arrangements (where appropriate);
- anti fraud policies, whistle-blowing processes and arrangements for special investigations; and
- any particular matter or issue upon which the Board or the Accountable Officer may seek advice.

3.2 The Committee will support the Board with regard to its responsibilities for risk and internal control by reviewing:

- the adequacy of the Board Assurance Framework and Corporate Risk Register;
- all risk and control related disclosure statements, in particular the Annual Governance Statement and the Annual Quality Statement together with any accompanying Head of Internal Audit statement, external audit opinion or other appropriate independent assurances, prior to endorsement by the Board;
- the underlying assurance processes that indicate the degree of the achievement of corporate objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements;
- the policies for ensuring compliance with relevant regulatory, legal and code of conduct and accountability requirements, including declarations of interest and gifts and hospitality; and
- the policies and procedures for all work related to fraud and corruption as set out in Welsh Government Directions and as required by the Counter Fraud and Security Management Service;
- regular tender waiver reports to ensure compliance with the Standing Financial Instructions.

- 3.3 in carrying out this work the Committee will primarily utilise the work of Internal Audit, External Audit and other assurance functions. It will also seek reports and assurances from directors and managers as appropriate in response to the recommendations made, monitoring progress via the Audit Tracker tool.
- 3.4 this will be evidenced through the Committee's use of effective governance and assurance arrangements to guide its work and that of the audit and assurance functions that report to it, and enable the Committee to review and form an opinion on:
- the comprehensiveness of assurances in meeting the Board and the Accountable Officer's assurance needs across the whole of the Health Board's activities, both clinical and non clinical; and
 - the reliability and integrity of these assurances.
- 3.5 To achieve this, the Committees programme of work will be designed to provide assurance that:
- There is an effective Internal Audit function that meets the standards set for the provision of Internal Audit in the NHS in Wales and provides appropriate independent assurance to the Board and the Accountable Officer through the Committee;
 - there is an effective counter fraud service that meets the standards set for the provision of counter fraud in the NHS in Wales and provides appropriate assurance to the Board and the Accountable Officer through the Committee;
 - work with the Quality, Safety and Experience Committee to ensure that there is an effective clinical audit and quality improvement function that meets the standards set for the NHS in Wales and provides appropriate assurance to the Board and the Accountable Officer;
 - there are effective arrangements in place to secure active, ongoing assurance from management with regard to their responsibilities and accountabilities, whether directly to the Board and the Accountable Officer or through the work of the Board's Committees;
 - the work carried out by key sources of external assurance, in particular, but not limited to the Health Board's External Auditors, is appropriately planned and co-ordinated and that the results of external assurance activity complements and informs (but does not replace) internal assurance activity;
 - the work carried out by the whole range of external review bodies is brought to the attention of the Board, and that the organisation is aware of the need to comply with related standards and recommendations of these review bodies, and the risks of failing to comply;
 - the systems for financial reporting to the Board, including those of budgetary control, are effective; and that the results of audit and assurance work specific to the Health Board, and the implications of the findings of wider audit and assurance activity relevant to the Health Board's operations are appropriately considered and acted upon to secure

the ongoing development and improvement of the organisation's governance arrangements.

4. AUTHORITY

4.1 The Committee may investigate or have investigated any activity (clinical and non-clinical) within its terms of reference. It may seek relevant information from any:

- employee (and all employees are directed to cooperate with any legitimate request made by the Committee); and
- other committee, sub-committee or group set up by the Board to assist it in the delivery of its functions.

4.2 It may obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Board's procurement, budgetary and other requirements; and

4.3 It may consider and where appropriate, approve on behalf of the Board any policy within the remit of the Committee's business.

5. ACCESS

5.1 The Head of Internal Audit, the Auditor General and his representatives and the lead Local Counter Fraud Specialist (LCFS) shall have unrestricted and confidential access to the Chair of the Audit Committee and vice versa.

5.2 The Committee will meet with Internal and External Auditors and the nominated LCFS without the presence of officials on at least one occasion each year.

6. SUB-COMMITTEES

6.1 The Committee may, subject to the approval of the Health Board, establish sub-committees or task and finish groups to carry out on its behalf specific aspects of Committee business.

7. MEMBERSHIP

7.1 Members

Four Independent Members of the Board to include a member of the Quality, Safety and Experience Committee.

The Chair of the Organisation shall not be a member of the Audit Committee.

7.2 In attendance

- Board Secretary (lead Director)
- Executive Director of Finance
- Head of Internal Audit
- Head/individual responsible for Clinical Audit
- Local Counter Fraud Specialist
- Representative of Auditor General (External Audit)

The Chief Executive as Accountable Officer should be invited to attend, at least annually, to discuss with the Committee the process for assurance that supports the Annual Governance Statement.

Other Directors/Officers will attend as required by the Committee Chair, as well any others from within or outside the organisation who the Committee considers should attend, taking into account the matters under consideration at each meeting.

Trade Union Partners are welcome to attend the public session of the Committee

7.3 Member Appointments

- 7.3.1 The membership of the Committee shall be determined by the Chairman of the Board taking account of the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements or directions made by the Welsh Government. This includes the appointment of the Chair and Vice-Chair of the Committee who shall be Independent Members.
- 7.3.2 Appointed Independent Members shall hold office on the Committee for a period of up to 4 years. Tenure of appointments will be staggered to ensure business continuity. A member may resign or be removed by the Chairman of the Board. Independent Members may be reappointed up to a maximum period of 8 years.

7.4 Secretariat

- 7.4.1 Secretary: as determined by the Board Secretary.

7.5 Support to Committee Members

- 7.5.1 The Board Secretary, on behalf of the Committee Chair, shall:
- Arrange the provision of advice and support to Committee members on any aspect related to the conduct of their role; and
 - Ensure the provision of a programme of development for Committee members as part of the overall Board Development programme.

8 COMMITTEE MEETINGS

8.1 Quorum

8.1.1 At least two Independent Members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair or Vice-Chair. In the interests of effective governance it is expected that a minimum of two Executive Directors/Board Secretary will also be in attendance.

8.2 Frequency of Meetings

8.2.1 Meetings shall be routinely be held on a quarterly basis.

8.3 Withdrawal of individuals in attendance

8.3.1 The Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

9 RELATIONSHIP & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/GROUPS

9.1 Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these terms of reference, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens through the effective governance of the organisation.

9.2 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these Terms of Reference,

9.3 The Committee, through its Chair and members, shall work closely with the Board's other Committees including joint committees/Advisory Groups to provide advice and assurance to the Board through the:

9.3.1 joint planning and co-ordination of Board and Committee business; and

9.3.2 sharing of information

in doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance arrangements.

9.4 The Committee shall embed the corporate goals and priorities through the conduct of its business, and in doing and transacting its business shall seek assurance that adequate consideration has been given to the sustainable development principle and in meeting the requirements of the Well-Being of Future Generations Act.

10 REPORTING AND ASSURANCE ARRANGEMENTS

10.1 The Committee Chair shall:

10.1.1 report formally, regularly and on a timely basis to the Board on the Committee's activities via the Chair's assurance report as well as the presentation of an annual report;

10.1.2 ensure appropriate escalation arrangements are in place to alert the Health Board Chair, Chief Executive or Chairs of other relevant committees of any urgent/critical matters that may affect the operation and/or reputation of the Health Board.

10.2 The Committee shall provide a written annual report to the Board and the Accountable Officer on its work in support of the Annual Governance Statement and the Annual Quality Statement, specifically commenting on the adequacy of the assurance framework, the extent to which risk management is comprehensively embedded throughout the organisation, integration of governance arrangements and the appropriateness of self-assessment activity against relevant standards. The report will also record the results of the Committee's self- assessment and evaluation.

10.3 The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation. In doing so account will be taken of the requirements set out in the NHS Wales Audit Committee Handbook.

11. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

11.1 The requirements for the conduct of business as set out in the Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- Quorum

12. REVIEW

12.1 These terms of reference and operating arrangements shall be reviewed annually by the Committee and any changes recommended to the Board for approval.

Date of approval by the Board 25.7.19

V11.0

Audit Committee
12.9.19



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To improve health and provide excellent care

Title:	Summary of In Committee business to be reported in public
Author:	Bethan Wassell, Statutory Compliance, Governance and Policy Manager
Responsible Director:	Dawn Sharp, Acting Board Secretary
Public or In Committee	Public
Purpose of report:	Standing Order 6.5.3 requires the Committee to formally report any decisions taken in private session to the next meeting of the Committee in public session.
Approval / Scrutiny Route Prior to Presentation:	The issues listed below were considered by the Audit Committee at its private in committee meeting of 30.5.19.
Governance issues/risks:	Issues were considered as follows: <ul style="list-style-type: none"> • End of Year Governance Reporting • Financial Conformance Report • Counter Fraud Services Annual Report • Local Counter Fraud Work Plan 2019/20 • Update on Internal and External Audit Actions
Financial Implications:	Not applicable
Recommendations:	The Committee are asked to note the report.

Health Board's Well-being Objectives <i>(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)</i>	√	WFGA Sustainable Development Principle <i>(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)</i>	√
1.To improve physical, emotional and mental health and well-being for all		1.Balancing short term need with long term planning for the future	
2.To target our resources to those with the greatest needs and reduce inequalities		2.Working together with other partners to deliver objectives	
3.To support children to have the best start in life		3. Involving those with an interest and seeking their views	

4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being		4.Putting resources into preventing problems occurring or getting worse	
5.To improve the safety and quality of all services	√	5.Considering impact on all well-being goals together and on other bodies	√
6.To respect people and their dignity			
7.To listen to people and learn from their experiences			
Special Measures Improvement Framework Theme/Expectation addressed by this paper			
Governance and Leadership			
Equality Impact Assessment			
Not applicable			

Audit Committee
12.9.19



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Title:	Clinical Audit – Plan and Policy
Author:	Trevor Smith (Head of Clinical Audit & Effectiveness {CA&E}) / Melanie Maxwell (Senior Associate Medical Director)
Responsible Director:	Dr David Fearnley (Executive Medical Director)
Public or In Committee	Public
Purpose of report:	The draft BCUHB Clinical Audit Plan 2019/20 (Appendix 1) includes the prioritised projects to be conducted during 2019/20. This consists of those projects included within the Welsh Government's National Clinical Audit & Outcome Review Plan 2019/20 (Tier 1) and those prioritised by Executive Directors in relation to their Service areas falling within their remit (Tier 2). Alongside the plan is the draft BCUHB-wide Clinical Audit Policy (Appendix 2) produced in collaboration with a recent workshop event. Once the plan and policy has been endorsed, the Joint Audit, Quality and Safety and Experience Committee action log as presented to the last meeting of the Audit Committee will be updated and presented to the Joint meeting in November.
Approval / Scrutiny Route Prior to Presentation:	Reviewed at Secondary Care Quality Group and Quality and Safety Group (QSG) (September 2019). Any comments from QSG will be reported orally at the meeting.
Governance issues/risks:	The draft plan and policy clarifies the process and expectations within BCUHB in relation to clinical audit activity. It highlights the mandatory requirements of the Welsh Government's NCAORP. Also, outlined is the importance of forward planning within Specialties and Services regarding a forward plan of project activity based upon priorities such as risk, quality, safety and experience. Clinical leadership, ownership, improvement and monitoring are referred to as a vital element of success in the policy implementation and delivery of the plan. The most significant risk is the lack of capacity within the clinical teams and audit staff to participate in national audits; review and return an action plan based on the findings. Requiring a capacity and capability review within the audit team and also where clinical data extraction is required, resources identified within job plans. An EQIA in respect of the Policy has been completed.

Financial Implications:	The financial considerations that relate to these documents are broad in terms of the relationship with direct impact upon service delivery or in terms of a number of support departments such as CA&E, Medical Records or Clinical Informatics. Clinical Audit enables the measurement of care delivery against evidence-based standards; facilitating optimum use of limited resources and identification of additional resource needs for improvement purposes based upon the recommendations. These are identified within the individual context of each project. Also, there is the indirect cost of support services that contribute to successful participation of the projects identified as priorities by each team. These support functions need to be resourced if clinicians are to be able to participate and focus upon improvement activity.
Recommendations:	The Committee is asked to (1) approve the plan and provide comments on the policy which will be formally submitted to Quality, Safety and Experience Committee for approval; and (2) note that the JAQS action log will be updated in the light of the above and presented to the Joint meeting in November.

Health Board's Well-being Objectives <i>(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)</i>	√	WFGA Sustainable Development Principle <i>(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)</i>	√
1.To improve physical, emotional and mental health and well-being for all	√	1.Balancing short term need with long term planning for the future	√
2.To target our resources to those with the greatest needs and reduce inequalities	√	2.Working together with other partners to deliver objectives	√
3.To support children to have the best start in life	√	3. Involving those with an interest and seeking their views	√
4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being	√	4.Putting resources into preventing problems occurring or getting worse	√
5.To improve the safety and quality of all services	√	5.Considering impact on all well-being goals together and on other bodies	√
6.To respect people and their dignity	√		
7.To listen to people and learn from their experiences			
Special Measures Improvement Framework Theme/Expectation addressed by this paper			
<p>The draft documents closely relate to the themes in relation to the breadth of topics embraced by the Welsh Government's NCAORP Plan. Also in terms of the implications for planning and use of resources, governance, monitoring and reporting.</p> <ul style="list-style-type: none"> • Leadership and governance. • Strategic and service planning. • Mental health. 			

- Primary care including out of hours services.

Equality Impact Assessment

An EQIA has been completed. The premise of clinical audit is to establish the extent to which evidence-based standards are evidenced in practice in a manner that reduces variance and optimises standardisation of excellent care and treatment for all. The policy would promote good practice as outlined above. It would also encourage adherence to National guidance and standards, whilst promoting standardisation and equality of access to good practice and encouraging patient and public involvement in clinical audit activity.



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Introduction

Following concerns raised by the Audit Committee it was agreed that a number of actions were needed to provide assurance to the Audit Committee that clinical audit is being used effectively and efficiently within the Health Board.

The expectation was that in September 2019, the Committee would receive an audit policy and the 2019/20 annual plan for approval. These documents are attached although the policy is “in draft” at the time of the submission, having been reviewed at QSG (11th Sept) with an expectation of progression to QSE (24th Sept).

Progress

Attached Documents:

1. Clinical Audit Policy - DRAFT

The draft policy has been written in consultation with a stakeholder group including interested parties from primary and secondary care. It has also been shared with a number of stakeholders and through quality and safety forums to ensure it is fit for purpose.

2. The 2019/20 Clinical Audit Annual Plan

The Audit Committee is asked to agree the attached plan. The audits have been prioritised as:

Tier 1: National (“must do”) audits: These are mandated by Welsh Government within the *National Clinical Audit and Outcome Review Plan 2019/20* (NCAORP), or other regulatory bodies such as *Medicines & Healthcare products Regulatory Agency* (MHRA).

Tier 2: BCUHB corporate priority audits: These audits support delivery of the Quality Improvement Strategy goals and priorities, including accreditation requirements (such as within Pathology and Radiology), NICE guidance compliance, safety audits, audit related to high risk activity. They were identified by the Clinical Executive Leads and their teams.

Tier 3 audits are not included within the plan; they will only be reported to the Audit Committee in exceptional circumstances; for example, if they identify a significant risk.

Tier 1 - National audits are included and will be reported back through the annual report based on whether BCUHB has submitted the relevant data or if there has been an in-year report (in most cases this relates to the previous year’s submission) with subsequent improvement work. The expectation is that we will submit data to **37** audits; however we are awaiting confirmation regarding National Audit of Dementia data requirements (*which would bring this to 38*). There will be **37** reports received of which **32** will be both full data submission and a report; **3** will be partial data and **2** where data has not been submitted. Most are re-audits and will mark progress made.

It should be noted that historically all these audits had a single clinical lead; this is no longer the case and leadership is with the local team.

Despite being mandated, lack of capacity within clinical teams means there is some non-participation and work is ongoing to get these on track:

National Asthma and COPD Audit Programme: Within the East, Wrexham have reported that they have insufficient capacity within the team to capture the data required for this continuous audit. It should be noted that the East team have not participated in this audit since it became continuous. Escalation has occurred to the Site Medical Director. There is an additional consultant post currently being advertised and job plans are being reviewed; once this is completed the expectation is the team will participate in the audit. It is unlikely there will be participation within this cycle.

East do however have a lead allocated for the paediatric element.

West have reported challenges with data collection and are currently working to identify the clinical resources to support it.

Fracture Liaison Service Database: BCUHB are currently not participating in data collection. The management team have reviewed the requirements and think these data could be collected by a non-clinical auditor; they currently have no additional administrative capacity to complete this. The corporate audit and effectiveness team could support subject to additional resource being identified.

National Ophthalmology Audit (Adult Cataract Surgery): Whilst it has now been confirmed from Welsh Government that from 1st September 2019 this project will no longer remain within the NCAORP plan, the advice from the national *Ophthalmic Planned Care Board* meeting in July 2019 was for Health Boards to fund and continue with the submission of audit data to the Royal College of Ophthalmologists. There is a process of national procurement running currently to look at an All-Wales EPR solution that will support data collection going forward. Further information on the future arrangements of the audit will be sent in due course.

In addition, there are 2 audits where area clinical leads are not identified:

East:

- National Lung Cancer Audit (*there is a BCUHB wide lead*).
- National Diabetes Transition Audit.

Centre:

- National Diabetes Transition Audit.

West:

- National Diabetes Transition Audit.

Tier2 - Audits were identified through the Clinical Executive Leads and their teams. The information has been presented to support a risk classification of their importance based on the following:

Critical	Control weakness could have a significant impact on the system, function or process and achievement of organisational objectives in relation to compliance with laws and regulations or the efficient and effective use of resources.
High	Control weakness could have a significant impact on the system, function or process but does not have an impact on the achievement of organisational objectives (as above)
Medium	Control weakness has a low impact on the achievement of the key system, function or process or a low degree of risk associated with exposure.
Low	Control weakness has no impact on the achievement of the key system, function or process objectives; however, improved compliance would improve overall control.

Overall there are **37** tier 2 audits being proposed. Of these **36** are data collection alone and **36** will report in year. Improvement information will be provided to the Audit Committee through the annual report unless a significant risk is identified in-year that requires immediate escalation.

Reference:	Title of National Audit	BCUHB Lead	East area Lead	Central Area Lead	West Area Lead	In year Data Submission	In year Report
NCAORP/2019/01	National Joint Registry	No BCUHB lead at present	Mr Stephen Phillips (Consultant Orthopaedic Surgeon)	Mr Ian Smith (Consultant Orthopaedic Surgeon)	Mr Koldo Azurza (Consultant Orthopaedic Surgeon)	yes	yes
NCAORP/2019/02	National Emergency Laparotomy Audit	Dr Stephan Clements (Consultant Anaesthetist)	Mr Duncan Stewart (Consultant Surgeon) / Dr Sianedd Elliott (Consultant Anaesthetist)	Mr Richard Morgan (Consultant Surgeon) / Dr Magdy Khater (Consultant Anaesthetist)	Dr Stephan Clements (Consultant Anaesthetist)	yes	yes
NCAORP/2019/03	Comparative audit of critical care unit adult patient outcomes (casemix) ICNARC	No BCUHB lead at present	Dr Sam Sandow (Consultant Anaesthetist)	Dr Richard Pugh (Consultant Anaesthetist)	Dr Karen Mottart/Alison Ingham, (Consultant Anaesthetists)	yes	yes
NCAORP/2019/04	Trauma Audit & Research Network (TARN)	No BCUHB lead at present	Dr Ash Basu (Consultant : Emergency Department)	Mr Mark Anderton (Emergency Medicine Consultant)	Dr Leesa Parkinson / Dr Rob Perry (Consultants: Emergency Department)	yes	yes
NCAORP/2019/05	National Ophthalmology Audit (Adult Cataract Surgery)	No BCUHB lead at present	Mr Jai Shankar (Consultant Ophthalmologist)	No Lead at present	Mr Syed Amjad (Consultant Ophthalmologist)	Not currently participating due to resource issues - Data extraction support. However Welsh Government have confirmed removal from mandatory list. Health Boards to decide upon participation	yes
NCAORP/2019/06	National Diabetes Foot care Audit	Gareth Lloyd Hughes (Head Of Podiatry & Orthotics - East Area)	Dr Anthony Dixon (Consultant Physician) & Nicola Joyce (Podiatrist)	Dr Aye Nyunt (Consultant Physician) & Lorna Hicks (Principal Podiatrist)	Prof Dean Williams (Consultant Vascular Surgeon) & Jamie O'Malley/Iola Roberts (Diabetic Podiatrists)	yes	yes
NCAORP/2019/07	Diabetes Inpatient Audit (NaDia)	No BCUHB lead at present	Dr Stephen Stanaway (Consultant Physician) / Cheryl Griffiths (Diabetes Specialist Nurse)	Dr Stephen Wong (Consultant Physician) / Kirstin Clark (Diabetes Specialist Nurse)	Dr Muhammed Murtaza (Consultant Physician) / Ceri Roberts (Diabetes Specialist Nurse)	yes	yes
NCAORP/2019/08	Pregnancy in Diabetes Audit Programme	No BCUHB lead at present	Dr Stuart Lee (Consultant Physician), Lynda Vergheese (Locum Physician) , Gill Davies (Diabetes Specialist Nurse), Rao Bondugulapati (Consultant Physician)	Dr Steven Wong (Consultant Physician), Miss Maggie Armstrong (O&G Consultant), Kirstin Clark (Diabetes Specialist Nurse)	Dr Leela Ramesh (Consultant Physician), Dr Noreen Haque (Registrar), Dr Tony Wilton (Consultant Physician), Ceri Roberts (Diabetes Specialist Nurse)	yes	yes
NCAORP/2019/09	National Core Diabetes Audit: (Primary / Secondary Care & Insulin Pump elements)	No BCUHB lead at present	Primary Care element: Dr Gareth Bowdler (Area Medical Director)	Primary Care element: Dr Liz Bowen (Area Medical Director). Insulin Pump element: Julie Roberts (Lead Diabetes Specialist Nurse), Dr Minesh Shah (Associate Specialist)	Primary Care element: Dr Bethan Jones (Area Medical Director)	yes	yes
NCAORP/2019/10	National Diabetes Transition Report	No BCUHB lead at present	No Lead at present	No Lead at present	No Lead at present	yes	yes
NCAORP/2019/11	National Paediatric Diabetes Audit (NPDA)	Dr Michael Cronin (Consultant Paediatrician)	Dr Kamal Weerasinghe (Consultant Paediatrician), Karen Czerniak (Paediatric Community Nursing Team Leader)	Dr Pramod Bhardwaj (Consultant Paediatrician), Teresa Jones (Paediatric Diabetes Specialist Nurse)	Dr Michael Cronin (Consultant Paediatrician)	yes	yes

NCAORP/2019/12	National Asthma & COPD Audit Programme (NACAP): Children and Young People Asthma	No BCUHB lead at present	Dr Nick Nelhans (Consultant Paediatrician)	Dr Lee Wisby (Consultant Paediatrician)	Dr Mair Parry (Consultant Paediatrician)	yes	
NCAORP/2019/13	NACAP: Adult Asthma	No BCUHB lead at present	Not participating in East & West	Dr Daniel Menzies (Consultant Physician)	Dr Claire Kilduff (Consultant Physician)	Data for Central only (no data East or West)	yes
NCAORP/2019/14	NACAP: COPD	No BCUHB lead at present	Not participating in East & West	Dr Sarah Davies (Consultant Physician)	Dr Claire Kilduff (Consultant Physician)	Data for Central (no data East and low data capture for West)	yes
NCAORP/2019/15	NACAP - Pulmonary Rehabilitation workstream	Dr Daniel Menzies (Consultant Physician)	Michelle Owen (Clinical Specialist Physiotherapist / Pulmonary Rehab Coordinator)	Ann Ellis (Respiratory Occupational Therapist)	Ffion Edwards (Occupational Therapist) & Caerwyn Roberts (Physiotherapist)	yes	yes
NCAORP/2019/16	Renal Registry	No BCUHB lead at present	Dr Stuart Robertson (Consultant Physician)	Dr Mick Kumwenda (Consultant Physician)	Dr Mahdi Jibani (Consultant Physician)	yes	yes
NCAORP/2019/17	National Early Inflammatory Arthritis Audit (NEIAA)	Dr Zoe McClaren (Consultant Physician)	Dr Zoe McClaren (Consultant Physician)	Dr Bjaya Roychoudhry, (Consultant Physician)	Dr Yasmeen Ahmed (Consultant Physician)	yes	yes
NCAORP/2019/18	All Wales Audiology Audit	Paediatrics: Dafydd Hughes-Griffiths (Head of Paediatric Audiology) & Georgina Parry (Paediatric Audiology Operational Lead) Adult Rehabilitation: Susannah Goggins, Head of Adult Rehabilitation and Balance, Audiology, BCU	Adult Rehabilitation: Anna Powell, Head of Adult Rehabilitation (East)	Adult Rehabilitation: Suzanne Tyson, Head of Adult Rehabilitation (Central)	Adult Rehabilitation: Heidi Jones, Head of Adult Rehabilitation (West)	yes	yes
NCAORP/2019/19	Stroke Audit (SSNAP)	Dr Walee Sayed, Consultant Physician	Dr Walee Sayed (Consultant Physician)	Dr Krishnamurthy Ganeshran, Consultant Physician	Dr Salah Elghenzai, Consultant Physician	yes	yes
NCAORP/2019/20	Falls & Fragility Fractures Audit Programme: National Hip Fracture database	No BCUHB lead at present	Mr Ian Starks (Consultant Orthopaedic Surgeon)	Mr Amir Hanna (Consultant Orthopaedic Surgeon)	Mr Ashok Goel (Consultant Orthopaedic Surgeon)	yes	yes
NCAORP/2019/21	Falls & Fragility Fractures Audit Programme: In-patient Falls Audit	No BCUHB lead at present	Dr Sara Gerrie & Dr Cameron Abbott (Consultant Physicians)	Dr Geralt Owen (Consultant Physician)	Eleri Evans (Interim Head Of Nursing For Medicine - YG)	yes	yes
NCAORP/2019/22	Falls & Fragility Fractures Audit Programme: Fracture Liaison Service	Not registered to participate	No FLS Service	Not registered to participate	Not registered to participate	No data captured due to resource issues. Discussions with Clinical Lead and Area Managers underway	yes
NCAORP/2019/23	National Dementia Audit	Dr Sean Page (Consultant Nurse)	Prof Anthony White / Dr Sam Abraham (Consultant Physicians)	Dr Indrajit Chatterjee (Consultant Physician)	Dr Conor Martin (SPR) / Delyth Thomas (Clinical Nurse Specialist)	Unknown - Awaiting RCP confirmation of 5th Round	yes
NCAORP/2019/24	National Audit of Breast Cancer in Older Patients (NABCOP)	Mr Walid Samra (Consultant Surgeon)	Mr Tim Gate (Consultant Breast Surgeon)	Miss Mandana Pennick, (Consultant Breast Surgeon)	Mr Ilyas Khattak (Consultant Breast Surgeon)	yes	yes
NCAORP/2019/25	National Audit of Care at the End of Life (NACEL)	Dr Helen Mitchell (Consultant Palliative Medicine) & Dr Andrew Shuler (Consultant Palliative Medicine)	Mrs Geeta Kumar (Deputy Hospital Medical Director - Q&S)	Dr Tania Bugelli (Deputy Hospital Medical Director - Q&S)	Dr Karen Mottart (Hospital Medical Director - West)	yes	yes
NCAORP/2019/26	National Heart Failure Audit	Dr Richard Cowell (Consultant Cardiologist)	Fiona Willcocks (Heart Failure Specialist Nurse)	Dr Paul Das (Consultant Cardiologist) / Andy Bennett (Heart Failure Specialist Nurse)	Dr Mark Payne (Consultant Cardiologist) / Nia Coster (Heart Failure Nurse)	yes	yes

NCAORP/2019/27	Cardiac Rhythm Management	Dr Richard Cowell (Consultant Cardiologist)	Dr Rajesh Thaman (Consultant Cardiologist)	Dr	Dr Mark Payne (Consultant Cardiologist)	yes	yes
NCAORP/2019/28	PCI Audit (previously Coronary Angioplasty Audit)	Dr Paul Das	N/A	Dr Paul Das	N/A	yes	yes
NCAORP/2019/29	MINAP	Dr Richard Cowell	Lucy Trent	Dr Paul Das	Dr Mark Payne	yes	yes
NCAORP/2019/30	National Vascular Registry Audit (inc. Carotid Endarterectomy Audit)	Mr Soroush Sohrabi, Clinical Director – North Wales Vascular Network & Joanne Garzoni - North Wales Vascular Network Manager	Mr Soroush Sohrabi (Clinical Director)	Mr Soroush Sohrabi (Clinical Director)	Mr Soroush Sohrabi (Clinical Director)	Yes (however issue with Lower Limb Angioplasty continues with shortage in Interventional Radiology)	yes
NCAORP/2019/31	Cardiac Rehabilitation	Catrin Warren (Cardiac Rehabilitation Physiotherapist)	Jacqueline Cliff (Cardiac Rehabilitation Nurse Lead)	Catrin Warren (Cardiac Rehabilitation Physiotherapist)	Dale Macey (Cardiology Rehab Lead Specialist Nurse) / Iorwerth Jones (Exercise Physiologist- Cardiac Rehab)	yes	yes
NCAORP/2019/32	National Lung Cancer Audit	Dr Ali Thahseen (Consultant Respiratory Physician)	No lead at present	Dr Sakkarai Ambalavanan (Consultant Physician)	Dr Ali Thahseen (Consultant Respiratory Physician)	yes	yes
NCAORP/2019/33	National Prostate Cancer Audit	Mr Kyriacos Alexandrou (Consultant Urologist)	Mr. Iqbal Shergill (Consultant Urologist)	Mr. Kingsley Ekwueme (Consultant Urologist)	Mr Kyriacos Alexandrou (Consultant Urologist)	yes	yes
NCAORP/2019/34	National Gastrointestinal Cancer Audit Programme	Mr Andrew Baker (Consultant Surgeon)	Mr Andrew Baker (Consultant Surgeon) / Dr Thiriloganathan Mathialahan (Consultant Gastroenterologist)	Mr Richard Morgan (Consultant Surgeon)	Dr Rachel Williams (Associate Specialist, Oncology)	yes	yes
NCAORP/2019/35	National Neonatal Audit Programme (NNAP)	Mandy Cooke (Neonatal Services Manager)	Dr Brendan Harrington (Consultant Paediatrician)	Dr Geedi Farah (Consultant Paediatrician), Dr Mohammed Sakheer Kunnath (Consultant Paediatrician)	Dr Shakir Saeed (Consultant Paediatrician)	yes	yes
NCAORP/2019/36	National Maternity & Perinatal Audit	Fiona Giraud (Director of Midwifery and Women's Services)	Maureen Wolfe (Matron)	Dr Niladri Sengupta (O&G Consultant)	Fiona Giraud (Director of Midwifery and Women's Services)	yes	yes
NCAORP/2019/37	Epilepsy 12 - Clinical	Dr Kathryn Foster (Consultant Paediatrician)	Dr Praveen Jauhari (Consultant Paediatrician)	Dr Mohammed Sakheer Kunnath (Consultant Paediatrician)	Dr Kathryn Foster (Consultant Paediatrician)	yes	yes
NCAORP/2019/38	National Clinical Audit of Psychosis	Dr Mike Jackson (Consultant Psychologist)	Dr Mike Jackson (Consultant Psychologist)	Dr Mike Jackson (Consultant Psychologist)	Dr Mike Jackson (Consultant Psychologist)	yes	yes
NCAORP projects not applicable to BCUHB: (due to commissioned services elsewhere):							
NCAORP/2019/39	National Adult Cardiac Surgery Audit						
NCAORP/2019/40	National Congenital Heart Disease Audit						
NCAORP/2019/41	Paediatric Intensive Care Audit (PICaNet)						

Project Ref Number	Project Title	Int/ext guidance	Corporate policy	External review	Reaudit / continuous	Risk Register	Which BCUHB priority does this support?
Acute/19/01	Ward Manager Weekly Audit			Y	Y	Y	Highly reliable clinical care
Acute/19/02	Shine Tool (Emergency Department Safety Checklist)	Y		Y		Y	Reduce patient harms
Acute/19/03	Outlier Matrix		Y			Y	Reduce patient harms
Acute/19/04	Oxygen Competencies	Y	Y			Y	Highly reliable clinical care. Reduce patient harms
Acute/19/05	IV Morphine (compliance against guidelines and record keeping)		Y		Y	Y	Highly reliable clinical care. Reduce patient harms
Acute/19/06	Enhanced Care	Y		Y		Y	Highly reliable clinical care
CORP/OMD/Consent/19/01	Obtaining Written Patient Informed Consent within Secondary Care – A Retrospective Re-audit of Consent forms	Y	Y		Y	Y	Highly reliable clinical care. Reduce patient harms
CORP/19/20-02	Record Keeping	Y	Y		Y		Highly reliable clinical care. Reduce patient harms
CORP 19/20-03	Medications Transcription and eDischarge (MTeD)	Y	Y		Y		Highly reliable clinical care. Reduce patient harms
CORP/04/19	Ward Accreditation Monthly Metrics	Y		Y			Highly reliable clinical care. Reduce patient harms
CORP/19/013	HASCAS End of Life Audit	Y		Y		Y	Highly reliable care.
HASCAS/19/1	Safe Discharges to and from Care Homes.	Y		Y		Y	Highly reliable clinical care. Care closer to home.

Corp/19/039	Re-audit of routine enquiry into domestic abuse during pregnancy and the postnatal period.	Y		Y	Y		Highly reliable clinical care. Reduce patient harms
HTA/HA/2019	Auditing compliance with the Human Tissue Act - Human application	Y		Y	Y		Highly reliable clinical care.
HTA/PM/2019	Auditing compliance with the Human Tissue Act - Post Mortem Sector	Y		Y	Y		Highly reliable clinical care.
BSQR/2019	Auditing compliance with the Blood Safety and Quality Regulations	Y		Y	Y		Highly reliable clinical care. Reduce patient harms
ISO15189/2019	Annual audit calendar (minimum 12 audits per site/service) Auditing compliance with ISO 15189. Blood Science service on 3 sites, and Cellular Pathology service on one site.	Y	Y	Y	Y		Highly reliable clinical care. Reduce patient harms
P&MM/19/01	Antimicrobial Point Prevalence Audit (Inpatients)	Y		Y	Y	Y	Reduce patient harms
P&MM/19/02	All Wales Inpatient Medication Safety Audit	Y		Y	Y	Y	Reduce patient harms
P&MM/19/03	Safe and Secure Handling of Medicines in Clinical Areas	Y	Y	Y	Y		Reduce patient harms
P&MM/19/04	Controlled Drugs: storage, handling and record keeping in pharmacies and clinical areas	Y	Y		Y		Reduce patient harms
P&MM/19/05	Assessment of BCUHB Homecare Service compliance with the Royal Pharmaceutical Society Professional Standards for Homecare	Y				Y	Highly reliable clinical care. Care closer to home.
P&MM/19/06	Antipsychotic Prescribing (Primary Care) in people aged 65 years or over, as a percentage of all patients aged 65 years or over.	Y		Y			Reduce patient harms
IP&C/19/01	Hand Hygiene audits	Y	Y	Y	Y		Quality and Safety. Reduction in healthcare associated infections
IP&C/19/02	Decontamination Audits	Y	Y	Y	Y	Y	Quality & Safety. Reduction in healthcare associated infections

SALT/19/01	International Dysphagia Diet Standardisation Initiative (IDDSI) Implementation	Y					Highly reliable clinical care. Care closer to home. Deliver what matters most.
Diet/19/03	Dietetic NG audit (<i>Following PSA008</i>)	Y		Y			Highly reliable clinical care. Reduce patient harms
Research 19/01	Audit and monitoring of hosted studies (for high and medium risk categorised studies)	Y			Y		Highly reliable clinical care. Reduce patient harms
Research 19/02	Audit and monitoring of sponsored studies	Y			Y		Highly reliable clinical care. Reduce patient harms
Research 19/03	Research policies and SOPs	Y			Y		Reduce patient harms
Research 19/04	Computer systems validation and data	Y			Y	Y	Reduce patient harms
IRR/2019	BCU Ionising Radiation Protection Regulations compliance audits (Minimum 2 a year performed by head of Quality & Governance and Medical physics expert at any site or department in BCU where imaging takes place)	Y	Y	Y	Y		Highly reliable clinical care. Reduce patient harms
IRMER/PI/2019	Radiology Ionising Radiation (Medical Exposure) Regulations { IR(ME)R } compliance Audit - Patient Identification completed annually for each radiology service	Y	Y	Y	Y		Highly reliable clinical care. Reduce patient harms
IRMER/RPD/2019	Radiology Ionising Radiation (Medical Exposure) Regulations { IR(ME)R } compliance Audit - Recording of Patient Dose completed annually for each radiology service	Y	Y	Y	Y		Highly reliable clinical care. Reduce patient harms
IRMER/PS/2019	Radiology Ionising Radiation (Medical Exposure) Regulations { IR(ME)R } compliance Audit - Pregnancy Status completed annually for each radiology service	Y	Y	Y	Y		Highly reliable clinical care. Reduce patient harms
IRMER/RP/2019	Radiology Ionising Radiation (Medical Exposure) Regulations { IR(ME)R } compliance Audit - Recording of Practitioner completed annually for each radiology service	Y	Y	Y	Y		Highly reliable clinical care. Reduce patient harms
QSI/2019	Annual audit calendar (minimum 6 audits per site) Auditing compliance with Ionising Radiation (Medical Exposure) Regulations, Ionising Radiation Regulations, requirements for clinical audit and audits of the service as part of the requirements for Quality Standards in Imaging Accreditation	Y	Y	Y	Y		Highly reliable clinical care. Reduce patient harms
Risk classification criteria:							

Critical	Control weakness could have a significant impact on the system, function or process and achievement of organisational objectives in relation to compliance with laws and regulations or the efficient and effective use of resources.
High	Control weakness could have a significant impact on the system, function or process but does not have an impact on the achievement of organisational objectives (as above)
Medium	Control weakness has a low impact on the achievement of the key system, function or process or a low degree of risk associated with exposure.
Low	Control weakness has no impact on the achievement of the key system, function or process objectives; however, improved compliance would improve overall control.

Accountable Lead(s)	Responsible Corporate Group	In year Data Collection	In-year Report	Risk Assessment (see key below)
Site DoN's	Secondary Care Quality Group	yes	yes	Critical
EQ HoN	Secondary Care Quality Group	yes	yes	Critical
Site Matrons / CSM's	Secondary Care Quality Group	yes	yes	High
Julie Smith (Associate Nurse Director: Quality Improvement - Secondary Care)	Medical Gases Committee	yes	yes	High
Julie Smith (Associate Nurse Director: Quality Improvement - Secondary Care)	PAG / Safe Medication Steering Group	yes	yes	High
Site DoN's	Secondary Care Quality Group	yes	yes	Medium
3 Site Medical Directors (Dr Steve Stanaway / Dr Emma Hosking / Dr Karen Mottart)	Consent and Capacity Strategic Working Group		yes	Critical
Awaiting confirmation	Awaiting confirmation	yes	yes	Critical
Berwyn Owen (Chief Pharmacist) & Dr Geraldine McCafrey (Research Pharmacist)	Medicines Management Improvement Group	yes	yes	High
Deborah Carter (Associate Director Of Quality Assurance)	Senior Nursing Team	yes	yes	Critical
Dr Melanie Maxwell (Senior Associate Medical Director)	HASCAS & Ockenden Improvement Group	yes	yes	Critical
Reena Cartmell	Corporate Nursing	yes	yes	High

Gail Morris (Safeguarding Specialist Midwife)	Safeguarding, in partnership with Womens Services	yes	yes	Medium
Enid Lloyd Jones (Stem Cell Specialist Service Manager)	Pathology Management and Stem Cell Service	yes		Critical
Dr Huyam Abdelsalam (Consultant Histopathologist)	NWMCS Quality Committee	yes	yes	Critical
Blood Bank Managers - Joe Leung (YG), Nicola Polley (YGC) and Tony Coates (WMH)	NWMCS Quality Committee	yes	yes	Critical
Bernadette Astbury (Head of Pathology Quality and Governance)	NWMCS Quality Committee	yes	yes	Critical
Charlotte Makanga (Consultant Antimicrobial Pharmacist)	Antimicrobial Steering Group	yes	yes	High
Assistant Directors of Pharmacy and Medicines Management	Safer Medicines Steering Group	yes	yes	High
Julie Smith	Safer Medicines Steering Group	yes	yes	High
Dr Berwyn Owen (Chief Pharmacist)	Controlled Drugs Local Intelligence Network	yes	yes	Critical
Teena Grenier (Medicines Governance Lead Pharmacist)	Pharmacy and Medicines Management: Secondary Care Group	yes	yes	High
Susan Murphy (Assistant Director: Head Of Medicines Management)	Pharmacy and Medicines Management: Heads of Primary Care and Community Hospitals	yes	yes	High
Amanda Miskell (Assistant Nurse Director: IP&C)	Local IPG. Infection Prevention Strategic Group (IPSG)	yes	yes	High
Amanda Miskell (Assistant Nurse Director: IP&C)	Exceptions to Strategic Decontamination Group then IPSG	yes	yes	Critical



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Betsi Cadwaladr
University Health Board

Version &
Reference
Number

Clinical Audit Policy (DRAFT)

Author & Title	Clinical Audit Policy. Trevor Smith (Head of Clinical Audit and Effectiveness).
Responsible dept / director:	Office of the Medical Director. Dr David Fearnley
Approved by:	
Date approved:	
Date activated (live):	
Documents to be read alongside this document:	BCUHB Quality Improvement Strategy (2017-2020).
Date of next review:	
Date EqlA completed:	

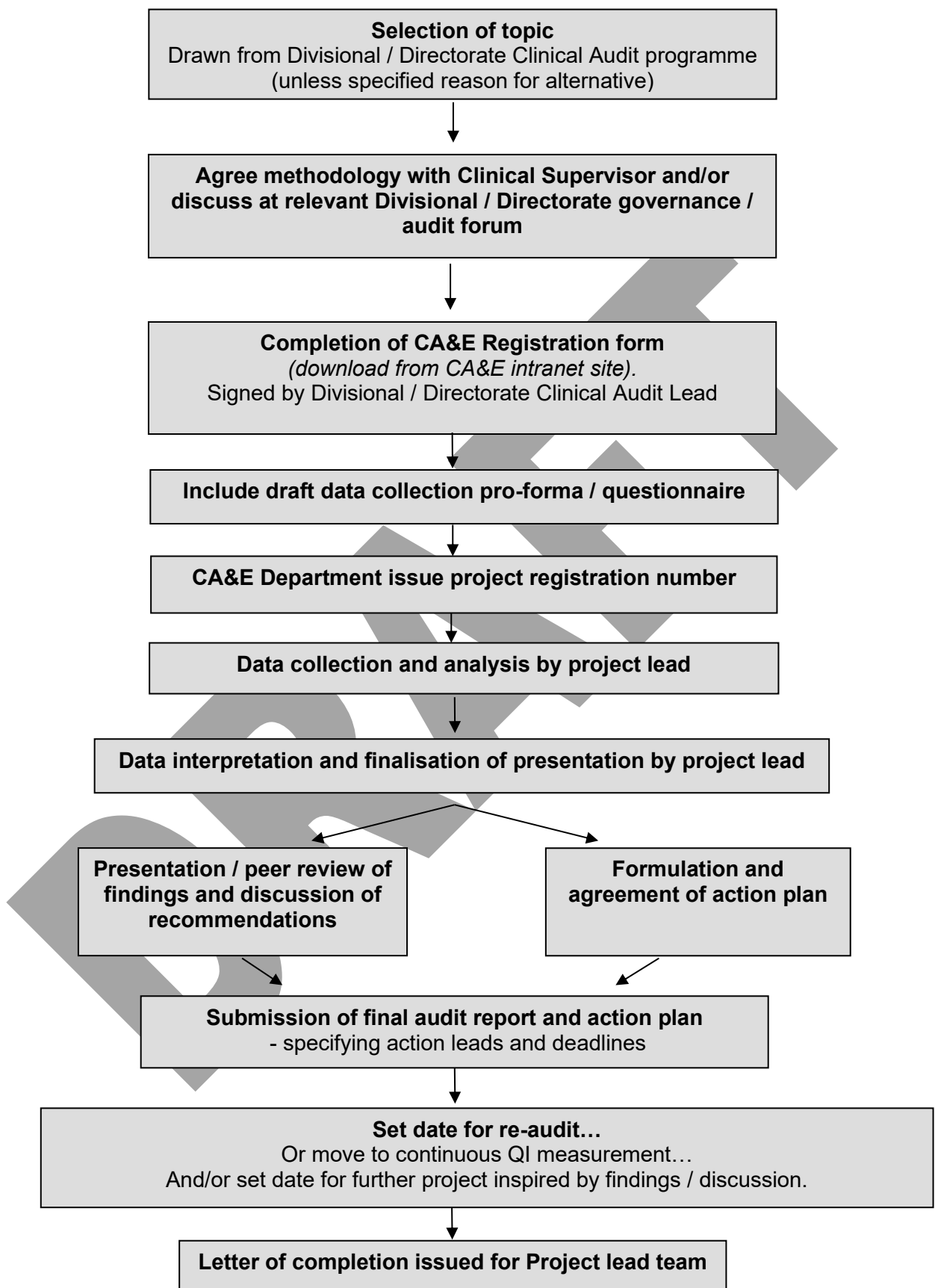
First operational:	
Previously reviewed:	
Changes made yes/no:	

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Figure 1: Algorithm displaying clinical audit project registration and progression.



1.0 Introduction / Overview:

1.1 Clinical Audit:

“Clinical audit is a quality improvement cycle that involves measurement of the effectiveness of healthcare against agreed and proven standards for high quality, and taking action to bring practice in line with these standards so as to improve the quality of care and health outcomes.”

(New Principles of Best Practice in Clinical Audit (HQIP, January 2011).

“Audit is not concerned primarily with fault or discrepancy finding, but with the examination of working practice to improve effectiveness”. Dickens (1994)

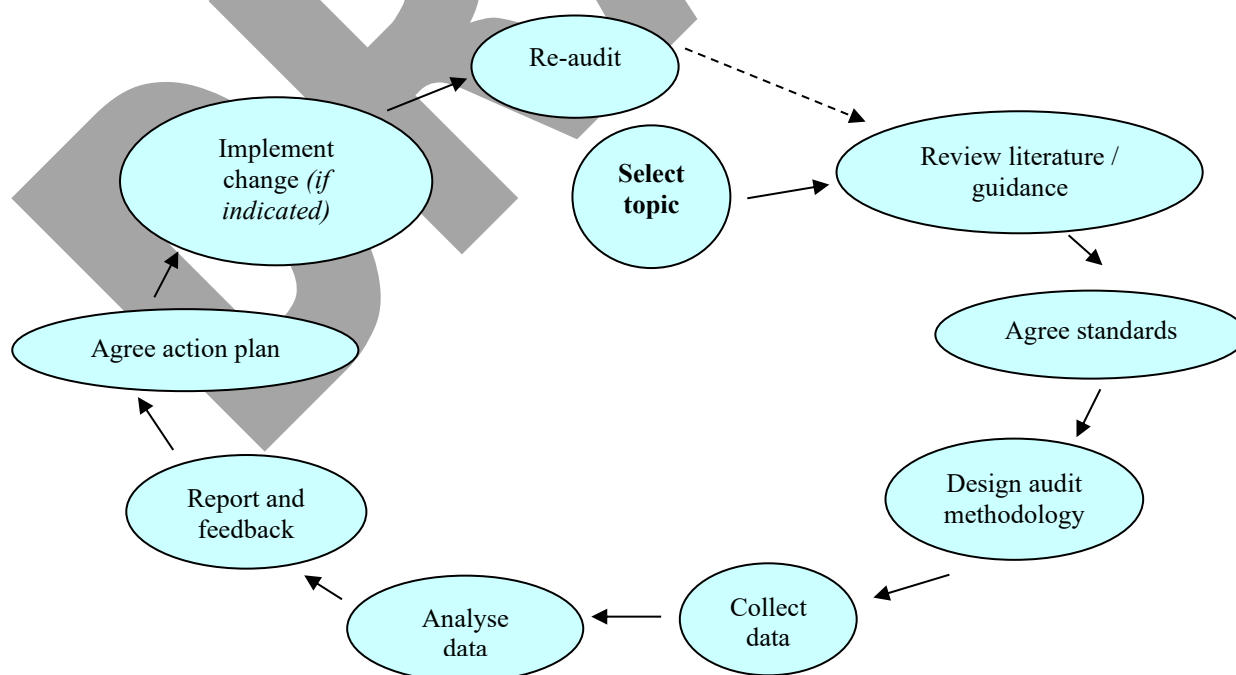
Figure 1 Quality Cycle:



Juran and Godfrey (1999).

Within the Health Board clinical audit is embedded within the future direction of improvement activity being located within the quality framework, identifying and prioritising improvement activities (Quality Planning) and providing assurance about service quality (Quality Control).

Figure 2 below illustrates the clinical audit cycle:



2.0 Policy Statement

This policy is applicable across all services within the Health Board. It sets out the expectations of the Health Board with respect to participating, and acting on the findings of clinical audit to maximize its effectiveness.

It recognises that clinical audit capacity is limited and plans need to reflect the externally mandated requirements as documented in the annual *National Clinical Audit and Outcome Review Plan* from Welsh Government, as well as local priorities in line with the Health Board's strategic objectives.

Services should consider audits that provide information and/or assurance relating to key risks, strategies and other quality improvement activity relevant to the Health Board's priorities using the agreed tier structure (see section 8.1). For example, the organisational priorities from the Quality Improvement Strategy (2017-2020):

1. Reduce avoidable deaths.
2. Continuously seek out and reduce patient harm.
3. Achieve the highest level of reliability for clinical care.
4. Deliver what matters most: work in partnership with patients, carers and families to meet all of their needs and better their lives.
5. Deliver innovative and integrated care close to home which supports and improves health, wellbeing and independent living.

3.0 Aims / Purpose

This policy aims to support a culture of best practice in the management and delivery of clinical audit.

The purpose of this policy is to set out the rationale for clinical audit and provide a framework for such activity, including standards, guidance and procedures, as well as details of the support available from the Clinical Audit & Effectiveness Team.

4.0 Objectives

This policy will outline processes in relation to clinical audit activity within BCUHB. It will reinforce its role within the quality framework in delivering quality improvement and quality control.

This includes:

- Topic selection based upon priorities (national and local).
- Local governance arrangements
- Clinical Audit and Effectiveness training
- Patient and carer involvement
- Roles and responsibilities

5.0 Scope.

This policy relates to all staff with potential to participate in clinical audit activity within BCUHB; either by professional requirement, individual interest or relevance to the specific pathway / care group related to their practice.

6.0 Roles and Responsibilities

- **6.1 Chief Executive Officer (CEO).**

Overall responsibility in relation to the statutory duty for quality within the organisation and for participation in the mandatory requirements for clinical audit participation, such as that set out within the Welsh Government's *National Clinical Audit and Outcome Review Plan (NCAORP)*.

- **6.2 Executive Medical Director.**

The Clinical Audit and Effectiveness Department is located within the Office of the Medical Director. The Executive Medical Director takes the Executive / Board lead for clinical audit and effectiveness activity; ensuring that the BCUHB audit plan aligns with mandatory requirements, organisational priorities and is supported across all clinical areas.

- **6.3 Associate, Divisional and Site Medical Directors**

There are a number of Medical Director roles that support the Executive Medical Director's portfolio across Primary and Secondary Care; providing a leadership role that encompasses service delivery, education, innovation, governance and improvement within their area of clinical management. These roles will support the Executive Medical Director in implementation of this policy in all services that fall within their remit and sphere of influence.

- **6.4 Clinical Directors.**

To support the implementation of this policy through appropriate supervision (and where necessary delegation) of clinical audit responsibilities to ensure that a local annual clinical audit programme is defined and delivered successfully.

- **6.5 Divisional / Directorate Clinical Audit Lead.**

Each Division/Directorate/Specialty will identify a clinical audit lead who will take a local lead in the promotion of clinical audit within their service. They will play a key role in the construction and agreement of their area's annual clinical audit programmed activity, allocation of project leads, approval of audit projects and the agreement/review of action plans. They will support their Clinical Director in the implementation of this policy in relation to their service and attend the relevant forum where this is discussed.

- **6.6 Clinical Audit and Effectiveness Department.**

Under the supervision of the Head of Clinical Audit & Effectiveness to provide proportionate and prioritised support to BCUHB staff for all stages of the clinical audit cycle.

7.0 Groups / Committees

The following Groups / Committees will maintain a role in ensuring that clinical audit activity within their remit is optimised in terms of improvement potential and governance assurance. This will involve approval, reporting and monitoring as relevant to each group's terms of reference.

7.1 Audit Committee

The Audit Committee is the approving committee for the annual clinical audit plan (national and locally prioritised audits). It provides assurance to the Board that the function is efficient and that the annual BCUHB clinical audit plan prioritises key risks and supports delivery of the quality improvement strategy. Annually, it holds a **Joint Audit Committee**, where key members of the Quality, Safety and Experience Committee are invited to jointly review the effectiveness of clinical audit and receive the annual audit report.

7.2 Quality, Safety and Experience Committee (QSE)

QSE requires assurance through the corporate Quality & Safety Group that there is an effective audit function, adequately resourced, that delivers robust audit supporting quality planning and assurance; leading to safe high quality services. It approves the Clinical Audit Policy.

7.3 Quality and Safety Groups

At each level (Speciality, Divisional and Corporate) these groups ensure there is an effective audit function, delivering robust audit that supports quality planning and assurance; leading to safe high quality services.

7.4 Clinical Effectiveness and Audit sub Group (CEAsG).

The BCUHB CEAsG provides a forum where clinical audit and service evaluation is discussed as a standard agenda item. In relation to clinical audit, CEAsG receives exception reporting from a number of effectiveness-related groups such as:

- Clinical Improvement and Audit Groups (or equivalent Quality and Safety Group update).
- Mental Health & Learning Disabilities Clinical Effectiveness Group.

This group reports to the corporate Quality & Safety Group.

8.0 Registration of projects:

All local clinical audit projects conducted within the Health Board must be approved prior to registration, either by the Quality & Safety Group (Tier 2) or by the relevant clinical audit lead (Tier 3) in advance of registration with the CA&E department.

There is a clearly defined application procedure for registration, which involves the following steps:

8.1 Registration Tiers within BCUHB.

Tier 1: National “must do” audits. These are mandated by Welsh Government or other regulatory bodies such as *Medicines & Healthcare products Regulatory Agency* (MHRA).

NB: All National Clinical Audit and Outcome Review Plan (NCAORP) projects must be incorporated within relevant Division / Directorate annual clinical audit plans. They are prioritised above other audits.

Tier 2: Local priority audits: These 'local must do' audits support delivery of the Quality Improvement Strategy goals and priorities, including accreditation requirements specific to the service, NICE guidance compliance, safety audits, audit related to high risk activity and agreed service improvement priorities.

NB: All Corporate projects agreed at BCUHB Quality & Safety Group as priorities must be incorporated within relevant Division / Directorate annual clinical audit plans.

Tier 3: Local interest audits. This activity relates to those projects that have been prioritised by the Division / Directorate to be included within their local, annual forward plan for clinical audit activity (see section 8.3 below). All Tier 3 projects must:

- be approved by their Divisional / Directorate Clinical Audit Lead. **NB:** These should not be approved unless there is local capacity and completion will not detract from completing Tier 1 & 2 audits, including the associated improvement work.
- be registered with the Clinical Audit & Effectiveness Department (registration form accessed through intranet site via link: <http://howis.wales.nhs.uk/sitesplus/861/page/45363>)
- provide a blank copy of the data collection pro-forma / spreadsheet.
- have a registration form signed by the project lead or their clinical supervisor and the Divisional / Directorate Clinical Audit Lead.

8.2 Clinical Audit and Effectiveness Department Registration Database

All approved projects are allocated a unique ID number. A database is held within the Clinical Audit and Effectiveness Department, storing all Health Board clinical audits / service evaluations. This facilitates audit activity reporting, identifies potential re-audits, provides evidence to support reviews and Health Board-wide comparison of findings. It enables quality planning and identification of quality improvement projects to support highly reliable care.

8.3 Annual Divisional / Directorate Clinical Audit Programme

An annual Clinical Audit Programme will be discussed and agreed within each Division / Directorate by 31st January. Early allocation of suitable project leads and the resources including clinician's time, required to complete the audit will optimise completion of the programme.

A systematic approach which enables the multidisciplinary team to prioritise and agree upon topics for inclusion would be recommended with domains which may include:

- **Frequency** ('how often' or 'how many'?)
- **Degree of risk** (likelihood of something going wrong or not being done).
- **Level of concern** (how important is the question?)
- **Outcome** (what is the impact in relation to potential for improvement/harm?)

(Welsh Assembly Government, 2003)

8.4 Clinical Audit and Effectiveness Department Support

The Clinical Audit and Effectiveness Department is resourced to support Tier 1 and Tier 2 activity.

CA&E staff will meet with project lead(s) to assess the level of support they require and to:

- Identify potential for patient participation / involvement.
- Identify potential for multidisciplinary participation / involvement.

- Agree the proposed methodology.
- Assist / advise with identification of evidence-base / critical appraisal.
- Assist with construction of clear and measurable audit standards.
- Agree data collection pro-forma / questionnaire format.
- Confirm local management support.
- Confirm appropriate Divisional / Directorate Audit lead is aware of the project.
- Confirm appropriate AMD for Quality is aware of the project.
- Agree project timescales (including planned presentation date).
- Ensure Welsh Government returns are completed in a timely manner.

Where there is capacity, non-clinical information may be collected by the team following discussion with the Head of Clinical Audit.

In relation to Tier 3 projects, the CA&E Department will receive and register Tier 3 forms only. They will provide advice, guidance and direct BCUHB staff to relevant training if required.

9.0 Project development

The process for clinical audit project development, registration and progression are displayed in algorithm format in appendix 4.

9.1 Selection of topic

The Divisional / Directorate Annual Clinical Audit Programme provides the topics for Supervisors advising their trainees, juniors and other colleagues. Staff contacting Clinical Audit and Effectiveness Department for advice will also be directed to these programmes and the relevant Divisional / Directorate Clinical Audit Lead for their clinical area.

9.2 Multidisciplinary audit

Project leads and Divisional / Directorate Clinical Audit Leads will assess all projects in relation to their potential for multidisciplinary involvement. Consultation with all relevant staff groups should occur. Where applicable, the audit lead will be advised to invite participation from colleagues representing other professionals appropriate to the topic and also consider Managed Clinical Services colleagues such as Radiology and Pathology.

Multidisciplinary audit refers to a clinical audit team composed of representatives from at least two different disciplines (ideally those associated with the episode of care being audited).

9.3 Patient and Public Involvement

In planning each project, the potential for service user, carer and / or public involvement should be assessed and promoted. This may involve communication with appropriate forums relevant to the topic and / or the Division / Directorate to achieve this. This would range from gaining feedback regarding the proposed audit pro-forma / questionnaire to direct involvement where possible with other stages of the audit cycle (such as agreeing standards, data gathering, analysis, presentation and action planning, etc.). This would be guided by the relevant Information Governance considerations.

BCUHB aspires to demonstrate that within their prioritisation process, there are examples of audit topics selected by service users / carers and represented within the Health Board's audit programmes. As an aspiration, there will be examples of projects that have been led operationally by service-user / carer representatives. Consultation with an

appropriate patient and public forum (such as Public Partnership Committee) will occur for all Trust-wide audit proposals.

It is best practice for all patient and public questionnaires to involve service-user / carer consultation and should be piloted prior to dissemination. Service-user feedback on all issues will be valued, as will opinions regarding any ethical issues specific to the project.

9.4 Presentation / dissemination / feedback

All project leads will feedback their findings to the relevant Divisional / Directorate team forum, where peer review will confirm that the findings are clinically robust. In addition, findings will be shared as widely amongst the Health Board as is appropriate to the topic. Project leads will agree, in discussion with their Divisional / Directorate Clinical Audit Lead, the appropriate venue for PowerPoint style presentation (see Appendix 1 - template) and efficacy of utilising other media options (poster, circulation of brief written report, intranet, etc.).

The CA&E department will be responsible for collating the annual clinical audit plan each new financial year, providing quarterly reporting monitoring against the plan for review at QSG forming an annual plan to be presented in November of each year. The content will be provided by the relevant clinical audit leads.

9.5 Action planning

Where recommendations are made as a result of the project, an action plan must be discussed and agreed following consultation with relevant staff (ideally at a Divisional/Directorate forum). Peer review will ensure that findings are robust and ascertain whether the recommendations are robust. The action plan must be specific, objective, set within measurable timescales and accountable in relation to who is responsible for each action. (See appendix 2 - action plan template).

9.6 Submission of Clinical Audit Report

On completion of the audit, the project lead is required to provide the Clinical Audit and Effectiveness Department with a copy of the final report and action plan (see Appendix 3 – report template).

9.7 Re-audit

A re-audit is not always necessary, for example, if no improvement needs have been identified or there was a move agreed towards an alternative methodology to ensure improvement. However, where assurance is required through audit that actions have been embedded this needs to be included within the future clinical annual programme.

9.8 Letter of Completion for Project Lead

On receipt of this final report, the project lead / team (who demonstrate direct contribution) will be issued with a letter confirming their participation by the CA&E Department. This letter will include additional bullet points as evidence is provided, such as:

- Presentation / dissemination / Peer Review of findings.
- Agreement of recommendations / action plan.
- Implementation of intervention.
- Re-audit (or clearly scheduled date and allocation of new lead).
- Clear link to another related project topic (audit, service evaluation, research).

10.0 Equality, including Welsh Language

An Equality Impact Assessment (EqIA) has been completed and a positive impact anticipated.

11.0 Training

All staff participating in clinical audit activity should have a good understanding of this quality improvement and assurance tool.

There is an 'e' learning '*Introduction to Clinical Audit*' training session which is accessible through the BCUHB intranet site:

<http://howis.wales.nhs.uk/sitesplus/861/page/59825>

In addition, the Clinical Audit & Effectiveness Department will respond to requests to provide face to face sessions for teams.

12.0 Review

The Clinical Audit Policy will be reviewed in three years' time (*insert month and year*).

13.0 References

DICKENS, P. (1994). In: **Welsh Assembly Government. (2003).** *An introduction to clinical audit.* Wales

Healthcare Quality Improvement Partnership (HQIP). (2011). *New Principles of Best Practice in Clinical Audit.*


JURAN, J.M., GODFREY, A.B. (eds). (1999). *Juran's Quality Handbook.* 5th Edition. New York: McGraw Hill.

Welsh Assembly Government. (2003). *An Introduction to Clinical Audit.* Wales.

14.0 Appendices

Appendix 1: Template for PowerPoint presentation slides.

Here you will see suggested slide headings which contain guidance notes to advise on what to include within each section. *These are created for guidance and not an essential format.*



Bwrdd Iechyd Prifysgol
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Using PowerPoint to present your findings


Title of Audit.....

Project lead / team

Service / Specialty

Date of presentation

Name of forum




Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Introduction / Background

Set the scene.....

- Outline why you conducted it and provide enough background information regarding the setting and history of the unit/team.
- State which guidelines/standards/research you selected to measure practice against?
- Explain treatment/care pathway (include relevant structures and processes).
- Refer to previous audits, associated findings or recommendations.



Bwrdd Iechyd Prifysgol
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Aim / Goals

Specify your Aim:

- This will be an overarching statement, which highlights what you want to achieve.

Specify the Objectives:

- This breaks down the aim into manageable, measurable and objective actions.



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Methodology


What was audited and how?

Include sample criteria:

- Inclusion/exclusion criteria?
- Random, stratified, etc.
- How many did you audit?
- Where applicable, demographics may be added.
- Specify the dates within which your sample falls.

Include data collection:


- Retrospective or prospective?
- Who collected the data?
- Provide details of your pilot study (numbers, changes made).



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Standards

- What were the standards that you measured against?
- What was the evidence-base?



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Results

What were your results against the standards you measured against.

- Draw out the meaningful data
 - Choose and appropriate graphical format. What is your n value and total? Don't forget your chart title.
 - Consider presenting percentages against each standard, alongside comparable data where applicable (e.g. previous findings or other dept).

Remember.....

- A consistent approach to use of numbers or percentages will minimise confusion.
- Maintain anonymity of clinicians and patients.



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Conclusions

- Please highlight problem areas, improvement needs and any areas of good practice.
- Draw together your findings, highlighting main points for discussion and action.

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Recommendations / Action Plan

What now?

Include Recommendations and relate back to your audit standards.

- Where were these discussed (forum).


Describe your action plan.

- Specify who is responsible for each action – ensure that they agree to this!
- Set timescales and review dates (if applicable) for each action.
- Make actions realistic and achievable.

Date for re-audit (if appropriate).

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Next steps

After presenting your findings:

Communication is key.

- Agree:
 - action plan following peer review discussion.
 - review date to monitor actions.
 - Re-audit date.
 - Consider: continuous measurement, research or other QI methodology (as appropriate).
- Ensure handover of actions to willing colleague if leaving.
- Agree on appropriate further dissemination of results to MDT colleagues.

01/08/2019

9

DRAFT

Appendix 2: Action planning template (*for guidance only – not essential format*).

Title			
Audit Lead		Author:	
Contributors			
Approving Committee		Date:	
Is this on the risk register		If yes, Score:	

Action Plan: (Please complete the action plan to specify how improvements will be made - i.e. what will be done, when and by whom?)			
Problem identified	Action	By Who	By When
Re-audit:	Date:	By Whom:	

Appendix 3 (overleaf): Template for final Clinical Audit report (*for guidance only – not essential format*).



Use attached guidance sheet: "Using Template Format for Clinical Audit Report".

Auditor (person conducting audit):	Audit No:	Date:
Audit Team members:	Speciality / Service:	

Full title of clinical audit project: Include enough information to make the topic and location clear.
--

Introduction / background: Set the scene for your audit. Outline why you conducted it and provide the reader with enough background information to understand the setting and history of the unit/team. <ul style="list-style-type: none">• What are the reasons for selecting this topic?• Which guidelines/standards did you select to measure practice against?• Refer to and summarise any relevant research or other forms of evidence.• Outline topic-specific information and explain abbreviations or specialised terminology.• Explain treatment/care pathway (including relevant structures and processes).• Refer to previous audits and associated findings or recommendations. <u>Specify Aim:</u> This will be an overarching statement, which highlights what you want to achieve. <u>Specify Objectives:</u> This breaks down the aim into manageable, measurable and objective actions.
--

Standards: What were the standards that you measured against – what was the evidence-base?
--

Methodology: Explain the audit methodology you used, including sample criteria, time period and data sources used (i.e. what was audited and how?) This section is important as it needs to make explicit the ' <i>who, how, when and where</i> ' elements of your project procedure. As in a scientific report, it is important that anyone wanting to replicate your project can do so by following your methodology. The sample: <ul style="list-style-type: none">• Were there any inclusion/exclusion criteria?• How was your sample selected? - random, stratified, etc.• How did you identify participants? - Information Dept, admission book, etc.• How many did you audit?• If cases were missing - specify why (e.g. notes missing).• Where applicable, demographics may be added (either here or in your results section)• Specify the dates within which your sample falls. The data collection: <ul style="list-style-type: none">• Was your data collection retrospective or prospective?• Who collected the data?• When were pro-forma/questionnaires completed/returned? The pilot: <ul style="list-style-type: none">• Provide details of your pilot study (numbers, changes made).• Did you include your pilot data in your final analysis? If not, outline reason (e.g. data items changed significantly following pilot).
--

Results:

Provide the results of audit against the standards that you were measuring against and also any supporting or additional information. *Table format provided below.*

- Present only results that relate to the audit criteria.
- Don't be tempted to flood the reader with unnecessary data. The clarity of the point you are trying to communicate may be lost.
- Follow a logical order and grouping of results (such as the care pathway).
- Draw out the meaningful data and present in an accessible and graphical format (where applicable).
- Ensure all charts and tables are titled and state the 'n value' (total number 'out of').
- State how the data was stored and analysed (such as Excel or SPSS).
- It may be useful to use a table to present percentages against each standard, alongside comparable data where applicable (e.g. previous findings or other dept).
- A consistent approach to use of numbers or percentages will minimise confusion.
- Maintain anonymity of clinicians and patients.
- Use objective statements and avoid subjectivity.

No.	Standard	% Achieved	% Not Achieved
1.			
2.			
3.etc.			

Conclusions:

Please highlight problem areas, improvement needs and any areas of good practice. Draw together your findings, highlighting main points for discussion and action.

Recommendations:

Clearly state your recommendations and relate back to your audit standards.

Action Plan:

Please complete the action plan to specify how improvements will be made - i.e. what will be done, when and by whom?

Complete the action plan to specify how improvements will be made (i.e. what will be done, when and by whom).

Following discussion of the recommendations at the appropriate forum, construct an action plan.

- Specify who is responsible for each action – ensure that they agree to this!
- Set timescales and review dates (if applicable) for each action.
- Make actions realistic and achievable.
- Set a date for re-audit (if appropriate).

Problem identified	Action	By Whom	By When
Re-audit:	Date:	By Whom:	

How has / will the clinical audit improve patient care?

Please summarise the way in which your findings and implementation of recommendations will improve care.

References:

All full list of references should be provided using a recognised referencing system (such as Harvard).

Appendices:

Always include the clinical audit pro-forma within your appendices.

Ensure that a copy of the report is sent to the Clinical Audit and Effectiveness Department and the Specialty / Service clinical audit lead.

Audit Committee
12.9.19



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University Health Board

To improve health and provide excellent care

Title:	Wales Audit Office Reports
Author:	Andrew Doughton, Wales Audit Office
Responsible Director:	Grace Lewis-Parry, Board Secretary
Public or In Committee	Public
Purpose of the report:	The documents for audit committee include the regular audit update alongside reports finalised since the last audit committee which includes the national Integrated Care Fund report, the Operating Theatres report, and an accompanying operating theatres presentation which is for committee information only.
Approval / Scrutiny Route	Local reports are cleared through formal audit clearance processes with representatives of the Executive Team. National report clearance processes are agreed with the appointed national key contact for the work.
Governance issues and risks	<i>Specific risks, issues and recommendations are identified in the report.</i>
Financial Implications	Not applicable.
Recommendation:	The Audit Committee is requested to: <ul style="list-style-type: none"> • Note the content of the audit progress update. • Receive and discuss the Integrated Care Fund and Operating Theatres reports.

Health Board's Well-being Objectives <i>(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)</i>	✓	WFGA Sustainable Development Principle <i>(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)</i>	✓
1.To improve physical, emotional and mental health and well-being for all		1.Balancing short term need with long term planning for the future	✓
2.To target our resources to those with the greatest needs and reduce inequalities	✓	2.Working together with other partners to deliver objectives	✓
3.To support children to have the best start in life		3. Involving those with an interest and seeking their views	
4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being	✓	4.Putting resources into preventing problems occurring or getting worse	✓
5.To improve the safety and quality of all services	✓	5.Considering impact on all well-being goals together and on other bodies	✓

6.To respect people and their dignity			
7.To listen to people and learn from their experiences			
Special Measures Improvement Framework Theme/Expectation addressed by this paper <ul style="list-style-type: none"> • Governance 			
Equality Impact Assessment Not applicable			



WALES AUDIT OFFICE
SWYDDFA ARCHWILIO CYMRU

Archwilydd Cyffredinol Cymru
Auditor General for Wales

Audit Committee Update – **Betsi Cadwaladr University Health Board**

Date issued: August 2019



This document has been prepared as part of work performed in accordance with statutory functions.

In the event of receiving a request for information to which this document may be relevant, attention is drawn to the Code of Practice issued under section 45 of the Freedom of Information Act 2000.

The section 45 code sets out the practice in the handling of requests that is expected of public authorities, including consultation with relevant third parties. In relation to this document, the Auditor General for Wales and the Wales Audit Office are relevant third parties. Any enquiries regarding

disclosure or re-use of this document should be sent to the Wales Audit Office at

info.officer@audit.wales.

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About this document

- 1 This document provides the Audit Committee of Betsi Cadwaladr University Local Health Board (the Health Board) with an update on current and planned Wales Audit Office work.
- 2 Financial and performance audit work is covered and information is also provided on the Auditor General's programme of national value-for-money examinations.

Financial audit update

- 3 The 2018-19 financial audit work on the Board's financial statements was completed in accordance with required deadlines and the Auditor General issued his opinion on the financial statements on 11 June 2019, prior to them being laid the following day. We have now largely completed the work on the audit of the Charitable Funds accounts and we will be reporting to the Charitable Funds Committee in September.
- 4 The planned key outputs and milestones from financial audit outputs and milestones are summarised in **Exhibit 1** below.

Exhibit 1: Delivering the 2018-19 financial audit work

Planned Output	Planned Start Date	Planned Reporting Date	Report Finalised
Audit Plan	January 2019	March 2019	March 2019
Audit of Financial Statements report	May 2019	May 2019	May 2019
Opinion on the Financial Statements	May 2019	June 2019	June 2019
Whole of Government Accounts submission	May 2019	June 2019	June 2019
Audit of Charitable Funds Financial Statements report	July 2019	September 2019	
Opinion on the Charitable Funds Financial Statements	September 2019	September 2019	

Source: Wales Audit Office

Performance audit update

- 5 **Exhibit 2** below provides members of the Audit Committee with a brief overview of the performance audit work reported to the Health Board in the last six months.

Exhibit 2: Performance audit update

Work completed in last six months (links to the report, where available, are in red)				
Topic	Key findings	Date finalised	Executive Lead	Received at Audit Committee/ other
Operating theatres	Our work found that there is good evidence that management and use of operating theatres is improving, however, there is a need to build on this improvement by having a greater focus on surgical productivity, and by addressing estate and workforce challenges at some sites.	August 2019	Deborah Carter	September 2019
Clinical coding follow-up	We reviewed the progress made in responding to the recommendations set out in the 2014 review of clinical coding arrangements. Our work found that the Health Board has improved its coding performance significantly, but has not yet realised the full potential of clinical coding and more work is needed to engage with clinicians and improve medical record.	May 2019	Evan Moore	May 2019

Ongoing work and work due to start in 2019				
Topic	Focus of the work	Status	Executive Lead	Expected date of final report
Orthopaedic Services follow-up	This work is examining the progress made in orthopaedic services since our 2015 all-Wales review. This includes assessing whether recommendations and areas that we identified for improvement have been effectively responded to and to determine whether health boards are developing arrangements to help manage the demand on, and supply of, orthopaedic services.	Fieldwork ongoing	TBC	November 2019
Review of legacy systems and infrastructure (Local work)	This work will focus on risks and opportunities for improvement in relation to old, out-of-date, unsupported, or difficult to support: <ul style="list-style-type: none"> • hardware infrastructure; and • operational and clinical systems (software licensing and support). 	Fieldwork complete	David Fearnley	October 2019
Structured Assessment	We will assess progress that is being made in embedding sound arrangements for corporate governance and financial management, alongside other key processes such as strategic planning, workforce management, procurement and asset management.	Fieldwork ongoing	Gary Doherty	November 2019
Quality Governance arrangements	As an extension of the structured assessment work, we will undertake a specific review of quality governance arrangements and how these underpin the work of quality and safety committees. This will include examination of factors underpinning quality governance such as strategy, structures and processes, information flows and reporting.	Not yet started	Gill Harris/ Deborah Carter	February 2020

Ongoing work and work due to start in 2019				
Topic	Focus of the work	Status	Executive Lead	Expected date of final report
Well Being of Future Generations (Wales) Act 2015	<p>The work will consider the Health Board's overall corporate approach to applying the 'Sustainable Development Principle' and 'Five Ways of Working'. We will seek to examine one of the Health Board's well-being objectives in more detail, reviewing the steps that have been taken to achieve that objective.</p> <p>This work will inform will inform the report that the Auditor General must prepare for the National Assembly by May 2020.</p>	Draft report issued	Mark Wilkinson	September 2019
Refurbishment/ Asbestos removal at Ysbyty Glan Clwyd	<p>The Auditor General plans to issue a report that focuses on the events that contributed to the unanticipated escalation in the cost of the refurbishment project at Ysbyty Glan Clwyd. Much has already been written about these events. However, the Auditor General's report will consider whether the Health Board and NHS Wales more widely have identified and addressed the range of issues that arose. We anticipate that the report will be laid before the Public Accounts Committee early in 2020, and we shall also keep the BCU Board informed of our key findings and relevant recommendations'.</p>	Scoping	Mark Wilkinson	May 2020
Local audit reviews	<p>We will undertake thematic performance audit work that reflects issues specific to the Health Board. This will be agreed following completion of local audit planning.</p>	TBC	TBC	TBC

Source: Wales Audit Office

Other Auditor General studies

The Audit Committee may also be interested in the following studies/planned outputs. Where the work is completed and reported, these are highlighted in red, and include a link to the report.

Exhibit 3: Other Auditor General Studies and reports

Recent publications / planned publications	
Topic	Update
<u>Integrated Care Fund</u> – July 2019	<p>Since the inception of the fund, the Welsh Government has made a total of £270 million available up to March 2019 and with a further £115 million allocation for 2019-20.</p> <p>The Auditor General found that the fund has had a positive impact, supporting improved partnership working and better integrated health and social care services. However, aspects of the way the fund has been managed at national, regional and project levels have limited its potential to date. There is little evidence of successful projects yet being mainstreamed and funded as part of public bodies' core service delivery. Of the project leads surveyed, 75% identified that there were challenges in mainstreaming their project. The report also finds that the Welsh Government has not set any specific expectation on how to capture information about outcomes.</p>
<u>Preparations in Wales for a 'no deal' Brexit</u> – February 2019	<p>The Auditor General found that public bodies are developing new structures for managing the consequences of Brexit alongside long-standing arrangements. Overall, most public bodies across Wales are clearly taking their 'no-deal' Brexit planning seriously. Many have significantly ramped up their activity since summer 2018, when a 'no-deal' outcome started looking more possible.</p> <p>Public services reported a lack of capacity to manage Brexit, which is also having a significant knock-on impact on other service areas. Most are absorbing Brexit preparations within, or on top of, their day jobs. In the NHS, our wider audit work has identified ongoing concerns about management capacity in relation to transforming services. This same cadre of management staff is being called on to prepare for and manage the implications of a 'no-deal' Brexit. Most bodies reported to us that their work on Brexit was having an adverse impact on other areas.</p> <p>Across NHS Wales, individual organisations have been helped in understanding their exposure to risks and possible opportunities by work by Public Health Wales and through work on supply chains related to medical devices and clinical consumables carried out by Deloitte. The NHS is putting place detailed plans, working with UK partners, to manage those risks it has identified.</p>

Recent publications / planned publications	
Topic	Update
Public sector counter fraud arrangements	<p>The Auditor General for Wales is undertaking a review of the effectiveness of counter fraud arrangements across the public sector in Wales, with a view to publishing his findings in June of next year. That publication will be informed by fieldwork across a range of public sector organisations, including all NHS bodies. The fieldwork to inform the national report will take place late 2019 / early 2020, and will draw on information and intelligence that has already been gathered as part of our structured assessment. The review will be part of the Auditor General for Wales's wider programme of value for money examinations, and will therefore not be funded from local audit fees. Further details on the approach to the work will be issued during the autumn.</p>

Good Practice Exchange

- 6 The Good Practice Exchange (GPX) helps public services improve by sharing knowledge and practices that work. We run events where people can exchange knowledge face to face and share resources online.
- 7 Details of past and forthcoming events, shared learning seminars and webinars can be found on the [GPX page](#) on the Wales Audit Office's website. The table below lists recent and forthcoming events.

Exhibit 4: Good Practice Exchange

Recent and forthcoming events	
Recent events	
<p>Innovative approaches to public services in rural communities - This seminar will share innovative approaches to help understand how public services can meet the needs of rural communities in Wales. The seminar is framed around the 7 Well-being goals of the WFG Act and is aimed at all public services in Wales. The ideas and approaches shared at this seminar can be adapted to suit a wide range of services.</p> <p>18 July 2019 - Glasdir, Plas Yn Dre, Llanrwst, Conwy, LL26 0DF</p>	
Forthcoming events	
<p>Future proofing public services - This webinar will identify practical examples of services doing things differently to plan for the future and optimise benefits across public services in Wales. We will discuss how strategic and operational decision makers must balance the needs of today with the needs of tomorrow.</p> <ul style="list-style-type: none"> • 4 Sep 2019 - 12:00pm - 1:00pm 	
<p>Making an Equal Wales a Reality - A More Equal Wales from the Wellbeing for Future Generations (Wales) Act 2015 and the Welsh Public Sector Equality Duty are fundamental to creating better outcomes for the people of Wales. This seminar is the starting point of knowledge sharing and knowledge gathering around this topic over the next two years for the Wales Audit Office. This will be a unique opportunity to hear about what is needed to achieve a More Equal Wales from different perspectives.</p> <ul style="list-style-type: none"> • 19 Sep 2019 - 9:00am - 1:00pm, Glasdir, Plas Yn Dre, Llanrwst, Conwy, LL26 0DF 	
<p>How technology is enabling collaborative working across public services – The specific scope of the seminar will be confirmed shortly on the good practice website which can be found at the link above.</p> <ul style="list-style-type: none"> • 17 Oct 2019 - 9:00am - 1:00pm, Glasdir, Plas Yn Dre, Llanrwst, Conwy, LL26 0DF 	

- 8 Diary markers and details of new events are circulated in advance to the Health Board, together with information on booking delegate places. Further information on any of our past or planned GPX events can be obtained by contacting the local audit team or emailing good.practice@audit.wales.

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We welcome correspondence and telephone calls in Welsh and English.
Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg.

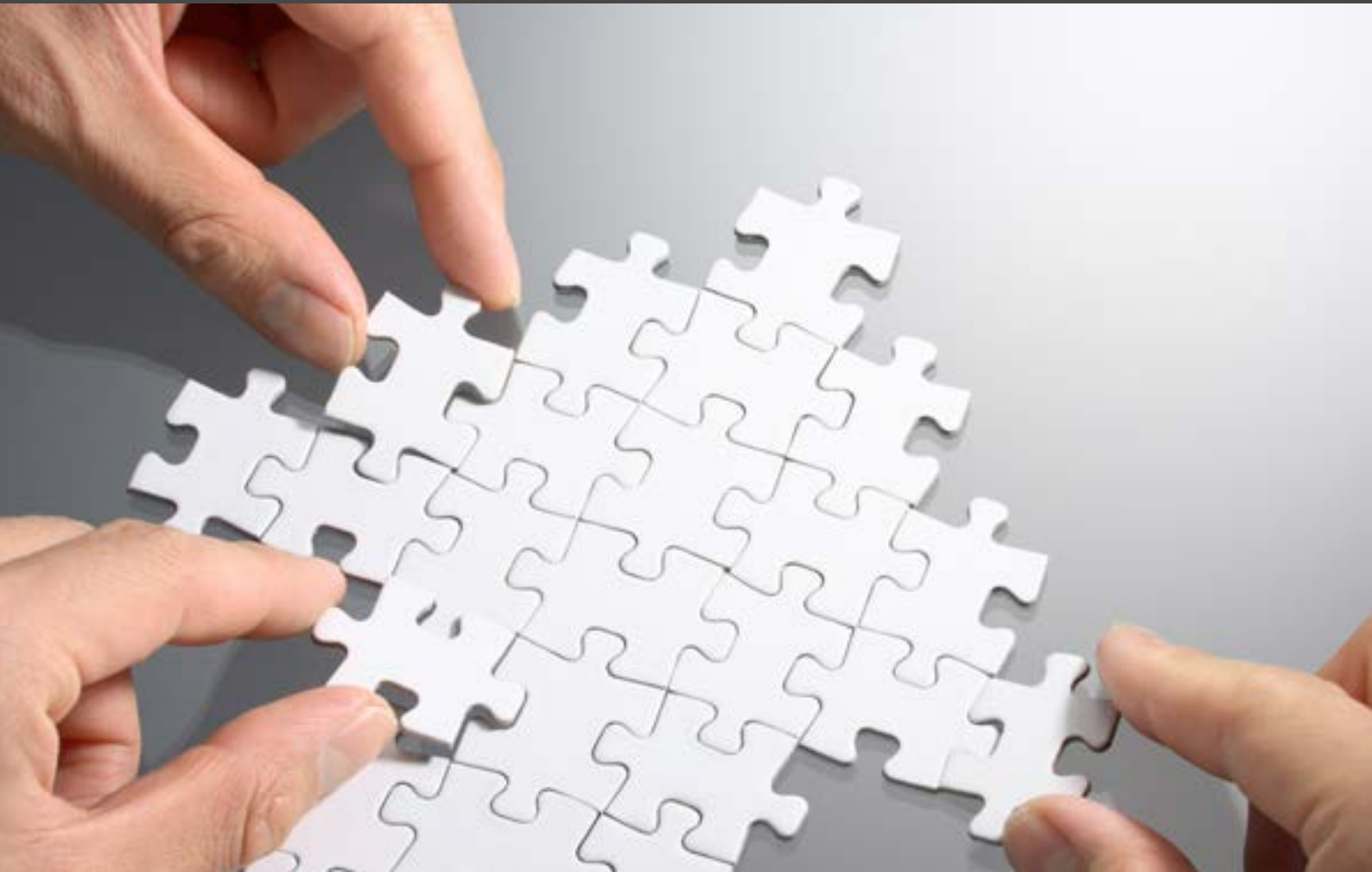
July 2019

Archwilydd Cyffredinol Cymru
Auditor General for Wales

Integrated Care Fund



WALES AUDIT OFFICE
SWYDDFA ARCHWILIO CYMRU



This report has been prepared for presentation to the National Assembly under the Government of Wales Acts 1998 and 2006, and the Public Audit (Wales) Act 2004.

The Wales Audit Office study team comprised Anne Beegan, Allison Rees, David Wilson, Fflur Jones, Matthew Brushett, Nathan Couch and Philippa Fido under the direction of Matthew Mortlock.

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The Auditor General is independent of the National Assembly and government. He examines and certifies the accounts of the Welsh Government and its sponsored and related public bodies, including NHS bodies. He also has the power to report to the National Assembly on the economy, efficiency and effectiveness with which those organisations have used, and may improve the use of, their resources in discharging their functions.

The Auditor General also audits local government bodies in Wales, conducts local government value for money studies and inspects for compliance with the requirements of the Local Government (Wales) Measure 2009.

The Auditor General undertakes his work using staff and other resources provided by the Wales Audit Office, which is a statutory board established for that purpose and to monitor and advise the Auditor General.

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Mae'r ddogfen hon hefyd ar gael yn Gymraeg.

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Health and social care partnerships have been around for some time but integrated working prior to the fund was limited	16
The fund has provided an impetus for regional partners to develop integrated services and to move to joint funding arrangements in the context of wider policy and legislation	17
2 Aspects of the way funding has been allocated by the Welsh Government and used by regional partners have limited the potential of the fund to date	19
Changing expectations, issues with the timeliness of funding allocation processes and short-term horizons have hampered regional delivery	20
The Welsh Government is taking steps to address the annual nature of the fund and issued the 2019-20 guidance in a timelier way	29
Regional Partnership Boards can find it difficult to balance local population needs with the Welsh Government's indicative allocations for target groups	30
Regional Partnership Boards use their allocations in different ways, not all of which have supported a regional focus	32

3	Governance arrangements for the fund need to be further developed to strengthen central oversight and ensure greater consistency across the regions	35
	The Welsh Government has established governance arrangements for the fund but needs to do more to consider how its actions impact on regional partners and integrate funding streams	36
	The Welsh Government's staffing capacity to support regular and timely oversight of the fund has been limited	37
	Regional Partnership Boards frequently delegate responsibility for the fund to a sub-group and there is limited scrutiny of the use of the fund by health boards and local authorities	38
	The rigour of project management varies between regions and organisations, and few projects involve service users at the outset	40
4	Despite positive examples, the overall impact of the fund in improving outcomes for service users remains unclear, with little evidence of successful projects yet being mainstreamed	41
	Regional Partnership Boards identify a range of positive case studies, but the Welsh Government's central monitoring arrangements do not yet provide a basis on which to assess the fund's overall impact	42
	There is little evidence that successful projects have yet been mainstreamed and funded as part of public bodies' core service delivery, although the Welsh Government has re-emphasised its expectations	44

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Summary report

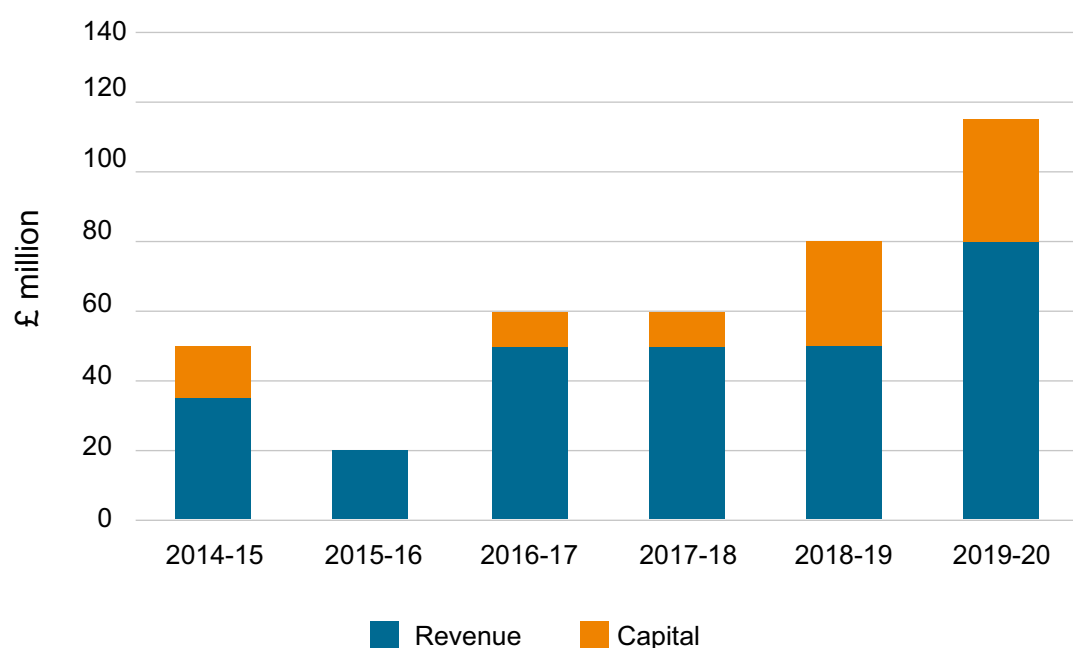
Summary

- 1 The Integrated Care Fund (the fund) is allocated by the Welsh Government across Wales. The aim of the fund is to drive and enable integrated working between social services, health, housing and the third sector and independent providers to develop sustainable services.
- 2 The Welsh Government first established the fund on a one-year basis for 2014-15 (as the Intermediate Care Fund¹). At that time, the Welsh Government focused the fund on supporting older people and helping to avoid unnecessary hospital admissions, or inappropriate admission to residential care. It also focused on preventing delayed discharges from hospital and reducing the rates of delayed transfers of care.
- 3 After some continued funding in 2015-16, the Welsh Government extended the scope of the fund for 2016-17 to include:
 - a children and adults with complex needs;
 - b children and adults with learning disabilities; and
 - c the Integrated Autism Service ([Exhibit 2](#)).
- 4 In 2017-18, the Welsh Government extended the scope of the fund again to include carers (of all ages), and the Welsh Community Care Information System² ([Exhibit 2](#)).
- 5 Since the inception of the fund, the Welsh Government has made a total of £270 million available up to March 2019. Except for 2015-16, there have been both capital and revenue-based allocations each year ([Exhibit 1](#)). For 2019-20, the Welsh Government has increased the capital allocation to £35 million. The revenue allocation has increased to £80 million, resulting in a total fund allocation of £115 million.

1 In 2017, the Welsh Government changed the name to the Integrated Care Fund to better reflect its aim of driving integrated working.

2 As part of our wider programme of work, we are taking forward a separate examination of the implementation of the system.

Exhibit 1: total funds available between April 2014 and March 2020



Note: Revenue funding supports spending on staffing and administrative expenses. Capital funding supports purchasing and improving assets, including land, buildings, equipment and vehicles.

Source: Wales Audit Office analysis of Welsh Government guidance.

6 The Welsh Government distributes the fund across Wales to the seven Regional Partnership Boards (RPBs)³ based on a range of funding principles⁴. The RPBs, aligned geographically with the seven health boards ([Appendix 2](#)), are responsible for overseeing and managing the use of the fund in their area. The health boards receive the funds and act as the banker on behalf of the respective RPB. [Appendix 3](#) provides a breakdown of how the Welsh Government has allocated the fund across the RPBs in the period from April 2014 to March 2019.

3 The **Social Services and Well-being (Wales) Act 2014** established RPBs in 2016. RPBs are responsible for ensuring that partner organisations work effectively together to identify needs within the regions' population (a population assessment). They are also responsible for developing and managing an area plan to address those needs.

4 The Welsh Government allocates the fund across the different strands of the programme, some of which is held centrally for the national initiatives. Funding focused on older people is allocated based on the 'Townsend' formula which is also used for the wider allocation of NHS Wales resources to health boards. Funding focused on children, and adults with learning disabilities, is based on a prescribing formula. Although a priority group, there is no discrete funding for carers.

- 7 The fund can support new initiatives (or projects), as well as the extension of existing initiatives to a broader area. The Welsh Government's intention is that successful initiatives are sustained but mainstreamed into organisations' core business and supported by other funding streams.
- 8 RPBs must use the fund in line with Welsh Government guidance. The RPBs approve revenue projects. They then submit an annual Revenue Investment Plan to the Welsh Government setting out how the fund will be used. The RPBs submit proposals for the use of capital funds to the Welsh Government for approval. The RPBs must demonstrate how the proposed projects complement key policies/legislation, including the Social Services and Well-being (Wales) Act 2014 and the Well-being of Future Generations (Wales) Act 2015.
- 9 **Exhibit 2** sets out some examples of funded projects. **Appendix 4** provides further information about the number and scale of projects supported across Wales between April 2014 and March 2019.

Exhibit 2: examples of funded projects



'The Bay' Reablement Unit – (Cardiff and Vale RPB)

'The Bay' is a six-bed unit providing a bridge between hospital discharge and home for those who require additional time in a supportive environment to maximise their independence.



'Stay Well @ Home' – (Cwm Taf RPB)

'Stay Well @ Home' is a range of services developed to help keep people well and independent at home and prevent admission to hospital. Services include the Community Integrated Assessment Service, the Community Ward, Community Intra Venous Therapy and Reablement.



Multi Agency Placement Support Service (MAPSS) – (Western Bay RPB)

The regional MAPSS helps looked-after children with, or at risk of, mental illness and/or emotional and/or behavioural difficulties, by providing specialist placement support.



Egwyl Fer (Short Breaks) – (North Wales RPB)

This initiative developed and enhanced the provision of Short Breaks for disabled children with complex needs and/or learning disabilities. This initiative offers a variety of short-break options to meet the needs of children, young people, and their families following multiagency assessments.



(Learning disabilities)

The Social Zone Café – (West Wales RPB)

‘Caffi Man Cwrdd’ or ‘The Social Zone Café’ is a supported employment café which provides work experience, training and employment opportunities in catering, food and customer service for people with learning disabilities in Pembrokeshire.



(Learning disabilities)

Return to Home – (Powys RPB)

The Return to Home project supports people with learning disabilities to lead meaningful and valued lives within their own communities. The project has supported the development of assessment processes to support people to relocate back to Powys and has included the construction of a six-bed unit in Welshpool.



(Carer)

Supporting life alongside caring – (Greater Gwent RPB)

To help support life alongside caring and respite, the partnership has developed a Small Grants Scheme for carers. The aim is to support carers in different aspects of their caring role. The Carers Trust runs the scheme on behalf of the region. The scheme is open and accessible to all carers over the age of 16.

Integrated Autism Service – (all RPBs)



(IAS)

The Integrated Autism Service is part of the Welsh Government's commitment set out in its refreshed Autistic Spectrum Disorder Action Plan to improve services for individuals identified as autistic, and their families and carers. Rolled out across the regions over the three-year period 2016-17 to 2018-19, the service provides adult diagnostic assessment, support and advice.

Welsh Community Care Information System – (all RPBs)



(WCCIS)

The Welsh Community Care Information System is a computer system designed to help health and social care professionals work together to provide care closer to people's homes. The system is being rolled out across Wales over a three-year period starting from 2017-18.

Source: Wales Audit Office analysis of RPB monitoring returns to the Welsh Government.

- 10 On behalf of the Auditor General for Wales, we have examined whether the fund is being used effectively to deliver sustainable services that achieve better outcomes for service users. We have focused on whether the Welsh Government is effectively managing the fund to deliver against its intentions, as well as understanding whether RPBs are demonstrating effective use of the fund. We also considered whether the projects supported by the fund are making a clear difference at a local level.
- 11 **Appendix 1** sets out our audit methods, which included a survey of RPB members and leads of projects supported by the fund. **Appendix 5** provides more detail about responses to our surveys. We provided feedback about regional arrangements to each of the RPBs in autumn 2018. We also provided feedback on our emerging findings to the Welsh Government. We note in the main body of this report where the Welsh Government has already acted to address the issues we identified.
- 12 In 2015, we published a report⁵ on the independence of older people. In that report, we made a recommendation to local authorities, health bodies, third-sector partners and the Welsh Government in relation to the fund. **Appendix 6** sets out our assessment of progress against that recommendation.

⁵ Auditor General for Wales, **Supporting the Independence of Older People: Are Councils Doing Enough?** October 2015.

- 13 Overall, we have concluded that **the fund has had a positive impact, supporting improved partnership working and better integrated health and social care services. However, aspects of the way the fund has been managed at national, regional and project levels have limited its potential to date. There is little evidence of successful projects yet being mainstreamed and funded as part of public bodies' core service delivery.**
- 14 **The fund has helped to bring organisations together to plan and provide services.** Partnerships between health and social care bodies have been around for some time but integrated working prior to the fund was limited. The fund has provided an impetus for partners to develop integrated services and to move to joint funding arrangements in the context of wider policy and legislation. The feedback we received from RPB members and project leads reflected generally positive views in this regard.
- 15 **Aspects of the way funding has been allocated by the Welsh Government and used by regional partners have limited the potential of the fund to date.** The changing and expanding scope of the fund has created challenges for RPBs. Despite attempts by the Welsh Government to provide early information, the late issuing of guidance and notification of allocations has previously created difficulties for regional planning with knock-on impacts on the approval of capital bids and the subsequent allocation of funds. In addition, the annual nature of the fund in its early years has also led to a short-term approach, rather than promoting strategic planning of longer-term changes. The Welsh Government is taking steps to address the annual nature of the fund and issued the 2019-20 guidance in a timelier way.
- 16 RPBs can find it difficult to balance local population needs with the Welsh Government's indicative allocations for target groups. Other short-term funding streams from the Welsh Government focusing on the same target groups, but with differing criteria, also make it difficult for RPBs to take a combined approach. The RPBs use their allocations in different ways, not all of which have supported a regional focus. The Welsh Government has re-emphasised its desire for regional approaches in the 2019-20 guidance and as part of its scrutiny of investment plans. Other variations include the approach to funding central co-ordination, third-sector involvement and the approach to agreeing projects, with limited sharing and learning of the approaches used across Wales.

- 17 **Governance arrangements for the fund need to be further developed to strengthen central oversight and ensure greater consistency across the regions.** The Welsh Government has established governance arrangements for the fund. However, we found that through its project board, and in general terms, the Welsh Government could do more to consider how its own actions impact on regional partners and integrate funding streams. The Welsh Government's staffing capacity to support regular and timely oversight of the fund has also been limited. The Welsh Government has already made some changes to respond to these issues.
- 18 At a regional level, RPBs frequently delegate responsibility for the fund to an RPB sub-group. Each of the RPBs has in place a memorandum of understanding setting out their agreed decision-making process. However, our work has identified that there is very little scrutiny of the decisions made by the RPBs by health boards and local authorities, with a general lack of awareness across those organisations about how the fund is being used. At a project level, the rigour of project management varies between regions and organisations, and few projects involve service users at the outset.
- 19 **Despite positive examples, the overall impact of the fund in improving outcomes for service users remains unclear, with little evidence of successful projects yet being mainstreamed.** RPBs identify a range of positive case studies but the Welsh Government's central monitoring arrangements do not yet provide a basis on which to assess the fund's overall impact. RPBs undertake quarterly monitoring of projects but the information gathered has tended to focus on the outputs from the funding rather than outcomes for service users. The Welsh Government and the RPBs recognise the need to strengthen outcome reporting and the Welsh Government intends to commission some wider evaluation work having decided to postpone a previously announced evaluation given the plans for our own work. In addition, the Welsh Government intends to publish an annual report on the use of the fund in 2018-19 by September 2019.
- 20 There is little evidence that successful projects have been mainstreamed and funded as part of public bodies' core service delivery. RPBs have found it difficult to convince partner organisations to invest in projects, not helped by a lack of project evaluations but also in the context of wider funding pressures. The Welsh Government recognises the challenges that RPBs face in mainstreaming but has not previously provided any detailed guidance. The guidance for 2019-20 does now include a clear expectation that revenue investment plans include exit strategies for each project. However, further practical support would be helpful, building on an existing annual shared learning event.

Recommendations

- 21 Our recommendations are intended to help support the Welsh Government and the RPBs improve the arrangements for managing the fund. However, they may also be relevant to other Welsh Government funding streams, such as the NHS Transformation Fund⁶. In addition, we consider the recommendations that we made in our 2015 report on the independence of older people remain relevant ([Appendix 6](#)). Our feedback to RPBs on regional arrangements identified areas for improvement specific to individual regions to address local issues.

Recommendations

Timeliness of guidance and decision-making

- R1 We recommend that the Welsh Government:
- keeps under review whether the earlier issuing of guidance has mitigated the issues raised in previous years in relation to the timeliness of decision-making in respect of project funding; and
 - considers whether any further improvements in the process can be made.
-

Multiple short-term funds available for health, social care and housing

- R2 Building on previous mapping work, we recommend that the Welsh Government review all the short-term funding streams available to health, social care and housing partners and the respective criteria and, where practical, makes appropriate changes to:
- minimise duplication;
 - ensure that the purpose of the funding streams are complementary and that the collective allocations for specific groups of people align with the local population needs, as well as the Welsh Government priority areas; and
 - ensure that the regional partner organisations, where relevant through the RPBs, can take a combined approach to the use of the funding streams available to them.
-

⁶ The Welsh Government's NHS Transformation Fund 2018-2020 must be used towards achieving the commitments made in [A Healthier Wales: our Plan for Health and Social Care](#), June 2018.

Recommendations

Project board arrangements

- R3 We recommend that the Welsh Government further strengthens its governance arrangements for the fund by reviewing the membership of its project board to include representation from outside of the departments directly involved in the fund to provide some independent challenge.
-

Regional Partnership Board scrutiny arrangements

- R4 We recommend that the Welsh Government works with NHS bodies and local authorities to ensure that appropriate scrutiny arrangements are in place for decisions made by the RPBs on behalf of those bodies.
-

Project monitoring

- R5 We recommend that the Welsh Government works with RPBs to:
- agree key outcome measures which are expected to be achieved, and monitored, for the different target groups in receipt of the fund. Where possible, these measures should align to wider outcome measures set out in national outcome frameworks already in place;
 - make clear how the information gathered is used centrally; and
 - streamline the reporting requirements for revenue and capital projects, where practical to do so.
-

Shared learning and mainstreaming projects

- R6 We recommend that the Welsh Government increases its support for shared learning across the RPBs with a particular focus on:
- approaches to managing the fund, in the context of the variation highlighted in this report; and
 - overcoming challenges to mainstreaming successful projects.
-

Part 1

The fund has helped to bring organisations together to plan and provide services



Health and social care partnerships have been around for some time but integrated working prior to the fund was limited

- 1.1 Health and social care partnership forums have existed for some time. In 2003, the Welsh Government required key public bodies to work together to set out how they would meet the needs of their local populations in a health, social-care and wellbeing strategy for their local area⁷. To drive this agenda forward, public bodies established partnership forums (or steering groups) across the different areas. These forums were established on the footprint of the 22 local authorities working with the 13 NHS trusts and the 22 local health boards that existed at that time. Following NHS reconfiguration in 2009, the integrated health and social-care partnership forums started to merge, forming seven partnership forums. Those partnership forums provided the basis of the RPBs that are in place today.
- 1.2 The previous partnership forums had no statutory basis. The only requirement that the Welsh Government placed on the partnership bodies was to produce the local health, social-care and wellbeing strategy. Partnerships explored the potential to pool funds to develop integrated services that would support the delivery of their local strategies. However, there were only a handful of Section 33 agreements⁸ or jointly funded posts or services prior to the introduction of the fund in 2014. The willingness of key public bodies to release funds into joint arrangements was a key barrier.

⁷ Welsh Assembly Government, **Health, Social Care and Well-being Strategies, Policy Guidance**, February 2003.

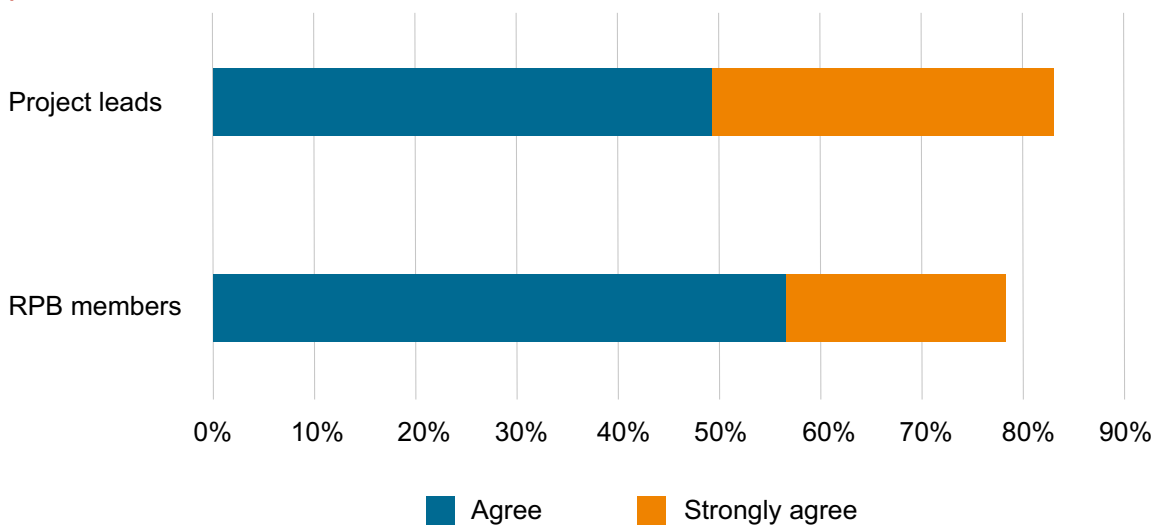
⁸ Section 33 of the **National Health Service Act 2006** makes provision for NHS bodies and local authorities to enter into agreements which can include the establishment and maintenance of a fund which is made up of contributions of one or more NHS body, and one or more local authority, to provide a service or function.

The fund has provided an impetus for regional partners to develop integrated services and to move to joint funding arrangements in the context of wider policy and legislation

- 1.3 The introduction of the fund in 2014 provided a fresh opportunity for the partnership forums to develop integrated services and to start to build the willingness of public bodies to commit to working together, a key aim of the fund when first established. The requirement of the Social Services and Well-being (Wales) Act 2014 for the establishment of RPBs by April 2016 emphasised the need for partnerships to increase service integration. The Act also required RPBs to establish pooled funds by April 2016. These are now in place across the seven RPBs, focused on areas such as Integrated Family Support Services and Community Equipment Services. Pooled funds have also been in place since April 2018 for the commissioning of adult care home provision.
- 1.4 During our work, Welsh Government officials emphasised to us that the maturing of partnership arrangements because of the fund had provided a solid basis for taking pooled funding arrangements forward. This was echoed in the Health and Social Care Plan **A Healthier Wales** published in June 2018. The plan was positive about the way partnerships, and more specifically the RPBs, had created integrated models of care using the fund.
- 1.5 Several of the projects funded have also been supported by other funding sources, demonstrating the commitment by the partner organisations to ensuring the projects are successful, although such examples are not widespread. This has either included core funding or funds made available to individual organisations through additional revenue allocations from the Welsh Government, such as the NHS 'winter pressures' funding.
- 1.6 Feedback from those we met at a regional and project level also emphasised that the fund had been a catalyst to improved partnerships and joint working. Many individuals spoke about an increased commitment to partnership working since the creation of the fund. Importantly, they also commented on an increased focus on improved outcomes for the service users.

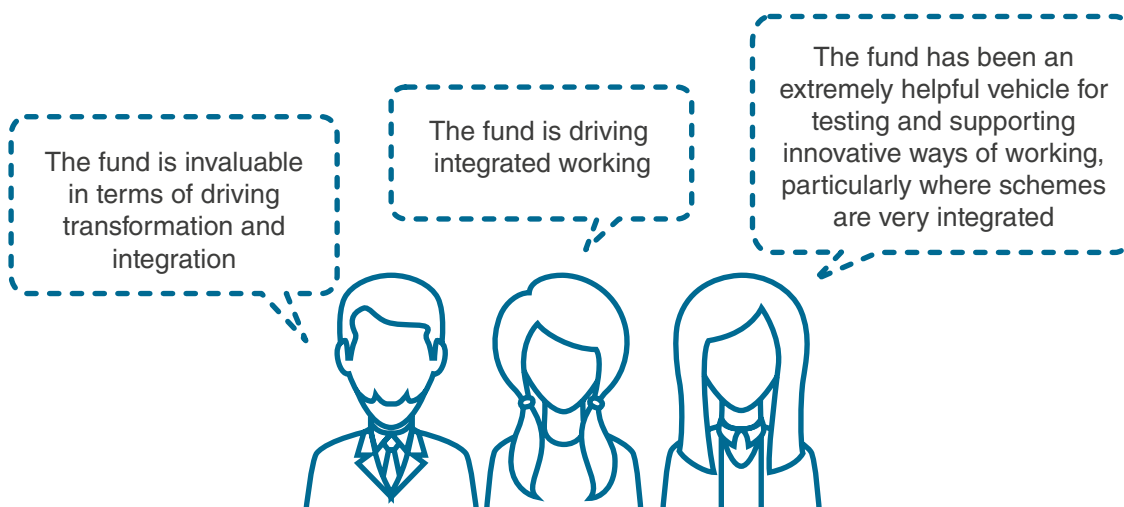
1.7 As part of our surveys of RPB members and project leads, we asked about the impact of the fund on partnership working. The responses we received confirmed generally positive views about the impact that the fund has had on strengthening partnership working ([Exhibits 3 and 4](#)).

Exhibit 3: percentage of people surveyed who agreed or strongly agreed that the Integrated Care Fund is helping to drive integrated working between key partners.



Source: Wales Audit Office survey of RPB members and project leads.

Exhibit 4: respondents to our survey told us that...



Source: Wales Audit Office survey of RPB members and project leads.

Part 2

Aspects of the way funding has been allocated by the Welsh Government and used by regional partners have limited the potential of the fund to date



Changing expectations, issues with the timeliness of funding allocation processes and short-term horizons have hampered regional delivery

The changing and expanding scope of the fund has created challenges for Regional Partnership Boards

- 2.1 The Welsh Government issues annual guidance for both the revenue and capital elements of the fund. Since the introduction of the fund in 2014-15, there have been annual changes to the criteria that the regional partners need to meet. The Welsh Government has emphasised to us that some of these changes have been informed by feedback from partner organisations and supported by an overall increase in funding.
- 2.2 When introduced in 2014-15, the focus of the fund was for a single year to support older people, particularly the frail elderly. The Welsh Government designed it to be used for new, innovative and integrated services which would help avoid unnecessary hospital admissions, or inappropriate admission to residential care. It also focused on preventing delayed discharge from hospital and reducing the rates of delayed transfers of care. Following positive feedback from the regional partners, the Welsh Government agreed to continue revenue funding for 2015-16. The purpose of the continued funding was to take forward existing projects deemed to be effective in linking out-of-hospital NHS care⁹ and social care. Towards the end of 2015-16, the Welsh Government confirmed that the fund would be available for new projects for the financial year 2016-17.

⁹ Out-of-hospital NHS care is provided outside of a major hospital setting, usually by primary and community-based services such as GPs and district nurses.



















- 2.3 During 2016-17, the Welsh Government made a commitment to make the fund available on an annual basis up to 2021. The focus broadened to provide support to additional distinct population groups: children with complex needs, and children and adults with learning disabilities. The Welsh Government also retained an element of the fund to support the development and implementation of an Integrated Autism Service, overseen through national arrangements. Revenue projects within the new population groups also needed to have a reablement¹⁰ focus, reducing longer-term care and a reliance on services provided outside of Wales. The focus of capital funds also changed from small-scale housing adaptations to support independent living, to larger adaptations and development of reablement and step-down schemes¹¹. The Welsh Government made a separate fund available to support housing adaptations previously supported through the fund¹².
- 2.4 For 2017-18, the fund was rebranded from the Intermediate Care Fund to become the Integrated Care Fund. This rebrand reflected the broadened focus and scope of the fund as a mechanism for RPBs to support delivery of the Social Services and Well-being (Wales) Act 2014. The focus on older people was realigned to those with long-term or complex needs, including dementia. The fund was also extended to include carers, including young carers. The Welsh Government retained an element of the fund to support the roll-out of the Welsh Community Care Information System (WCCIS).
- 2.5 For 2019-20, the fund has now been extended to include children at risk of becoming looked after, in care or adopted. The Welsh Government allocated an additional £15 million allocation for this group as part of the overall £30 million increase in revenue funding (Exhibit 1). Exhibit 5 shows the priority groups in receipt of the fund from 2014-15 to 2019-20.

10 Reablement is defined as short-term care, usually provided at home, to aid recovery after hospital.

11 Step-down schemes provide low-intensive support for patients who are medically well and no longer require the care provided in an acute hospital ward, but who are not yet able to go home. Schemes usually provide short-term care and can be based within community hospitals or care homes.

12 The Welsh Government provided a separate allocation of £4 million to the enhanced adaptations system 'Enable – Support for Independent Living' from 1 April 2016. In February 2018, the Auditor General for Wales published a report on Housing Adaptations.

Exhibit 5: priority groups and projects in receipt of the fund, 2014-15 to 2019-20

2014-15		Older people with complex needs	
2015-16			
<hr/>			
2016-17		Older people with complex needs	 Children and adults with learning disabilities
		Children with complex needs	 Integrated autism service
<hr/>			
2017-18		Older people with complex needs	 Integrated autism service
2018-19		Children with complex needs	 Welsh Community Care Information System
		Children and adults with learning disabilities	 Carers
<hr/>			
2019-20		Older people with complex needs	 Integrated autism service
		Children with complex needs	 Welsh Community Care Information System
		Children and adults with learning disabilities	 Carers
		Children at risk of becoming looked after, in care or adopted	

Note: the total value of the fund – revenue and capital – has increased from £50 million in 2014-15 to £115 million in 2019-20 (Exhibit 1).

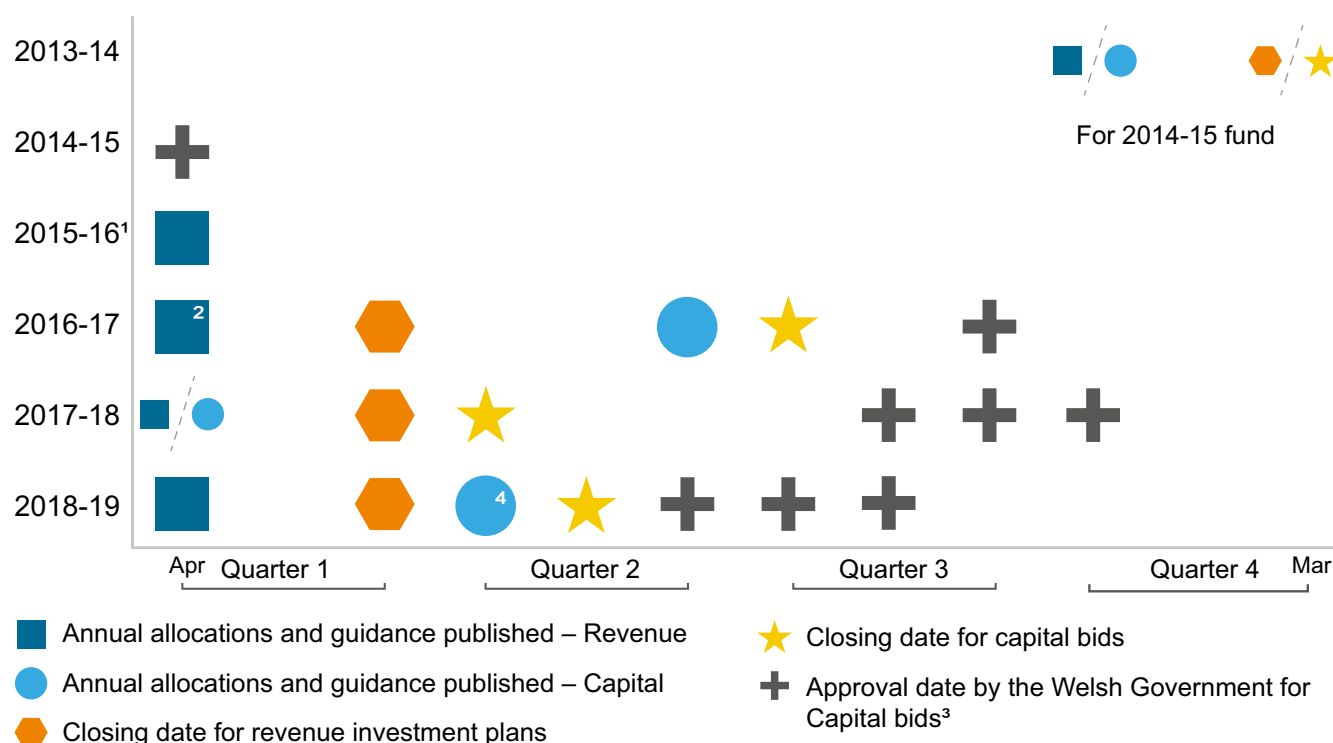
Source: Wales Audit Office analysis of Welsh Government guidance.

- 2.6 RPBs have welcomed the changes to the fund and the introduction of additional population groups. However, we identified that, over time, RPBs have felt that the criteria of the fund have become too prescriptive. They stated that they find it difficult to identify and approve revenue projects that continue to satisfy the range of criteria, particularly for population groups that have been supported for some time.
- 2.7 Changes in the Welsh Government's reporting requirements for RPBs have also presented challenges. These changes have required regional partners to adapt their reporting arrangements for projects that have run over more than one year. They have also meant that the ability to undertake year-on-year comparisons for these projects has been limited.

Despite attempts by the Welsh Government to provide early information, the late issuing of guidance and notification of allocations has previously created difficulties for regional planning

- 2.8 The timeliness of the Welsh Government's revenue and capital guidance, and the subsequent allocation of the funds, was consistently raised as an issue which affected the ability of the RPBs to use and manage the fund effectively. For 2014-15, the Welsh Government issued its guidance in January 2014. However, for 2015-16 to 2018-19 this did not happen until the beginning of, or months into, the relevant financial year (**Exhibit 6**). This has then had an impact on the timelines for submissions of plans by the RPBs, the approval process and subsequent release of funds. Except for 2014-15, capital funding has also not been agreed until quarter three or, in one case, quarter four of the financial year. This is despite the requirement for the RPBs to spend the money by the end of the financial year. The Welsh Government has worked to issue more timely guidance for 2019-20 (**paragraphs 2.24 to 2.29**).

Exhibit 6: timeline for the publication of guidance and allocations and funding approvals, 2014-15 to 2018-19



Notes:

1. In 2015-16, the Welsh Government issued a letter rather than formal guidance. This was due to the fund being used to extend existing successful projects for a further year or to extend good practice projects across Wales. Regional leads simply had to notify the Welsh Government where there was a significant change in their programme. There were no capital monies available in 2015-16.
2. In 2016-17, the Welsh Government held back £15 million from the revenue fund, notifying RPBs that the remaining fund would be used to support preventative services across the differing population groups. A total of £13 million was subsequently issued to the regions in September 2016 with the remaining £2 million held by the Welsh Government.
3. The Welsh Government does not approve the revenue bids, this is done by the RPBs. The Welsh Government instead satisfies itself that the revenue investment plans put together by the RPBs meet the criteria of the fund and make full use of the allocations available.
4. The Welsh Government has noted that the timings for an internal review of the ICF capital programme, which ultimately led to a three-year capital allocation (paragraph 2.24), did not allow for joint guidance to be issued for 2018-19.

Source: Wales Audit Office analysis of Welsh Government guidance, allocation and confirmation letters.

- 2.9 The Welsh Government provides early verbal indications to regional leads of their expected allocations and any intended changes to the use of the fund prior to issuing formal guidance, to enable them to start to plan. However, the RPBs told us that they have been reluctant to plan their use of the fund on a large scale prior to receiving formal notifications due to the changing expectations of the fund to date. In addition, some RPBs have received early indications of funding which later changed.
- 2.10 Some RPBs have begun an earlier planning cycle based on their indicative allocations. Nevertheless, these uncertainties and timing issues have impacted on the RPBs' preparedness and ability to plan an annual work programme which best uses their annual allocation. The Welsh Government has tried to address the uncertainty around the population groups by setting out in the guidance for 2017-18 that the priority areas would remain the same for the next three years. However, the priority areas have changed with the fund now extended to include children at risk of becoming looked after, in care or adopted, for 2019-20.
- 2.11 In 2018-19, the Welsh Government also made available a separate fund specifically for dementia which was administered through the Integrated Care Fund process and guidance. The separate fund to support the Dementia Action Plan for Wales 2018-2022 accounted for an additional £5 million, made available to RPBs. Although there was reference in the annual guidance for the fund, detailed guidance on the use of dementia monies was not made available until September 2018. That guidance indicated that dementia projects already supported through the fund could not be shifted across to the new dementia monies. Many RPBs identified that had they known that this restriction would be placed on them, they would have held off from submitting dementia-related projects as part of their general revenue investment plans, and instead focused their projects on other complex-need groups.
- 2.12 The guidance for the fund has continued to encourage the development of projects that combine revenue and capital funding¹³. However, even where the guidance and allocations have been published at the same time, the requirement for the Welsh Government to approve capital bids has added a substantial gap between the two funding-stream timelines. These issues have presented missed opportunities in making the most strategic use of the fund, with very few projects making use of both streams.

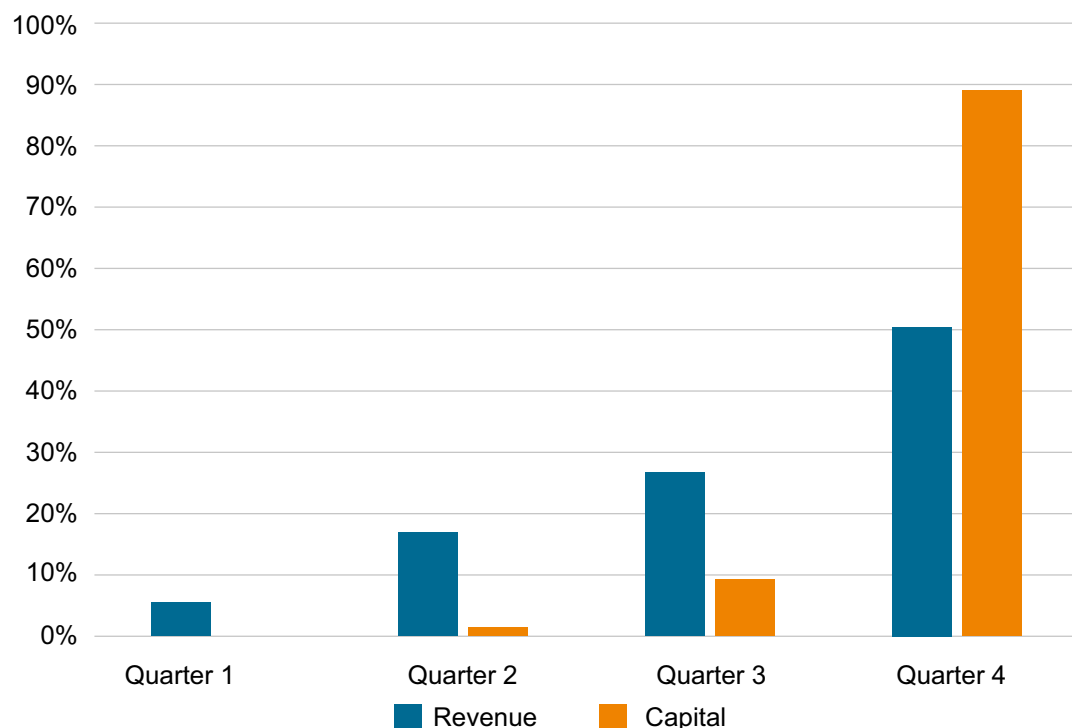
13 The 2018-19 guidance states that the fund can be used so revenue supports capital-funded projects, such as staffing for new-build provision.

The annual nature of the fund in its early years has not promoted strategic planning and effective use of the fund

- 2.13 The Welsh Government has been clear that the allocated funds must be used by the end of the financial year that they are intended for. Many of the RPBs have expressed their frustration at the short-term annualised focus on the fund which they say has led them to short-term planning and delivery, restricting their ability to plan more strategically over a longer timeframe. In practice, this has meant that many projects put forward are based on their ability to be initiated and concluded quickly, and not those that over a longer period could have a greater impact.
- 2.14 The annual guidance from the Welsh Government has clearly stated that the fund should be used to pump-prime new and innovative projects, which can include remodelling or upscaling previously funded projects. The guidance, however, has also stated that the projects should be sustainable beyond the year of the funding, with an expectation that the projects should run no longer than a year.
- 2.15 Given the late notification of allocations and guidance outlined in [paragraphs 2.8 to 2.10](#), regional partners have often been unable to get projects up and running in a timely manner, and to then allow them to run for enough time to demonstrate their impact. Consequently, over the period of the fund being in place, many of the projects have, in practice, been allowed to roll forward into the next financial year.
- 2.16 Even with the decision to roll forward projects, the need to resubmit project proposals and wait for confirmation of the funding has meant that projects may stop and start. Public bodies have been able to get around this challenge by allowing some projects to progress or start 'at risk' while awaiting approval, and the funding to be released. Third-sector bodies do not generally have the resources to continue to run projects 'at risk' while awaiting funding confirmation.

- 2.17 Even once approved, there are several practical issues that can add delays to getting projects up and running within the one-year window, including:
- a **recruitment:** processes can take a significant amount of time, often around three or four months, with some organisations reluctant for the recruitment process to start until the Welsh Government releases the funds.
 - b **capability and skills:** lead organisations for projects find it difficult to attract suitable candidates for annual fixed-term posts, and often need to advertise multiple times before they can appoint a successful applicant. Retention of staff is also difficult due to the short-term nature of the funding, leading to frequent changes of staff year-on-year for the same projects.
 - c **procurement:** many capital projects will need to complete procurement processes, which can take a significant amount of time.
- 2.18 Because of the inbuilt delays in the funding process, many revenue projects do not begin or restart until the second or third quarter of the financial year. The profile of expenditure during the year reflects this, with a significant proportion of the revenue fund spent in the last quarter of the year.
- 2.19 **Exhibit 7** sets out the profile of revenue and capital spend for 2016-17 and 2017-18. The capital-spend profile had been significantly worse than the revenue-spend profile, largely because of the late approval of capital bids for both the 2016-17 and 2017-18 financial years.

Exhibit 7: percentage of the revenue and capital fund spent by quarter in 2016-17 and 2017-18



Source: Wales Audit Office analysis of RPB monitoring returns to the Welsh Government.

2.20 The delays in getting projects up and running mean that underspends occur at year-end. The Welsh Government guidance clearly states that the funds cannot roll forward to the following year. Instead the health boards can retain any surplus revenue monies at the year-end, although this is not intended to be the default position. In the early years of the fund, we are aware that some health boards retained surplus monies which they were able to use towards their bottom line and which caused tension within the partnerships at that time.

2.21 The RPBs have since developed varying approaches for managing underspends. The most advanced process is within the West Wales region where a reserve list of projects is kept which can be supported if surplus funds become available. In other areas, the fund has been used on short-term projects which can be initiated and concluded quickly. We are also aware that, in 2017-18, the Welsh Government agreed that the Cwm Taf region could carry over a small amount of funding to be used in 2018-19.

2.22 The effective management of underspends remains an issue in some areas. However, this should start to improve in 2019-20 following a requirement by the Welsh Government for processes for minimising underspends to be articulated in revenue investment plans.

2.23 Underspend in capital funds has been more problematic. Delays in receiving the funds alongside the time it can take to work through procurement processes have meant that much of the capital fund has not been spent on what was intended. Instead funds have been used to support one-off equipment purchases or returned to the Welsh Government at the year-end.

The Welsh Government is taking steps to address the annual nature of the fund and issued the 2019-20 guidance in a timelier way

2.24 For 2018-19, the Welsh Government provided a three-year allocation for the capital element of the fund and introduced changes that split the stream in two:

- a 25% of the total amount to be on small-scale one-year capital projects, with its use to be determined by the RPBs; and
- b 75% of the total amount to be on transformational, long-term projects up to 2021, to be approved by a Welsh Government panel.

2.25 RPB members across Wales were positive about this change, and some have begun to develop three-year regional capital plans to ensure best use of the fund going forward. However, as of November 2018 some RPBs were still to receive approval for their capital projects.

2.26 Despite stating that 25% of the capital fund would be at the discretion of the RPBs, the Welsh Government considered these proposals through its capital panel before they could begin. As a result, several projects were not able to progress during 2018-19 given the time remaining and have subsequently been resubmitted in 2019-20. The Welsh Government expects this process to have improved for 2019-20.

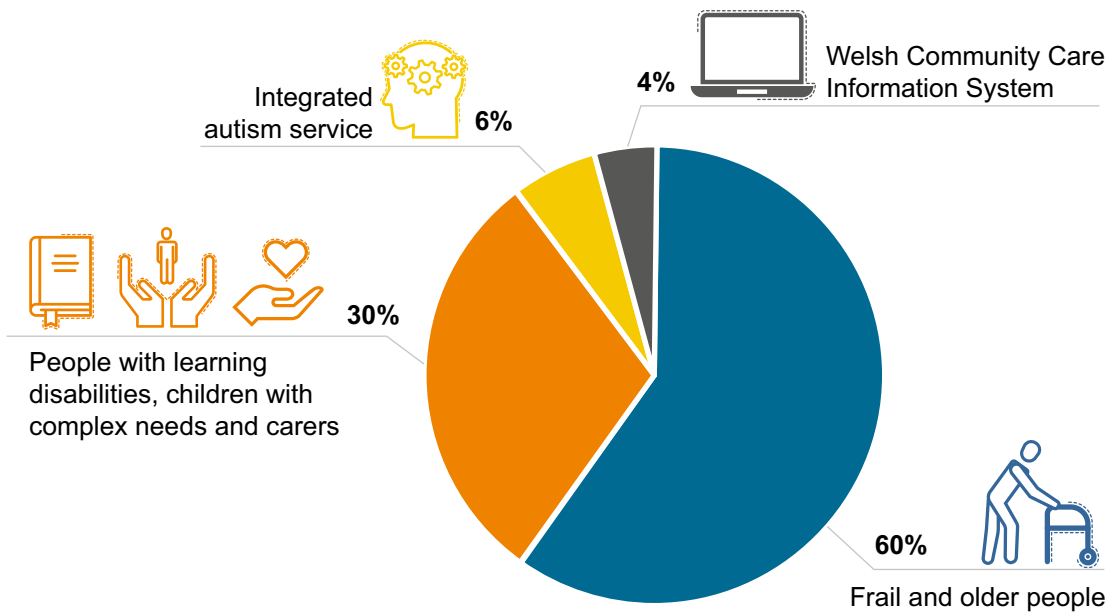
- 2.27 After considering our initial feedback, the Welsh Government acted to provide an early indication of the revenue allocation for 2019-20 in December 2018 and to issue the guidance for 2019-20 in February 2019, covering both revenue and capital funding streams. Not only has this helped with the timeliness issues but it has also helped to ensure consistency of messages between verbal and written communication that had previously caused confusion over allocations.
- 2.28 For 2019-20, the Welsh Government has recognised the need for the RPBs to be able to also plan their use of the revenue funding on a longer-term basis. The Welsh Government has required the RPBs to set out their intentions over a two-year period. In developing its 2019-20 guidance, the Welsh Government has also made greater reference to the Well-being of Future Generations (Wales) Act 2015, although we acknowledge that the overall aim of the fund was already closely aligned with the five ways of working¹⁴ set out in the Act.
- 2.29 The earlier issuing of guidance which covers both revenue and capital funds will help address many of the issues raised by RPB members. Welsh Government officials responsible for revenue and capital funding are jointly scrutinising the 2019-20 funding. The Welsh Government expects the approval of projects will take place earlier in the financial year, and by no later than the end of July 2019. Timely approvals are, however, reliant on when the RPBs submit their capital investment plans and this has taken longer than the Welsh Government expected.

Regional Partnership Boards can find it difficult to balance local population needs with the Welsh Government's indicative allocations for target groups

- 2.30 The Social Services and Well-being (Wales) Act 2014 places a duty on the RPBs to undertake a population assessment to identify the needs of the region's local population, and an area plan to address the specific needs identified. Since 2017-18, the Welsh Government guidance has required that all projects supported by the fund must address the care and support needs identified within population assessments and area plans. **Exhibit 8** shows how the Welsh Government allocated the 2018-19 revenue funding.

14 The **Well-being of Future Generations (Wales) Act 2015** sets out five ways of working needed for public bodies to achieve the seven wellbeing goals set out in the Act. The five ways of working are long term, integration, involvement, collaboration and prevention.

Exhibit 8: proportion of the 2018-19 revenue funding allocated to different population groups



Source: Wales Audit Office analysis of Welsh Government guidance.

2.31 Some RPB members noted that this approach to allocating specific amounts of the fund creates a tension for them to balance their use of the fund between the specified target groups and the needs identified within their population assessment. This tension is compounded when consideration is given to the other Welsh Government funding streams that the RPBs are responsible for which are also ring-fenced to specific groups of people. Examples include the Dementia Action Plan funding outlined in [paragraph 2.11](#).

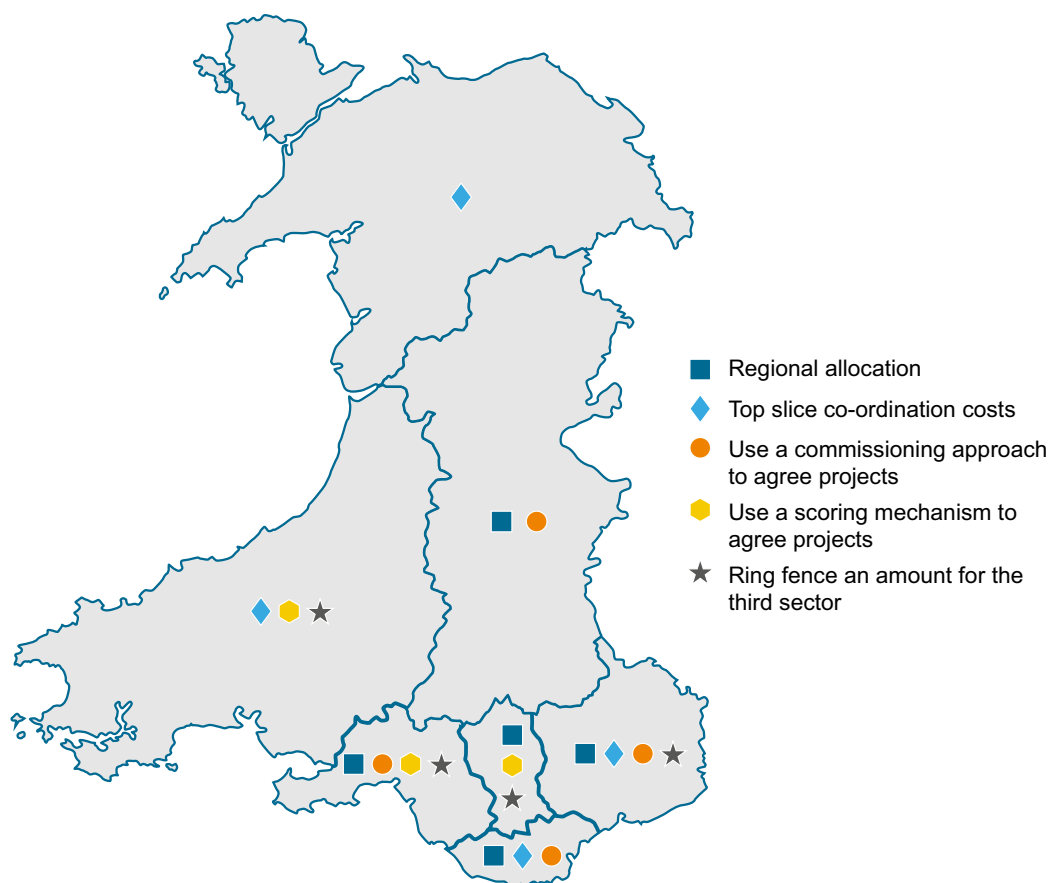
2.32 Different criteria for Welsh Government funding streams also make it difficult for RPBs to take a combined approach to using the funds available to them to meet the local population needs. Instead they have to submit and support separate projects for each fund. Consequently, many regional partners feel that there may be a risk of a disproportionate amount of funding collectively being allocated for specific population groups. They feel that this limits their ability to prioritise funding based on need. For example, some RPB members stated in response to our survey that:

- ‘the way in which the fund is structured means that it can be difficult to align the funding to what needs doing for our local population’; and
- ‘the ring fencing can be a hindrance as it can overly commit the partnership to an area that is not a big priority’

Regional Partnership Boards use their allocations in different ways, not all of which have supported a regional focus

2.33 While the Welsh Government allocates the fund on a regional basis, it is then up to each of the RPBs to agree through their revenue investment plans how to use the fund. The approaches to the use of the fund vary between the regions, with limited sharing and learning of the approaches used across Wales ([Exhibit 9](#)).

Exhibit 9: approaches applied to the allocation of funds 2014-2018 across the RPBs



Notes:

1. In North Wales, most of the fund is allocated across smaller footprint areas, such as Anglesey and Gwynedd; Conwy and Denbighshire; and Flintshire and Wrexham.
2. Before 2017-18, Powys RPB top-sliced an element of the fund to support communication and engagement costs.
3. In West Wales, most of the fund is allocated between the three local authority areas, although a small proportion is held at a regional level to support the delivery of agreed regional projects.

Source: Wales Audit Office fieldwork.

- 2.34 Five of the seven RPBs seek to allocate the funds on a regional basis except for North Wales and West Wales, where both RPBs allocate the funds to a lower level. This is either at a single local-authority level or across more than one local authority but not the whole region. This dilutes the intended focus on regional delivery and has resulted in some tensions between localities around the fairness of the allocation within the region. Our RPB member survey identified less positive views from North Wales and West Wales in relation to whether the process used to allocate the fund was fair. The Welsh Government has re-emphasised its desire for regional approaches in the 2019-20 guidance and as part of its scrutiny of investment plans. The Welsh Government has noted that while RPBs use their allocations in different ways, they are increasingly regional in their approach but with further progress needed in some areas.
- 2.35 Four RPBs have consistently used some of the fund to support management, oversight and co-ordination of the fund at a regional level. The sums 'top-sliced' during 2018-19 range from £60,000 (1%) in the Greater Gwent region to £400,000 (8%) in the West Wales region. This 'top-slice' is often used to contribute towards the funding of a specific post and in West Wales as programme management for identified RPB priorities. While this may be a good use of the fund at a local level, it is reducing the amount of funding which could otherwise be used for projects. All other RPBs have funded co-ordination through a different funding stream, or through core funding.
- 2.36 Most RPBs fund a high number of moderate-cost projects. The more projects there are, the greater the need for oversight and co-ordination. [Appendix 4](#) sets out the scale and number of the projects since 2014 by region, with the Cwm Taf and Cardiff and Vale RPBs focusing on fewer, larger-scale projects compared with the North Wales RPB which has more, smaller-scale projects.
- 2.37 Four of the RPBs have adopted a 'commissioning approach' to developing their work programme for the fund. In effect, the RPBs are commissioning their sub-groups responsible for the various population groups, to identify work required within the area plans which would benefit from funding to support delivery of the local priorities. The commissioning approach helps to align the use of the fund with the priorities set out in the area plans, rather than seeking an open and potentially more scattergun invite for project proposals. However, there have been some concerns about representation at these sub-groups and, as a result, the ability of some partners to influence decision-making ([paragraph 3.16](#)).

- 2.38 On receipt of proposals, several RPBs use a structured scoring mechanism to assess which proposals the RPB want to take forward and set out in their revenue investment plan or capital plan. These scoring mechanisms vary slightly but largely focus on the extent to which the projects meet the needs of the fund, as well as alignment with regional priorities and the area plan. The other RPBs take a less rigid approach, focusing predominantly on whether the projects meet the fund criteria.
- 2.39 A key aim of the fund is to promote joint working between statutory and third-sector organisations. The third-sector representatives that we spoke to identified a range of challenges which have affected their ability to access the fund. To address this, some of the RPBs have ring-fenced some of the fund specifically for the third sector to use, predominantly through a grants-type approach. This has increased access for the third sector, particularly for small short-term projects. However, it has still left the third sector disconnected from the wider programme where they could equally have valid contributions to make to some of the larger-scale projects.

Part 3

Governance arrangements for the fund need to be further developed to strengthen central oversight and ensure greater consistency across the regions



The Welsh Government has established governance arrangements for the fund but needs to do more to consider how its actions impact on regional partners and integrate funding streams

- 3.1 The budget for the fund comes from two areas of the Welsh Government and as such the responsibility for oversight is shared:
- the policy and governance responsibility relating to the revenue stream of funding is with the Minister for Health and Social Services; and
 - responsibility for the capital element of the fund rests with the Deputy Minister for Housing and Local Government.
- 3.2 The Welsh Government oversees the development and delivery of the fund through a formal project board. Representatives from across the Welsh Government's social services, health, housing and regeneration departments make up the board. The project board meets on a quarterly basis to:
- a review progress;
 - b monitor each RPB's performance, outcomes and expenditure;
 - c where appropriate, clarify and seek agreement on the administrative management of the fund;
 - d ensure emerging issues are identified and addressed in a timely and proactive manner; and
 - e provide a strategic steer on the future direction of the fund.
- 3.3 While officials feel that working across portfolios has improved through this arrangement, they acknowledged that if key individuals were missing from project board meetings then the rigour and quality of discussion suffered. Our own observations of the project board identified opportunities for greater internal challenge on changes made to the fund and the impact that these may have on the regional partners. For example, there appeared to be little acknowledgement of the impact of issues related to the timing of guidance (paragraphs 2.8 to 2.10).
- 3.4 Since our fieldwork, a member of staff has been seconded into the Welsh Government from Powys RPB to support the management of the fund. This arrangement has brought some valuable insight from the RPBs into the project board and has already resulted in the Welsh Government having a better understanding of the impact of their processes and decision-making on the regional partners.

- 3.5 We also identified a lack of challenge on the information submitted through the RPB quarterly returns. Although the project board receives updates, drawing on the information submitted by the RPBs, we observed limited discussion focused on these reports.
- 3.6 The fund has the potential to overlap with other funds made available from the Welsh Government, such as the Primary Care Fund. However, there was limited evidence that the project board was clearly considering the overlaps and ensuring that the criteria complemented the other funding streams available. Some RPBs have begun to consider how they could more effectively use these funding streams together to benefit their populations, but there is currently no requirement for them to do so.
- 3.7 The project board has subsequently recognised the overlap between the fund and the new NHS Transformation Fund launched in 2018. For 2019-20, the Welsh Government has gone some way to articulate the linkages in the guidance. The Welsh Government has also made links with other relevant funding streams through changes to the membership of the project board and other work is underway to map out the wider funding landscape. Meanwhile, a new reference group is considering the co-ordination of policy and funding relevant to RPBs. In addition, learning from the Families First and Flying Start programmes has been considered following the introduction of 'children at risk of becoming looked after' as a priority group for 2019-20.

The Welsh Government's staffing capacity to support regular and timely oversight of the fund has been limited

- 3.8 Day-to-day oversight of the fund is by the Welsh Government through a small management team, consisting of three members of staff. The team is responsible for communicating with the regional leads, preparing annual guidance, and reviewing performance and delivery of the fund across the seven RPBs.
- 3.9 The RPBs reported a positive relationship with the central team for both the revenue and capital elements of the fund, with welcomed opportunity to engage through attendance at RPBs, one-to-one dialogue and meetings with the RPB chairs. However, the regional fund leads previously did not have the opportunity to come together on a regular basis with the central team. Since our fieldwork, a lead network group has been established which supports more frequent two-way dialogue between the team and those responsible for managing the fund in each of the regions.

- 3.10 The RPBs have identified frustration with the amount of information that they needed to provide on a quarterly basis to meet the Welsh Government reporting requirements. The Welsh Government considers that the requirements have been proportionate to the level of investment through the fund. However, capacity issues within the central team mean that there have been time lags of up to three or four months between the RPBs submitting their returns and the point at which they receive formal feedback from the Welsh Government on areas for improvement.
- 3.11 The RPBs have also expressed frustration that much of the monitoring information submitted is not being used for any obvious purpose. Welsh Government officials have acknowledged that the team did not have the capacity to examine each project in detail or to follow through on all the information, for example, by conducting site visits to gain a better understanding of the work. However, they have emphasised that the information is used not just to inform their feedback but to support the Welsh Government's own accountability, for example, in response to Ministerial questions. There have also been periodic visits at a regional level and to some projects.
- 3.12 The seconded member of staff from Powys RPB ([paragraph 3.4](#)) has helped provide some additional resource since late 2018, replacing a longstanding vacancy. Work is also underway to revisit the amount of information required through the reporting arrangements. [Paragraphs 4.1 to 4.11](#) consider the arrangements in more detail.

Regional Partnership Boards frequently delegate responsibility for the fund to a sub-group and there is limited scrutiny of the use of the fund by health boards and local authorities

- 3.13 The Social Services and Well-being (Wales) Act 2014 required RPBs to be established on the footprint of the health boards and to include representation from social services, cabinet members, health boards including members, third-sector organisations and user and carer representatives. All the RPBs have representation from the statutory bodies, although the level of attendance from health board representatives can be variable, ranging from one to three. Health board representation is routinely through partnership and primary-care leads either at director or manager level, as well as independent members.

- 3.14 Membership from local authorities can also vary to up to three members from a single authority, resulting in large RPBs in areas with five to six authorities and a risk of local-authority representatives dominating the discussion. Local-authority representation is routinely through social-service directors and cabinet members, although the Welsh Government amended the Act in 2018 to require RPBs to have housing representation¹⁵. Representation from housing prior to the amendment to the Act was variable across RPBs. Third-sector organisations are represented on RPBs, although it can be challenging getting representation from service users and carers.
- 3.15 RPBs have responsibility for delivering area plans and using any funds made available to them. This requires them to make decisions on the use of the fund across the region, on behalf of the public bodies that they represent. Each of the RPBs has in place a memorandum of understanding setting out their agreed decision-making process. Our work, however, has identified that there is very little scrutiny of the decisions made by the RPBs. Although some RPB members seek ratification from their host organisation, this is not common practice across much of Wales. We also found limited evidence that representatives were routinely reporting back decisions made by RPBs to the boards and scrutiny committees of the relevant public bodies, with a general lack of awareness among health boards and local authorities about how the fund is used.
- 3.16 Within the RPBs, responsibility for the fund is largely delegated to sub-group arrangements. The RPBs receive recommendations from the sub-groups as to how the fund should be used, along with assurance reports during the year as to how the fund is spent. Representation on the sub-groups largely comprises directors or heads of service, with representation from other partners such as the third-sector, housing and carers often lacking. Third-sector representatives particularly raised concerns with us that while members of the RPBs, they are not always represented at sub-groups. As such, the ability for them to engage and influence the decisions surrounding the fund is limited. In some RPBs, we also raised potential conflicts of interest as an issue as the members on the sub-groups recommending the decisions for the allocation of the fund were managing the services that were also benefiting from the fund.

15 The amendment to the Act also included representation from housing associations.

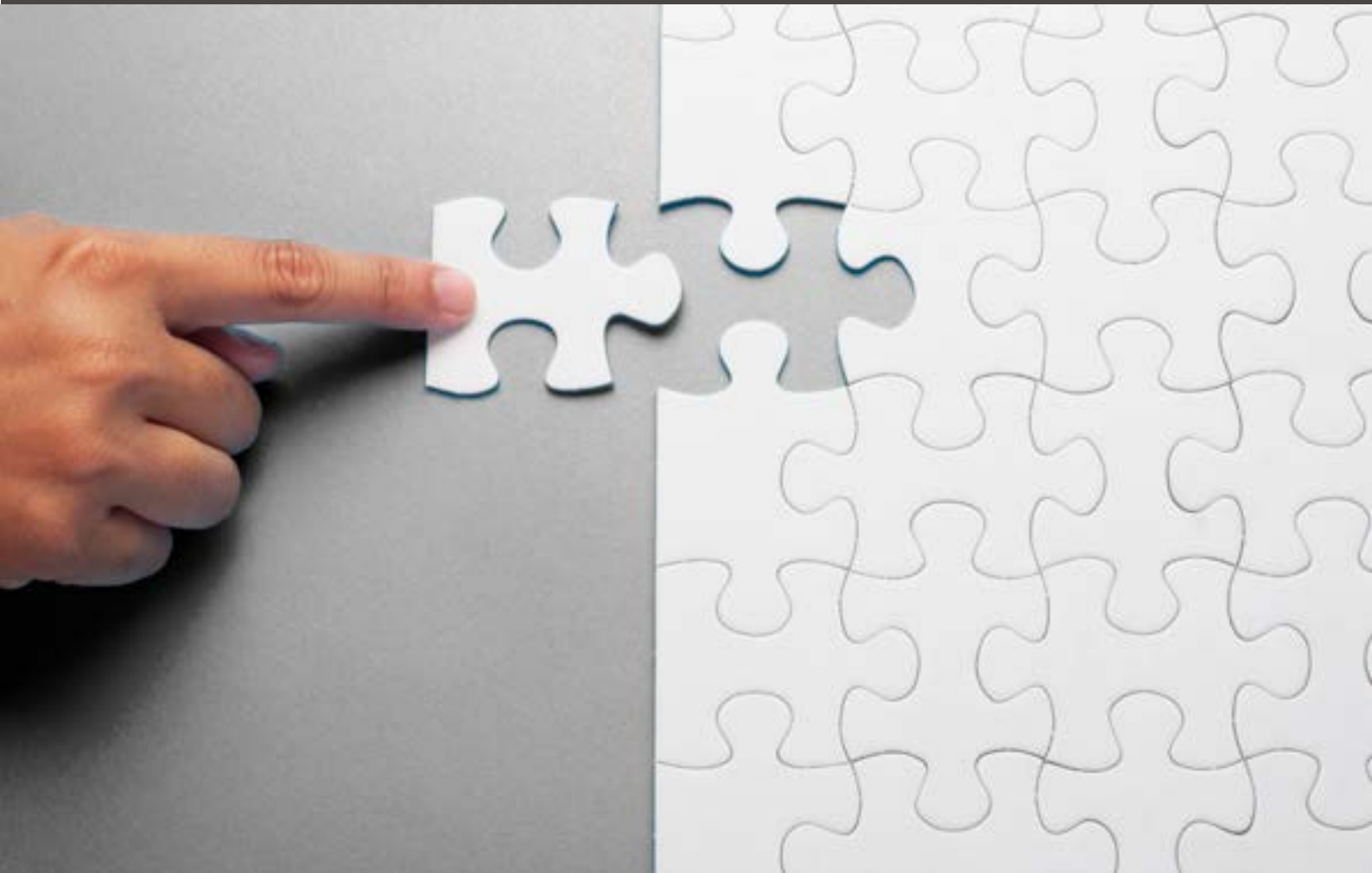
- 3.17 Timing of RPB meetings can be an issue. The Welsh Government sets out in the annual guidance clear but often tight deadlines for submissions of revenue investment plans, capital plans and quarterly monitoring returns. We found that some RPB chairs were signing off monitoring returns outside of the RPB meetings because of the tight timescales between the end of the quarter and the submission dates. Some chairs felt uncomfortable doing this and refused to do so without reporting the returns through the RPB meeting. This has required realignment of some of the RPB meeting dates with the Welsh Government timescales.

The rigour of project management varies between regions and organisations, and few projects involve service users at the outset

- 3.18 Oversight and management arrangements of individual projects are largely based on the arrangements used by the host organisation. However, not all projects are supported by detailed project plans and the approach to managing project risks is inconsistent. Some projects have local risk registers which feed into organisational or area risk registers, but many do not have mechanisms in place to identify, manage and escalate risks.
- 3.19 The leads for each of the projects frequently have wider responsibilities beyond the project. This can result in issues in terms of capacity to plan, manage and report on the projects as required, with many project leads struggling to meet the reporting deadlines set by the Welsh Government.
- 3.20 Few projects have involved service users at the outset due to the short timescales within which the regional partners have to develop their project proposals. However, regional partners seek to engage through the carer and user representatives on the RPB. There is a requirement in the Social Services and Well-being Act (Wales) 2014 for each RPB to establish a citizen's panel. Panel arrangements differ across the regions. In some cases, RPBs are using engagement mechanisms that public bodies already have in place to engage with service users and citizens. There is currently little evidence that regional partners are making use of these arrangements to engage citizens in planning projects supported by the fund.
- 3.21 Despite the intention of the fund to support the pump-priming of new and innovative projects, relatively few projects have had defined exit plans either to mainstream the project if successful or to terminate the project if it fails to deliver the intended benefits. Responding to our survey, 40% of project leads identified that they were required to include an exit strategy as part of their project plans. The inclusion of an exit strategy for each project is now a requirement of the fund for 2019-20, following our early feedback to the Welsh Government (paragraphs 4.12 to 4.17).

Part 4

Despite positive examples, the overall impact of the fund in improving outcomes for service users remains unclear, with little evidence of successful projects yet being mainstreamed



Regional Partnership Boards identify a range of positive case studies, but the Welsh Government's central monitoring arrangements do not yet provide a basis on which to assess the fund's overall impact

- 4.1 Since the inception of the fund, the Welsh Government has required the RPBs to report both financial and performance data on their revenue and capital use of the fund on a quarterly basis. Each year the guidance outlines reporting requirements. In 2016-17, the Welsh Government guidance also began including the reporting deadlines.
- 4.2 There are, however, different reporting formats for revenue and capital. The main reason for the difference is that the capital element of the fund is identified as a grant and, as such, has different reporting requirements. While the RPBs acknowledge this, they find the different approaches frustrating and would welcome a simplified process.
- 4.3 There are also separate reporting processes in place for the Integrated Autism Service and Welsh Community Care Information System strands of the revenue funding. Scrutiny and reporting of these schemes rest directly with the Welsh Government as part of the wider oversight of the Autistic Spectrum Disorder Action Plan and of the rollout of the information system across Wales.
- 4.4 The Welsh Government has outlined the reporting requirements for the RPBs with an emphasis on outcomes to measure the success of projects. This is instead of outputs which focus on the amount of activity undertaken. The Welsh Government set delayed transfers of care as a key outcome measure when the fund was first established. RPBs are not required to report their delayed transfer positions. Instead, the Welsh Government monitor the regional position through central mechanisms. All RPBs identified that with the increasing focus on preventative and admission avoidance services, as well as changes to the target population groups, delayed transfers of care do not now reflect the full scope of the fund.

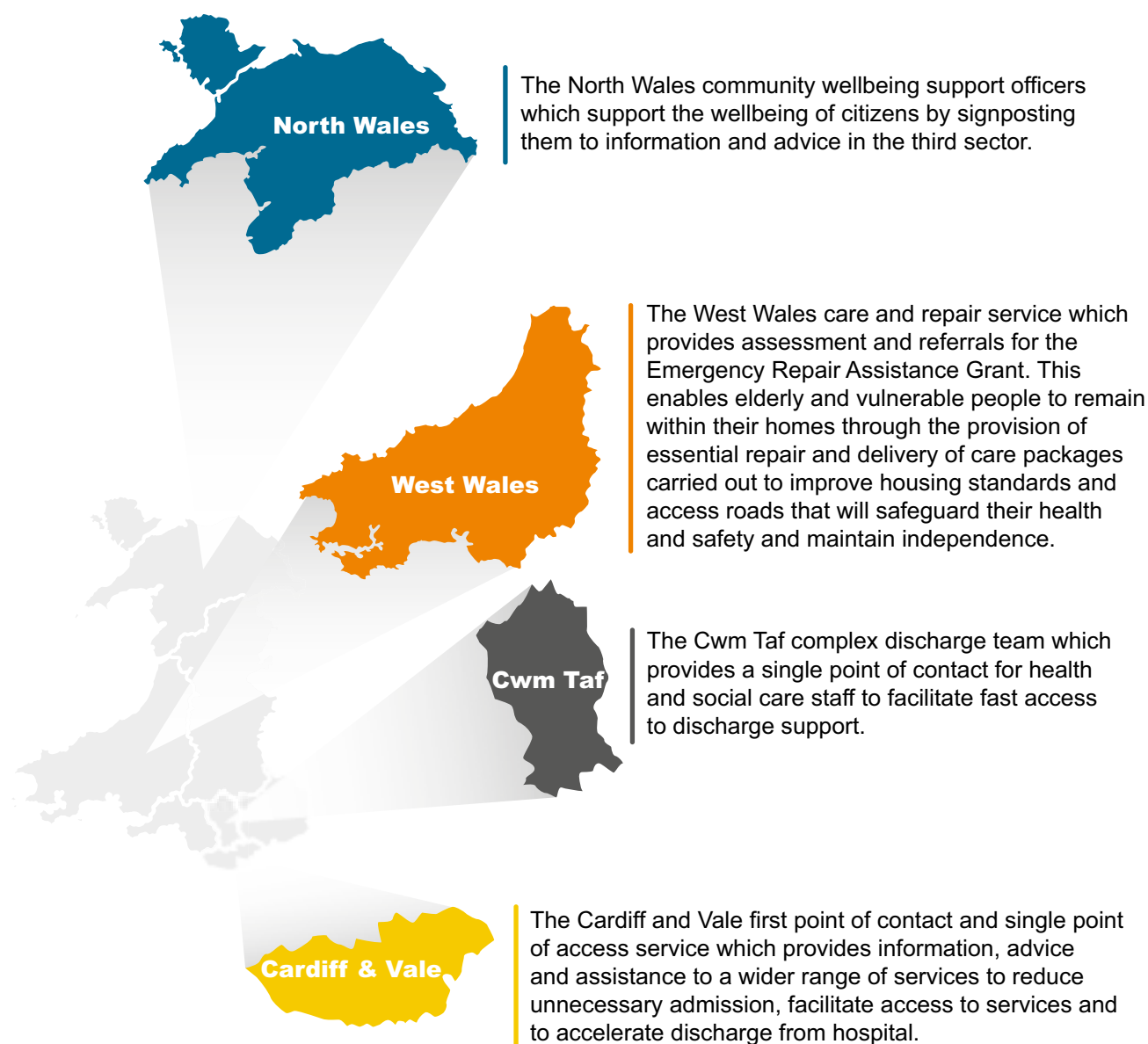
- 4.5 The Welsh Government has not set any specific expectations about how the RPBs should measure or capture information about outcomes. Each RPB has developed its own processes. This approach has given the RPBs flexibility to use the tools they feel most appropriate to measure performance. But it has led to the Welsh Government receiving very different information about similar projects, making it difficult to collate or compare like-for-like information on outcomes at a national level. Within the different approaches to performance management that they have adopted, all regional partners also reported a difficulty in successfully quantifying outcomes.
- 4.6 In 2017-18, following consultation with the RPBs, the Welsh Government began including a reporting template within the guidance. Despite the emphasis on reporting outcomes, the template focuses mainly on what support has been provided through the fund, as well as spend. Regional partners have been encouraged to continue to collect any additional information that they felt was worthwhile to demonstrate project performance. This is in addition to that required to complete the template, and the RPBs often submit this additional information with their quarterly returns. Issues with capacity in the Welsh Government's central team (paragraphs 3.8 to 3.12) however, have meant that the Welsh Government does not have the opportunity to review all of the projects in detail.
- 4.7 Many regional partners have been capturing user experiences through case studies, believing that this best demonstrates the outcomes they are achieving and the impact that the fund is having on people's lives. However, the Welsh Government has encouraged RPBs to take a proportionate approach to the number of case studies submitted within their quarterly returns, focussing on good practice, given its limited capacity to analyse the information.
- 4.8 Many of the projects focus on prevention and earlier intervention. Regional partners, however, are unable to report decreases in service use elsewhere in the system and savings. This is due to increased demand on existing core services from a growing population with more complex needs, which is replacing the demand that the funded projects are now managing.

- 4.9 All RPBs recognise that measuring impact is an area that they could improve and are taking actions to better record outcomes. For example, the West Wales region is trialling the use of the Integrated Pathway for Older People¹⁶. As part of this, the regional partners are trying to link the local outcomes they achieve through the funded projects to the national outcomes identified as part of the pathway, although this is still in early development. In its latest guidance, the Welsh Government is encouraging RPBs to use Results Based Accountability¹⁷ to measure outcomes, with three RPBs already using it to varying degrees of success.
- 4.10 Nevertheless, these issues mean that, to date, the Welsh Government has been unable to provide a national picture on the impact that the fund has had. In the meantime, the project board has received high-level assurance from the RPBs' information on spend and activities and used the information to inform Assembly Member site visits to different projects. The Welsh Government intends to publish an annual report on the use of the fund in 2018-19 by September 2019. The Welsh Government also intends to commission some wider evaluation work having decided to postpone a previously announced evaluation given the plans for our own work.
- 4.11 The RPBs have also found the requirement to report the same level of information for each quarter frustrating, particularly given that there has generally been a lower level of activity in the first quarter of the financial year. The Welsh Government has now recognised this and, for 2019-20, has introduced lighter touch reporting requirements for quarters one and three.

There is little evidence that successful projects have yet been mainstreamed and funded as part of public bodies' core service delivery, although the Welsh Government has re-emphasised its expectations

- 4.12 Since its inception in 2014, there has been a clear expectation from the Welsh Government that projects that are demonstrating impact should be mainstreamed into core budgets. In practice, many projects supported by the fund have rolled forward year on year ([paragraph 2.15](#)). Examples of this include:

- 16 The Integrated Pathway for Older People is a six-stage pathway developed by the Welsh Government to identify and understand what level of care older people need. The pathway has been updated in West Wales to include seven stages.
- 17 Results Based Accountability is an approach for measuring performance which focusses on how service users are better off to determine the success of a service rather than the more traditional focus on activity.



4.13 In the context of wider funding pressures, RPBs have found it difficult to convince the partner organisations that they represent to invest in these and other projects through core funding streams. Despite the requirement for the undertaking of project evaluations, very few projects, including those that have been in place since the introduction of the fund, have received any formal evaluation.

4.14 The intention is for RPBs to use evaluative information to assess the value of mainstreaming services supported by the fund. Information reported through the annual reports for RPBs and through case study material would indicate that many of these projects, however, are making a tangible difference (**Exhibit 10**). Further information is available in RPB Annual Reports, many but not all of which are published on their websites.

Exhibit 10: examples of positive impacts of projects funded by the Integrated Care Fund



**‘The Bay’
Reablement Unit**
(Cardiff and Vale RPB)

By increasing the confidence, physical and mental strength of each individual admitted to the Bay, the unit can demonstrate a significant reduction in ongoing support requirements once the service user returns home. By ensuring that the care provided to the person is appropriately based upon need, savings of c.£500,000 per annum have been achieved – **Cardiff and Vale Integrated Health and Social Care Partnership Annual Report 2017-18**



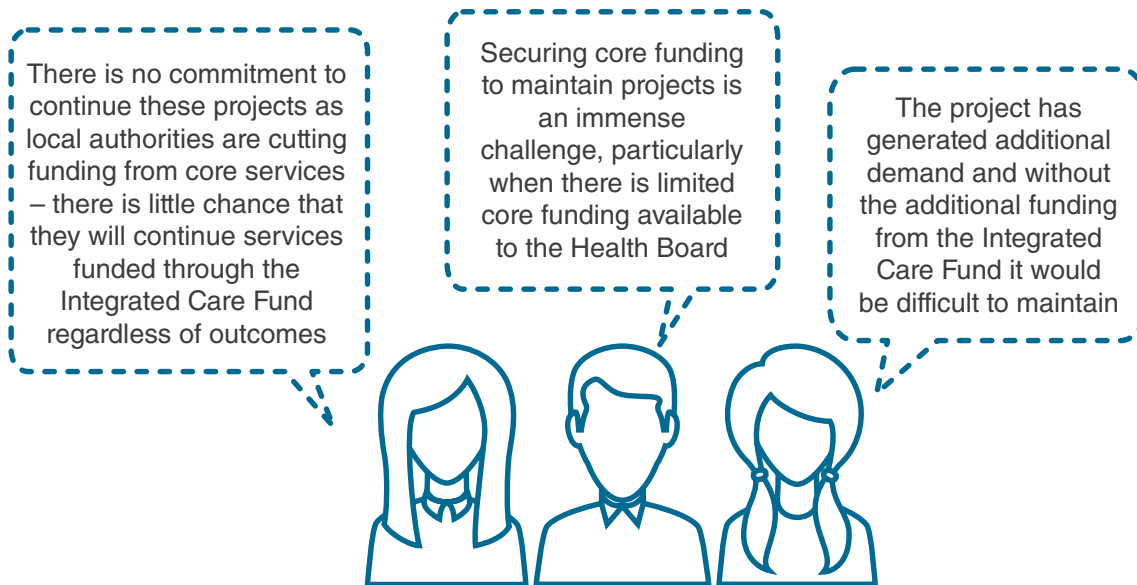
**Eating Disorders
for Children and
Young People**
(Greater Gwent RPB)

This dedicated community eating disorder team can provide a routine Child and Adolescent Mental Health Service (CAMHS) assessment of a child or young person. This is leading to improved outcomes for children and young people and reduced admissions to Tier 4 beds – **Greater Gwent Regional Partnership Board Annual Report 2017-18**

Source: Wales Audit Office review of RPB Annual Reports.

4.15 Responding to our surveys, 91% of project leads agreed or strongly agreed that the projects that they were involved in were making a difference to service users. In addition, 87% of RPB members also agreed or strongly agreed that the projects funded in their region were making a difference to service users. Only 60% of project leads, however, identified that they had been able to demonstrate the impact of the project and 75% identified that there were challenges in mainstreaming the projects (**Exhibit 11**).

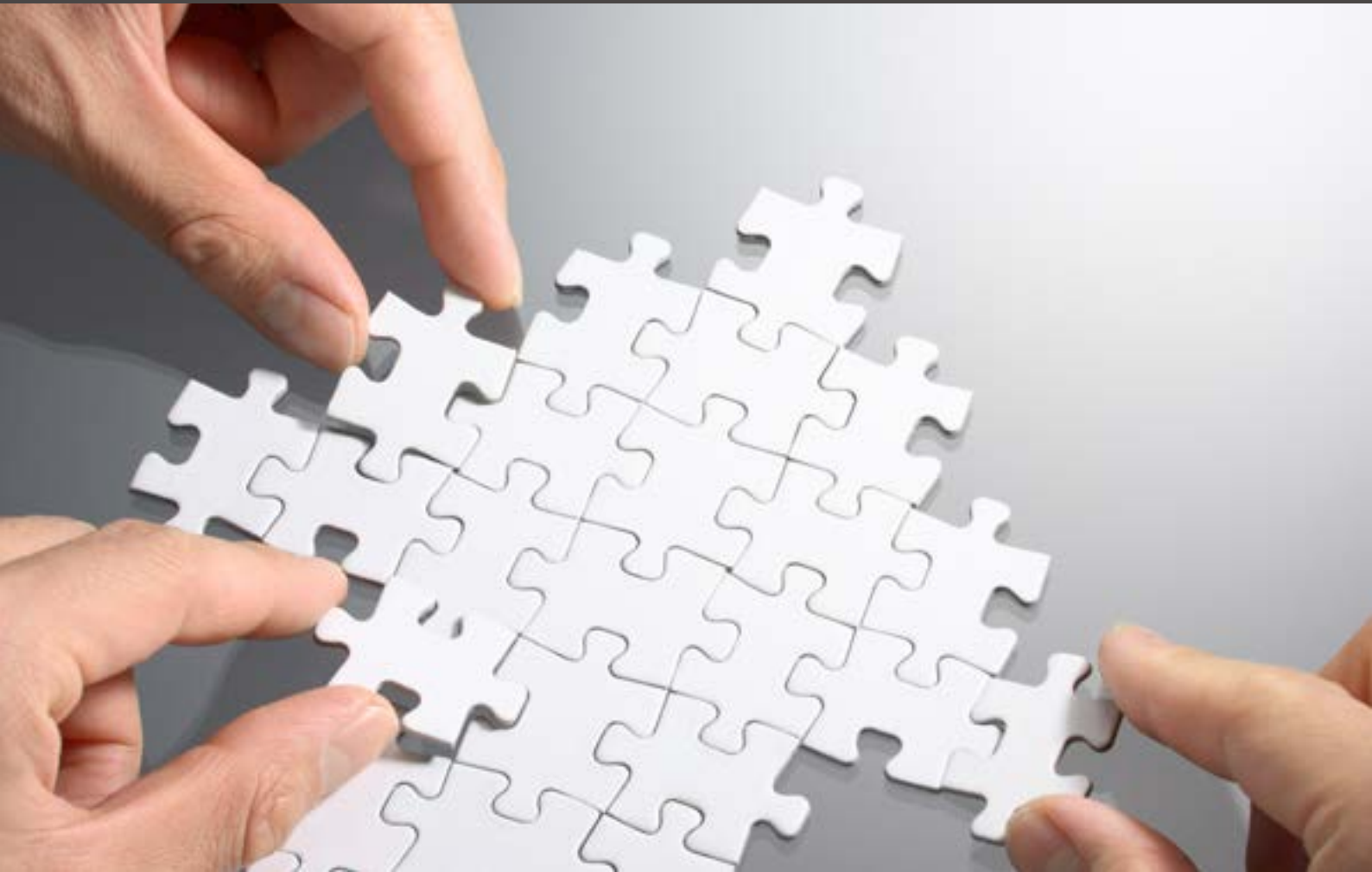
Exhibit 11: challenges identified with mainstreaming projects through our project-lead survey



Source: Wales Audit Office survey of project leads.

- 4.16 Some of the projects, however, are now so embedded that they have in effect become a core service which, if stopped, would have a detrimental impact on wider service provision. In its latest guidance, the Welsh Government has emphasised that the fund should not be supporting projects that have become core services, and that other funding mechanisms should be sought. The Welsh Government recognises the challenges that the RPBs face in mainstreaming projects but has not previously provided any detailed guidance or support to help them address the issue. The guidance for 2019-20 does now include a clear expectation that revenue investment plans include exit strategies for each project ([paragraph 3.21](#)). However, this still lacks any practical examples about how regional partners can move to mainstream projects that are demonstrating impact. Regional partners may also have to make some difficult decisions to dis-invest from some services.
- 4.17 Once a year, the Welsh Government hosts an event to bring together RPB members and those directly involved in the funded projects. The aim of the event is to facilitate shared learning. Feedback from those who have attended identifies that the event is useful in understanding what projects are in place across Wales and showcasing projects that are working well. RPB members felt that the event would be more useful if there were wider opportunities to learn from the experiences of others, particularly in relation to overcoming challenges. The annual event could also be a useful mechanism for shared learning about mainstreaming.

Appendices



Appendix 1

Audit methods

Exhibit A1: audit methods used



Document reviews

We have reviewed central and regional documents including:

- Welsh Government guidance
- Strategic plans, including: local-authority corporate plans, health board integrated medium-term plans, public-service-board well-being plans
- Project plans
- RPB quarterly financial and performance monitoring returns
- Minutes from RPBs and sub-groups¹⁸

We have also reviewed relevant reports on health and social-care integration by Audit Scotland and the National Audit Office.



Surveys

We undertook surveys of RPB members and project leads responsible for projects during 2017-18.

We received responses from 71 of the 156 RPB members surveyed and 65 of the 243 project leads surveyed.



Interviews

We conducted interviews with:

- Regional leads for the Integrated Care Fund
- RPB members, including: elected members, officers, service users and third-sector representatives
- Project leads
- Welsh Government officials



Workshops

We held workshops with members of the relevant RPB sub-groups in each of the regions.

We also held workshops with a sample of project leads within each of the regions.

¹⁸ Each RPB has delegated responsibility for elements of the fund to one or more sub-groups.



We analysed financial and project performance data for the period 2014-2019.

Data analysis

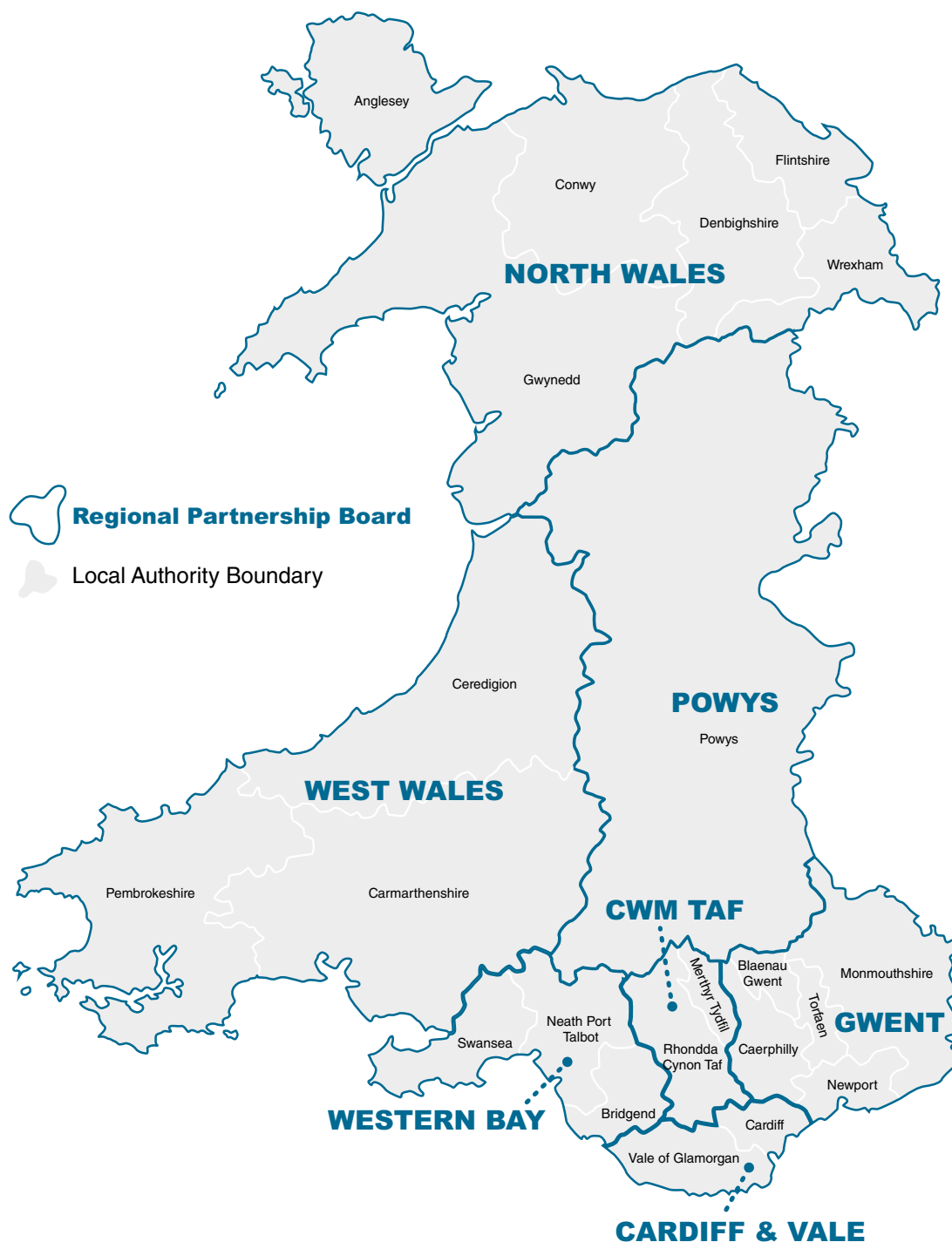


We observed governance arrangements in practice by observing the Welsh Government's project board. We also observed meetings of all the RPBs and the relevant sub-groups responsible for overseeing the fund.

Meeting observations

Appendix 2

Map of Regional Partnership Boards as at 31 March 2019¹⁹

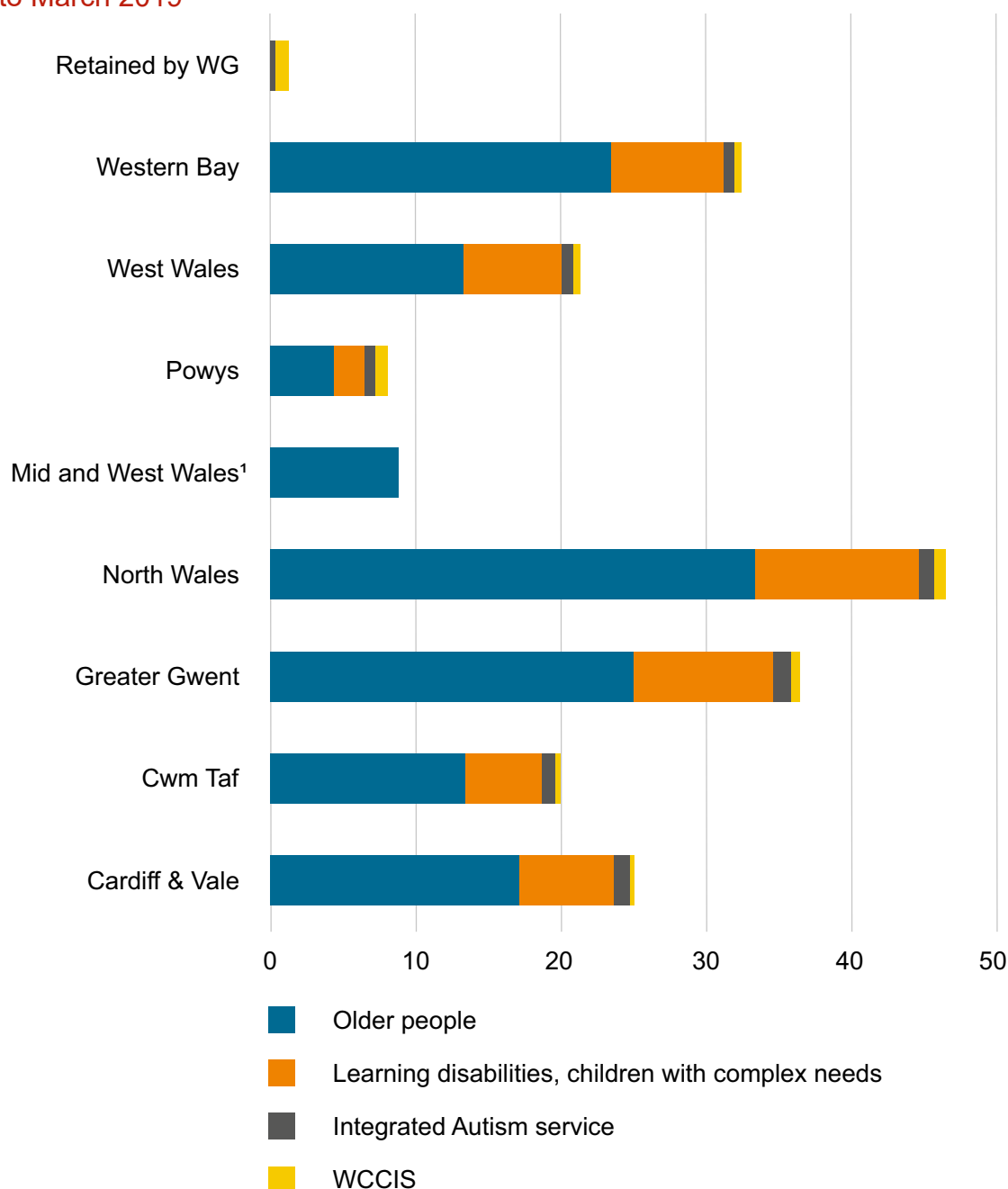


¹⁹ Following boundary changes relating to the Abertawe Bro Morgannwg University Health Board which came into effect on 1 April 2019, what is now Cwm Taf Morgannwg RPB includes Bridgend County Borough Council. The remaining partnership of Swansea Bay University Health Board, Swansea Council and Neath Port Talbot County Borough Council has been re-established as West Glamorgan RPB.

Appendix 3

Distribution of the fund between 2014 and 2019

Exhibit A2: distribution of revenue fund by region and area of scope, April 2014 to March 2019



Note:

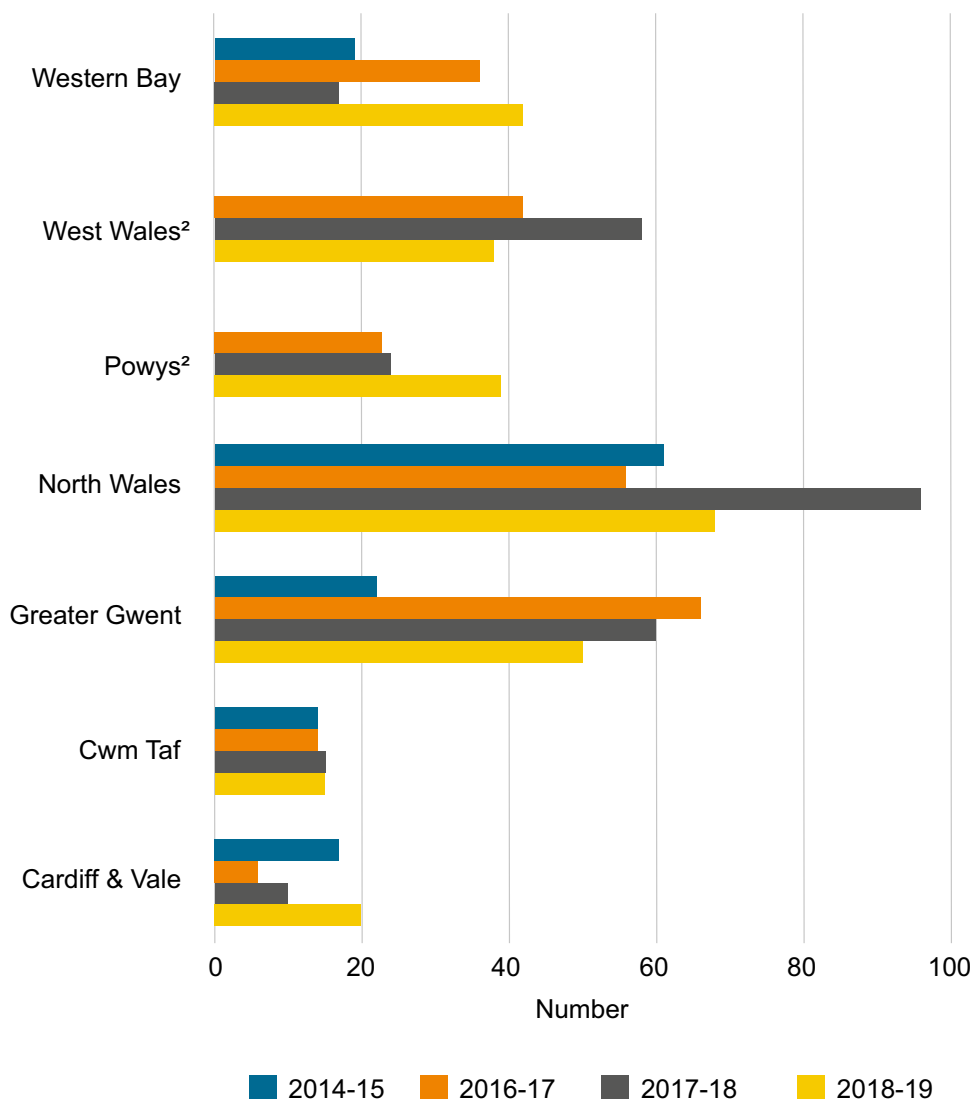
1. Between April 2014 and March 2016 West Wales and Powys were considered a single region and received a single allocation for Mid and West Wales.

Source: Wales Audit Office analysis of Welsh Government guidance and allocation letters.

Appendix 4

Breakdown of the number and scale of projects between 2014 and 2019

Exhibit A3: number of revenue projects by region, April 2014 to March 2019 (excluding 2015-16)¹

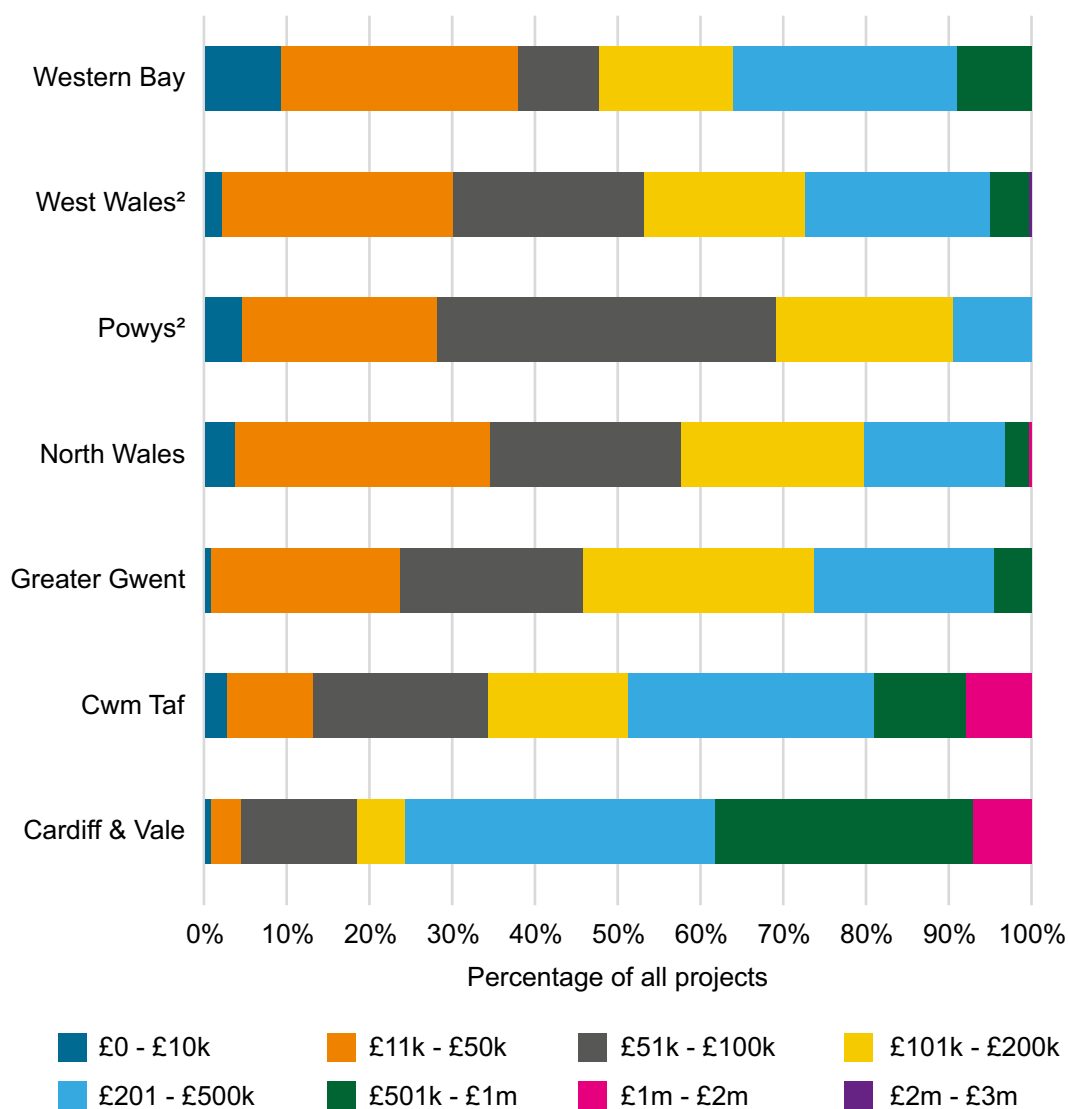


Notes:

1. Projects were rolled forward for 2015-16 and have therefore been excluded.
2. Between April 2014 and March 2016 West Wales and Powys were considered a single region and received a single allocation for Mid and West Wales. We have excluded the number of projects for the Mid and West Wales region for the period 2014-2016 from the comparison.

Source: Wales Audit Office analysis of RPB monitoring returns to the Welsh Government.

Exhibit A4: scale of projects by region, April 2014 to March 2019 (excluding 2015-16)¹



Notes:







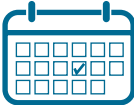




1. Projects were rolled forward for 2015-16 and have therefore been excluded.
2. Between 2014-2016 West Wales and Powys were considered a single region and received a single allocation for the Mid and West Wales region. We have excluded the number of projects for the Mid and West Wales region for the period 2014-2016 from the comparison.

Source: Wales Audit Office analysis of RPB monitoring returns to the Welsh Government.

Appendix 5

Key findings from our surveys of RPB members and project leads

Our survey of RPB members²⁰ identified that:

	59 out of 70 (84%) agreed that partner organisations demonstrate a commitment to partnership working.
	38 out of 68 (56%) agreed that there were appropriate links with other regional groups and forums, such as Public Service Boards, to ensure that there were no overlaps or gaps in responding to legislative requirements.
	33 out of 62 (53%) agreed that the ring fencing of the fund for the national initiatives was helpful.
	21 out of 61 (34%) agreed that the templates provided by the Welsh Government for quarterly reporting captures the right information.
	37 out of 59 (63%) agreed that there was helpful ongoing communication between the RPBs and the Welsh Government to understand any changes to the fund.
	57 out of 71 (80%) agreed that proposals put forward for the RPB to approve are generally good quality.
	39 out of 69 (57%) agreed that the RPB sets enough time aside for effective scrutiny of the delivery of the projects supported by the fund.
	49 out of 68 (72%) agreed that there is a clear process for monitoring and managing project underspends and overspends within the RPB structure.
	47 out of 68 (69%) agreed that the RPB and its sub-group focusses on outcomes when scrutinising the projects.
	45 out of 70 (64%) agreed that the fund is funding the right projects.
	60 out of 69 (87%) agreed that the projects funded were making a difference to service users.

²⁰ Not all members responding answered every question.

Our survey of project leads identified that:



46 out of 65 (71%) identified that their project(s) had received funding in previous years.



31 out of 65 (48%) identified that their project(s) received additional funding as well as the Integrated Care Fund.



60 out of 65 (92%) identified that their project(s) clearly linked to national strategic priorities, including the Well-Being of Future Generations (Wales) Act.



38 out of 65 (58%) identified that there was a risk management framework for their project(s).



58 out of 65 (89%) identified that they had received appropriate guidance from managers to support them in delivering the project(s).



27 out of 65 (40%) identified that they were required to include an exit strategy as part of their project plans.



51 out of 65 (78%) identified that there was a single point of accountability for delivery of the project(s).



21 out of 65 (32%) identified that their project(s) started on time.



26 out of 65 (40%) identified that there was a mechanism to measure the financial benefits of the project(s).



39 out of 65 (60%) identified that they had been able to demonstrate the impact of the project(s).



43 out of 65 (66%) identified that the fund is helping to provide sustainable and improved services in their region.



49 out of 65 (75%) identified that there were challenges in mainstreaming the project(s).



59 out of 65 (91%) identified that the project(s) was making a difference to service users.

Appendix 6

Progress against a previous recommendation

In the Auditor General's October 2015 report **Supporting the Independence of Older People: Are Councils Doing Enough?** we made the following recommendation to local authorities, health boards, third-sector partners and the Welsh Government. We have assessed progress against the recommendation ([Exhibit A5](#)).

Exhibit A5: progress against the previous recommendation relating to the fund

Recommendation – to improve the management and impact of the [then] Intermediate Care Fund by:	Our assessment of progress
Setting a performance baseline at the start of projects to be able to judge the impact of these over time.	There is no single approach to performance management of projects, this differs amongst the regions as well as sometimes within the region (paragraphs 3.18 to 3.20). There are examples of projects setting indicative performance during project planning, but it does not happen for all projects.
Agreeing the format and coverage of monitoring reports to enable funded projects to be evaluated on a like-for-like basis against the criteria for the fund, to judge which are having the greatest positive impact and how many schemes have been mainstreamed into core funding.	<p>As outlined above, there is no single approach to project management or the ability to compare similar projects on a like-for-like basis (paragraphs 4.5). There is evidence of some regions beginning to take an approach that would provide information for comparison (for example the regional outcomes framework in West Wales), but this is still in early development and there is no data available currently to make judgements about which projects are having the greatest impact.</p> <p>Additionally, regions are struggling to capture positive impacts and evidence savings due to the preventative nature of the projects and there is little evidence that mainstreaming into core funding has taken place (paragraphs 4.12 to 4.17).</p>
Improving engagement with the full range of partners to ensure as wide a range of partners are encouraged to participate in future initiatives and programmes.	The extent to which partners are engaged with the fund does differ by region, with some ongoing concerns raised by third sector partners (paragraph 3.16). However, the introduction of the RPBs since the inception of the fund has brought together a wider range of partners on a regional basis than was previously the case to contribute and participate in the programme (paragraphs 1.1 to 1.7).

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Operating Theatres Review – **Betsi Cadwaladr University Health Board**

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Mae'r ddogfen hon hefyd ar gael yn Gymraeg.

The person who delivered the work was Andrew Doughton.

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Summary report

Background

- 1 Operating theatre services are an essential part of patient care. Efficient management of theatres results in cost effectiveness, supports the Health Board in achieving its waiting-time targets and contributes to high-quality patient care.
- 2 In 2014, Wales Audit Office undertook a review of operating theatres. That review focussed on the efficiency and effectiveness of operating theatres and included aspects of the wider surgical pathway including:
 - how patients waiting for surgery were listed;
 - the consistency of pre-operative assessment arrangements;
 - surgical admissions and theatre utilisation;
 - the quality processes including the World Health Organisation (WHO) checklist; and
 - information on how services are performing.
- 3 As part of the Auditor General's 2018 audit plan at Betsi Cadwaladr University Health Board, we have followed up the 2014 review both to determine the extent that previous recommendations have been addressed and to consider wider aspects of efficiency and quality of the Health Board's operating theatre services. The audit work included a survey of theatre staff, document review, interviews, a walkthrough of the theatre pathway and data analysis. Many of the questions asked as part of the theatre staff survey were the same as in 2014. This has helped inform our view on progress.
- 4 The audit was undertaken between March and May 2019 and we presented our findings to the Surgical Patient Pathway Transformation Group in May 2019. The slides used in that presentation are appended to this report.
- 5 This document presents a summary of our follow up audit findings and makes further recommendations for improvement. The Health Board's management response to our new recommendations is shown in Appendix1, whilst Appendix 2 contains a summary of progress against the recommendations we made in 2014.

Overall conclusion

Our overall conclusion is **'There is good evidence that management and use of operating theatres is improving, however, there is a need to build on this improvement by having a greater focus on surgical productivity, and by addressing estate and workforce challenges at some sites'**.

- 6 The findings underpinning this conclusion are set out in the following sections which have been grouped into four main themes:

- efficiency and operating theatre utilisation¹
- surgical productivity²
- operating theatre quality arrangements, and
- the enablers that support improvement.

The Health Board is improving its operating theatre utilisation and wider aspects of efficiency, although unscheduled care pressures remain a challenge

Listing a patient for surgery

While approaches for listing patients for surgery across sites still vary, arrangements for planning surgical lists have improved.

- 7 Effective listing helps to ensure that enough time is provided in theatre for procedures so that theatre operating sessions are well-utilised. Our findings indicate that, as in 2014, the Health Board has different approaches for listing patients for surgery across the different sites in North Wales. Wrexham Maelor Hospital uses a centralised booking centre for patient listing. At the other two sites the Health Board use medical secretaries who list patients for surgery. Our discussions with staff and our data analysis does not indicate a significant argument to adopt one model over another. Neither is there any evidence to suggest that either model inhibits overall improvement. Our survey of theatre staff reflected a general view that listing had improved. In 2014, 47% of staff agreed or strongly agreed that “the majority of theatre lists are effectively planned”. This increased to 73% in 2019. In addition, our work highlighted improved processes to address operational problems, such as patient or hospital cancellations, particularly during the period 8 days before surgical sessions.

Pre-operative assessment clinic

Documentation of pre-operative assessments is standardised and staff views are positive about the service but there is still scope to align service models across sites.

- 8 Pre-operative assessment clinics (POAC) are used to assess a patient before surgery, with the aim of identifying any pre-existing health conditions, screening for

¹ Theatre utilisation is a recognised measure that describes late starts, gaps between procedures and whether the theatre session finished on time.

² For this review, we describe surgical productivity as the number of procedures achieved within a theatre session with a specified resource.

infection (such as MRSA), determining clinical risk and to ensure a patient is operated on in a suitable facility.

- 9 In 2014, we made 2 recommendations for improvement to the pre-operative assessment process. The 2014 report recommended that the Health Board should:
- standardise POAC documentation across sites; and
 - standardise its pre-operative assessment processes.
- 10 Our 2019 work found that:
- standardised assessment forms are now used across all sites and the Health Board has addressed the recommendation;
 - there are improved staff views of patient screening and pre-assessment processes between 2014 and 2019;
 - there remain inconsistent pre-operative assessment models. This is an area that still need addressing.
- 11 In 2018, the Health Board's improvement team completed a review to understand the extent of variation in pre-operative assessment arrangements. For example, they found variation in the teams' skill mix, responsibilities, and administrative processes. Their work provided a robust analysis but did not result in any decision to align the approaches. It remains our view that consistency of pre-operative assessment approaches is needed to ensure that surgical teams can rely on the assessment, no matter which site the patient was seen. Our 2014 recommendation therefore remains open ([Appendix 2](#)). While we do not have a view on a preferred model, it would be beneficial to:
- adopt best practice where available from the current models;
 - ensure the Health Board continues to build on its exploration of good practice models in other health bodies; and
 - ensure the model supports productive and efficient surgical pathways, and that the model is affordable.

Day of surgery admission

Day of surgery admission has improved and the issues identified in our 2014 report about Ysbyty Glan Clwyd have been addressed. However, the design and use of Wrexham Maelor day of surgery admission unit (arrivals) can inhibit efficiency and productivity.

- 12 Day of surgery admission units reduce the need for a hospital bed prior to surgery and should help to ensure a good patient flow between the unit and operating theatres.
- 13 In 2014, we found that Ysbyty Glan Clwyd day of surgery admissions unit did not support a good patient experience or dignity. Those issues were in-large, a result of the major refurbishment of the site. Our findings in 2019 indicate that since the

new day of surgery admissions unit opened in Ysbyty Glan Clwyd, there has been significant improvement in the patient environment, management and patient flow which are helping to improve efficiency.

- 14 In contrast, however, our 2019 work found a number of operational difficulties at the Wrexham Maelor Day of Surgery admissions unit. The unit is affected by unscheduled care and medical outliers (medical patients in surgical beds) and this is resulting in cancellations of elective surgery. Our site visit indicated that the design of the unit, being that of a traditional ward environment is not helping with patient flow (i.e. designed around a bed based rather than an admissions lounge model can impede patient flow and also result in inefficiency as a result of its use to ease unscheduled care pressures). Short-term refurbishment of the Wrexham Maelor unit should help alleviate this problem, but a longer-term solution will be needed as part of an overall estate plan for the site (**Recommendations 3 and 4, 2019**).
- 15 The findings above are reflected in the theatre staff survey responses. In 2014, 49% of staff agreed or strongly agreed that “Day of surgery admission works well”. This has increased to 73% in 2019. Of the three sites, staff from Ysbyty Glan Clwyd and Ysbyty Gwynedd responded most positively to the statement.

Operating theatre utilisation

There is a clear and continued focus on operating theatre utilisation³, that is demonstrating year on year improvement.

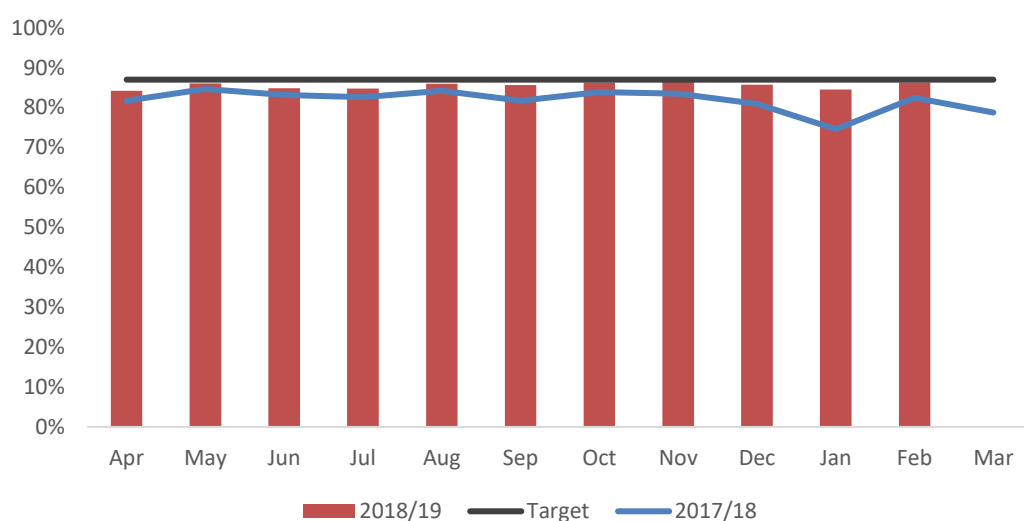
- 16 As part of this review, we have considered a range of performance information relating to utilisation of operating theatres. Our comparison of 2017/18 and 2018/19 utilisation shows:
- from a low base, there has been notable improvement (reduction) in the proportion of theatre sessions that start late during most months.
 - the proportion of sessions that finish early has improved (reduction) and is close to the annual target; and
 - the Health Board continues to set ‘stretch targets’ that are locally tailored to each site, reflecting an expected but realistic level of performance improvement.
- 17 **Exhibit 1** shows the overall utilisation to February 2019 in comparison to the target and to the previous year’s performance. Key points to note are that:
- performance exceeded that same month in the previous year;

³ Utilisation is based on actual operating time used within a ‘theatre session’. It takes account late starts, gaps between procedures and the extent that a theatre session finishes on time.

- winter pressures (peak unscheduled care demand during December, January and February) has not affected theatre utilisation to the same extent in 2018/19 as it did in 2017/18.

Exhibit 1 – elective operating theatre utilisation

Percentage of Elective* theatre utilisation across the Health Board



Source: Betsi Cadwaladr University Health Board

* Note: Elective sessions relate to planned surgery and usually patients who have waited on a waiting list for surgery.

The Health Board must take the opportunity to build on its improvements to date, by driving greater surgical productivity

- 18 The previous section of this report highlights an improving position relating to operating theatre utilisation. Our 2019 work also finds that the Health Board can build on its progress by making improvements to surgical productivity⁴.

Increasing surgical productivity would help reduce the large waiting lists and improve service quality for patients.

- 19 Our analysis of referral to treatment waiting lists indicates the extent of some waits. As at March 2019 there were 5,898 patients waiting over 36 weeks and of these

⁴ In this review, we describe surgical productivity as the number of procedures achieved within a given timeframe with a specified resource

2,310 patients were waiting more than a year⁵. Patients waiting a long time may suffer with pain, anxiety, loss of work or income and there is also a risk that their condition may deteriorate resulting in permanent harm. Surgical productivity improvements create an opportunity to improve the overall quality of service to the population of North Wales.

There has been significant expenditure on waiting list initiatives during 2018-19.

- 20 In 2018/19, there were around 28,500 surgical procedures funded from core activity and an additional 4,200 'waiting list initiative'⁶ procedures. As such, waiting list initiative activity currently represents around 15% of total surgical activity.
- 21 In 2018/19, the Health Board spent £8.3 million on waiting list initiatives and an addition £4.1 million on outsourcing of surgical activity to other providers to help reduce long waits for treatment. The Health Board already exceeds its delegated budget and has relied over the last two years on additional non-recurring financial allocation from Welsh Government to address lengthy patient waits. This has only been partially effective and isn't providing a sustainable solution. Improving productivity would limit the extent that the Health Board relies on costly additional activity and help to provide better value for money of public resources.

There is variation in productivity, and potential to improve it.

- 22 As part of our work, we requested the anaesthetic and surgical times for the following four high-volume procedures:
- insertion of prosthetic replacement of lens (cataract);
 - bilateral dissection tonsillectomy;
 - primary repair of inguinal hernia using insert of prosthetic material; and
 - primary total prosthetic replacement of knee joint using cement.
- 23 **Exhibit 2** shows the variation in total time taken for primary total knee replacement procedures that took place during 2018/19 (split by anaesthetic and surgical time). We have also included the median (mid point). A similar pattern of variation was seen in each of the procedures examined.
- 24 Of the 4 procedures analysed, if the time taken for procedures above the median could be reduced to the median, there would be around a 11-16% gain in productivity. This would equate to the following:
- 850 extra insertion of prosthetic replacement of lens (cataract) procedures (16% gain in productivity);

⁵ Many but not all waits over 36 weeks will be patients waiting on the surgical pathway.

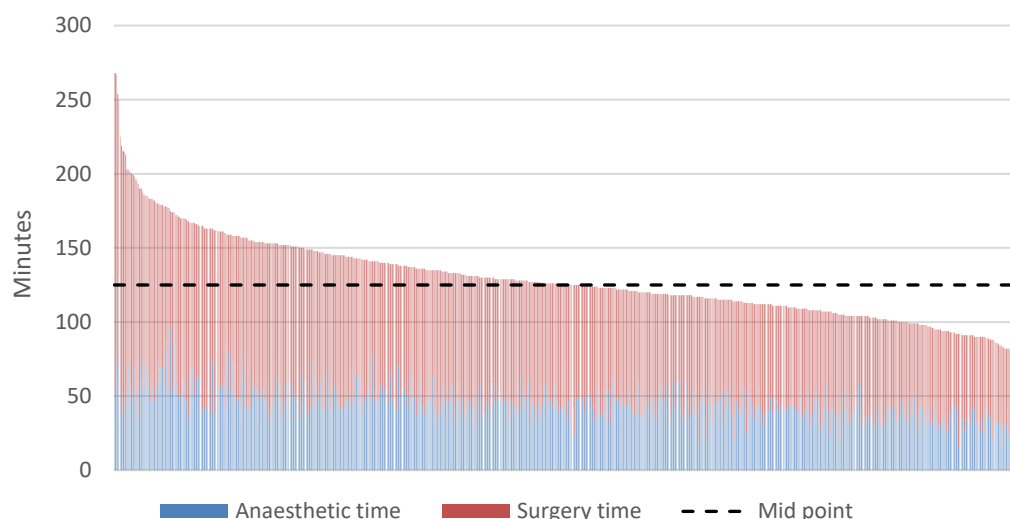
⁶ Waiting list initiatives are used to address high waiting lists. They are extra clinics or surgical sessions that are often undertaken outside of core hours at additional cost to the Health Board.

- 71 extra bilateral dissection tonsillectomy (14% gain in productivity);
- 121 extra primary repair of inguinal hernia using insert of prosthetic material (15% gain in productivity);
- 86 extra primary total prosthetic replacement of knee joint using cement (11% gain in productivity).

25 In addition, if there were productivity improvements on all those procedures at or below the median, the gain could potentially be greater.

Exhibit 2 – Average Anaesthetic and Surgery procedure length

Variance in productivity total surgical time and anaesthetic time - W401 **Primary total prosthetic replacement of knee joint using cement, 2018/19**



Source: Betsi Cadwaladr University Health Board

26 Our review has identified a range of factors that contribute to variable surgical productivity. These are listed in the [Exhibit 3](#) and illustrate some specific opportunities that the Health Board should explore further in respond to [Recommendation 1, 2019](#).

Exhibit 3 – factors affecting productivity

Aspects identified affecting surgical productivity in the Health Board

- **Different surgical and anaesthetic practices.** Some interviewees described new and emerging efficient surgical practices and potential to move to fewer general anaesthetic procedures and more local anaesthetics or spinal blocks to improve patient experience and recovery.
- **Duration of theatre session.** Whether the session is half-day or a full-day session (currently two-thirds are half-day sessions). Staff indicated full day sessions provide more flexibility for listing and lead to greater productivity.
- **Capability.** Although a difficult subject, interviewees described varying staff capability impacts on productivity.
- **Case mix** – patient acuity resulting in some patient's surgery being more complex than others and requiring more surgical time.
- **Consistency of theatre team.** staff indicated that teams who worked regularly together and refined and improved processes also created the potential to improve productivity.
- **Patient cancellations** (for any reason). In 2018/19, this commonly varied between 10% and 20% across sites during most months. There is a direct correlation between productivity and cancellation rates.
- **Proportion of day-case or very short stay patients.** Reduction in lengths of stay as well as introduction of day-case procedures for complex high-volume surgery (such as total knee or hip replacement) is becoming possible. Moving toward more day-case and very short stay is likely to improve flow and may limit the impact of unscheduled care on elective surgery.
- **Wider availability of services across the full surgical pathway.** Wrap-around services supporting enhanced recovery after surgery, early patient mobilisation or support to enable the earliest safe and effective point of discharge. These were all highlighted as enablers that would support greater productivity.

While there are some opportunities for further improvement, theatre quality and safety arrangements are helping to reduce the risks to patients

- 27 Good quality arrangements are essential for safe surgery and to support good patient outcome and experience. Staff views are an important measure of the

effectiveness of quality. It is therefore positive that the proportion of staff agreeing or strongly agreeing that they would feel safe being treated here as a patient has increased from 76% in 2014 to 87% in 2019. The following sub-sections provide further insight on quality arrangements.

World Health Organisation (WHO) surgical checklists

There is improved and embedded use of WHO checklists, to help ensure quality steps are followed prior to surgery.

- 28 Use of WHO checklists prior to surgery is recognised good practice. Our discussions with staff, staff survey feedback, observations and review of performance information all indicated that the use of WHO checklists are routinely used prior to surgery with compliance rates reaching between 94% and 98% across sites. Although there remains some variation across sites in how the WHO checklists are used, we did not identify any concerns about the approach and our findings indicate a well-embedded approach across sites. As such our 2014 recommendation is now closed.

Use of pre-session briefings and post session de-briefings

Theatre staff indicate that pre-list briefings are undertaken across all sites, but post-surgery de-briefings following a list are not commonly undertaken.

- 29 The theatre staff survey showed a slight improvement in use of briefings with 60 out of 75 staff agreeing that briefing theatre personnel before surgical procedure always happens. However, 9 out of 75 staff disagreed or strongly disagreed that they had all the necessary information before the start of the list. There is opportunity to explore underlying reasons and to strengthen communication. There also remains a need to target de-briefings particularly where a list or procedure has not gone to plan or where new staff in a theatre team can share good or alternative practice. Our 2014 recommendation remains open ([Appendix 2](#)).

Learning from incidents and patient experience

Arrangements are in place to escalate incidents and share lessons learnt across all sites.

- 30 Our work found that:
- staff indicate that the Datix incident management system is routinely used.
 - there are formal routes for escalation through quality and safety groups.

- all senior operational management indicated that they are quickly made aware of incidents on their site. Management also indicate that they review the Datix incident reports daily.
- there has been a slight improvement in staff views on the effectiveness of response to incidents, but more could be done to communicate back to staff where action has been taken.
- lessons learnt are shared across sites through the Surgical Patient Pathway Transformation Group, and at 'all Wales' theatres group meetings.

More could be done to capture, analyse and share feedback on patient experience.

- 31 Our work found that patient experience is captured only in elements of the surgical pathway, such as pre-operative assessment clinics. In other areas including arrivals, theatres and recovery, arrangements are less formalised. Our 2014 recommendation therefore remains open ([Appendix 2](#)).

Quality and safety training

There are good arrangements for quality training, although there is potential to join up approaches across sites

- 32 The Health Board routinely use 'audit days' to support staff development and training. There is a clear annual programme of quality improvement training all main sites. We found these to be well planned and promoted locally, although some potential to align the programme of development across sites. We also found that management had a strong quality focus and a good range of information provided to staff on specific quality training opportunities, quality metrics and also opportunity to comment and provide staff feedback at all main sites.

There are good management arrangements that support continuous improvement, but estates and workforce challenges in some sites need to be addressed

Management arrangements

Management arrangements are helping to drive continuous improvement, but may need to be revised to support a greater focus on surgical productivity

- 33 The Health Board has a range of arrangements to support improvement:
- multi-disciplinary 'planning cell' meetings at all sites help coordinate the surgical lists, smooth out operational challenges and improve utilisation.
 - 'Plan Do Study Act' (PDSA) continuous improvement approaches being used across all sites to address issues and prevent them reoccurring.

- the surgical patient pathway transformation group is a pan-north-Wales group that has created a strong focus on operating theatre utilisation, performance analysis and consistency of operational practices.

34 The Surgical Patient Pathway Transformation Group is ideally placed to facilitate surgical productivity improvements although consideration should be given to the group's terms of reference and its membership. This is particularly important as the drivers of surgical pathway productivity improvements are likely to be at a speciality or sub-specialty level. The membership of the group may therefore require greater specialty-based membership.

There has been significant improvement to availability, analysis and accuracy of theatre performance information since 2014.

35 In 2014, our work identified concerns relating to inconsistent reporting of theatre utilisation and recording of cancellations, and the need to improve the range of performance information and reporting approaches. Our 2019 follow up review found that there are now good performance management arrangements supported by performance information and systems. This includes setting of stretch targets, focus on theatre utilisation and better performance information systems. There is, however, an opportunity to focus performance information on surgical productivity to inform surgical pathway transformation as part of actions to address Recommendation 1, 2019.

Workforce

Some aspects of workforce have improved but there remain areas for improvement and future risks.

36 Our follow up review has found some improvements relating to workforce management. The staff survey results showed that between 2014 and 2019 fewer staff have identified concerns about levels of staffing and this was also reflected during interviews. Nevertheless, there are some specific challenges, such as training and recruitment of operating department practitioners. Workforce data⁷ also shows challenges and future risks including:

- a reasonably high staff turnover rate of 9.8%
- a vacancy rate of 11.7%; and;
- 33% of theatre staff are aged 51 years or older which presents a risk in terms of loss of staff numbers and loss of knowledge and experience.

37 Our staff survey found while improving, staff morale remains a concern although feedback is generally positive relating to team-working. While we have no other firm indicator on morale, workforce data indicates that the 12-month rolling average

⁷ All workforce data relates to the period reported in the May 2019 'pipeline' report.

on operating theatre sickness absence is higher than average at 7.1%. While there can be many factors that influence sickness absence, there is opportunity to explore and address the drivers of sickness absence and morale.

- 38 Because of issues above, we recommend that the Health Board develops a theatre workforce development plan. ([Recommendation 2, 2019](#)).

Theatre estate

Theatre estate has improved in some sites, but there is need for a long-term plan to ensure operating theatres are fit for purpose.

- 39 Our findings show that:
- theatre estate has improved significantly in Ysbyty Glan Clwyd following completion of the refurbishment. This is supporting better patient flow.
 - Ysbyty Gwynedd theatres are well-maintained.
 - the Abergele site does not support an optimum patient environment for surgery and the location is vulnerable because of limited access to the site. The two modular theatres are operationally adequate, but longer-term plans need to be considered as part of overall clinical strategy.
 - since our 2014 review, one of the two theatres at Llandudno General Hospital have closed. With only one theatre in operation, there needs to be some thought about how the use of this asset will be maximised.
 - at Wrexham Maelor:
 - the day of surgery admission unit does not support good patient flow;
 - the physical distance between day surgery theatres and main theatres does not assist efficient management;
 - storage space is an ongoing challenge at the site and estate/equipment failure present 'live' risks to the Health Board; and
 - the new day surgery modular theatres are a significant improvement on the previous day-case unit and will provide a good interim solution until a longer-term estate plan is developed.
- 40 Our findings above indicate that a theatre estate plan is required that addresses current risks and helps to maximise patient flow and productivity. ([Recommendations 3 and 4, 2019](#)).

Stock management

Stock management arrangements are adequate and are currently in the process of upgrade across sites.

- 41 Our review found that stock management, ordering and inventory control arrangements are in place at all sites. The Health Board is in the process of

implementing an electronic stock control cabinets and systems that should not only help reduce wastage, but also support improved stock ordering practice and management reporting.

Recommendations

- 42 Progress of against the recommendations made in the 2014 report is described in [Appendix 2](#). Recommendations arising from this audit are detailed in [Exhibit 4](#) below. The Health Board's management response to these recommendations and to 'open' recommendations from 2014 are summarised in [Appendix 1](#).

Exhibit 4: new recommendations

This review makes five new recommendations to support improvement

Recommendations	
Surgical productivity	
R1	Develop and commence a time-bound plan to improve surgical productivity, prioritising those specialties where patient waits or productivity gain is highest.
Workforce planning	
R2	Prepare and publish an operating theatres workforce development plan. This should be based on capacity and demand modelling and workforce demographics.
Estate management	
R3	Develop a long-term plan for theatre estate to support improved surgical productivity and align this to clinical strategy and specialty level plans where these are available.
R4	Modernise the day of surgery admission unit in Wrexham Maelor to ensure patient flow and to minimise the impact of unscheduled care and medical outliers.
Consistency of practice	
R5	Where there are differences in process across the three hospital sites in respect of the surgical pathway, the Health Board should ensure that such differences are acceptable and that models of good and expected practice are adopted equally across all sites

Acknowledgements

- 43 We would like to thank all officers involved for supporting this review.

Appendix 1

Management response to audit recommendations

Exhibit 5: management response

This table shows the recommendations made during this follow-up review and the outstanding recommendations from the 2014 review together with the management response.

Recommendation	Management response	Planned Completion date	Responsible officer
New recommendations made as part of this 2019 follow up review			
R1 Develop and commence a time-bound plan to improve surgical productivity, prioritising those specialties where patient waits or productivity gain is highest.	West The Directorate has committed to a programme of further improvement with focus on productivity at specialty level. Specialty level reports have been developed reviewing all key indicators. In addition benchmarking is undertaken via BCU Theatre Performance reporting information. Specialty performance is also discussed at monthly Surgical Turnaround meetings which are chaired by Site Medical Director, and weekly Theatre Planning Cell which is chaired by Theatre Manager.	March 2020	Dylan P Williams DGM
	Centre A plan for 2019/20 is in place through the Surgical Patient pathway transformation group. There is a specific	March 31st 2020	Paul Andrew

Recommendation	Management response	Planned Completion date	Responsible officer
	<p>improvement focus on Orthopaedics, scheduling and implementation of PACU</p> <p>East A plan for 2019/20 has been developed and is attached. This is monitored weekly at our planning cells and monthly at SPPTG</p>	March 2020	David Bevan
R2 Prepare and publish an operating theatres workforce development plan. This should be based on capacity and demand modelling and workforce demographics.	<p>West We currently have a workforce plan for theatre West, this is in addition to the annual WFP which takes into account turnover rate and demographics all theatre staffing is based on AFPP guidelines taking into account capacity and planning. The plan has been accepted by the West Finance and Performance Committee. The plan will be reviewed twice annually to ensure it aligns to revised demand modelling projections.</p>	Completed	Dafydd Pleming TM
	<p>Centre Site-specific recruitment and retention plan developed.(See attached.) Task and finish group established, Theatre managers, vocational education manager, deputy director Nursing-improve recruitment opportunities and training opportunities for existing staff.</p>	March 2020	Angela Jones
	<p>East Task and finish group established with Theatre Managers, Vocational Education Manager and Deputy Director of Nursing to consider alternative options for training and increasing the number of learners in theatre.</p>	March 31 st 2020	Anne Marie Rowlands / Ade Evans / Theatre Managers

Recommendation	Management response	Planned Completion date	Responsible officer
<p>R3 Develop a long-term plan for theatre estate to support improved surgical productivity and align this to clinical strategy and specialty level plans where these are available.</p>	<p>The clinical services strategy will take cognisance of the work required to improve efficiencies and productivity across the theatre estate. Localised plans are in development which will inform the more strategic approach:</p> <p>West</p> <p>The future development of Llandudno Theatres is part of the Llandudno Re-development Group. In addition a Llandudno Stakeholders working group to be established to maximise the use of the site. Development and expansion of Ysbyty Gwynedd Theatre Capacity is included within Orthopaedic Plan.</p> <p>Centre</p> <p>3 year Orthopaedic plan to be developed including Theatre and ward.</p> <p>East</p> <p>Specialty service reviews at Health Board level are ongoing. The Site redevelopment of Wrexham Maelor will take into consideration those review outcomes. Theatres will form part of the WMH site redevelopment.</p>	<p>Ongoing</p> <p>March 2020</p> <p>Ongoing</p> <p>Ongoing</p>	<p>Gill Harris/David Fernley/Mark Wilkinson</p> <p>Dylan P Williams DGM Dafydd Fleming TM</p> <p>Paul Andrew Angela Jones</p> <p>BCUHB Executives and Project lead Graham Alexander</p>
<p>R4 Modernise the day of surgery admission unit in Wrexham Maelor to ensure patient flow and to minimise the impact of unscheduled care and medical outliers.</p>	<p>Plans developed, agreed and a business case submitted to planning department for 2019/20 investment.</p>	<p>March 2020</p>	<p>Maureen Wain</p>
<p>R5 Where there are differences in process across the three hospital sites in respect of the surgical pathway, the Health Board should ensure that such differences are acceptable and that</p>	<p>A system wide approach to this will be addressed through the SPPTG. Sharing of best practice has become common place, and will continue.</p>	<p>Ongoing</p>	<p>Maureen Wain</p>

Recommendation	Management response	Planned Completion date	Responsible officer
models of good and expected practice are adopted equally across all sites.			
Outstanding recommendations from 2014			
R2a Monitor patient experience through the roll out of patient experience surveys and take action to address any issues but also feedback positive responses to staff.	West This has now been addressed at Ysbyty Gwynedd via the patient experience team, this incorporates the feedback for Tudno ward (surgical day ward). First results should be available September 2019 and outcomes will be shared across the BCU.	September 2019	Dylan P Williams DGM Dafydd Pleming TM Lesley Walsh Head of Nursing
	Centre Patient experience team working closely with central management team to capture experiences at various stages of Surgical pathway. Day of Surgery arrivals, POAC, wards. This is also monitored through Datix incident and complaints/concerns within the directorate.	December 2019	Angela Jones Paul Andrew
	East Work started to repeat the survey this year – and the same survey will be used across all 3 sites to give a consistent approach.	December 31 st 2019	David Bevan
R3a Improve patient experience by standardising pre-operative processes across the Health Board to ensure equity of access for all patients.	There still remain variations in practice across the three sites. The Wrexham pre op model was previously presented to Nursing Director for Secondary Care with a recommendation was made that this model be used across the 3 depts. Also a scoping exercise was completed April 2018 by Service Improvement team to compare practice and highlight differences. We will continue to work across all 3 sites and expand on not only the Pre op documentation has been standardised across the Health Board since 2016 but also best practice.	March 2020	Steph Griffiths

Recommendation	Management response	Planned Completion date	Responsible officer
R4b Focus on improving debriefings as this is the area of most concern identified by improving monitoring of the whole process of WHO implementation.	West Debriefings are undertaken as and when required. Each member of the team are aware that they can request debrief if they feel necessary. Any untoward event automatically instigates debrief to ensure all relevant information is captured and staff wellbeing established.	Ongoing	Dafydd Pleming TM
	Centre Debriefing is carried out when an untoward event or incident occurs, or as requested by any member of the surgical teams. This is in line with the All Wales Theatre Managers group position. Theatre Manager is planning to visit other health boards outside of Wales.	Ongoing	Angela Jones
	East The All Wales position is that debrief will occur where an untoward event has happened during the list. Any staff member can ask for debrief following an event which has affected them.	June 30 th 2019	All Wales Theatre Managers group

Exhibit source: Betsi Cadwaladr University Health Board

Appendix 2

Progress against 2014 recommendations

Exhibit 6: management response

This table shows the recommendations made in the 2014 review and describes progress.

2014 Recommendation	Progress	Status
Performance Information		
R1a Standardise all utilisation and data definitions across the Health Board to ensure consistency in reporting, and ensure theatre units are regularly validating performance data.	Utilisation data is now consistent and aligned to all Wales data standard. Information reports are used to drive data validation. Still some gaps – such as entering time out in some areas but work is actively pushing to address this.	Complete
R1b Ensure cancellations data is being accurately collected across the Health Board and all theatre sites are consistently recording cancellation reasons.	There is now a consistent approach for collecting and recording cancellations data against set criteria.	Complete
R1c Collect, analyse and use a more balanced range of performance data, including outcomes, productivity and complexity measures.	The Health Board is now regularly using a more balanced range of performance productivity data. A new performance dashboard allows management and staff to see performance and drill down to explore reasons for that performance.	Complete
R1d Improve reporting to staff in terms of performance by introducing an easy to understand performance dashboard that can be placed within the theatre units prominently to improve awareness of performance amongst all staff groups	The Health Board uses its electronic dashboard to manage performance, and this information is shared at meetings and is posted on the notice boards.	Complete
Patient experience		

2014 Recommendation	Progress	Status
R2a Monitor patient experience through the roll out of patient experience surveys and take action to address any issues but also feed back positive responses to staff.	There is no systematic approach for undertaking patient experience surveys for theatres although there are examples of POAC using patient feedback surveys and feedback from patient advisory/liaison back to staff at meetings.	Action remains outstanding
R2b Ensure lessons from incidents are taken on board and shared effectively across the Health Board and theatre units.	Incidents are reported using the DATIX system. These are reviewed and followed up. Interviewees indicated across all sites that all major incidents/concerns are learnt from with remedial actions put in place. There are forums where theatres lessons learnt are shared both across sites (surgical pathway improvement group) and across Wales.	Complete
Pre-operative services		
R3a Improve patient experience by standardising pre-operative processes across the Health Board to ensure equity of access for all patients.	<p>In 2018 the HB undertook a comprehensive analysis of Pre-operative Assessment Clinic models across sites. This included skill mix, function, process, responsibilities:</p> <ul style="list-style-type: none"> • There remains variation across sites in models and skill mix across sites. • Decision now needs to be made to align approaches based on an agreed model. <p>Any model adopted should enable a patient to receive their surgery at any site, no matter where they had their pre-operative assessment.</p>	Action remains outstanding
R3b Introduce standard paperwork for pre-operative assessments to ensure patients can access these services closer to home as opposed to the hospital where treatment can occur.	Standard pre-operative assessment paperwork is now in place and used across sites.	Complete
WHO checklist and briefings		
R4a Roll out WHO checklist methodology currently in use at Ysbyty Gwynedd and Llandudno General to all sites as this is good practice.	WHO checklist is embedded across sites. 94% West and Central 98% East. The sites continue to have different operational approaches across sites but existing approaches are well adopted, with high compliance rates.	Closed
R4b Focus on improving debriefings as this is the area of most concern identified by improving monitoring of the whole process of WHO implementation.	Post-session de-briefings are not regular. There remains opportunity to strengthen these arrangements particularly if an issue or incident occurs during a list, or when new staff work together and can share views on operational effectiveness.	Action remains outstanding

Exhibit source: Wales Audit Office

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Review of operating theatres – feedback and reality check

Betsi Cadwaladr University Health Board

Date: 21 May 2019

Author: Andrew Doughton

Scope and approach of the work

Scope:

- Not just a review of theatres, but included aspects of the wider surgical pathway
- Progress against previous recommendations
- Focus on theatre efficiency and aspects of productivity
- Considered aspects of quality and quality governance arrangements

Approach:

- Theatre staff survey (inc anaesthetists and surgeons – response #75)
- Interviews
- Document reviews
- Observation and walkthrough
- Data analysis

Structure of this evidence pack

- Theatre pathway effectiveness:
 - Listing
 - POAC
 - DOSA
 - Theatre efficiency and utilisation
 - Productivity, Day surgery and short stay
- Quality arrangements:
 - WHO Compliance, briefings and debriefings
 - Reporting and resolving incidents
 - Quality governance arrangements
 - Quality training
- Enablers of improvement:
 - Workforce development
 - Environment and estate
 - Performance information
 - Surgical pathway improvement arrangements

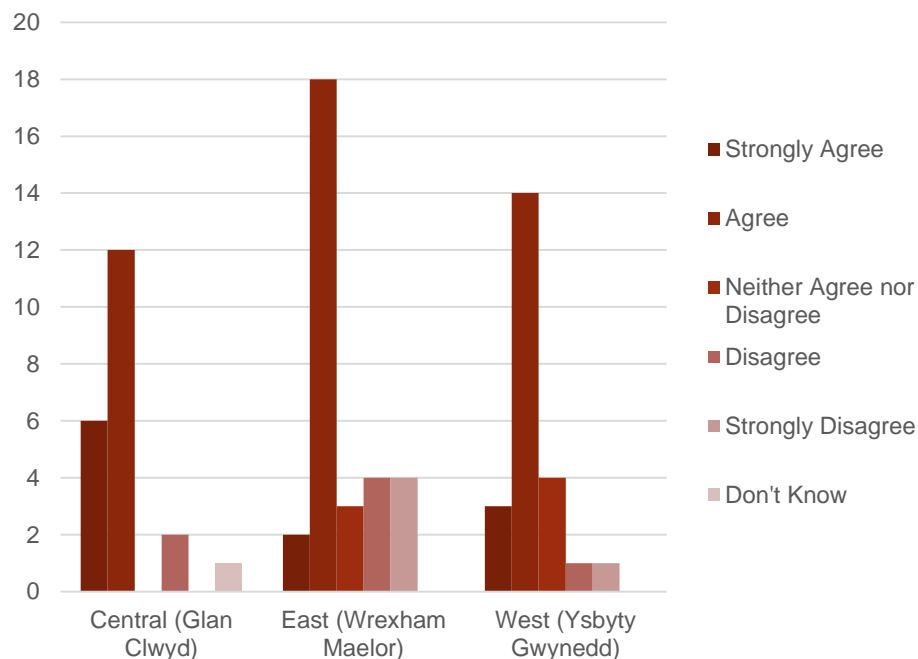
Theatre pathway effectiveness: Listing

Observation and interviews:

- There remains variation in the listing approach across sites. East has central booking. Other sites use medical secretary booking. Only one comment identified this as a concern (East) because booking clerks do not always understand the specific patient requirements for surgery.
- Interviews did not identify desire to make booking models more consistent. They stated there is insufficient evidence of the benefit of changing the model, and disruption that would be caused would be significant. Survey responses generally support this view.
- Observation indicated that disruption to theatre lists often related to wider causal factors - patient cancellation (all reasons), bed availability, staffing, equipment, USC pressures etc
- 'Treat out of turn' is lower in West than East & Central. Urology and Gynae are high.

Theatre pathway effectiveness: Listing – staff survey response

To what extent do you agree that “The majority of theatre lists are effectively planned”?



In general very positive response with 55 out of 75 strongly agreeing or agreeing that theatre lists are effectively planned

East is most negative about effective theatre list planning, Central was the most positive about theatre list planning

Anaesthetists were most negative about effectiveness of theatre list planning with 9 out of 29 disagreeing or strongly disagreeing with the statement

In 2014 47% agreed or strongly agreed with this statement. This has increased to 73% in 2019

Theatre pathway effectiveness: Listing

Survey comments included:

- Pooling lists is not always an efficiency because surgeons need to spend more time undertaking 'pre-op' on the day (i.e. they might have not seen the patient before)
- It would be better to try to ensure consistency of theatre team (staff, anaesthetist and surgeon) where possible
- Allow more time for procedures on the list if it is a trainee surgeon undertaking surgery
- Avoid opening the list up during the 8 day lock-down period

Theatre pathway effectiveness: Pre-operative Assessment Clinic

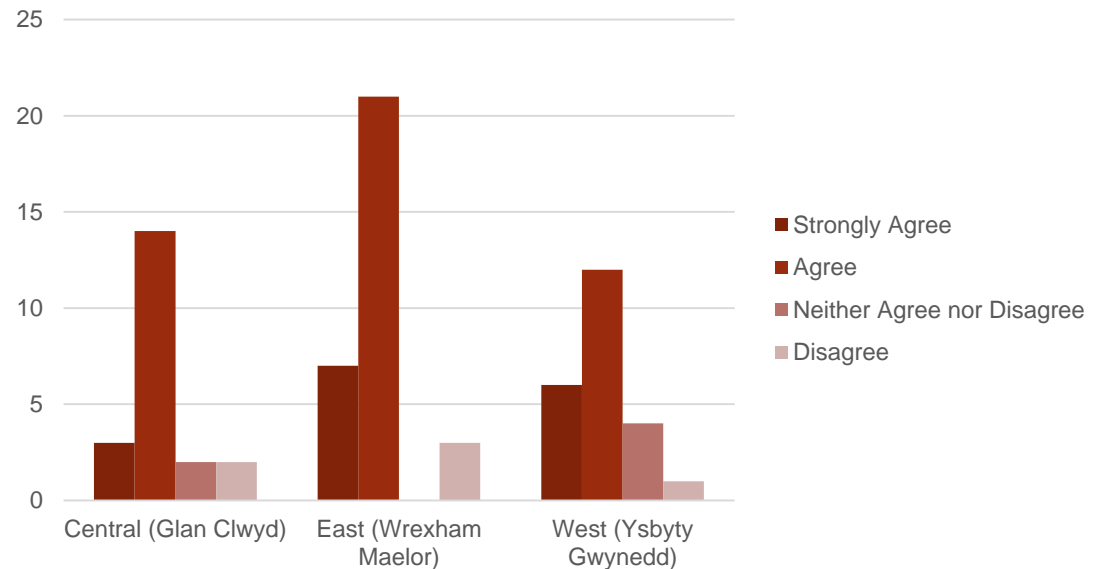
Recommendation from 2014, R3 Standardise pre-operative services

- Improve patient experience by standardising pre-operative processes across the Health Board to ensure equity of access for all patients. (2019 status – in progress)
- Introduce standard paperwork for pre-operative assessments to ensure patients can access these services closer to home as opposed to the hospital where treatment can occur. (2019 status – complete)
- In 2018 the HB undertook a comprehensive analysis of Pre-operative Assessment Clinic models across sites. This included skill mix, function, process, responsibilities:
 - There remains variation across sites
 - Wrexham has a high POAC skill mix, but variation in models does not appear to result in a significantly different outcome.
 - Decision now needs to be made to align approaches based on an agreed model
- Standard paperwork has now been introduced.
- Pre-op rates (number of pre-op attendances higher in the east than Central and West)

Theatre pathway effectiveness: Pre-operative Assessment Clinic

- In general very positive response with 63 out of 75 strongly agreeing or agreeing that Pre-Operative Assessment is effective
- In 2014 49% agreed or strongly agreed with this statement. This has increased to 84% in 2019
- Survey comments identified:
 - Wish to have a richer POAC skill mix in Central including Pharmacists, Surgeons and anaesthetists
 - Wish to develop a pool of patients who have been assessed so that they can fill slots resulting from short notice cancellations

To what extent do you agree that
“There is an effective patient screening
and pre-assessment process”?



Theatre pathway effectiveness: Day of surgery admission

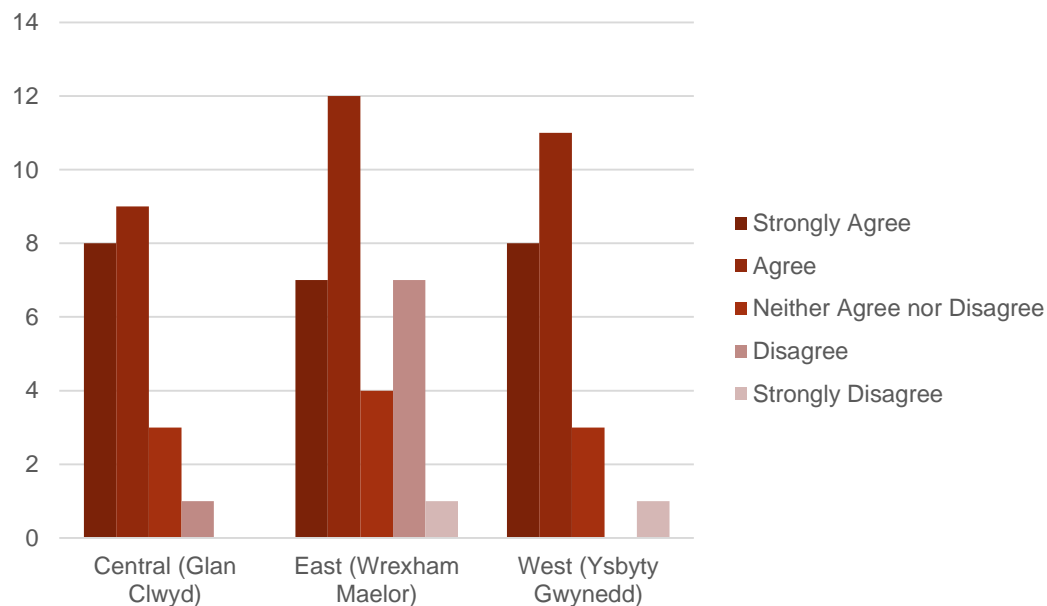
Observation and interviews:

- Significant improvement of DOSA arrangements and facilities in Central (YGC). Management of DOSA is now responsibility of theatres and there is now better process and patient flow. The new DOSA unit provides a far better patient experience than the 2014 arrangement.
- Wrexham Maelor arrivals unit is not fit for purpose. It has a traditional ward style layout and does not encourage patient flow. It also gets used for medical outliers and USC pressures which impacts on elective surgery efficiency. Plans are in place to improve the facility.
- YG – no significant points raised

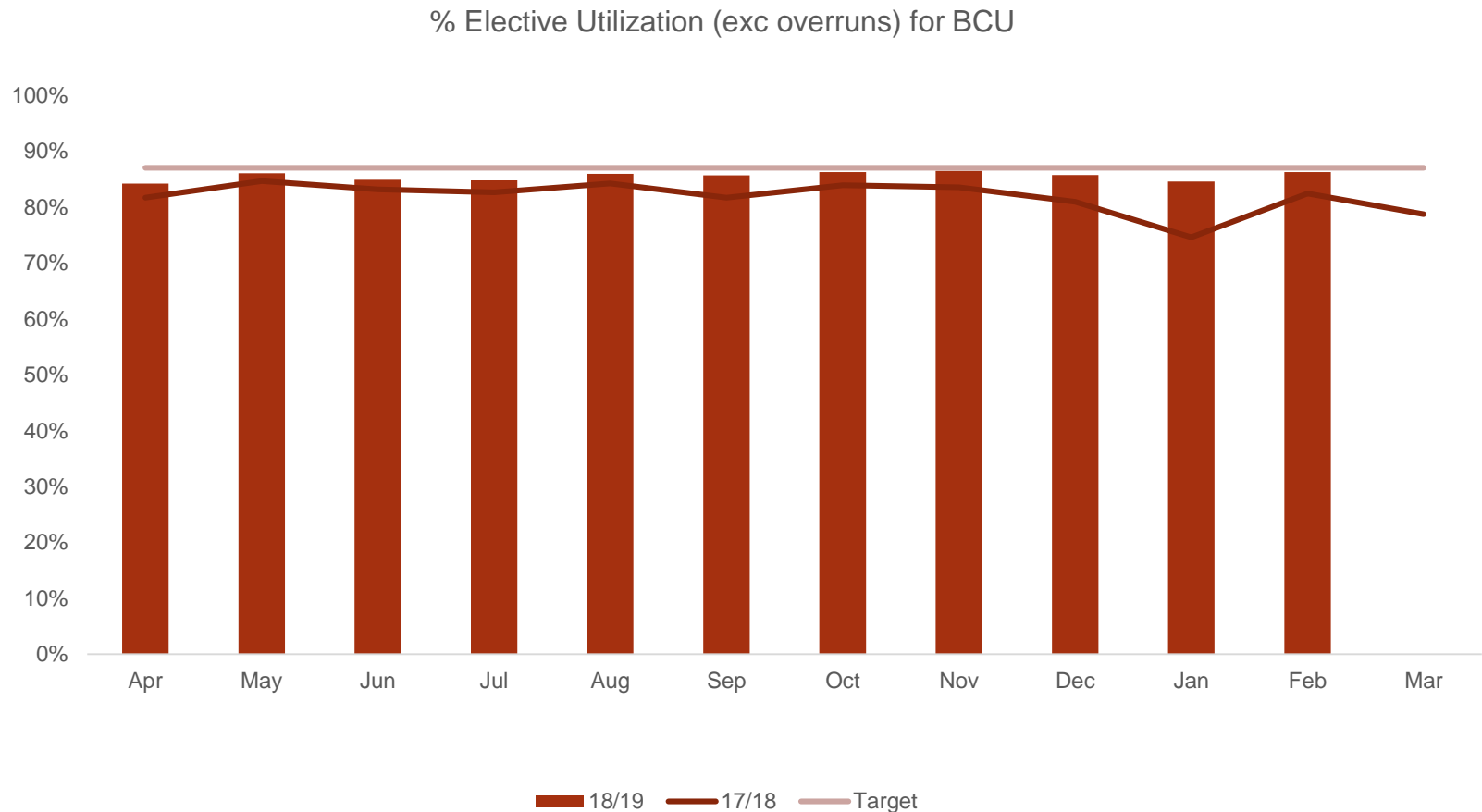
Theatre pathway effectiveness: Day of surgery admission

- In general very positive response with 55 out of 75 strongly agreeing or agreeing that DOSA works well
- East is most negative about DOSA working well
- Consultant surgeons were positive about DOSA working well
- In 2014 49% agreed or strongly agreed with this statement. This has increased to 73% in 2019

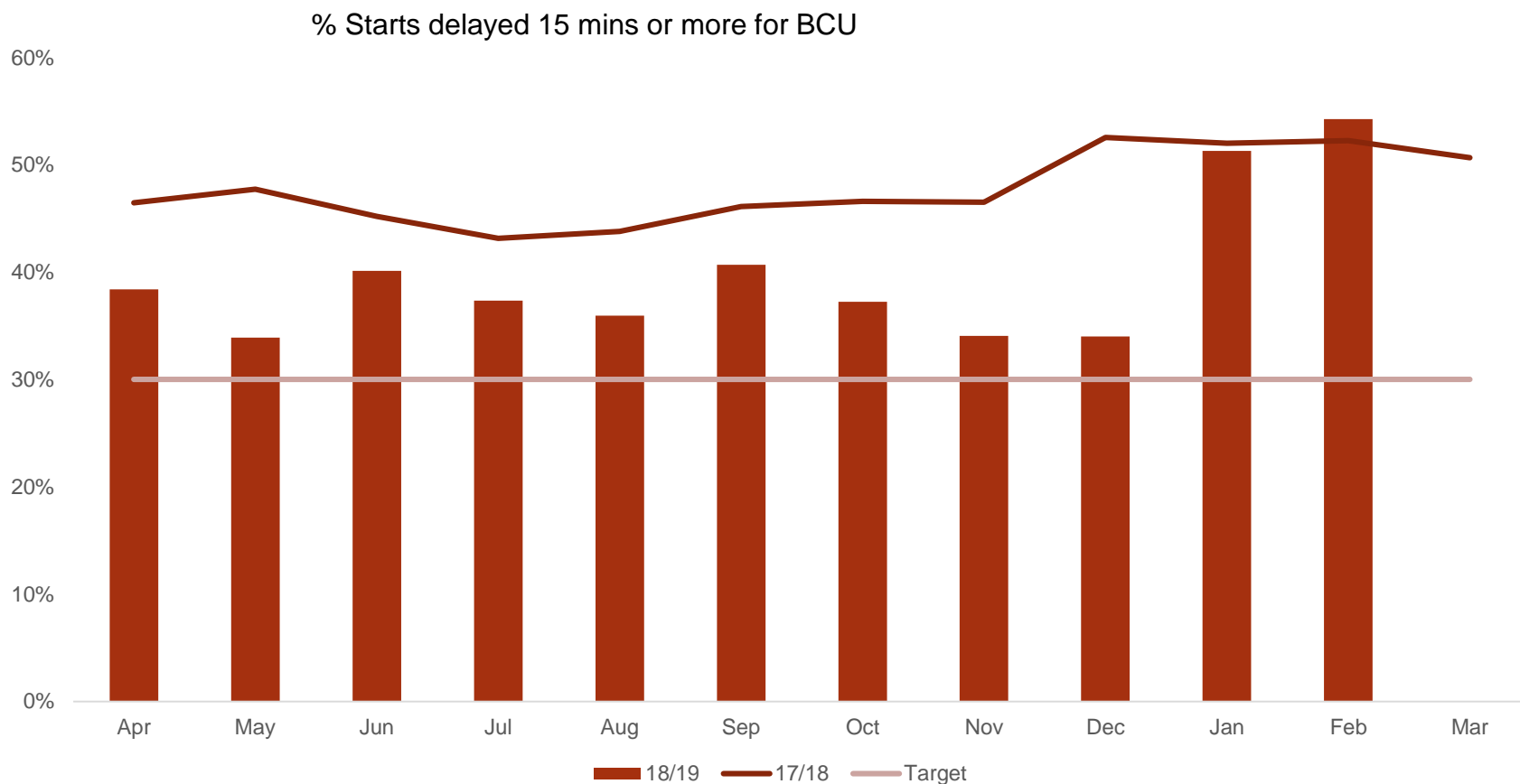
To what extent do you agree that “Day of surgery admission works well”?



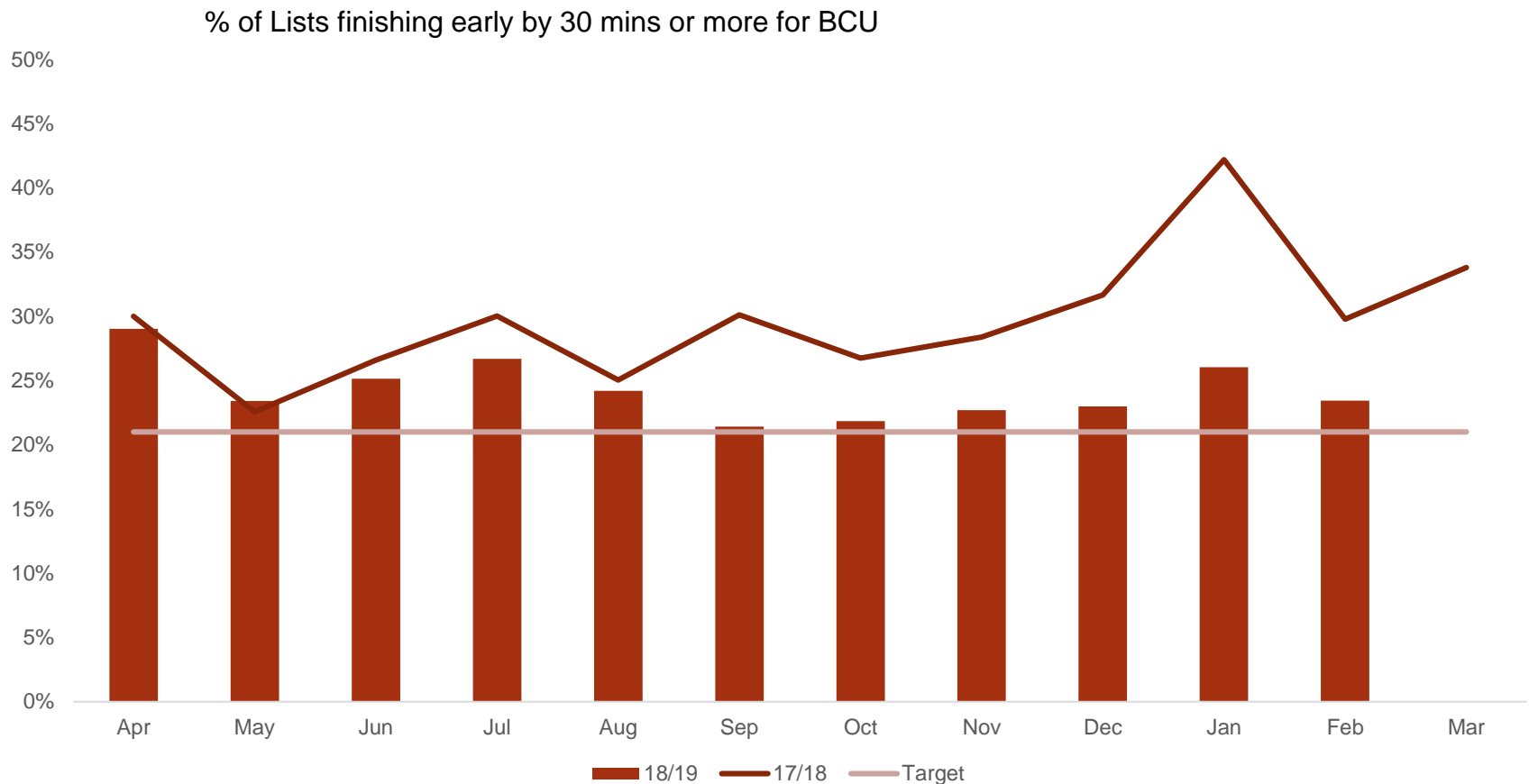
Theatre pathway effectiveness: Performance – Utilisation



Theatre pathway effectiveness: Performance – Starts delayed > 15 mins

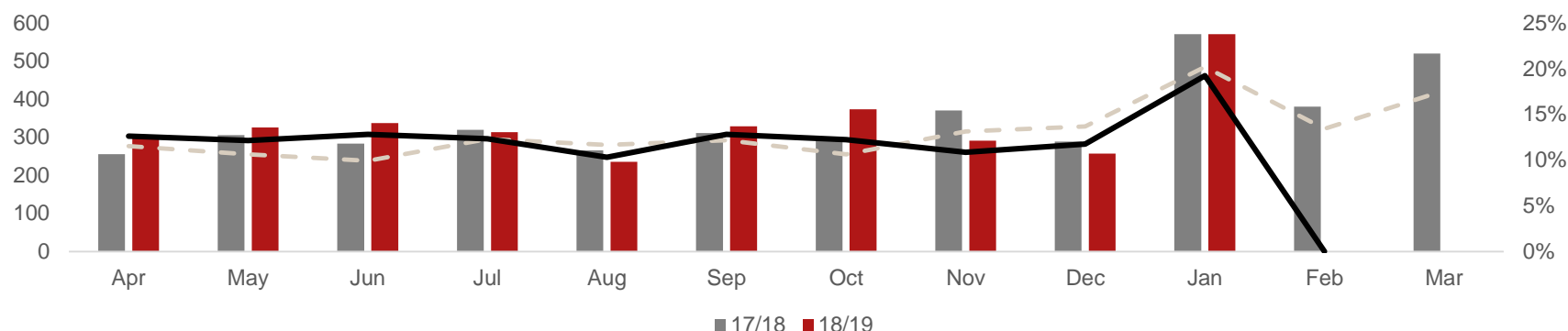


Theatre pathway effectiveness: Performance – early finishes



Theatre pathway effectiveness: Performance – short notice cancellations 2018/19

Overall % and Number of Short Notice Cancelled Procedures for BCU

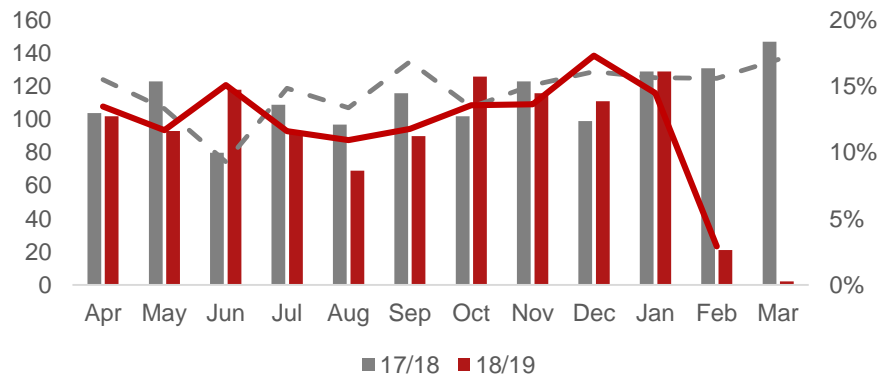


Theme	Key reasons for cancellations, grouped by theme.	Numbers of cancellations
Patient reason (both avoidable and unavoidable)	Patient unfit, DNA, Operation timing not convenient, Op not wanted, not following Pre-op guidance	1402
Within remit of theatres to manage	List overrun, change of plan by surgeon, staff or equipment not available, admin error, equipment failure	1094
Bed/wider capacity issues	Impact of Trauma, lack of Ward beds or HDU beds	679
Early pathway management	Op not necessary, Not adequately prepared, pre-existing medical condition	382

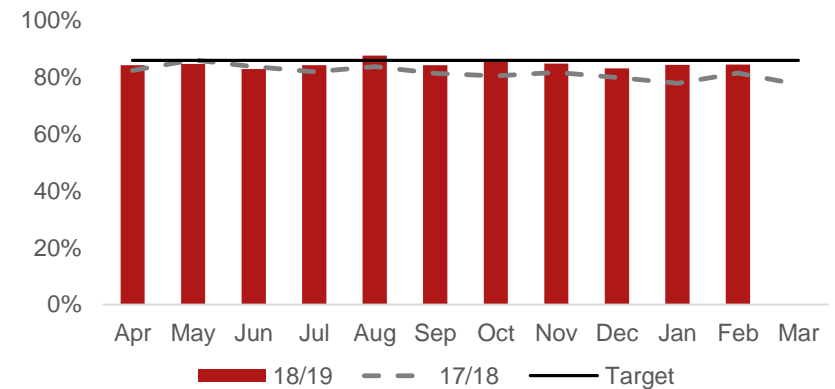
Theatre pathway effectiveness:

Performance – East

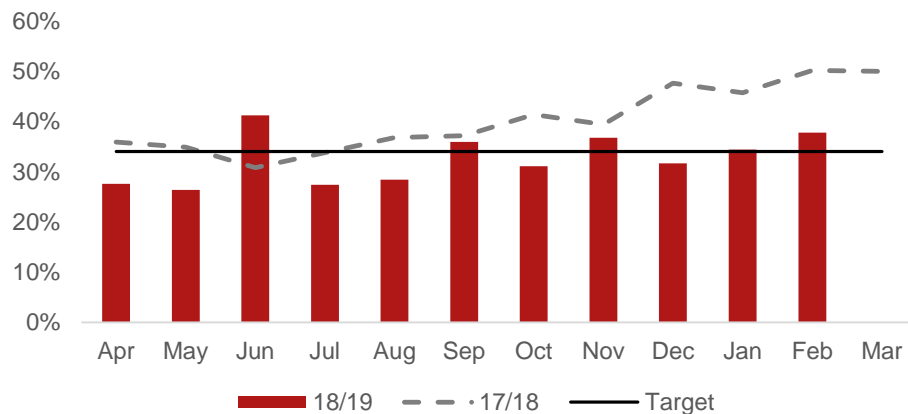
Overall % and Number of Short Notice Cancelled Procedures for East



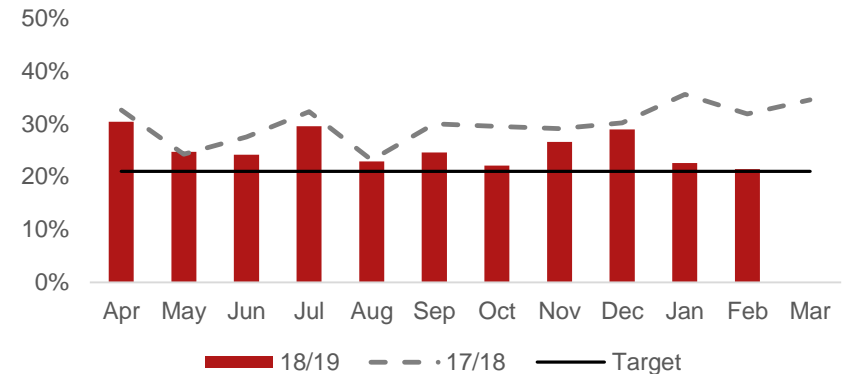
% Elective Utilization (exc overruns) for East



% Starts delayed 15 mins or more for East

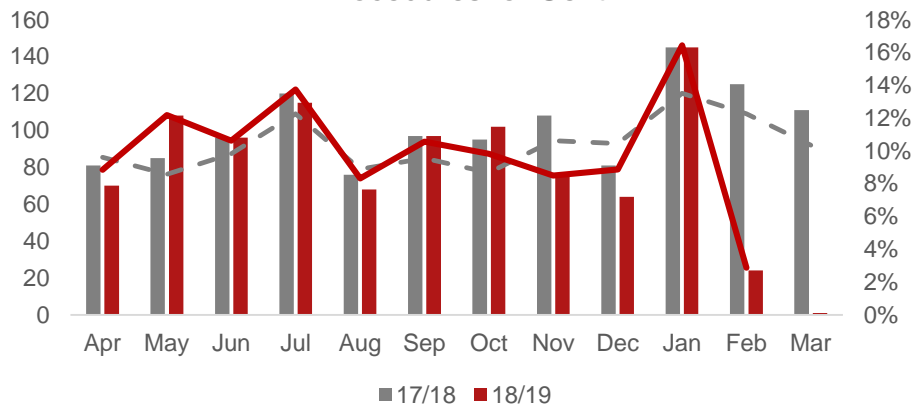


% of Lists finishing early by 30 mins or more for East

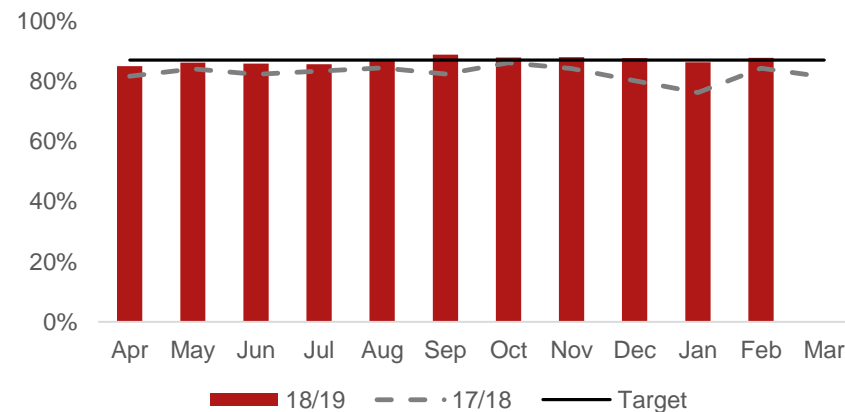


Theatre pathway effectiveness: Performance – Central

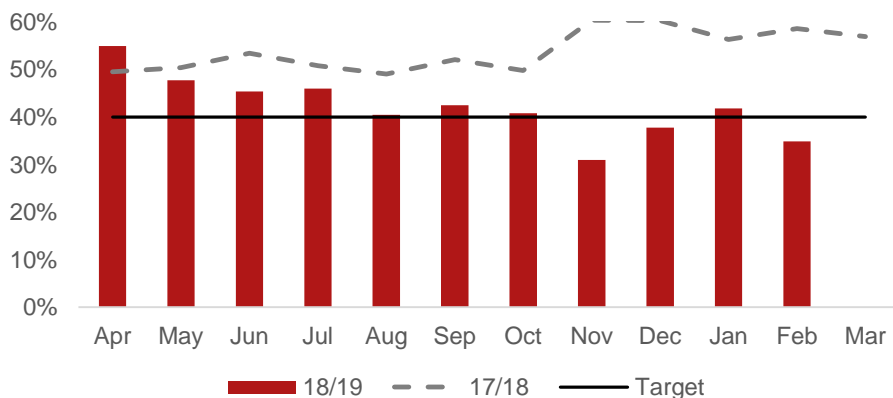
Overall % and Number of Short Notice Cancelled Procedures for Cent



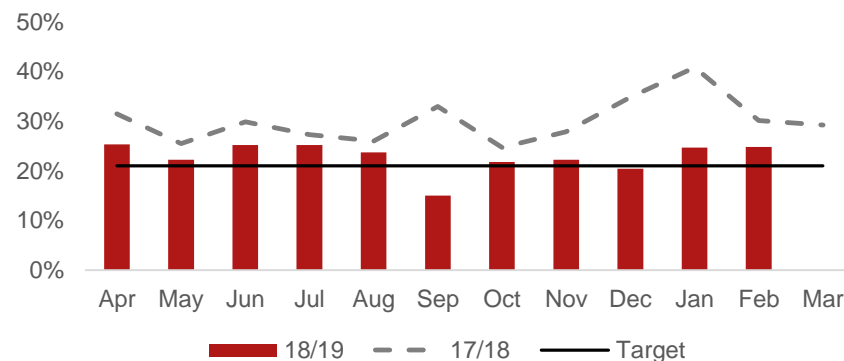
% Elective Utilization (exc overruns) for Cent



% Starts delayed 15 mins or more for Cent



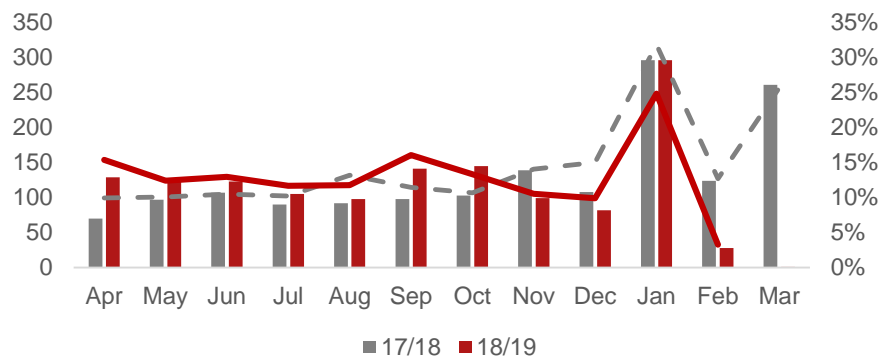
% of Lists finishing early by 30 mins or more for Cent



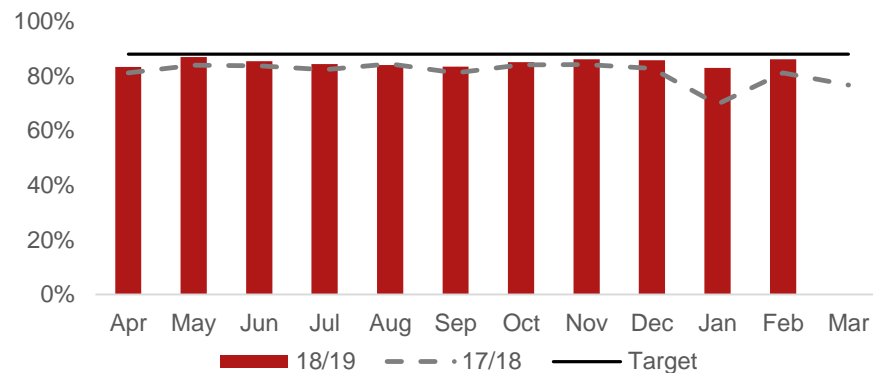
Theatre pathway effectiveness:

Performance – West

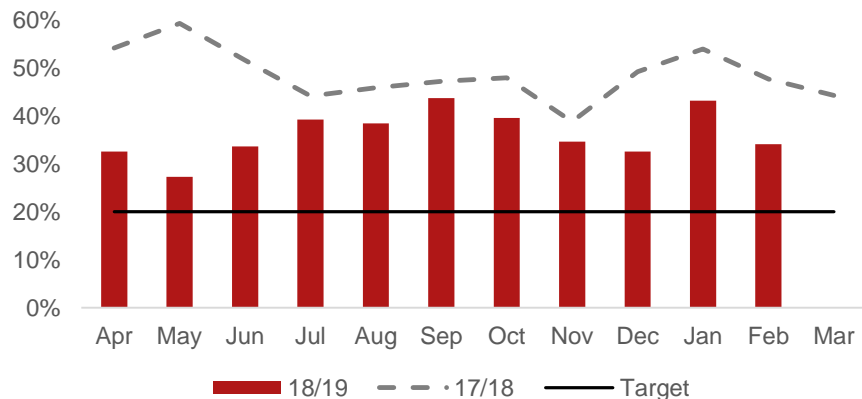
Overall % and Number of Short Notice Cancelled Procedures for West



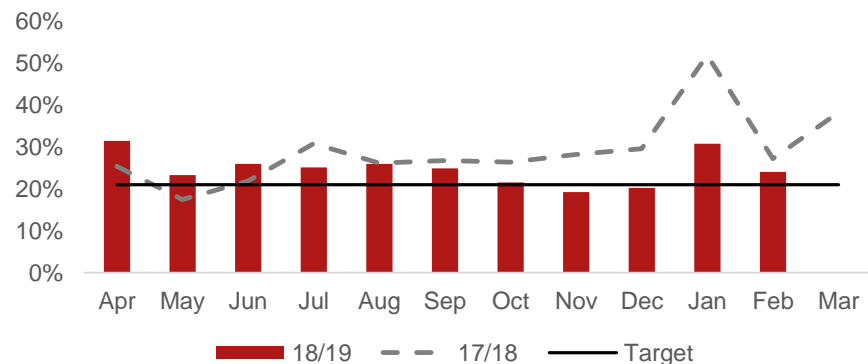
% Elective Utilization (exc overruns) for West



% Starts delayed 15 mins or more for West

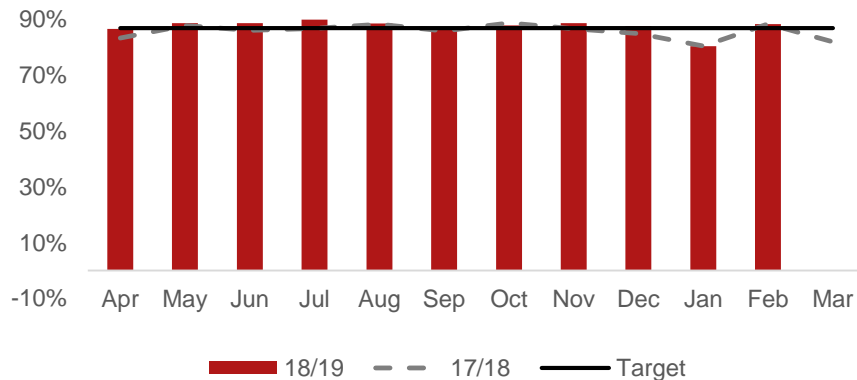


% of Lists finishing early by 30 mins or more for West

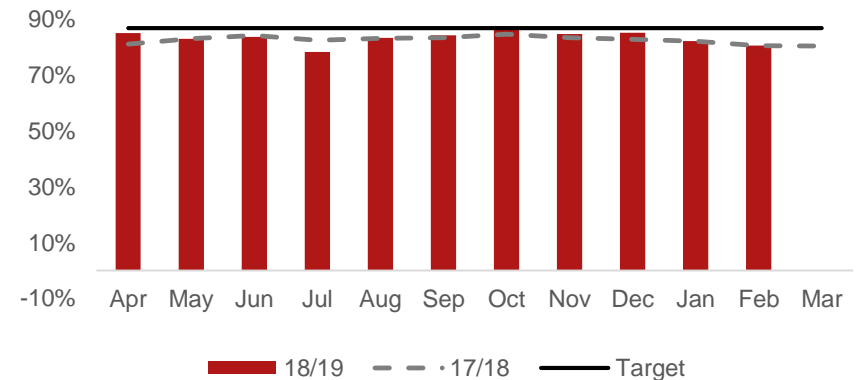


Theatre pathway effectiveness: Performance – Utilisation – PCPB Specialties (Target 87%)

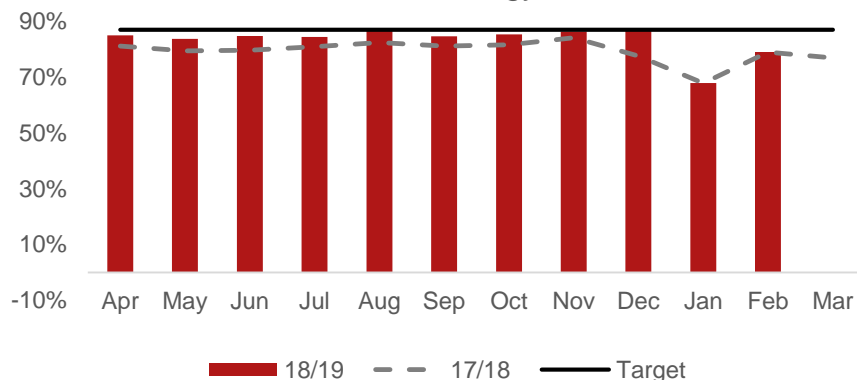
BCU - % Elective Utilization (exc overruns) for
110 - Trauma & Orthopaedics



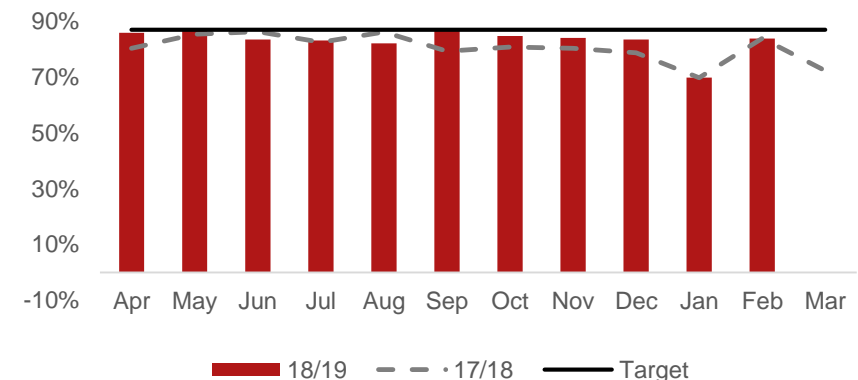
BCU - % Elective Utilization (exc overruns) for
130 - Ophthalmology



BCU - % Elective Utilization (exc overruns) for
101 - Urology



BCU - % Elective Utilization (exc overruns) for
120 - ENT

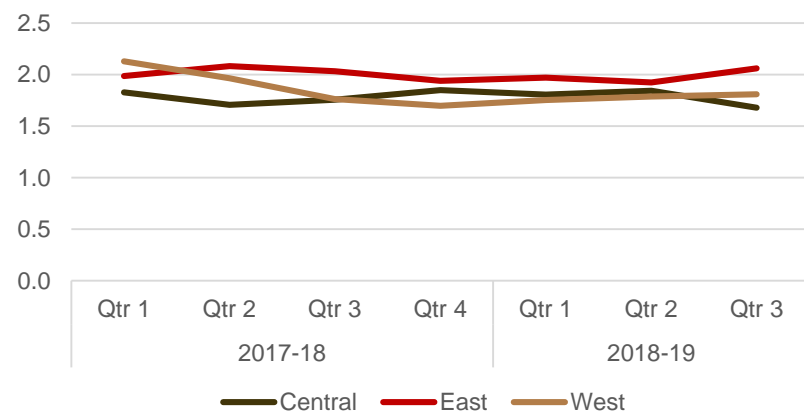


Theatre pathway effectiveness: Productivity and day surgery

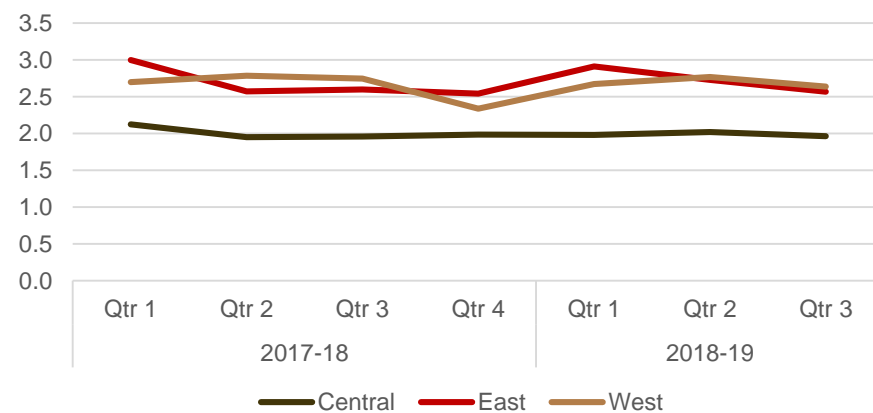
- Interviews, data and observations indicated that there remains opportunity to improve:
 - productivity in a range of specialties.
 - theatre estate utilisation
 - Session utilisation (starts, gaps and finishes) – continue to build on good foundations
 - Session mix - % of full day lists rather than half day lists
- Bed availability inc (Medical Outliers in Surgical beds), Unscheduled Care and medical outliers were most frequently identified as operational drivers of poor performance including cancellations

Theatre pathway effectiveness: Productivity and day surgery

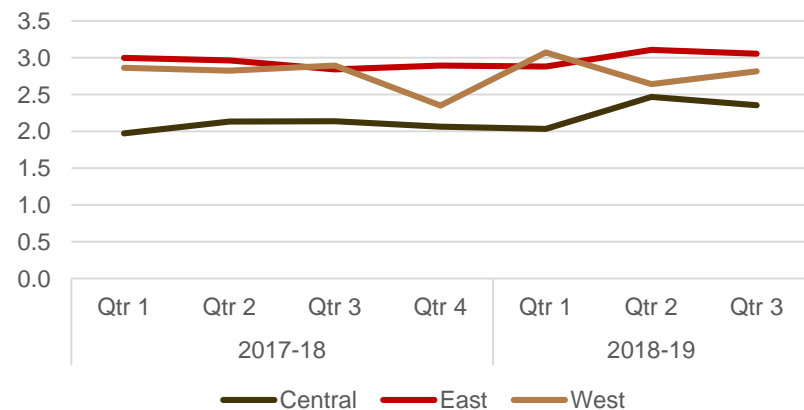
Trauma and Orthopaedics productivity



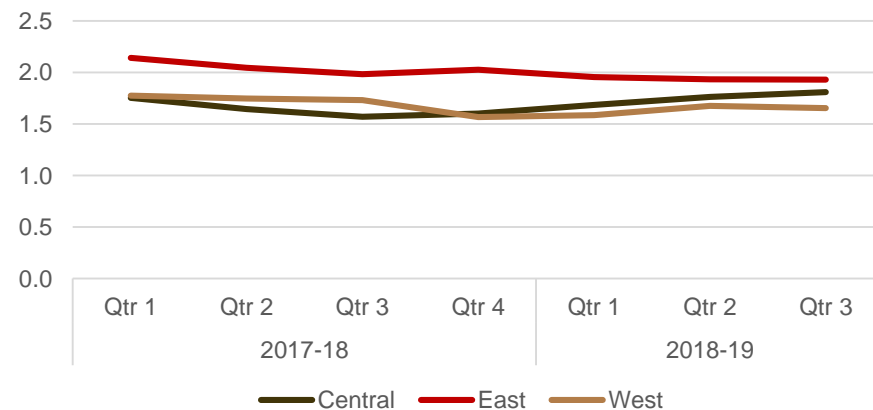
ENT productivity



Urology productivity

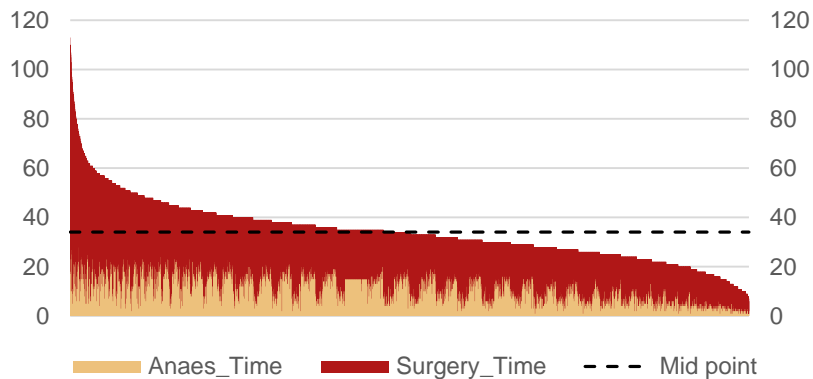


General Surgery productivity

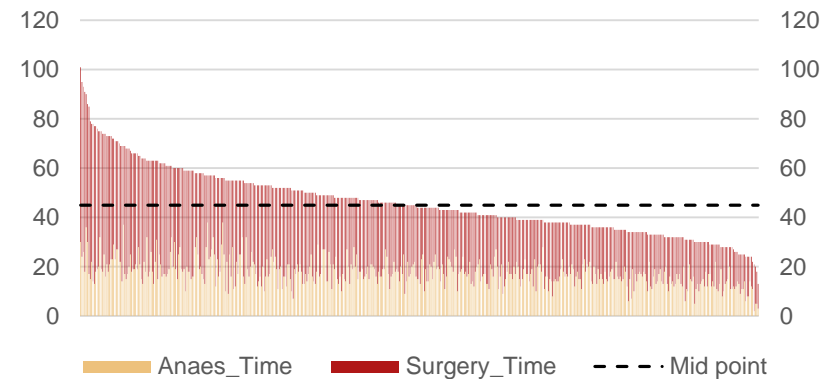


Theatre pathway effectiveness: Productivity and day surgery

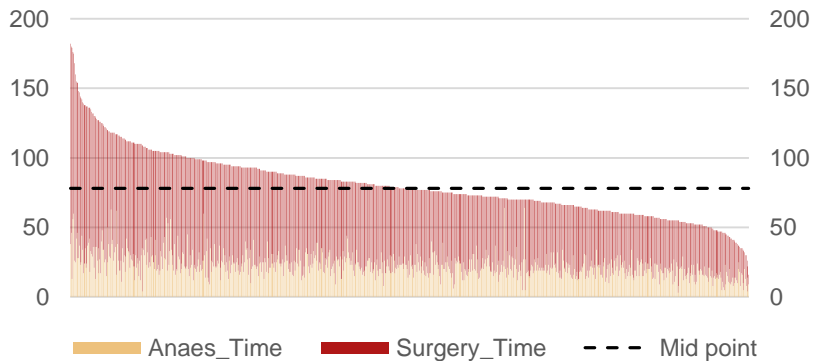
Variance in productivity total surgical time and anaesthetic time - C751 **Insertion of prosthetic replacement for lens**



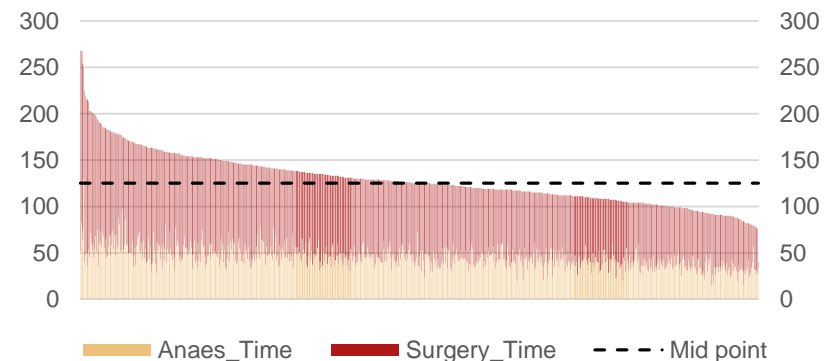
Variance in productivity total surgical time and anaesthetic time - F341 **Bilateral dissection tonsillectomy**



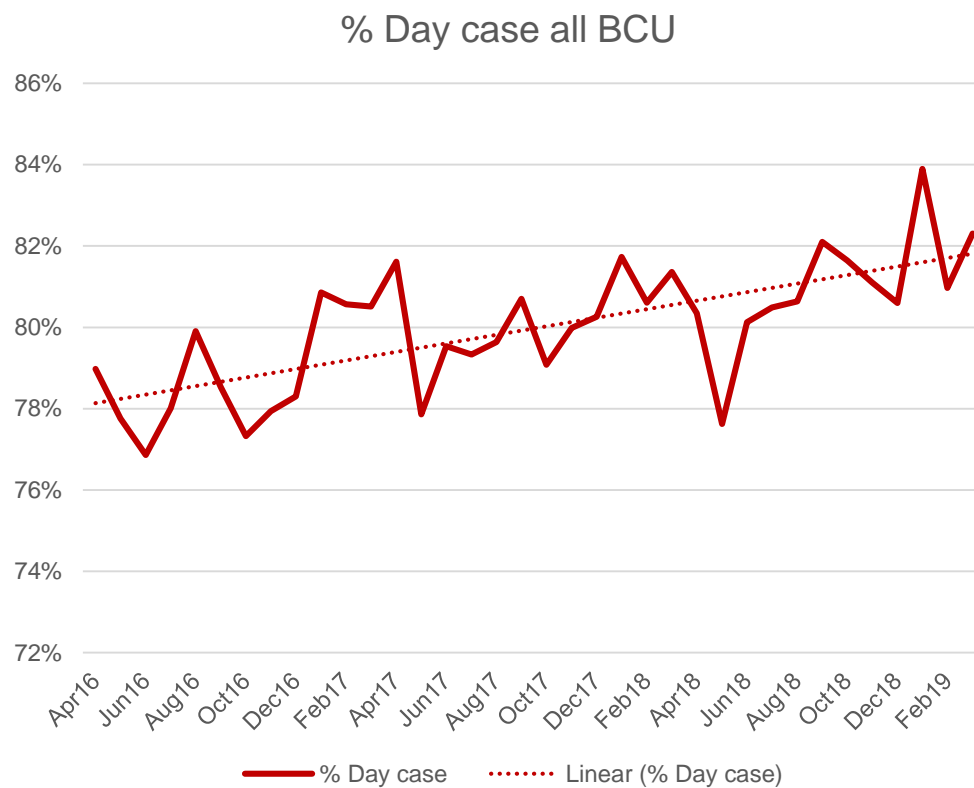
Variance in productivity total surgical time and anaesthetic time - T202 **Primary repair of inguinal hernia using insert of prosthetic material**



Variance in productivity total surgical time and anaesthetic time - W401 **Primary total prosthetic replacement of knee joint using cement**



Theatre pathway effectiveness: Productivity and day surgery



Quality arrangements: WHO Compliance, briefings and debriefings

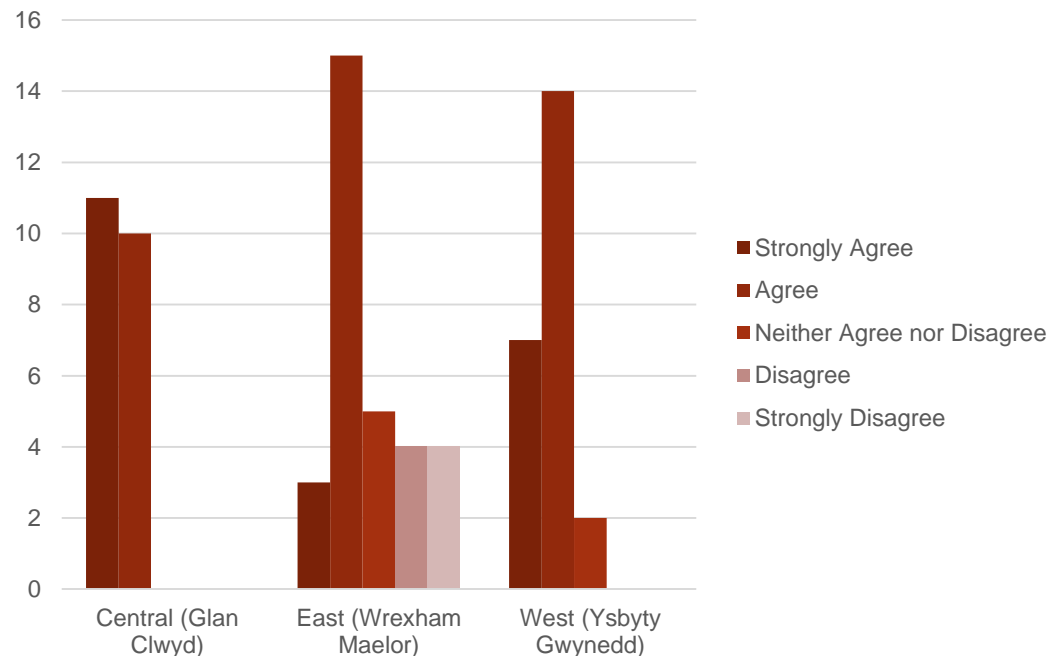
Recommendation from 2014, R4 WHO checklist and briefings

- Roll out WHO checklist methodology currently in use at Ysbyty Gwynedd and Llandudno General to all sites as this is good practice. (2019 status – superseded)
- Focus on improving debriefings as this is the area of most concern identified by improving monitoring of the whole process of WHO implementation. (2019 status – ongoing)
- WHO checklist is embedded across sites. 94% West and Central 98% East. The sites continue to have different operational approaches across sites but existing approaches are well adopted, with high compliance rates.
- Staff survey response shows 73 out of 75 staff agreeing or strongly agreeing that surgical checklists are complete before every theatre case. In 2014 91% agreed or strongly agreed with this statement. This has increased to 97% in 2019.
- WHO checklist is monitored through the theatre dashboard and compliance is reported back to staff on notice boards. It is a requirement that each theatre undertakes a briefing, but it is unclear the extent that this is monitored.

Quality arrangements: WHO Compliance, briefings and debriefings (continued)

- Discussions with staff during observation indicated pre-session briefings are regularly used
- In 2019, 60 out of 75 staff agreed with the statement that briefing theatre personnel before surgical procedure always happens (see chart on right). This is a slight improvement on 2014
- 49 out of 75 agreed or strongly agreed that they had “all the necessary information before the start of a procedure”

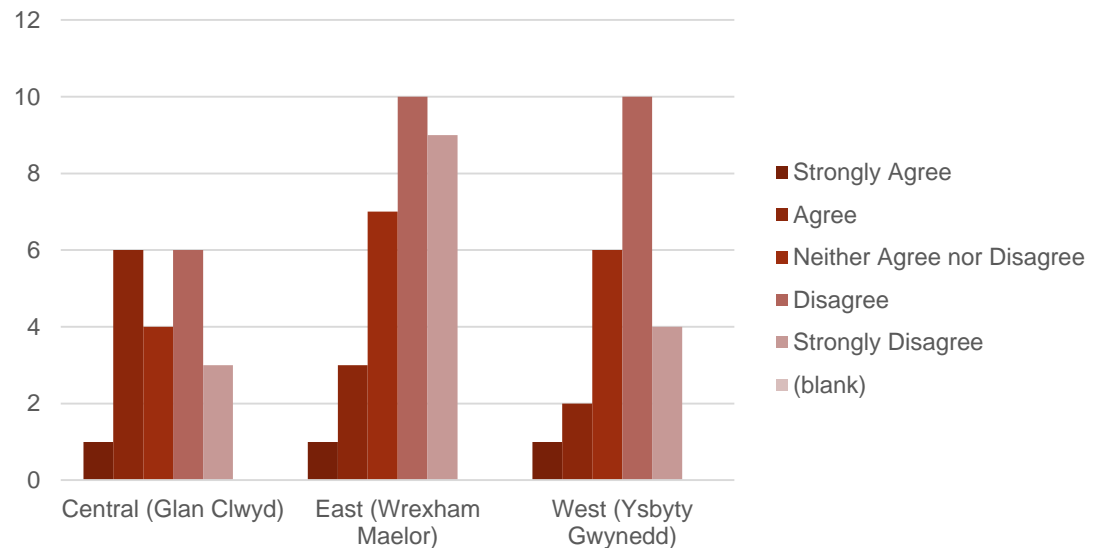
To what extent do you agree that
“Briefing theatre personnel before a
surgical procedure always happens”?



Quality arrangements: WHO Compliance, briefings and debriefings (continued)

- Theatre walkthrough, discussions with staff and interviews indicated that post-session briefings were not regular.
- There is opportunity to strengthen these arrangements particularly if an issue or incident occurs during a list, or when new staff work together and can share views on operational effectiveness
- In general, anaesthetics staff (staff grade, consultant and theatre practitioners) were least positive
- In 2014, 17% agreed or strongly agreed with this statement. This has increased to 19% in 2019

To what extent do you agree that
“Debriefings following shifts or lists are
common in this operating theatre”?



Quality arrangements: Reporting and resolving incidents

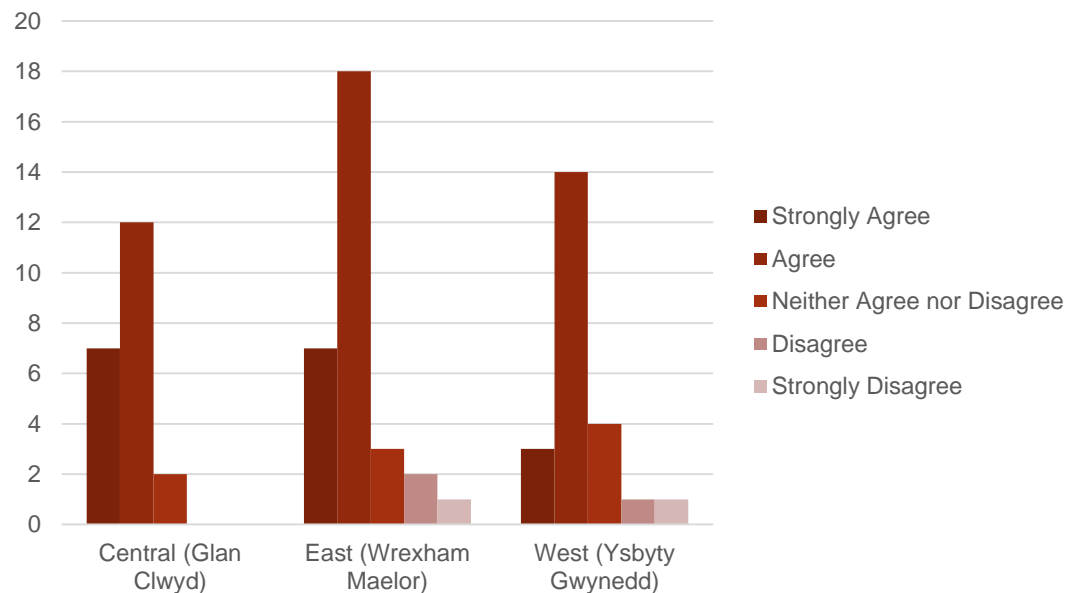
Recommendation from 2014, R2 Improve patient experience

- Monitor patient experience through the roll out of patient experience surveys and take action to address any issues but also feed back positive responses to staff. (2019 status – ongoing)
 - Ensure lessons from incidents are taken on board and shared effectively across the Health Board and theatre units. (2019 status – complete)
-
- There is no systematic approach for undertaking patient experience surveys for theatres although there are examples of POAC using patient feedback surveys and feedback from patient advisory/liaison back to staff at meetings.
 - Incidents are reported using the DATIX system. These are reviewed and followed up. Interviewees indicated across all sites that all major incidents/concerns are learnt from with remedial actions put in place. There are forums where theatres lessons learnt are shared both across sites (surgical pathway improvement group) and across Wales.
 - Interviewees also indicated that for less serious incidents there might be value in undertaking some analysis to look for patterns (although no specific area/aspect was highlighted).

Quality arrangements: Reporting and resolving incidents (continued)

- A positive response with 61 out of 75 staff agreeing with the statement that error reporting is actively encouraged in theatres
- Central is most positive with no responders disagreeing with the statement
- In 2014 78% agreed or strongly agreed with this statement. This has increased to 81% in 2019

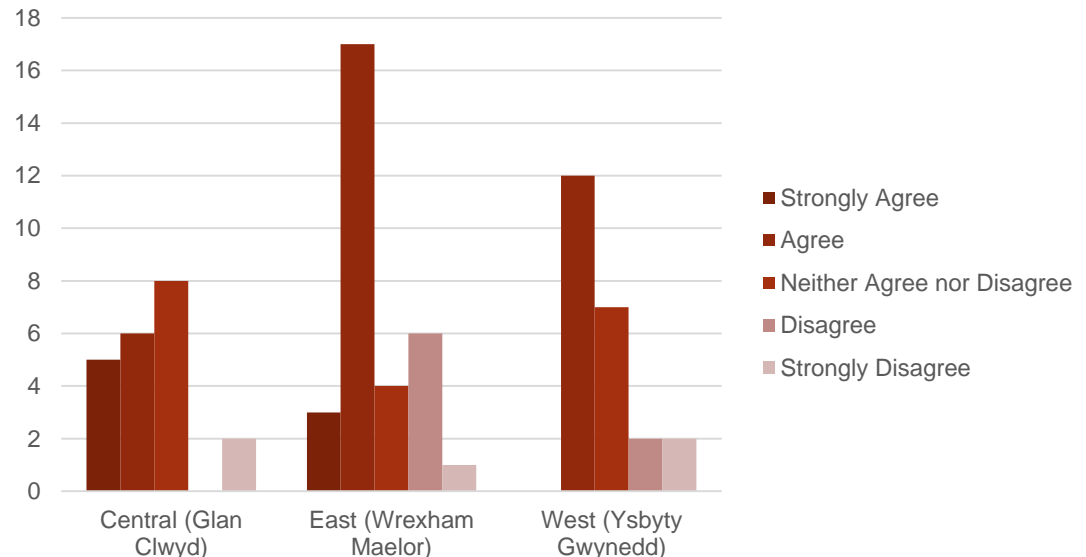
To what extent do you agree that “error reporting is actively encouraged in theatres”?



Quality arrangements: Reporting and resolving incidents (continued)

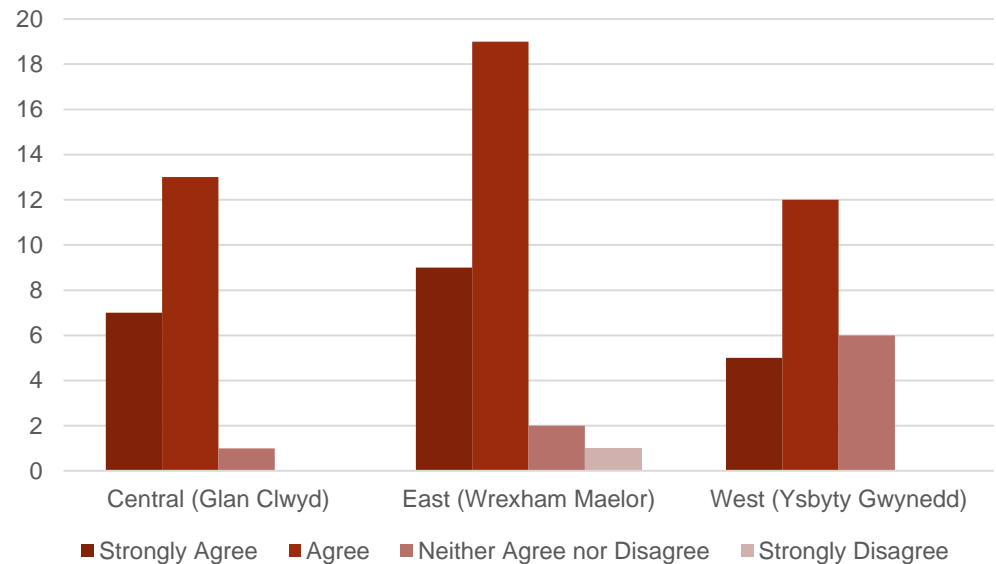
- In general a reasonably positive response with 43 out of 75 staff agreeing or strongly agreeing
- East is both most positive and most negative (there are less people sitting on the fence - neither agreeing nor disagreeing)
- Consultant anaesthetists are most negative
- In 2014 50% agreed or strongly agreed with this statement. This has increased to 57% in 2019
- Staff comments indicate that feedback and communication to staff on action taken to address incidents would be helpful

To what extent do you agree that
“Information obtained through incident
reports is used to make patient care
safer in the operating theatres in this
hospital”?



Quality arrangements: staff views on safety

To what extent do you agree that “I would feel safe being treated here as a patient”?



In 2014 76% agreed or strongly agreed with this statement. This has increased to 87% in 2019.

Quality arrangements: Quality governance arrangements

- Quality information is reported at all sites using display boards within theatres. These aim to highlight areas of concern, compliance with process etc
- Quality reports are made to the department/division quality and safety groups within each hospital and issues are escalated to the hospital level quality and safety group as required
- Significant or urgent issues are escalated operationally through the management structure



Peri-Operative Nursing CPD program 2019

TOPIC	DATE
1. Sepsis	X
2. Invasive cardiac monitoring	X
3. Management of Head Injuries	X
4. The Sick Child	X
5. The Sick Mum	X
6. Management of High Risk Surgical Patients	Wed 13th Mar
7. Team Working (Simulation session)	Thur 25th Apr
8. Airway Management (Skills session)	Tue 11th June
9. Fluid Therapy, Blood Transfusion & Haemostasis	Thur 8th Aug
10. Thoracic Anaesthesia & Analgesia	Wed 11th Sept
11. Anaesthetic Critical Incidents	Tue 12th Nov
12. Vascular Anaesthesia	Fri 13th Dec



ALL Welcome
No registration needed

Contact: Emma Lloyd / Mary Jones for more info



Quality arrangements: Training

- There are arrangements for training at each site.
- Training and development is planned and coordinated throughout the year and audit days are used to coordinate theatre, speciality, equipment, and safety training.
- There are opportunities to better coordinate the training and development programmes across sites.

Enablers of improvement: Structures

- No single management structure for Theatres. Management units based on acute sites which report into the hospital structure:
 - YGC & Abergele
 - YG & Llandudno
 - Wrexham Maelor
- The risk of divergence of theatre practice is overcome with all BCU surgical patient pathway transformation group which helps align to standards.
- If Abergele and Llandudno are to deliver greater productivity as protected elective sites, they might need to be structured as a cross-pathway business unit (inc Ward, Allied Health Practitioners and theatres). These could still report into existing structures.

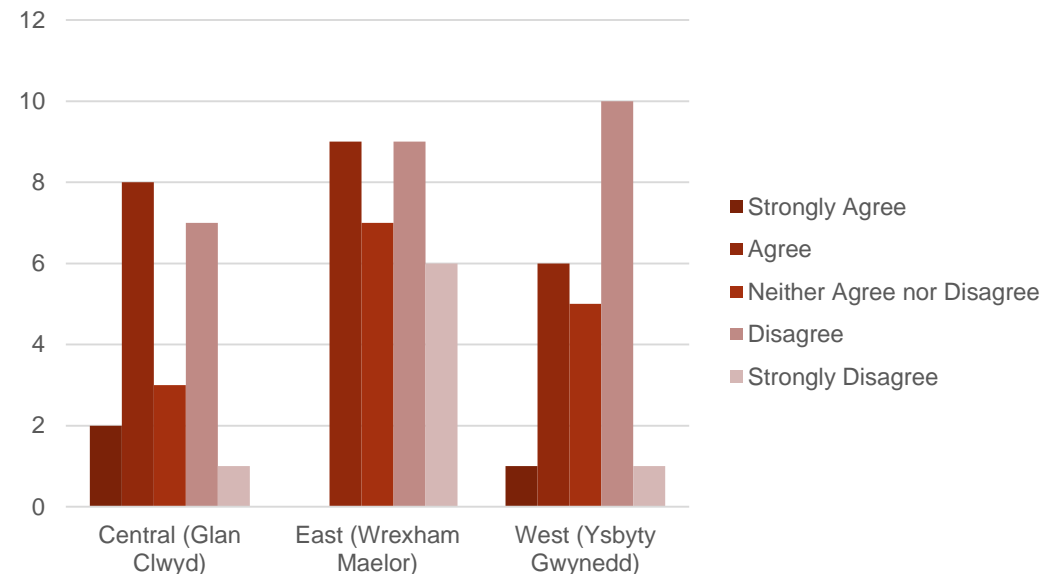
Enablers of improvement : Workforce

- Staff survey comments - In 2014, 49% survey responders identified concerns about staffing levels. In 2019 this has reduced to 19%. While improved, there were three main themes:
 - Recovery staff levels
 - More qualified substantive staff
 - More ODPs.
- Low ODP levels was most frequently raised during interviews and observations. West and Central are to train ODPs (Liverpool) and all are looking to recruit new staff. East training through (Stafford). Succession planning is increasingly important.
- Interviews and observations identified that it would be beneficial to develop a Pan-BCU approach/framework for theatre staff recruitment and training as well as development of career pathways would help address the issue.

Enablers of improvement : Workforce

- In general a negative response with only 26 out of 75 strongly agreeing or agreeing that Morale is high in my operating theatre. 34 staff disagreed or strongly disagreed
- Central is least negative about morale
- Although responses were low, Theatre team leaders and Anaesthetic Theatre Practitioners were the least positive with only 1 in 8 and 0 out of 5 respectively agreeing that Morale is high
- In 2014 14% agreed or strongly agreed with this statement. This has increased to 35% in 2019

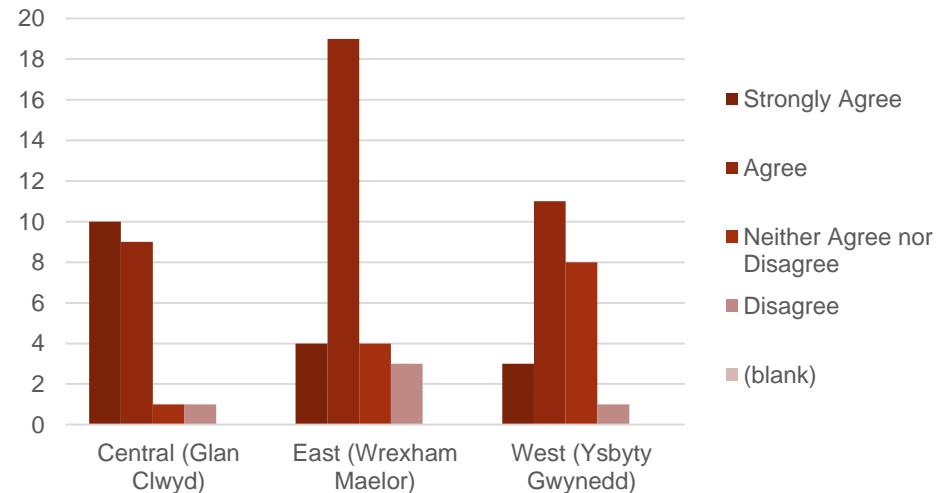
To what extent do you agree that
“Morale is high in my operating theatres
/ day surgery units”?



Enablers of improvement : Workforce

- In general a very positive response with only 5 out of 74 disagreeing with the statement that staff in theatres work well as part of a team
- Central is the most positive about team working
- Consultant Anaesthetists were most positive about theatre team working
- In 2014 74% agreed or strongly agreed with this statement. This has increased to 76% in 2019

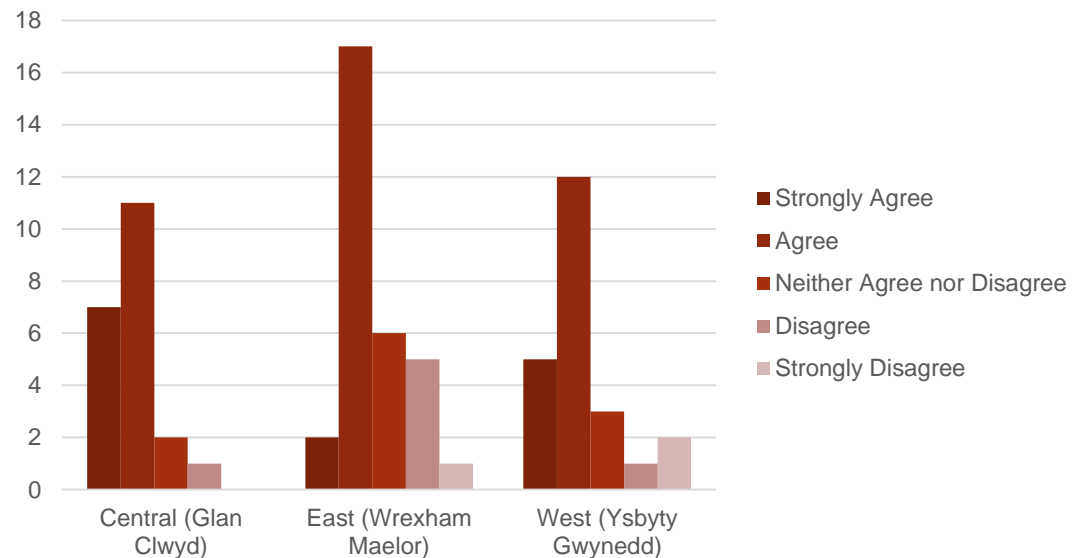
To what extent do you agree that “As a whole the staff in this theatre work well as part of a team (ie all staff not just theatre staff but also medical staff)”?



Enablers of improvement : Workforce

- In general a positive response with only 54 out of 75 agreeing with the statement that staff feel able to express disagreement with more senior members of the team
- Central is the most positive with 18 out of 21 agreeing that they feel able to express disagreement
- Understandably consultant surgeons and anaesthetists felt most able to express disagreement, and other theatre staff were less positive
- In 2014 73% agreed or strongly agreed with this statement. This has decreased to 72% in 2019

To what extent do you agree that “I feel able to express disagreement with more senior members of the team”?



Enablers of improvement :

Estate and stock

- **Ysbyty Gwynedd** – little change of significance since 2014, new flooring and sufficient ongoing maintenance. Storage an ongoing issue. Soon to install Omnicell electronic stock management and reporting. Recovery and surgical day unit are impacted by USC and medical outliers.
- **Llandudno** – ventilation issues resulted in theatre 2 being closed (now used for storage). This leaves 1 functioning operating theatre, with some recent refurbishment making it fit for purpose. Sufficient storage. Manual stock management.
- **Ysbyty Glan Clwyd** – significantly improved DOSA, theatre and recovery environment conducive to supporting good patient flow. Omnicell electronic stock management and reporting in place.
- **Abergele** – modular theatres becoming dated (but currently fit for purpose). Ward and corridor not supporting an optimum patient environment. Location is a vulnerable site.
- **Wrexham Maelor** - Arrivals ward not fit for purpose and impacted by USC and medical outliers. Main theatres affected by USC resulting in inefficiency and main theatre and day surgery unit too far apart. Omnicell due in. Storage is a major issue – needs a proper storage solution. Estate issues (water ingress, ventilation, site power) all present 'live' risks to theatres. Long-term estates plan needed.



New “Modular” day case theatre in Wrexham is a medium to long term solution that addresses significant failings in the old day case unit.

The unit contains 2 day care theatres and 1 endoscopy room. This is a modern and spacious environment.



- Stock management arrangements in place across all sites. Migrating to electronic stock solutions (currently live in YGC and Abergele). This enables stock control, live inventory, ordering, monitoring of usage and costs by individual theatres.
- Annual stock takes are in place.
- Aiming to reduce the breadth of stock held using new systems.
- Different approaches for procuring theatre surgical packs.



Enablers of improvement : Performance information

Recommendation from 2014, R1 Theatre performance information

- Standardise all utilisation and data definitions across the Health Board to ensure consistency in reporting, and ensure theatre units are regularly validating performance data. **(2019 status – complete)** Utilisation data is now consistent and aligned to all Wales data standard. Information reports are used to drive data validation. Still some gaps – such as entering time out in some areas but work is actively pushing to address this.
- Ensure cancellations data is being accurately collected across the health board and all theatre sites are consistently recording cancellation reasons. **(2019 status – complete)**. There is now a consistent approach for collecting and recording cancellations data.
- Collect, analyse and use a more balanced range of performance data, including outcomes, productivity and complexity measures. **(2019 status – complete)**. The Health Board is now regularly using a more balanced range of performance productivity data. A new performance dashboard allows management and staff to see performance and drill down to explore reasons for that performance.
- Improve reporting to staff in terms of performance by introducing an easy to understand performance dashboard that can be placed within the theatre units prominently to improve awareness of performance amongst all staff groups. **(2019 status – complete)** See above.

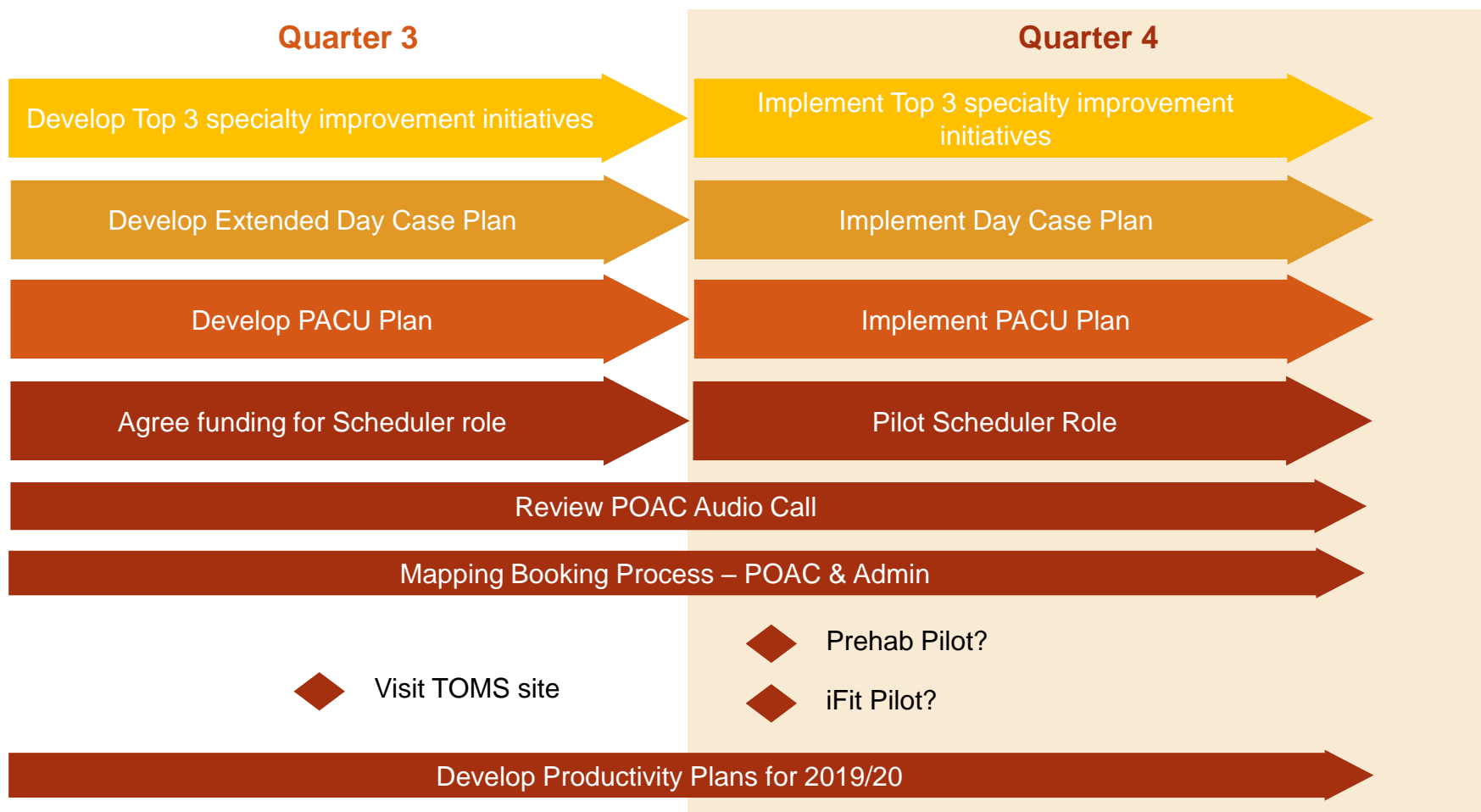
Enablers of improvement : Surgical pathway improvement

- Surgical pathway improvement is driven at several levels including:
 - Use of site level and specialty “planning cells” to drive short to medium-term operational improvements. Use of quality improvement cycles and PDSA improvement approach across sites
 - Surgical Patient Pathway Transformation Group, cross-site group focussing on aspects of transformation and improvement
 - Executive led programme resource group, Chaired by Adrian Thomas

Enablers of improvement :

Surgical pathway improvement (continued)

2018/19 improvement priorities



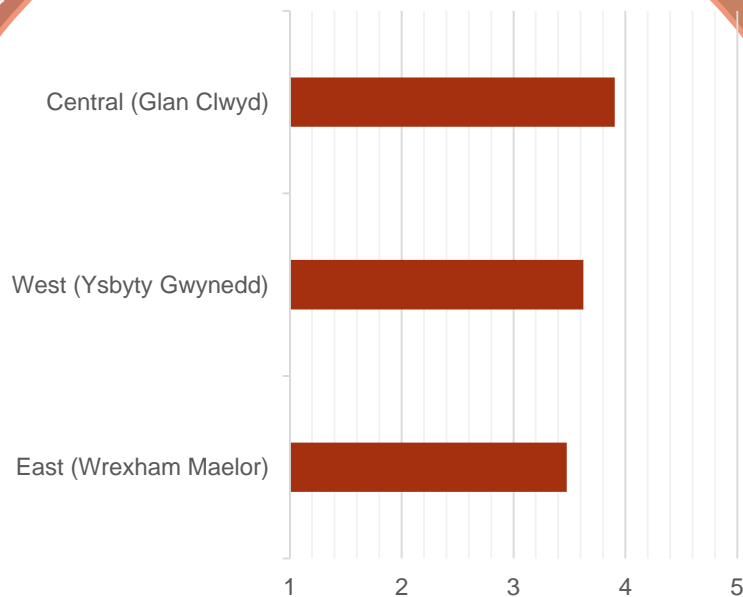
Enablers of improvement :

Surgical pathway improvement (continued)

2019/20 improvement priorities

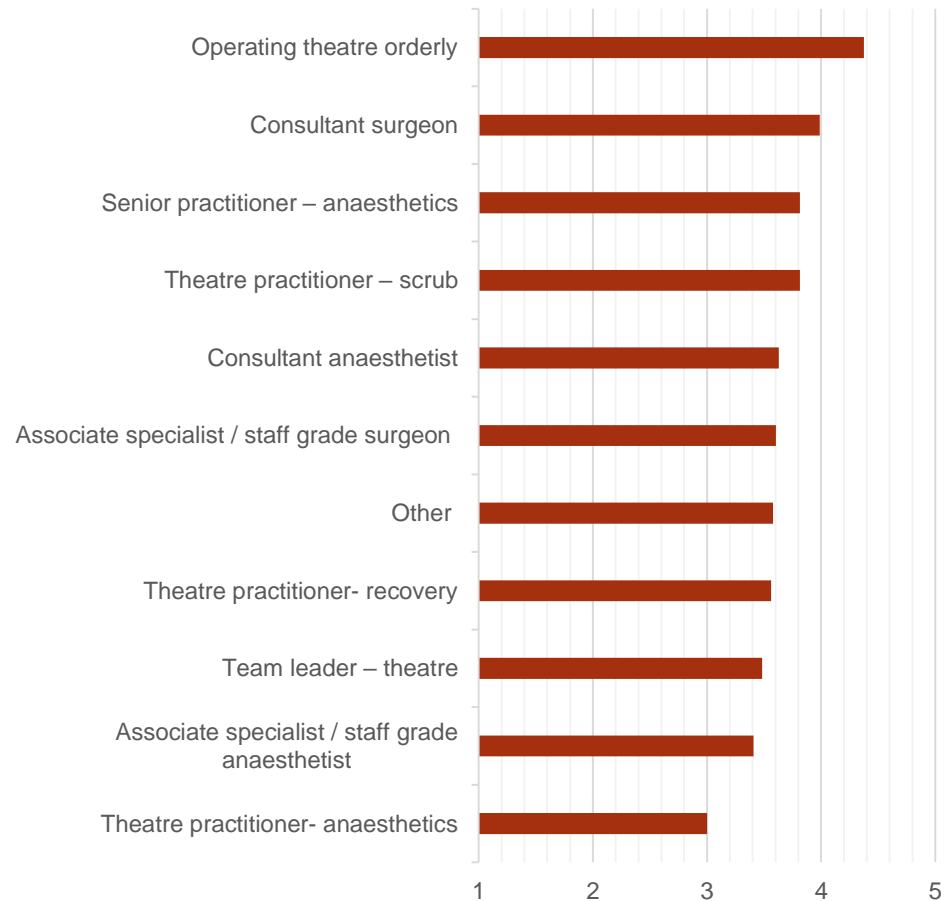
- Audit and Reports – actual sessions versus job plan sessions
- Improved Scheduling
 - Theatre Scheduler role – Improved Scheduling
 - Turnaround Times
 - Surgeon touch time software tool
 - Patient Tracking Systems
- Review productivity improvements
 - GIRFT 4 joints per list (Orthopaedics)
 - Non-teaching high volume cataract list
- Backfill and Standby
- Short Notice Cancellations
 - Address equipment failures
 - Recurrent Audio Call service
 - Recurrent PACU facility

Staff survey – sentiment scoring



- Questions in the survey were written positively i.e. To what extent do you agree that “something positive”. It is therefore possible to get an overall view of sentiment by scoring and averaging the responses (i.e. Strongly agree = 5, Strongly Disagree = 1).
- The sentiment score is an average across all questions either by staff group or by site. **A higher score is more positive.**

Staff survey sentiment scoring by role



Finally...

- Any questions?
- Way forward – we will be preparing a short report with recommendations to help support further improvement. This will be presented to audit committee.
- My email: andrew.doughton@audit.wales
- Thank you for your support during the course of this review

Audit Committee	 <div> GIG CYMRU NHS WALES </div> <div> Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board </div>
12/09/19	<i>To improve health and provide excellent care</i>

Report Title:	Internal Audit Progress Report - 21 st May 2019 to 31 st August 2019
Report Author:	Dave Harries, Head of Internal Audit
Responsible Director:	Mrs Dawn Sharp, Interim Board Secretary
Public or In Committee	Public
Purpose of Report:	<p>The progress report is produced in accordance with the requirements as set out within the Public Sector Internal Audit Standards: Standard 2060 – Reporting to Senior Management and the Board.</p> <p>The report summarises eight assurance reviews finalised since the last Committee meeting in May 2019, with the recorded assurance as follows:</p> <ul style="list-style-type: none"> • Substantial assurance (green) – one; • Reasonable assurance (yellow) – six; and • Assurance not applicable (blue) – one. <p>The report also details:</p> <ul style="list-style-type: none"> • Reviews issued at draft reporting stage as well as work in progress; • Follow-up status of two recommendations reviewed in the period; and • Recommendation for removal from the 2019/20 plan four reviews relating to: <ul style="list-style-type: none"> ➢ Caldicott – Principles into Practice (CPiP) self-assessment; ➢ Health Board governance arrangements – Quality & Safety; ➢ Compliance with Standing Financial Instructions – Procuring goods and services: Community Dental Services; and ➢ Capital Systems: Primary Care benefits realisation.
Approval / Scrutiny Route Prior to Presentation:	The report has been discussed with and agreed by the Interim Board Secretary and details the individual opinions issued by internal audit.
Governance issues / risks:	The report details internal audit assurance against specific reviews which emanate from the corporate risk register and/or assurance framework, as outlined in the internal audit plan.
Financial Implications:	The progress report may record issues/risks, identified as part of a specific review, which had financial implications for the Health Board.
Recommendation:	<p>The Audit Committee is asked to:</p> <ul style="list-style-type: none"> • Receive the progress report; and • Approve the removal of the four reviews from the 2019/20 plan.

Health Board's Well-being Objectives <i>(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)</i>	√	WFGA Sustainable Development Principle <i>(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)</i>	√
1.To improve physical, emotional and mental health and well-being for all		1.Balancing short term need with long term planning for the future	
2.To target our resources to those with the greatest needs and reduce inequalities		2.Working together with other partners to deliver objectives	
3.To support children to have the best start in life		3. Involving those with an interest and seeking their views	
4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being		4.Putting resources into preventing problems occurring or getting worse	x
5.To improve the safety and quality of all services	x	5.Considering impact on all well-being goals together and on other bodies	
6.To respect people and their dignity			
7.To listen to people and learn from their experiences			
Special Measures Improvement Framework Theme/Expectation addressed by this paper http://www.wales.nhs.uk/sitesplus/861/page/81806 The internal audit progress report provides independent assurance to the Board, through its Committees, on the effectiveness of the Health Board's risk management arrangements, governance and internal controls.			
Equality Impact Assessment The Internal Audit report provides independent assurance to the Board, through its Committees, on the effectiveness of the Health Board's risk management arrangements, governance and internal controls. This report does not, in our opinion, have an impact on equality nor human rights and is not discriminatory under equality or anti-discrimination legislation.			

Disclosure:

Betsi Cadwaladr University Health Board is the operational name of Betsi Cadwaladr University Local Health Board

Internal Audit Progress Report

21st May 2019 to 31st August 2019

**Audit Committee
2019/2020**

Betsi Cadwaladr University Local Health Board

NHS Wales Shared Services Partnership

Audit and Assurance Service

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Acknowledgement

NHS Wales Audit & Assurance Services would like to acknowledge the time and co-operation given by management and staff during the course of this review.

Please note:

This audit report has been prepared for internal use only. Audit & Assurance Services reports are prepared, in accordance with the Service Strategy and Terms of Reference, approved by the Audit Committee.

Audit reports are prepared by the staff of the NHS Wales Shared Services Partnership – Audit and Assurance Services, and addressed to Independent Members or officers including those designated as Accountable Officer. They are prepared for the sole use of the Betsi Cadwaladr University Local Health Board and no responsibility is taken by the Audit and Assurance Services Internal Auditors to any director or officer in their individual capacity, or to any third party.

Introduction

1. This progress report provides an update to the Audit Committee in respect of the assurances, key issues and progress against the Internal Audit (IA) Plan for 2019/20 which have been finalised since the last Committee meeting. Final reports detailing findings, recommendations and agreed actions are issued to the Committee's Independent Members through the Deputy Board Secretary.
2. As a fundamental part of the audit process, agreed actions for limited and no assurance opinion reviews are followed-up to ensure that the control issues identified have been reviewed and addressed as appropriate. The follow-up review, by individual recommendation, is recorded within this report periodically.

Reports Issued

3. A number of reviews have been finalised in conjunction with Health Board management. A summary of these reviews is provided below in Table 1.

Table 1 – Summary of assurance reviews issued as final

Title	Assurance Level	High	Medium	Low	Key Messages
<p>Carbon Reduction Commitment Order</p> <p>Review completed July 2019 with Executive approval August 2019</p> <p><i>Health Board controls were operating effectively.</i></p>	Substantial	-	-	-	<p>We verified the accuracy of a large sample of Gas and Electric meter consumption figures as being reported within the Health Board's CRC submission. The testing revealed no issues in respect of the sample tested, the figures as being reported by the Health Board matching those provided in the annual statements of supply provided by the respective Utility companies.</p> <p>The value of the CRC submitted data was 33,034 tCO₂ based on the Health Board calculated value whereby figures quoted within the CRC portal was 33,843 tCO₂.</p> <p>This was in the main as a result of the Health Board being subjected to a penalty of 10% on estimated readings, which was outside of its control.</p>
<p>Annual Quality Statement</p> <p>Review completed May 2019 with Executive approval July 2019</p> <p><i>Governance arrangements were sound in producing the report however</i></p>	Reasonable	1	-	1	<p>Our findings were based on guidance within the Welsh Health Circular (WHC/2019/007), Draft Annual Quality Statement Version 5 (AQS V5); Health Board Meetings; Quality, Safety & Experience Committee (QSE); and the Integrated Quality & Performance Report (IQPR).</p> <p><u>Governance arrangements</u></p> <p>Robust arrangements were in place to oversee the development, monitoring and reporting of the AQS. Roles and Responsibilities were being directed by the Associate Director Quality Assurance and the Quality Improvement Team Lead.</p> <p><u>Data Testing</u></p>

Title	Assurance Level	High	Medium	Low	Key Messages
<p><i>some variances in information previously reported to the Board/Committee was identified. Due to the timing of the review, some elements of the report still needed compiling.</i></p>					<p>We identified a sample of data published within the AQS and reviewed the consistency of information previously reported to the Health Board meetings (HB) and the Quality & Safety Experience Committee (QSE).</p> <p>Our sample focused on two areas of reporting, with Triangulation of Data Testing identifying:</p> <ul style="list-style-type: none"> • Infection Prevention MRSA – The AQS reports 63%, the actual percentage including March 2019 – The total should be 53%. • Falls Prevention (reported as serious incidents) – Some variances in data were reported between papers presented to the Board and Committee. <p><u>WHC (2019) 007 Template Guidance</u></p> <p>We considered compliance of AQS contents with the requirements of the detailed framework within WHC/2019/007.</p> <p>We compared the five sections and noted the following where variance existed:</p> <p><u>Section 1</u></p> <p>Statement from the Chair and the Chief Executive – included within Annual Quality Statement V5; currently no statement from Chair of Quality & Safety Committee and the Director of Nursing & Midwifery.</p> <p><u>Section 3</u></p> <p>we sampled three of the themes within the draft AQS and identified one theme that did not capture that expected within the WHC:</p> <ul style="list-style-type: none"> • Dignified Care:- <ul style="list-style-type: none"> ➢ No summary of progress against actions agreed in dignified care; ➢ No actions regarding provision of good continence care could be identified; and ➢ Improvements made following inspections undertaken by Healthcare Inspectorate Wales. <p><u>Section 4</u></p> <p>Looking Forward – currently there is a short summary of how the Health Board will provide Safe, effective and compassionate care and services. At the time of the review there was no clear, measurable actions against each of themes set out in the guidance. Additionally there was no description of how the Health Board will track progress during the coming year.</p> <p><u>Section 5</u></p>

Title	Assurance Level	High	Medium	Low	Key Messages
					Engagement and Feedback – To be included, advised this is planned.
<p>Reporting Arrangements for Delivery of Savings (2018/19)</p> <p>Review completed March 2019 with Executive approval June 2019</p> <p><i>Regular reporting of savings however variances in the approach and methodology used to calculate savings was noted.</i></p>	Reasonable	1	-	-	<p>The Health Board has robust governance arrangements in place with regard to reporting the delivery of savings.</p> <p>A comprehensive Turnaround Programme Savings Report is presented each month by the Health Board Director of Turnaround to the Finance and Performance Committee for scrutiny. From this, key savings information is escalated to the Board via the monthly Executive Director of Finance Report.</p> <p>The delivery of savings are also reported at Divisional Finance and Performance meetings, as well to the Welsh Government as part of the Health Board's monthly Monitoring Return submission.</p> <p>We did not review the accuracy of the reported data or the savings performance of individual projects or Divisions.</p> <p><u>Report Reconciliation</u></p> <p>We reviewed the information presented to the Board in the January 2019 Turnaround Programme Savings Report and found no issues of significance. We did not review the data tables relating to the 2019/20 saving proposals.</p> <p><u>Monitoring Return Reconciliation</u></p> <p>We compared the information submitted to the Welsh Government in the Month 10 Monitoring Return to master savings file and found no issues of significance.</p> <p><u>Division Returns</u></p> <p>Whilst reviewing the Finance workbooks, we noted several instances whereby project accountants had recorded a negative in-month actual savings position against certain schemes. This practice was primarily observed in the Provider – Ysbyty Gwynedd, Women's, and Area – East Division returns.</p> <p>We noted that the negative entries were adjustments made to ensure that the reported year to date delivered savings position was accurate and reflected the general ledger and/or current information. Whilst this approach allows for reconciliation between the reported savings position and the general ledger, we acknowledge the</p>

Title	Assurance Level	High	Medium	Low	Key Messages					
					<p>adverse impact this has on reporting.</p> <p>We queried a sample of negative entries with the relevant project accountants and were advised that instances of unforeseen cost increases had effectively reduced the total savings delivered by these schemes, resulting in a negative current month actual position being reported and a reversal or reduction of previously reported savings.</p> <p>We found that the approach and methodology used to calculate savings varied significantly between the three Divisions reviewed as well as between individual saving schemes.</p> <p><u>Policies and Procedures</u></p> <p>The Health Board have a robust procedure and guidance document in place to support the initiation of saving projects, detailing the process, requirements, and governance arrangements.</p> <p>However, we found limited guidance on how delivered savings should be calculated and reported, and the requirements regarding reconciliations and backing retention. This may have contributed to the differing practices and methodologies observed by Divisions.</p>					
<p>Procurement arrangements: Integrated Care Fund; Cluster funding; and Primary care funding (2018/19)</p> <p>Review completed April 2019 with Executive approval July 2019</p> <p><i>Evidenced action and acknowledgement by management of issues that had not, at the time of review, complied with expected controls but are</i></p>	Reasonable	1	1	-	<p>We reviewed the 2018/19 plans developed across all three funding streams and identified a sample of projects/service improvements where procurement of goods and services is identified.</p> <p><u>Compliance with procurement requirements – Items over £5,000</u></p> <p>We obtained reports from the three Area Finance Teams from which we identified several transactions which we requested further backing information on. The review focused on twenty-three non-staff related items of expenditure totalling £347,375.09. We liaised with Procurement Services to confirm that the items of expenditure had followed due process in terms of:</p> <ul style="list-style-type: none">• Subject to competitive quotation/tender;• Framework contract direct award/mini-competition; or• Subject to a single quote/tender waiver (STW). <p>The review identified the following:</p> <table><tr><td>Compliant</td><td>with</td><td>Evidence</td><td>did</td><td>not</td></tr></table>	Compliant	with	Evidence	did	not
Compliant	with	Evidence	did	not						

Title	Assurance Level	High	Medium	Low	Key Messages	
being addressed, as evidenced by correspondence received during this review.					Standing Order/ Standing Financial Instruction requirements	support compliance with Standing Orders/ Standing Financial Instructions
					<p>Eighteen items totalling £239,501.01</p> <p>Procurement Services confirmed seventeen items had either been subject to formal tender; direct award/mini-competition via a national framework; single tender/quote waiver.</p> <p>We also identified that one was a formal Section 33 Agreement.</p>	<p>Five items totalling £107,874.08</p> <p>We identified the following:</p> <ul style="list-style-type: none"> Two items (for the same supplier) totalling £71,750 have no evidenced contract in place and have not been subject to competitive tender or STW – During the review we have been made aware that this is being addressed for 2019/20; Three items were procured without evidence of competition/framework or STW – £36,124.08.
					<p>The evidence provided by Procurement services and subsequent correspondence identified that:</p> <ul style="list-style-type: none"> Purchase of iPads was direct with the manufacturer and not through a competitive exercise; Procurement did advise that the price obtained was competitive – We understand that purchasing directly from the manufacturer is the preferred option of Informatics through which asset tracking and management of each item can be maintained through a single Health Board user account – This is currently not an exempt supplier for competition despite the non-financial benefits available to the Health Board; Following a request for supporting information relating to social prescribing related expenditure (£71,750), we were advised by the Programme Director (Well North Wales) that this was the 	

Title	Assurance Level	High	Medium	Low	Key Messages
					<p>progression of the agreement initiated in the Arfon Cluster, prior to transferring to the Well North Wales project – No contract or STW pre-dates this transfer to the Well North Wales project but we are advised by the Project Director that steps are being taken to formalise this service provision in conjunction with Procurement.</p> <p><u>Other matters identified - Items below £5,000</u></p> <p>Our review identified a number of re-imbursements, from cluster funding, made from Primary Care contractors.</p> <p>The claims were submitted on "<i>Cluster Funding Claim Form – Non Pay Costs</i>" and approved for payment by a Health Board officer.</p> <p>Whilst these matters fall outside our scope, we have identified two matters which we sought further information on and may require further management attention.</p> <p>Room Usage</p> <p>We have identified three practices which submitted recharges to the Health Board for use of rooms at £30 per hour [Total £10,330.50].</p> <p>We were advised that the Senior Property Manager was not aware of the arrangement and also commented that Practices are reimbursed for rent, with any charge levied applied as a contribution to running costs/administrative time.</p> <p>Laptop</p> <p>The review identified a practice had submitted a claim for five Dell laptops totalling £3,750 plus VAT (£750 each), with a noted delivery address to NHS Wales Informatics Services, PCMT Department.</p> <p>We contacted the Health Board Informatics Department to ascertain the specification and price of a Health Board standard laptop. We were advised that the Health Board use a Lenovo standard laptop at a cost of £679.99 each.</p> <p>Consequently, there was a lost cost saving of £350.05 (£70.01 each) by not using the Health Board's contract.</p>
Annual Plan 2018/2019 Review completed May 2019 with	Reasonable	-	-	-	<p><u>Planning Framework 2018</u></p> <p>The NHS Planning Framework set the tone and direction for the next three years. The overarching strategic priority remains to improve population</p>

Title	Assurance Level	High	Medium	Low	Key Messages
<p>Executive approval July 2019</p> <p><i>We note the change in process for 2019/20 to health economy planning, coupled with revised reporting arrangements developed for 2019/20 for monitoring delivery of the annual plan.</i></p> <p><i>The HIIT model demonstrated effective governance and delivery.</i></p>					<p>health, focussing on prevention and reducing health inequalities. Primary care is the bedrock of the healthcare system, supported by hospital services providing more specialised treatments and care.</p> <p>We noted that key delivery priorities include:</p> <ul style="list-style-type: none"> • Prevention; • Reducing Health Inequalities; • Primary and Community Care; • Timely Access to Care; and • Mental Health. <p>Evidencing the development of the annual plan for 2018, we were provided with:</p> <ul style="list-style-type: none"> • Developing the 2018/21 plan timetable including the Development and Engagement Timetable which we note as good practice; • Agenda and minutes from Planning and Service Development Group (P&SD) meetings on 16th August 2017 where the planning timetable and tracker were discussed; • Minutes from the Strategy, Partnerships and Population Health Committee (SPPH) meeting in September 2017 where the 2018/21 plan timetable was discussed; • Notes from the SPPH Committee Workshop on 28th September 2017 where the planning timetable was discussed. <p><u>Planning Workshops</u></p> <p>We noted the holding of workshops to provide support across the organisation</p> <p><u>Strategy, Partnerships and Population Health (SPPH) Committee</u></p> <p>Scrutiny and monitoring of progress in delivering the Annual Plan is delegated to SPPH and we noted regular reporting to the Committee.</p> <p><u>Central Area</u></p> <p>We were provided with a copy of Central Area Plan 2018-21.</p> <p>Information received from corporate planning was shared with the Central Area Management team. [A number of Assistant Area Directors (AADs) are members within the transformation groups] – We</p>

Title	Assurance Level	High	Medium	Low	Key Messages
					<p>have not corroborated this assertion.</p> <p>Whilst it is evident that issues surrounding the development of the operational plan are at the fore within the Area, however due to the timing and evidence shared, we did not note the presentation of the quarterly report to the leadership meetings for scrutiny.</p> <p>In reviewing the quarter one report to SPPH, we noted some work stream tasks led by Area officers were amber at an early stage.</p> <p><u>Improving Health and Health Inequalities</u></p> <p>We were provided with a copy of the draft Terms of Reference for the Health Improvement and Inequalities Transformation Group (HIIT).</p> <p>It is evident from the quarter 3 report that this element of the Plan is progressing well.</p> <p><u>Conclusion</u></p> <p>Good practice was evidenced in the management and delivery of the Improving Health and Health Inequalities plan.</p>
<p>Infection Prevention (IP) – Safe, Clean Care (2018/19)</p> <p>Review completed May 2019 with Executive approval August 2019</p> <p><i>The review has identified a reported reduction in the Clostridium Difficile during the campaign period. Opportunities exist to improve compliance at wards where on-site reviews identified issues</i></p>	Reasonable	2	2	-	<p><u>Policies and procedures</u></p> <p>A series of IP policies and procedures have been reviewed and updated in line with campaign objectives. This is reflected on the SCC Tracker and evident on the HB intranet. A small number of policy reviews remain outstanding.</p> <p><u>The Campaign and resources</u></p> <p>The SCC Campaign commenced in January 2018 and was supported by a capital budget of £1m for the financial year 2018/19.</p> <p>We were provided with figures indicating the number of identifiable episodes of Clostridium Difficile had dropped from 30 to approximately to 14 between January 2018 (launch date) and March 2019 (end of the Campaign). We have not undertaken substantive testing to corroborate these figures.</p> <p><u>Training</u></p> <p>Guidance, good practice and associated information are available on the intranet site. Dedicated training did not form part of the Campaign.</p> <p>Induction training for new staff incorporates</p>

Title	Assurance Level	High	Medium	Low	Key Messages
<i>which did not meet the expected controls.</i>					<p>infection prevention and the need for SCC. Mandatory training is required at two levels for IP and compliance is monitored across the HB.</p> <p>At present, mandatory training overall compliance of 80.29% reported in April 2019 which falls short of Health Board requirement of 85%.</p> <p><u>Observational Testing</u></p> <p>Unannounced observational testing of SCC [undertaken in partnership with colleagues from IP/assigned senior member of nursing staff] on a number of community and acute wards identified several areas of good practice:</p> <ul style="list-style-type: none"> • Bare below the elbow. • Hand hygiene. • Compliance with Uniform code. • Waste bins on the wards reviewed were found to be emptied regularly. <p>Areas of non-compliance identified during the review are as follows:</p> <ul style="list-style-type: none"> • Some patient and sluice areas were cluttered with clean and dirty equipment in close proximity; • The doors to isolation rooms were open. • Community hospital staff indicated that deep clean facilities were not available in community hospitals; • Dust evident on windowsills, curtain frames and fixtures and fittings; • Uncovered toilet rolls, paper towels and wet wipes; • Open lids on sharps boxes; • Some notice boards did not display the most up to date infection rates ("days since last"); • Some examples of broken and damaged floor tiles and furniture. <p><u>SCC Tracker</u></p> <p>The SCC Tracker used to identify and monitor action taken to address Campaign objectives identified a significant amount of work had been completed across the HB.</p> <p>However, following completion of the Campaign, the Tracker was updated and currently identifies a series of outstanding objectives. The Improvement Manager seconded to support the Campaign confirmed transfer of responsibility of outstanding</p>

Title	Assurance Level	High	Medium	Low	Key Messages
					objectives to HB Areas will form part of the Infection Prevention Plan and will be monitored by the Steering Group. It was noted that a risk assessment of failure to complete specific actions had not been completed.
<p>Capital Systems (18/19)</p> <p>Review completed March 2019 with Executive approval May 2019</p> <p><i>Effective controls are operating in the approval and reporting of capital related activity however opportunities to enhance controls exist for completion of bids and associated assessment.</i></p>	Reasonable	-	4	1	<p>The 2018/19 capital systems audit focussed on the capital prioritisation and approval arrangements operating within the University Health Board.</p> <p><u>Procedural Framework</u></p> <p>Guidance was available for Project Managers in the form of the BCU "Procedure Manual for Managing Capital Projects". This had recently been updated and was supplemented by a revised Addendum which was to be applied to projects with a capital value £25,000 - £1million. In addition, the Health Board had also recently issued additional guidance in respect of the governance of projects, including the role of the Project Director.</p> <p>The Finance Capital Management Procedure (CAP02) also supports capital investment protocols. Whilst comprehensive, the procedure required updating to reflect changes in committees and governance arrangements</p> <p><u>Bidding</u></p> <p>The Capital Procedure Manual defined the formal discretionary capital bidding process established within the University Health Board.</p> <p>The arrangements defined for discretionary capital identified the creation of three Area Capital Development Teams alongside separate teams for Informatics and Medical Devices. A separate Operational Estates & Facilities group sat outside of the structure. These teams were charged with assessing potential capital investments representing their distinct areas of expenditure and preparing priorities for consideration by the Capital Programme Management Team.</p> <p>Audit testing identified that the current operational arrangements for the Capital Development Groups/Teams did not reflect the defined structure and processes.</p> <p>Good practice was observed in that standardised capital bid pro forma were available within the Procedure Manual for Managing Capital Projects and the Finance Capital Management Procedure</p>

Title	Assurance Level	High	Medium	Low	Key Messages
					<p>(CAP02) for the submission of capital and equipment bids.</p> <p><u>Assessment Criteria</u> The review identified the need for consistency and programme leads are requested to review their submissions to ensure they comply with the agreed criteria. Also some submissions have not been costed; there needs to be some sense of value.</p> <p><u>Approval</u> The Capital Procedure Manual and the Finance Capital Management Procedure (CAP02) define the discretionary capital approval processes. We noted the following from our testing in respect of the approval process applied for the 2018/19 discretionary capital programme:</p> <ul style="list-style-type: none"> • A draft programme prepared by the Capital Programme Management Team (CPMT) was submitted to the Executive Management Group (EMG) on the 7th March 2018. • The minutes of the CPMT 9th March, refer to the presentation of the draft programme to the EMG. • The draft proposal was reviewed at the Executive Team meeting held on the 14th March 2018 and agreement provided submit the programme to the Finance and Performance Committee for approval. <p>The discretionary capital programme was approved by the Finance and performance Committee at its meeting held on 22nd March 2018.</p> <p><u>Monitoring & Reporting</u> A Capital Programme Report is prepared on a monthly by Assistant Director of Strategy-Capital in consultation with the Financial Accountant Tax & Capital. The report was presented as a standing agenda item at the Health Board's Finance & Performance Committee. Good practice was recognised in the development of a revised Capital Report for 2018/19, which included a control plan in relation to the discretionary capital projects.</p>
Ysbyty Gwynedd Emergency Department Patient Monitors	Assurance not applicable	3	-	-	There is no formal minute detailing the decision to award the YG Emergency Department (YG ED) patient monitors to supplier b. The Secondary Care Division management team/Hospital management

Title	Assurance Level	High	Medium	Low	Key Messages
<p>Review completed May 2019 with Executive approval July 2019</p> <p><i>Governance arrangements and transparency in recording decisions require improvement.</i></p>					<p>team must review its governance arrangements to ensure decisions of significant importance, such as this, are discussed and formal minutes taken to ensure transparency in decision making at all times.</p> <p>Through our meetings, we were advised that the decision was made, following consultation and discussion, by the Secondary Care Medical Director, taking into account wider considerations of quality, standardisation, interoperability and research.</p> <p>Whilst we cannot corroborate the decision to award to supplier b was the correct one, the decision is consistent with the larger award to the same supplier for replacement patient monitors at Ysbyty Glan Clwyd; Abergele and Wrexham Maelor Hospitals.</p> <p>It remains unclear who decided to follow a different procurement process at YG compared to the rest of the Health Board i.e. tender versus a direct award. Management should, in our view, have paused the tender process for YG when a wider procurement process, under the stewardship of EBME, was being undertaken – This could have led to greater cost savings through a larger order.</p> <p>The role of the Medical Devices Capital Group cannot be understated, noting part of its stated function being “<i>Ensure appropriate levels of product standardisation in the interests of safety, and financial and operational efficiency</i>”. Through reviewing minutes, we are not sighted on any recorded intervention by the Group to ensure standardisation pan-Health Board.</p> <p>The review has identified a potential clinical risk surrounding the engagement and installation of trial equipment in departments without formal consideration and approval by the respective Hospital Management Team. Whilst we have not formally reviewed the process, and based solely on discussions with senior management, we urge the Secondary Care Management Team to ensure robust controls are in situ across all its hospital sites for the trial of equipment/consumables, ensuring EBME/other relevant colleagues are actively involved in the process.</p>

Work in Progress Summary

4. The following reviews are currently in progress:

Table 2 - Draft Reports issued

Review	Status	Date draft report issued
Patients Monies	Final report issued for Executive approval on the 23 rd August 2019.	16 th April 2019
Management of patient safety incidents related to informatics processes	Draft briefing paper issued – management request to review existing methods for recording issues where informatics systems may impact on patient safety.	1 st May 2019
Health & Safety	Discussion draft has been issued.	20 th August 2019
Welsh Language (Wales) Measure 2011	Discussion draft has been issued.	5 th September 2019
Compliance with Standing Financial Instructions – Procuring goods and services: Estates GRAMMS	Discussion draft has been issued.	30 th August 2019
Compliance with Standing Financial Instructions – Procuring goods and services: Therapy Manager	Draft report has been issued.	1 st August 2019
Environmental Sustainability	Draft report has been agreed; awaiting Executive approval to issue.	15 th July 2019
Statutory Compliance: Fire Safety	Discussion draft has been issued for management consideration.	13 th August 2019
Ysbyty Gwynedd Emergency Department	Draft Report meeting held with the Project Director on 22nd August 2019. Additional project information is currently awaited to enable the finalisation of the report.	22 nd July 2019

Fieldwork

5. The following reviews are currently in progress:

- Quality improvement strategy – Meeting held late August 2019 to discuss risk and agree the brief.
- Salary overpayments – Brief has been issued and a meeting is being scheduled for September 2019.
- HASCAS & Ockenden external reports: Recommendation progress and reporting – Draft brief has been issued for consideration.
- GDPR: Follow-up of the Information Commissioners Office (ICO) review – Review has commenced and evidence has been provided; the sample is being identified on which to review delivery.
- Non-emergency patient transport service (NEPTS) – Brief has been agreed and background information and evidence is awaited from the Transport Manager.

Follow Up

6. Follow up reviews remain in progress as and when actions are noted as 'Implemented – Final Client Approved' for limited and no assurance internal audit reviews only. The follow-up is based solely upon the evidence and narrative included within TeamCentral which supports final approval by the relevant executive lead.
7. Table 3 details the follow-up review(s) of individual recommendations undertaken in the period and whether they have been implemented (Closed – Verified) or rejected (with supporting narrative).

Table 3: Follow-up status of recommendations reviewed

Review Title	Recommendation Title	Follow-up status
IG/IA: Health Records Security	Preparation Area West	Closed - Verified
ME&D – Compliance with Manufacturers maintenance requirements	Physical testing of HEMS system	Closed - Verified

Third party assurance

8. No third party assurance reports are expected, within this reporting period, from the NHS Wales Shared Services Partnership (NWSSP) internal auditors relating to reviews undertaken on services operated on behalf of the Health Board.
9. We have noted the publication of the Conwy County Borough Council Internal Audit Service "Mental Health Governance – Conwy Community Mental Health Team" draft report [via their website].

The Director of Mental Health and Learning Disabilities has requested a meeting to discuss a joint follow-up review will colleagues from Conwy Internal Audit Service.

Capital assurance

10. The Ysbyty Glan Clwyd redevelopment Open Book and Examination of the Pain/Gain Mechanism reviews are progressing. We are currently awaiting additional information from the Supply Chain Partner to enable the completion of the audit fieldwork.
11. Substance Misuse Action funds – the audit brief has been issued for management agreement.
12. A meeting with the Welsh Government's Integrated Assurance Hub is scheduled for mid-September. This will ensure the appropriate co-ordination of audit and gateway activities at the North Denbighshire Community Hospital development. A proposed audit brief will be issued for management agreement following the meeting.
13. Amendments to the 2019/20 Audit Plan:
14. We have recommended the deferral of two elements of the Wrexham Maelor plan to 2020/21 i.e. Governance Strategy and Programme Management (Short/ Medium Term), to reflect the current delivery programme.
15. The audit brief for the remaining elements i.e. backlog maintenance and risk management is currently being prepared.

16. The Audit Committee is requested to approve the proposed amendments to the audit plan.

Delivering the Plan

17. The additional support provided to the Health Board with focused reviews is channelled through contingency.
18. As new risks are identified in year, the Board Secretary and internal audit consider the planned reviews against the emerging high level risks.
19. The following reviews have been identified for deferment from the 2019/2020 original plan and have been agreed in principle with the Board Secretary prior to Audit Committee approval:

- Caldicott – Principles into Practice (CPiP) self-assessment

We have been advised that the CPiP self-assessment is set to be replaced with planned changes in the reporting tool and migration to a new process in 2019/20.

- Health Board governance arrangements – Quality & Safety

We have discussed this review with the Performance Auditor, Wales Audit Office and identified that the planned scope of our review would duplicate the mandatory review undertaken by the Wales Audit Office.

- Compliance with Standing Financial Instructions – Procuring goods and services: Community Dental Services

The review of source data for this review has identified no individual transaction of £5,000 or more which required competitive quotation in accordance with the Standing Financial Instructions and is recommended for removal from the plan.

- Capital Systems: Primary Care benefits realisation

Management had previously requested we defer the commencement of the Primary Care (2018/19) review (i.e. systems in place to ensure benefits are realised and that appropriate lessons are identified and applied at any future procurement exercises), until Quarter 1, 2019/20. However, noting the proposed scope of the forthcoming Gateway 5 exercise (scheduled for September 2019), it is recommended that the audit assignment be removed from the current audit plan.

It is recommended that the four reviews are removed from the 2019/20 plan for future planning consideration.

20. The following tables detail the planned performance indicators (Table 4) captured by Internal Audit in delivering the service and the planned delivery of the core internal audit plan (Table 5) with the assurance provided.
21. Table 4 is reporting an amber status in the time taken to provide management response and has decreased to 62% [5%] from the last Committee reporting period. We continue to experience delays in turnaround times of the management response and are referring more this year for the Board Secretary/Deputy Board Secretary's attention per the Charter.

Table 4 – Performance Indicators

Indicator	Status	Actual	Target	Red	Amber	Green
Report turnaround: time from fieldwork completion to draft reporting [10 days]	Green	100%	80%	v>20%	10%<v<20%	v<10%
Report turnaround: time taken for management response to draft report [20 days per Internal Audit Charter and Service Level Agreement] with agreed extension by the Executive Lead at time of agreeing the audit brief	Green	90%	80%	v>20%	10%<v<20%	v<10%
Report turnaround: time from management response to issue of final report [10 days]	Green	100%	80%	v>20%	10%<v<20%	v<10%

Table 5 – Core Plan 2018-19

Planned output	Outline timing	Status	Assurance
Corporate governance, risk and regulatory compliance			
Annual Governance Statement	Q1	Complete – Head of internal audit annual report.	N/A
Welsh Risk Pool Claims Management Standard	Q4		
Health and Safety	Q1-2	Draft report issued.	
Welsh Language (Wales) Measure 2011	Q1	Draft report issued.	
Health Board governance arrangements – Quality & Safety	Q2-3	Recommended for deferment.	Recommended for deferment – This review would duplicate that of the Wales Audit Office.
Compliance with Standing Financial Instructions – Procuring goods and services: Estates - GRAMMS	Q1	Work in progress.	
Compliance with Standing Financial Instructions – Procuring goods and services: Therapies – Therapy Manager	Q1-2	Draft report issued.	
Compliance with Standing Financial Instructions – Procuring goods and services: Pharmacy EDS	Q1-2	Brief agreed with operational management – issued for approval.	
Compliance with Standing Financial Instructions – Procuring goods and services: Community Dental Services	Q1-2	Brief agreed with operational management.	Recommended for removal - The review of information from Finance has confirmed that no individual transaction was in excess of £5,000 requiring a competitive quotation/
Strategic planning, performance management and reporting			

Planned output	Outline timing	Status	Assurance
Performance measure reporting to the Board – Accuracy of information	Q2-3		
Partnership governance - Section 33 Agreements	Q2-3		
Financial governance and management			
Delivery of savings against identified schemes	Q2-3		
Budget Setting	Q2-3		
Salary overpayments	Q3	Draft brief issued.	
Quality and Safety			
Annual Quality Statement	Q1	Final report issued.	Reasonable
HASCAS & Ockenden external reports – Recommendation progress and reporting	Q1-2	Draft brief being developed.	
Quality Impact Assessment	Q2		
Safeguarding	Q2-3		
Decontamination	Q3		
Deprivation of Liberty Safeguards (DoLS)	Q3		
Quality Improvement Strategy	Q2-3	Draft brief being developed.	
Information governance and security			
Welsh Community Care Information System (WCCIS)	Q3		
GDPR – Follow-up of the Information Commissioners Office (ICO) review	Q2	Work in progress.	
Caldicott – Principles into Practice (CPIP) self-assessment	Q2	Deferred.	Approved for deferment by Audit Committee - Planned changes in the reporting tool and migration to a new process are taking place, as advised, in 2019/20.
Cyber security	Q2		
Operational service and functional management			
Managed General Practitioner Practices	Q3-4		
Cluster governance arrangements	Q3-4		
Continuing Health Care	Q3		
Non-Emergency Patient Transport Service (NEPTS)	Q2	Work in progress.	
Workforce management			
Roster management	Q3-4		

Planned output	Outline timing	Status	Assurance
NHS Wales staff survey – delivering the findings	Q3-4		
Recruitment	Q3		
Capital and estates management			
Environmental sustainability report	Q1	Draft report issued.	
Carbon Reduction Commitment Order	Q1	Final report issued.	Substantial
Statutory Compliance: Fire Safety	Q1-2	Draft report issued.	
Ysbyty Gwynedd Emergency Department	Q1	Draft report issued.	
Capital Systems: Primary Care benefits realisation	Q1	Recommended for removal.	Gateway 5 review will provide assurance to the Health Board.
North Denbighshire Community Hospital	Q4		
Ysbyty Wrexham Maelor Hospital – Backlog maintenance risk management Governance Strategy and Programme Management (Short/ Medium Term)	Q4	Recommended for deferment.	
Substance Misuse Action funds	Q3-4		
Compliance with the public sector internal audit standards – Contingency/assurance reviews			
Ysbyty Gwynedd Emergency Department Patient Monitors	Q1	Final report issued.	Assurance not applicable

Audit Assurance Ratings



Substantial assurance - The Board can take **substantial assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Few matters require attention and are compliance or advisory in nature with **low impact on residual risk** exposure.



Reasonable assurance - The Board can take **reasonable assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with **low to moderate impact on residual risk** exposure until resolved.



Limited assurance - The Board can take **limited assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. More significant matters require management attention with **moderate impact on residual risk** exposure until resolved.



No assurance - The Board has **no assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Action is required to address the whole control framework in this area with **high impact on residual risk** exposure until resolved.



Assurance not applicable is given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are **not appropriate** but which are relevant to the evidence base upon which the overall opinion is formed.

Prioritisation of Recommendations

In order to assist management in using our reports, we categorise our recommendations according to their level of priority as follows.

Priority Level	Explanation
High	Poor key control design OR widespread non-compliance with key controls. PLUS Significant risk to achievement of a system objective OR evidence present of material loss, error or misstatement.
Medium	Minor weakness in control design OR limited non-compliance with established controls. PLUS Some risk to achievement of a system objective.
Low	Potential to enhance system design to improve efficiency or effectiveness of controls. These are generally issues of good practice for management consideration.

* Unless a more appropriate timescale is identified/agreed at the assignment.

Audit Committee
12.9.19



GIG
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NHS
WALES

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Betsi Cadwaladr
University Health Board

To improve health and provide excellent care

Title:	Amendments to the Scheme of Reservation & Delegation (SoRD).
Author:	Liz Jones, Assistant Director (Corporate Governance)
Responsible Director:	Dawn Sharp, Acting Board Secretary
Public or In Committee	Public
Purpose of report:	This paper proposes amendments to the SoRD, as detailed in the table that follows and the tracked changes highlighted within the attached SoRD document.
Approval / Scrutiny Route Prior to Presentation:	Clearance via Executive
Governance issues/risks:	Good governance requires the Health Board to maintain an up to date SoRD as part of its Standing Orders.
Financial Implications:	Not applicable
Recommendations:	The Committee is asked to approve the amendments on behalf of the Board.

Health Board's Well-being Objectives <i>(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)</i>	✓	WFGA Sustainable Development Principle <i>(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)</i>	✓
1.To improve physical, emotional and mental health and well-being for all	✓	1.Balancing short term need with long term planning for the future	✓
2.To target our resources to those with the greatest needs and reduce inequalities	✓	2.Working together with other partners to deliver objectives	✓
3.To support children to have the best start in life	✓	3. Involving those with an interest and seeking their views	✓
4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being	✓	4.Putting resources into preventing problems occurring or getting worse	✓
5.To improve the safety and quality of all services	✓	5.Considering impact on all well-being goals together and on other bodies	✓
6.To respect people and their dignity	✓		

7.To listen to people and learn from their experiences			
Special Measures Improvement Framework Theme/Expectation addressed by this paper			
Governance and Leadership.			
Equality Impact Assessment			
Not applicable.			

Summary of Scheme of Reservation & Delegation (SoRD) Amendments

September 2019

Page / Section	Nature of Amendment
11d, 11m, 11r, 14a, 14d, 21a, 42, Table B	All references to Executive Director of Primary and Community Care replaced with Executive Director of Primary Care and Community Services.
11j	Leave (operational responsibility) – Director of Finance replaced with Directors.
23	Clinical audit (operational responsibility) - Executive Director of Therapies & Health Sciences replaced with Executive Medical Director.
Table B	Replace Deputy Director (Concerns) with Assistant Director of Service User Experience.
34	Add to delegated matter column – outbreak control / public health monitoring and surveillance / provision of public health advice.
Table A	Add line 54 – Welsh Language Standard Reporting (CEO and Executive Director of Public Health).
Table A	Add line 55 – Controlled Drugs Accountable Officer (CEO and Chief Pharmacist).
Table B	Add a line for the Executive Director of Therapies and Health Sciences – up to £250k in column 3, up to £150k in column 6 and up to £100k in column 9.

SECTION 2: SCHEME OF DELEGATION TO EXECUTIVE DIRECTORS, OTHER DIRECTORS AND OFFICERS

The LHB Standing Orders and Standing Financial Instructions specify certain key responsibilities of the Chief Executive, the Executive Director of Finance and other officers. The Chief Executive's Job Description, together with their Accountable Officer Memorandum sets out their specific responsibilities, and the individual job descriptions determined for Executive Director level posts also define in detail the specific responsibilities assigned to those post holders. These documents, together with the schedule of additional delegations below and the associated financial delegations set out in the Standing Financial Instructions form the basis of the LHB's Scheme of Delegation to Officers.

Delegated Matter	Table Reference No.
STANDING ORDERS/STANDING FINANCIAL INSTRUCTIONS	1
MEETINGS	2
FINANCIAL PLANNING/BUDGETARY RESPONSIBILITY	3
BANK/PGO ACCOUNTS (EXCLUDING CHARITABLE FUND ACCOUNTS)	4
EXTERNAL BORROWING	5
NON PAY EXPENDITURE	6
STORES AND RECEIPT OF GOODS	7
CAPITAL INVESTMENT MANAGEMENT	8
QUOTATIONS, TENDERING & CONTRACT PROCEDURES	9
FIXED ASSETS	10
PERSONNEL & PAY	11
ENGAGEMENT OF STAFF (NOT ON THE ESTABLISHMENT)	12
CHARITABLE FUNDS HELD ON LHB	13
PRIMARY CARE PATIENT SERVICES/HEALTHCARE AGREEMENTS	14
INCOME SYSTEMS, FEES & CHARGES	15
DISPOSAL AND CONDEMNATIONS	16
LOSSES, WRITE-OFFS & COMPENSATION AND EX-GRATIA PAYMENTS	17
REPORTING INCIDENTS TO THE POLICE	18
FINANCIAL PROCEDURES	19
AUDIT ARRANGEMENTS	20
LEGAL PROCEEDINGS	21
INSURANCE POLICIES AND RISK MANAGEMENT	22
CLINICAL AUDIT	23
PATIENTS' PROPERTY	24
PATIENTS & RELATIVES COMPLAINTS	25
SEAL	26
GIFTS & HOSPITALITY	27
DECLARATION OF INTERESTS	28
INFORMATICS AND THE DATA PROTECTION ACT	29
RECORDS	30
AUTHORISATION OF NEW DRUGS	31
AUTHORISATION OF RESEARCH PROJECTS	32
AUTHORISATION OF CLINICAL TRIALS	33
INFECTIOUS DISEASES & NOTIFIABLE OUTBREAKS	34

Delegated Matter	Table Reference No.
REVIEW OF FIRE PRECAUTIONS	35
HEALTH & SAFETY	36
MEDICINES INSPECTORATE REGULATIONS	37
ENVIRONMENTAL REGULATIONS	38
LEGAL & RISK PAYMENTS	39
INVESTIGATION OF FRAUD/CORRUPTION OR FINANCIAL IRREGULARITIES	40
COMMERCIAL SPONSORSHIP	41
COSTS/NOTIONAL RENT/THIRD PARTY DEVELOPER/IMPROVEMENT GRANTS	42
FREEDOM OF INFORMATION	43
COMPLIANCE LEAD ROLES: CALDICOTT GUARDIAN, DPO, SIRO	44
EMERGENCY PLANNING	45
NHS ACT 2006 (WALES) SECTION 33 AGREEMENTS	46
STATUTORY COMPLIANCE WITH RESPECTIVE LEGISLATION	47
APPOINTMENT OF MEDICAL & DENTAL CONSULTANT POSTS	48
INDIVIDUAL PATIENT FUNDING REQUESTS	49
CARBON REDUCTION COMMITMENT ORDER	50
HUMAN TISSUE ACT 2004	51
IONISING RADIATION (MEDICAL EXPOSURE) REGULATIONS 2017 [IR(ME)R]	52
NURSE STAFFING LEVELS (WALES) ACT 2016	53
WELSH LANGUAGE STANDARD REPORTING	54
CONTROLLED DRUGS ACCOUNTABLE OFFICER	55

Schedule 1

SCHEME OF RESERVATION AND DELEGATION OF POWERS

Table A – Scheme of Delegation to Officers

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
1. Standing Orders / Standing Financial Instructions		
a) Final authority in interpretation of Standing Orders	Chair	Chair
b) Notifying Directors, employees and agents of their responsibilities within the Standing Orders and Standing Financial Instructions and ensuring that they understand the responsibilities	Executive Director of Finance/Board Secretary	Directors
c) Responsibility for the security of the LHB's property, avoiding loss, exercising economy and efficiency in using resources and conforming with Standing Orders, Financial Instructions and financial procedures	Executive Director of Finance	Directors
d) Ensuring Standing Orders are compatible with Welsh Government requirements re building and engineering contracts	Chief Executive	Executive Director of Planning & Performance
2. Meetings		
a) Calling meetings of the LHB	Chair	Board Secretary
b) Chair all LHB Board meetings and associated responsibilities	Chair or Vice Chair in Chair's absence	Chair or Vice Chair in Chair's absence
3. Financial Planning/Budgetary Responsibility		
a) Setting:		

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
Submit Three Year Plan and Annual Operating Plan to the LHB Board	Chief Executive	Executive Director of Planning & Performance
Submit budgets to the LHB Board	Chief Executive	Executive Director of Finance
Submit to Board financial estimates and forecasts	Chief Executive	Executive Director of Finance
b) Implementing financial policies, plans and procedures, providing advice and co-ordinating any corrective action necessary	Executive Director of Finance	Finance Director (Operational)
c) Issuing Budgets	Executive Director of Finance	Finance Director (Operational)
d) Monitoring: Monitor performance against budget	Executive Director of Finance	Directors
Submit monitoring returns	Chief Executive	Executive Director of Finance
Effective budgetary control and a balanced budget	Executive Director of Finance	Directors
Preparation of annual accounts and returns	Executive Director of Finance	Executive Director of Finance
Identifying and implementing cost improvements and income generation initiatives	Executive Director of Finance	Directors
e) Authorisation of Virement It is not possible for any officer other than the Executive Director of Finance to vire from non-recurring headings to recurring budgets <u>or</u> from capital to revenue/revenue to capital. Virement <u>between</u> different budget holders (Directors) requires the agreement of <u>both</u> parties <u>and</u> the Executive Director of Finance	Please refer to Table B – Delegated Limits	
f) Maintaining an effective system of internal financial control	Chief Executive	Executive Director of Finance
g) Delivery of financial training to budget holders (Directors)	Executive Director of Finance	Finance Director (Operational)
4. Bank/PGO Accounts (Excluding Charitable Fund Accounts)		
a) Operation: Managing banking arrangements and operation of bank accounts	Executive Director of Finance	Finance Director (Operational)

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
Opening bank accounts	Executive Director of Finance	Finance Director (Operational)
Authorisation of transfers between LHB bank accounts	Executive Director of Finance	Finance Director (Operational)
Authorisation of: -PGO/GBS Schedules -BACS Schedules -Automated cheque schedules -Manual cheques	Executive Director of Finance	Finance Director (Operational)
b) Investments: Investment of surplus funds in accordance with the LHB's investment policy	Executive Director of Finance	Finance Director (Operational)
5. External Borrowing		
a) Advise LHB Board of the requirements to meet payment of interest and originating capital debt	Executive Director of Finance	Finance Director (Operational)
b) Application for loan(s) and overdrafts	Executive Director of Finance	Finance Director (Operational)
c) Preparation of procedural instructions	Executive Director of Finance	Finance Director (Operational)
6. Non Pay Expenditure		
For details of Delegated Limits please refer to Table B		
a) Completion of an Operational Scheme of Delegation and Authorisation by each Budget Holder ensuring maintenance of a list of officers authorised to place requisitions/orders (including emergency verbal orders) and record receipts within the E-Financials Business Suite.	Executive Director of Finance	Directors
b) Obtain the best value for money when requisitioning goods/services	Executive Director of Finance	Directors
c) Ensuring expenditure is within budget	Chief Executive	Directors
d) Non-Pay Expenditure for which no specific budget has been set up and which is not subject to funding under delegated powers of virement	Chief Executive	Executive Director of Finance

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
e) Orders exceeding 12 month period	Executive Director of Finance	Finance Director (Operational)
f) Prompt payment of accounts	Executive Director of Finance	Executive Director of Finance
g) Financial Limits	Please refer to Table B – Delegated Limits	
h) Maintenance of sufficient records to explain the LHB's transactions and report on the LHB's financial position	Executive Director of Finance	Executive Director of Finance
i) Approval of visits at a supplier's expense	Executive Director of Finance	Executive Directors
j) Provision of electronic signatures within the E-Financials Business Suite in accordance with each Budget Holder's Operational Scheme of Delegation and Authorisation	Executive Director of Finance	Finance Director (Operational)
7. Stores and Receipt of Goods		
a) Responsibility for the systems of financial control over all stores including receipt of goods and returns	Executive Director of Finance	Directors
b) Responsibility for the control of stores and receipt of goods, issues and returns: All stores (excluding pharmaceutical, fuel, oil and coal – see following)	Executive Director of Finance	Directors
Pharmaceutical Stores	Executive Medical Director	Chief Pharmacist
Fuel, oil and coal stocks	Executive Director of Planning & Performance	Director of Estates & Facilities
c) Stocktaking arrangements	Executive Director of Finance	Directors
8. Capital Investment Management		
For details of Delegated Limits for Delegated Matter 8d, please refer to Table B – Leases. In accordance with Welsh Government guidance:		
a) Programme:		

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
Preparation of Capital Investment Programme	Chief Executive	Executive Director of Planning & Performance
Completion and signing off of a business case for approval	Chief Executive/Executive Director of Finance	Executive Director of Planning & Performance
Appointment of Project Directors	Chief Executive	Executive Director of Planning & Performance with support from relevant Directors
Financial monitoring and reporting on all capital scheme expenditure including variations to contract	Executive Director of Planning & Performance	Executive Director of Finance/Executive Director of Planning & Performance with support from relevant Directors.
Issuing of guidance on management of capital schemes	Executive Director of Planning & Performance	Executive Director of Finance/Executive Director of Planning & Performance
b) Contracting – Selection of 3 rd party developers, architects, quantity surveyors, consultant engineers and other professional advisors within EC regulations and LHB tender procedures	Chief Executive	Executive Director of Planning & Performance
c) Private Finance – Demonstrate that the use of private finance represents best value for money and transfers risk to the private sector	Chief Executive	Executive Director of Finance
d) Leases – Granting and termination of leases	Chief Executive	Executive Director of Planning & Performance/Executive Director of Finance
e) Financial control and audit-Arrangements are in place to review building and engineering contracts and property transactions comply with Welsh Government guidance.	Chief Executive	Executive Director of Finance with Executive Director of Planning & Performance responsible for the technical audit of the contracts.
9. Quotations, Tendering & Contract Procedures For details of Delegated Limits, please refer to Table B – Quotations/Tenders.		
a) Services:		
Best value for money is demonstrated for all services provided under contract or in-house	Chief Executive	Directors

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
Nominate officers to oversee and manage the contract on behalf of the LHB	Chief Executive	Directors
b) Quotations – Total value of the contract over its entire period:		
Seeking quotations up to £5,000 in value	Executive Director of Finance (per SFI 11.7.1)	For details of delegated limits, please refer to Table B
Obtaining minimum of 3 written quotations for goods/services of value between £5,000 and £25,000	Chief Executive (per SFI 11.1.2)	For details of delegated limits. Please refer to Table B
c) Competitive Tenders – Total value of the contract over its entire period:		
Obtaining a minimum of 4 written competitive tenders for goods/services of value between £25,000 and the OJEU threshold (in compliance with EC Directives as appropriate)	Chief Executive	For details of delegated limits, please refer to Table B
Obtaining a minimum of 5 written competitive tenders for goods/services of a value in excess of the OJEU threshold (in compliance with EC Directives as appropriate)	Chief Executive	For details of delegated limits, please refer to Table B
Receipt and custody of tenders prior to opening	Chief Executive	Executive Director of Finance
Opening Tenders and Quotations	Chief Executive	Executive Director of Finance
Decide if late tenders should be considered	Chief Executive	Executive Director of Finance
d) Waiving the requirement to request quotes or tenders – subject to SFI Schedule 1 Para. 4.2 & 4.3 – Formally reported to the Audit Committee	Chief Executive	Chief Executive/nominated deputy (Board Secretary or Executive Director of Finance). Where the budget holder requesting the waiver is the Chief Executive/Board Secretary/Executive Director of Finance, they cannot approve their own waiver and must seek approval from one of the other two delegated officers.
10. Fixed Assets		

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
a) Maintenance of asset register	Chief Executive	Executive Director of Finance supported by relevant Director
b) Calculate and pay capital charges in accordance with Welsh Government requirements	Executive Director of Finance	Executive Director of Finance
c) Responsibility for fixed assets – Land & Buildings	Chief Executive	Executive Director of Planning & Performance
d) Responsibility for all other fixed assets (Plant, Machinery, Transport, IT assets including software, Furniture & Fittings)	Chief Executive	Directors
e) Responsibility for security of LHB assets including notifying discrepancies to the Director of Finance and reporting losses in accordance with LHB procedures	Chief Executive	Directors
11. Personnel & Pay		
a) Nominate officers to enter into contracts of employment regarding staff, agency staff or consultancy service contracts in accordance with the “Policy for the Safe Recruitment and Selection Practices” together with accompanying guidance, particularly the need for pre-employment checks.	Chief Executive	Executive Director of Workforce & OD
b) Approve the commencement of employment prior to all pre-employment checks being completed.	Executive Director of Workforce & OD	Executive Director of Workforce & OD
c) Authority to fill funded post on the establishment with permanent staff.	Executive Director of Workforce & OD	Directors
d) Authority to extend Locum appointments	Chief Executive	Interim Managing Directors, Mental Health Director and Area Directors for appointments over 12 months to 24 months. Executive Director of Nursing & Midwifery, Executive Director of Primary Care & Community Services, Executive Director of Therapies & Health Sciences and Executive Director of Workforce & OD/Director of MHLD for appointments over

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
		24 months to 36 months only.
e) The granting of additional increments to staff within budget in accordance with Terms & Conditions of Service	Executive Director of Workforce & OD	Directors with advice from Executive Director of Workforce & OD
f) All requests for upgrading/ regrading/ major skill mix changes shall be dealt with in accordance with LHB Procedure	Executive Director of Workforce & OD	Directors with advice from Executive Director of Workforce & OD
g) Authority to agree acting up salaries for staff other than Executive Directors (Approval of acting up salaries for interim Executive Directors to be retained by Remuneration & Terms of Service Committee)	Chief Executive to agree acting up arrangements of Band 9 and above (Excluding Executive Directors)	Directors lead for acting up salaries up to Band 8d or equivalent.
h) Establishments:		
Additional staff to the agreed establishment with specifically allocated finance	Chief Executive	Directors with approval from Executive Director of Finance
Additional staff to the agreed establishment without specifically allocated finance.	Chief Executive	Executive Director of Finance
Variation to the funded establishment	Chief Executive	Directors with approval from Executive Director of Finance
i) Pay		
Authority to complete standing data forms effecting pay, new starters, changes and leavers	Executive Director of Workforce & OD	Directors
Authority to complete and authorise timesheets and payroll returns	Executive Director of Workforce & OD	Directors
Authority to authorise overtime	Executive Director of Workforce & OD	Directors
Authority to authorise travel & subsistence expenses	Executive Director of Workforce & OD	Directors

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
Maintenance of a list of managers authorised to sign payroll and travel expense documentation.	Executive Director of Workforce & OD	Directors
j) Leave		
Approval of annual leave in accordance with LHB policy	Executive Director of Workforce & OD	Directors
Carry over of annual leave in exceptional circumstances up to a maximum of 5 days	Executive Director of Workforce & OD	Directors
Compassionate leave	Executive Director of Workforce & OD	Directors
Special leave arrangements (to be applied in accordance with All Wales Policy)	Executive Director of Workforce & OD	Directors
Leave without pay	Executive Director of Workforce & OD	Directors
Medical Staff Leave of Absence – paid and unpaid	Executive Director of Workforce & OD	Directors
Consultants Special Leave	Executive Medical Director	Directors
Time off in lieu	Executive Director of Workforce and OD	Directors
Maternity / Paternity Leave – paid and unpaid	Executive Director of Workforce & OD	Directors
k) Annualised hours/flexible working hours system- maintenance of adequate records	Executive Director of Workforce & OD	Directors
l) Sick Leave		
Extension of sick leave on half pay up to three months	Executive Director of Workforce & OD	Directors in conjunction with Executive Director of Workforce & OD
Return to work part-time on full pay to assist recovery	Executive Director of	Directors in conjunction with

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
	Workforce & OD	Executive Director of Workforce & OD
Extension of sick leave on full pay	Executive Director of Workforce & OD	Directors in conjunction with Executive Director of Workforce & OD
m) Study Leave		
Study leave outside the UK (non-medical staff excluding clinical staff)	Executive Director of Workforce & OD	Directors
Medical staff study leave (UK)	Executive Medical Director/Executive Director of Workforce & OD/ Executive Director of Primary Care & Community Services	Directors
Consultant Medical Staff Leave (UK)	Executive Medical Director	Directors
All Medical and non-Medical Clinical Staff study leave outside the UK	Executive Medical Director/Executive Director of Nursing & Midwifery/Executive Director of Therapies & Health Science/Executive Director of Primary Care & Community Services	Directors
All other study leave (UK)	Executive Director of Workforce & OD	Directors
n) Removal Expenses		
Authorisation of payment of removal expenses incurred by officers taking up new appointments (providing consideration was promised at interview)	Executive Director of Workforce & OD	Directors in accordance with BCU HB policy/approval from the Executive

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
		Director of Workforce & OD
o) Grievance Procedure	Executive Director of Workforce & OD	Directors
p) Professional Misconduct/Competence-Medical and Dental Staff	Executive Medical Director/Executive Director of Workforce & OD	Assistant Medical Directors supported by Workforce & OD
q) Suspension of Doctors employed directly by the LHB	Chief Executive	Executive Medical Director supported by Executive Director of Workforce & OD
r) Removal of Practitioner from the Performers List	Chief Executive	Executive Medical Director supported by Executive Director of Workforce & OD and Executive Director of Primary Care & Community Services
s) Requests for new posts to be authorised as car users	Executive Director of Finance	Directors
t) Renewal of Fixed Term Contract	Executive Director of Workforce & OD	Directors
u) Voluntary Early Release Scheme	Executive Director of Workforce & OD	Executive Director of Workforce & OD, with Executive Director of Finance for sign off of financial viability
v) Settlement on termination of employment	Executive Director of Workforce & OD	Executive Director of Workforce & OD with approval from Welsh Government where the payment is Ex-gratia and exceeds the delegated limit of £50,000
w) Ill Health Retirement Decision to pursue retirement on the grounds of ill-health following advice from Workforce & OD Department	Executive Director of Workforce & OD	Executive Director of Workforce & OD

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
x) Disciplinary Procedure(excluding Executive Directors)	Executive Director of Workforce & OD	Directors
12. Engagement of Staff Not On the Establishment		
For details of Delegated Limits, please refer to Table B		
a) Non clinical Consultancy Staff	Executive Director of Finance	Director accountable for relevant service
b) Medical Locum staff	Executive Medical Director	Director accountable for relevant service.
c) Booking of Agency Nursing Staff	Executive Director of Nursing & Midwifery	Director accountable for relevant service
d) Booking of Bank Staff:		
Nursing	Executive Director of Nursing & Midwifery	Director accountable for relevant service
Other	Executive Director of Workforce & OD	Director accountable for relevant service
13. Charitable Funds Held on Trust		
For details of Delegated Limits, Please refer to Table B		
a) Management: Funds held on Trust are managed appropriately	Executive Director of Finance	Directors
b) Maintenance of authorised signatory list of Authorised Fund Holders	Executive Director of Finance	Executive Director of Finance
c) Expenditure	Refer to Table B - Delegated Limits	
d) Fundraising Appeals – Preparation/Monitoring/Reporting progress and performance	Executive Director of Finance	Executive Director of Finance
e) Operation of Bank Accounts:		
Managing banking arrangements and operation of bank accounts	Executive Director of	Executive Director of Finance

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
	Finance in conjunction with Corporate Trustees	
Opening bank accounts	Board	Executive Director of Finance
f) Investments – Policy and Arrangements	Executive Director of Finance in conjunction with Corporate Trustees	Executive Director of Finance
g) Authority to accept the discharge of a donor's estate	Executive Director of Finance	Executive Director of Finance
14. Primary Care Patient Services/ Healthcare Agreements		
For details of Delegated Limits, please refer to Table B – Healthcare Agreements		
a) Contract negotiation and provision of service agreements	Executive Director of Finance / Executive Director of Primary Care & Community Services	Executive Director of Planning & Performance
b) Reporting actual and forecast contract income	Executive Director of Finance	Executive Director of Finance
c) Pricing of all contracts and SLAs	Executive Director of Finance	Executive Director of Finance with relevant Director
d) Signing agreements	Chief Executive	Chief Executive or Executive Director of Finance in Chief Executive's absence/Executive Director of Primary Care & Community Services for all primary care related agreements
15. Income Systems, Fees and Charges		
a) Private Patients, Overseas Visitors, Income Generation and other patient related services	Executive Director of Finance	Executive Director of Finance

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
b) Pricing of NHS agreements	Executive Director of Finance	Assistant Directors of Finance
c) Informing the Director of Finance of monies due to the LHB	Executive Director of Finance	Directors
d) Recovery of debt	Executive Director of Finance	Executive Director of Finance
e) Security of cash and other negotiable instruments	Executive Director of Finance	Executive Director of Finance and all Directors
f) Designing, maintaining and ensuring compliance with systems for the proper recording, invoicing, collection and coding of all monies due	Executive Director of Finance	Director of Finance (Operational)
g) Non patient care income	Executive Director of Finance	Executive Director of Finance
16. Disposal and Condemnations		
Disposal of all property and land require formal approval by the Cabinet Secretary for Health, Well-Being & Sport		
a) Issuing procedure for the disposal of assets obsolete, obsolescent, redundant, irreparable or cannot be repaired cost effectively	Executive Director of Finance	Executive Director of Finance/Executive Director of Planning & Performance
b) Notification to Director of Finance prior to disposal	Executive Director of Finance	Directors
17. Losses, Write-offs & Compensation		
a) Prepare procedures for recording and accounting for losses and special payments including preparation of a fraud response plan and informing Counter Fraud Operational Services of frauds.	Chief Executive	Executive Director of Finance
b) Losses of cash due to theft, fraud, overpayment of salaries, fees, allowances & other causes up to £50,000	Chief Executive	Executive Director of Finance
c) Fruitless payments (including abandoned Capital Schemes) up to £250,000	Chief Executive	Executive Director of Finance

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
d) Bad debts and claims abandoned: Private patients; overseas visitors & other cases up to £50,000	Chief Executive	Executive Director of Finance
e) Damage to buildings, their fittings, furniture and equipment and loss of equipment and property in stores and in use due to: Culpable causes (e.g. fraud, theft, arson) or other up to £50,000	Chief Executive	Executive Director of Finance
f) For personal and public liability claims, under the Legal & Risk scheme, authorisation from Legal & Risk is required before admissions may be made and monetary compensation offered. (Ex-gratia settlements offered by the LHB are by definition not payments based upon legal liability and are, therefore, not reimbursable under the WRP scheme)	Chief Executive	Executive Director of Nursing & Midwifery supported by the relevant Director after seeking appropriate legal advice, up to a max £150,000
g) Compensation payments made under legal obligation:	Chief Executive	Chief Executive, Executive Director of Finance or Executive Director of Nursing & Midwifery
h) Extra contractual payments to contractors – Up to £50,000 as specified within the Losses and Special Payments Manual of Guidance	Chief Executive	Executive Director of Finance with reporting to the Audit Committee
17.1 Ex-Gratia Payments:		
a) Patients and staff for loss of personal effects up to £50,000	Chief Executive	Executive Director of Finance- Refer to Finance Policy on Losses and Special Payments
b) For clinical negligence up to £250,000 (negotiated settlements)*. Report to Board > £50,000 (see also table B para.15)	Chief Executive	Executive Director of Finance/Executive Director of Nursing & Midwifery
c) For clinical negligence over £250,000 and up to £1,000,000* (negotiated settlements). Report to Board > £50,000 (see also table B para.15)	Chair	Chief Executive/ Executive Director of Finance/Executive Director of Nursing & Midwifery
d) For personal injury claims involving negligence where legal advice has been obtained and guidance applied up to £250,000 (including plaintiff's costs) Report to Board > £50,000	Chief Executive	Chief Executive/ Executive Director of Finance/Executive Director of Workforce & OD/ Executive Director of Nursing & Midwifery
e) For personal injury claims involving negligence where legal advice has been	Board	Chief Executive/Executive Director of

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
obtained and guidance applied up to £1,000,000 Report to Board > £50,000*		Finance/Executive Director of Nursing & Midwifery
f) Other, except cases for maladministration where there was no financial loss by claimant, up to £50,000	Chief Executive	Executive Director of Finance/Executive Director of Nursing & Midwifery
* For all clinical negligence and personal injury cases(including Court cases) the use of structured settlements should be considered involving costs to the NHS of £250,000 or more – All structured settlements require approval from the Welsh Government		
18. Reporting of Incidents to the Police		
a) Where a criminal offence is suspected		
Criminal offence of a sexual or violent nature	Chief Executive	Executive Director of Workforce & OD
Arson or theft	Executive Director of Planning & Performance	Director of Estates & Facilities
Other	Executive Director of Planning & Performance	Director of Estates & Facilities
19. Financial Procedures		
a) Maintenance & Update of LHB Financial Procedures	Executive Director of Finance	Executive Director of Finance
20. Audit Arrangements		
a) Review, appraise and support in accordance with Internal Audit standards for NHS Wales and best practice	Chair of the Audit Committee	Board Secretary/Head of Internal Audit
b) Provide an independent and objective view on internal control and probity	Chief Executive	Head of Internal Audit/Wales Audit Office
c) Ensure Cost-effective external audit	Chair of Audit Committee	Executive Director of Finance
d) Ensure an adequate internal audit service	Chief Executive	Board Secretary
e) Implement recommendations	Chief Executive	All relevant Directors
21. Legal Proceedings		

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
a) Engagement of LHB's Solicitors	Chief Executive	Board Secretary for all Board related matters/Executive Director of Workforce & OD for all employment related matters/Executive Director of Planning & Performance for all estate related matters/Executive Director of Primary Care & Community Services for all Primary Care related matters.
b) Approve and sign all documents which will be necessary in legal proceedings	Chief Executive	Any Director of the Board or an officer formally nominated by the Chief Executive
c) Sign on behalf of the LHB any agreement or document not requested to be executed as a deed	Chief Executive	Any Director of the Board or an officer formally nominated by the Chief Executive
22. Insurance Policies and Risk Management	Chief Executive	Executive Director of Finance/Board Secretary
23. Clinical Audit	Chief Executive	Executive Medical Director
24. Patients' Property (in conjunction with financial advice)		
For details of Delegated Limits, please refer to Table B – Petty Cash/Patients Monies		
a) Ensuring patients and guardians are informed about patients' monies and property procedures on admission	Executive Director of Nursing & Midwifery	Directors
b) Prepare detailed written instructions for the administration of patients' property	Executive Director of Nursing & Midwifery	Executive Director of Finance
c) Informing staff of their duties in respect of patients' property	Executive Director of Nursing & Midwifery	Directors
d) Issuing property valued >£5,000 only on production of a probate letter of administration	Executive Director of Finance	Executive Director of Finance

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
25. Patients & Relatives Complaints		
a) Overall responsibility for ensuring that all complaints are dealt with effectively	Chief Executive	Executive Director of Nursing & Midwifery
b) Responsibility for ensuring complaints are investigated thoroughly	Chief Executive	Executive Director of Nursing & Midwifery
c) Medical – Legal Complaints Co-ordination of their management	Chief Executive	Executive Director of Nursing & Midwifery
26. Seal		
a) The keeping of a register of seal and safekeeping of the seal	Chief Executive	Board Secretary
b) Attestation of seal in accordance with Standing Orders	Chief Executive/Chair	Board Secretary
27. Gifts and Hospitality		
a) Keeping of gifts and hospitality register	Chief Executive	Board Secretary
28. Declaration of Interests		
a) Maintaining a register	Chief Executive	Board Secretary
29. Informatics and the Data Protection Act		
a) Review of LHB's compliance with the Data Protection Act	Chief Executive	Board Secretary
b) Responsibility for Informatics policy and strategy	Executive Medical Director	Chief Information Officer
c) Responsibility for ensuring that adequate management (audit) trails exist in Informatics systems	Executive Medical Director	Chief Information Officer
30. Records		
a) Review LHB's compliance with the Retention of Records Act and guidance	Chief Executive	Board Secretary / Executive Medical Director
b) Approval for the destruction of records	Chief Executive	Board Secretary / Executive Medical Director
c) Ensuring the form and adequacy of the financial records of all departments	Executive Director of Finance	Executive Director of Finance

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
31. Authorisation of New Drugs	Chief Executive	Executive Medical Director on the advice of the appropriate professional bodies
32. Authorisation of Research Projects	Executive Medical Director	Director of Research & Development
33. Authorisation of Clinical Trials	Chief Executive	Executive Medical Director
34. Infectious Diseases & Notifiable Outbreaks – outbreak control / public health monitoring and surveillance / provision of public health advice	Chief Executive	Executive Director of Public Health
35. Review of Fire Precautions	Chief Executive	Executive Director of Planning & Performance
36. Health & Safety		
Review of all statutory compliance legislation and Health and Safety requirements including control of Substances Hazardous to Health Regulations	Chief Executive	Executive Director of Workforce & OD
37. Medicines Inspectorate Regulations		
Review Regulations Compliance	Chief Executive	Executive Medical Director supported by Chief Pharmacist
38. Environmental Regulations		
Review of compliance with environmental regulations, for example those relating to clean air and waste disposal	Chief Executive	Executive Director of Planning & Performance
39. Legal & Risk Payments	Chief Executive	Executive Director of Nursing & Midwifery/Executive Director of Finance
40. Investigation of Fraud/Corruption or Financial Irregularities	Executive Director of Finance	Lead Local Counter Fraud Specialist
41. Commercial Sponsorship		

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
Agreement to proposal in accordance with BCU HB procedures	Chief Executive	Executive Director of Finance
42. Cost/Notional Rent/Third Party Developer/Improvement Grants		
Approval of all schedules of payments	Chief Executive	Executive Director of Primary Care & Community Services
Submission to Welsh Government for all new GP premises or major extensions in accordance with BCU HB Primary Care Estates Strategy	Chief Executive	Executive Director of Primary Care & Community Services
43. Freedom of Information	Chief Executive	Board Secretary
44. Compliance Lead Roles:		
a) Caldicott Guardian	Executive Medical Director	Senior Associate Medical Director
b) Data Protection Officer	Chief Executive	Assistant Director of Information Governance and Assurance
c) Senior Information Risk Owner	Chief Executive	Board Secretary
45. Emergency Planning & Major Incidents – Civil Contingencies Act (Category 1 Responder)	Chief Executive	Executive Director of Planning & Performance
46. National Health Services (Wales) Act 2006 Section 33 Agreements: Arrangements between NHS Bodies and Local Authorities	Chief Executive	Executive Director of Finance
47. Statutory compliance with respective Legislation	Chief Executive	Board Secretary
48. National Health Service (Appointment of Consultants) (Wales) (Amendment) Regulations 2005 (Statutory Instrument 2005: 3039) Appointment of all Medical and Dental Consultant posts. Consultant posts within Public Health that are open to both medically qualified and those qualified in other disciplines other than medicine should follow this process, even though they fall outside of the requirements of the Statutory Instrument.	Chief Executive	Board level directors

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
49. All Wales Policy: Making Decisions on Individual Patient Funding Requests (IPFR)	Chief Executive	WHSSC IPFR Panel £300,000 to £1,000,000; Chief Executive up to £299,999; Chair and Vice Chair of Health Board IPFR Panel together sign up to £125,000
* The IPFR Panel cannot make policy decisions for the health board. Any policy proposals arising from their considerations and decisions must be reported to the Health Board Quality, Safety & Experience Committee		
50. Carbon Reduction Commitment Order (Phase 2) Agency Registration	Chief Executive	Executive Director of Planning and Performance
51. Human Tissue Act 20014	Chief Executive	Executive Director of Therapies & Health Sciences
52. Ionising Radiation (Medical Exposure) Regulations 2017	Chief Executive	Executive Director of Therapies & Health Sciences
53. Nurse Staffing Levels Act (Wales) 2016	Chief Executive	Executive Director of Nursing & Midwifery
54. Welsh Language Standard Reporting	Chief Executive	Executive Director of Public Health
55. Controlled Drugs Accountable Officer	Chief Executive	Chief Pharmacist

Table B – Scheme of Financial Delegation

Financial Limits are subject to funding available within relevant budget(s) and are inclusive of VAT irrespective of recovery arrangements.

All purchases must ensure compliance with Standing Financial Instruction Schedule 1 -

Procurement of Works, Goods and Services with regard to the required quotation or Tendering exercise.

	Budget changes	General expenditure	Healthcare agreements	Capital (Business Case and Contractual Commitment approvals)			Specialist				Charitable Funds		Procurement waivers	Staffing	
		Any expenditure approval must be within funding limits of approved budgets. Approval limits are cumulative, and therefore higher level approval limits must be supported by lower level approvals. Executive Directors and Directors, Area Directors, and Hospital Care Directors to determine scheme of delegation within their structures.													
	Budget transfers between Corporate Departments, Area Teams or Hospital Teams(Virements)	Individual orders / requisitions / annual order value or total contract value (unless otherwise noted)	Healthcare agreements (NHS and Private sector)(annual value) (Primary Care contracts approved by Board)	Building and engineering orders; related consultancy support(individual contractual commitment)	Medical devices; plant; machinery; related consultancy support(individual contractual commitment)	IM&T; telecoms systems; software; related consultancy (individual contractual commitment)	Property or equipment leases(granting or termination of leases; annual value)	External consultancy support (total contract value for duration of service)	Losses / Special Payments (Terminations approved by Exec.Director of W&OD; VERS by RATS C'ttee)	New drugs (value based on annual costs)	Locally held funds(total funding bid value)	General funds(total funding bid value)	All values	New posts (additional establishm't)	Agency and Waiting List Initiatives (all values)
WG (In advance of contract planning)	No requirement	£1m plus	£1m plus (Private sector)	£1m plus	£1m plus	£1m plus	No requirement	£1m plus	See Manual of Guidance for losses and SFIs, as special rules apply for certain losses and ex gratia payments.	No requirement	No requirement	No requirement	No requirement	No requirement	No requirement
Board following Chief Executive approval	£1m plus	£1m plus	Over £10m approved in advance, below £10m retrospectively reported. Over £1m for Private sector.	£1m plus	£1m plus	£1m plus	£0.5m plus or any which need signing under seal (Reservation of Power, Number 33)	£0.5m plus		£1m plus	No requirement	No requirement	No requirement	No requirement	No requirement
Audit Committee													Retrospective reporting		
Charitable Funds Committee (all Executives can authorise use of charitable funds up to £5k)											Over £5k (Up to £25k scrutinised by CF Advisory Group)	Over £5k (Up to £25k scrutinised by CF Advisory group)			
CEO through Executive Team	£0.5m to £1m	£0.5m to £1m	New or contract variation to £10.0m.	£0.5m to £1m	£0.5m to £1m	£0.5m to £1m	£250k to £0.5m	£250k to £0.5m	£0.5m to £1.0m	£0.5m to £1.0m	Up to £5k	Up to £5k	As escalated by DoF	Can approve new posts across LHB	No requirement
Any 2 of CEO, Director of P&P and DoF (must include DoF)		Up to £0.5m	New or contract variation to £5.0m (to £1m for Private sector).					Up to £250k		Up to £0.5m			As escalated by DoF		
Executive Director of Finance	Up to £0.5m	Up to £250k		Up to £0.5m	Up to £0.5m	Up to £0.5m	Up to £250k	Up to £100k	Up to £0.5m		Up to £5k	Up to £5k	As escalated by FD: OF	Can approve new posts within own structure.	Must approve in advance in own structure.

	Budget changes	General expenditure	Healthcare agreements	Capital (Business Case and Contractual Commitment approvals)			Specialist				Charitable Funds		Procurement waivers	Staffing	
		Any expenditure approval must be within funding limits of approved budgets. Approval limits are cumulative, and therefore higher level approval limits must be supported by lower level approvals. Executive Directors and Directors, Area Directors, and Hospital Care Directors to determine scheme of delegation within their structures.													
	Budget transfers between Corporate Departments, Area Teams or Hospital Teams(Virements)	Individual orders / requisitions / annual order value or total contract value (unless otherwise noted)	Healthcare agreements (NHS and Private sector)(annual value) (Primary Care contracts approved by Board)	Building and engineering orders; related consultancy support(individual contractual commitment)	Medical devices; plant; machinery; related consultancy support(individual contractual commitment)	IM&T; telecoms systems; software; related consultancy (individual contractual commitment)	Property or equipment leases(granting or termination of leases; annual value)	External consultancy support (total contract value for duration of service)	Losses / Special Payments (Terminations approved by Exec.Director of W&OD; VERS by RATS C'ttee)	New drugs (value based on annual costs)	Locally held funds(total funding bid value)	General funds(total funding bid value)	All values	New posts (additional establishments)	Agency and Waiting List Initiatives (all values)
Executive Directors, Board Secretary, Director of Mental Health and Learning Disabilities (unless noted below)		Up to £250k						Up to £100k					Waivers must be approved by FD: OF and Exec.Director of Finance or Chief Executive if escalated by FD: OF	Can approve new posts within own structure.	Must approve in advance in own structure.
Executive Director of Primary Care & City Services		Up to £250k						Up to £100k						Can approve new posts within own structure.	Must approve in advance in own structure.
Executive Director of Planning & Performance		Up to £250k		Up to £0.5m	Up to £0.5m		Up to £250k	Up to £100k						Can approve new posts within own structure.	Must approve in advance in own structure.
Executive Medical Director		Up to £250k				Up to £0.5m		Up to £100k						Can approve new posts within own structure.	Must approve in advance in own structure.
Executive Director of W&OD		Up to £250k						Up to £100k	Terminations up to £50k (over this to WG)					Can approve new posts within own structure.	Must approve in advance in own structure.
Executive Director of Nursing & Midwifery Executive Director of Therapies & Health Sciences		Up to £250k Up to 250k			Up to £150k			Up to £100k Up to £100k	Up to £150k -----					Can approve new posts within own structure.	Must approve in advance in own structure.

	Budget changes	General expenditure	Healthcare agreements	Capital	Specialist	Charitable Funds	Procurement waivers	Staffing							
		Any expenditure approval must be within funding limits of approved budgets. Approval limits are cumulative, and therefore higher level approval limits must be supported by lower level approvals. Executive Directors and Directors, Area Directors, and Hospital Care Directors to determine scheme of delegation within their structures.													
	Budget transfers between Corporate Departments, Area Teams or Hospital Teams(Virements)	Individual orders / requisitions / annual order value or total contract value (unless otherwise noted)	Healthcare agreements (NHS and Private sector)(annual value) (Primary Care contracts approved by Board)	Building and engineering orders; related consultancy support(individual contractual commitment)	Medical devices; plant; machinery; related consultancy support(individual contractual commitment)	IM&T; telecoms systems; software; related consultancy (individual contractual commitment)	Property or equipment leases(granting or termination of leases; annual value)	External consultancy support (total contract value for duration of service)	Losses / Special Payments (Terminations only approved by Exec Director of W&OD; VERS require RATS Committee)	New drugs (value based on annual costs)	Locally held funds(total funding bid value)	General funds(total funding bid value)	All values	New posts (additional establishm't)	Agency and Waiting List Initiatives (all values)
Area Directors and Director of Mental Health & Learning Disabilities		Up to £250k	New or contract variation to £1.5m		Up to £250k			Up to £100k		Up to £100k, following Med Mgt Group	Up to £5k			Can approve new posts within own team.	As escalated by Direct Reports*
Area Medical Director															Medical staff*
Area Nurse Directors															Nurse or other staff*
Secondary Care Medical Director		Up to £150k			Up to £150k			Up to £150k			Up to £5k				Medical staff*
Secondary Care Nurse Director		Up to £150k			Up to £150k			Up to £150k			Up to £5k				Nurse or other staff*
Interim Managing Directors		Up to £150k			Up to £150k			Up to £50k			Up to £5k			Can approve new posts within own team.	As escalated by Direct Reports*
Director of Estates & Facilities		Up to £150K		Up to £150K	Up to £150K			Up to £50K							
Hospital: Assistant Medical Director															Medical staff*
Hospital: Assistant Nurse Director															Nurse or other staff*
Procurement (NWSSP)													All signed off by Procurement		

	Budget changes	General expenditure	Healthcare agreements	Capital			Specialist				Charitable Funds		Procurement waivers	Staffing	
		Any expenditure approval must be within funding limits of approved budgets. Approval limits are cumulative, and therefore higher level approval limits must be supported by lower level approvals. Executive Directors and Directors, Area Directors, and Hospital Care Directors to determine scheme of delegation within their structures.													
	Budget transfers between Corporate Departments, Area Teams or Hospital Teams(Virements)	Individual orders / requisitions / annual order value or total contract value (unless otherwise noted)	Healthcare agreements (NHS and Private sector)(annual value) (Primary Care contracts approved by Board)	Building and engineering orders; related consultancy support(individual contractual commitment)	Medical devices; plant; machinery; related consultancy support(individual contractual commitment)	IM&T; telecoms systems; software; related consultancy (individual contractual commitment)	Property or equipment leases(granting or termination of leases; annual value)	External consultancy support (total contract value for duration of service)	Losses / Special Payments (Terminations only approved by Exec Director of W&OD; VERS require RATS Committee)	New drugs (value based on annual costs)	Locally held funds(total funding bid value)	General funds(total funding bid value)	All values	New posts (additional establishm't)	Agency and Waiting List Initiatives (all values)
Assistant Director of Service User Experience		Up to £75k							Up to £75k						
Deputy / Assistant Director to the Board Secretary		Up to £75k													
Assistant Director Primary Care		Up to £75k	Up to £75k		Up to £75k			Up to £75k			Up to £5k				
Assistant Director Community Hospital Services		Up to £75k	Up to £75k		Up to £75k			Up to £75k			Up to £5k				
Assistant Director Secondary Care		Up to £75k	Up to £75k		Up to £75k			Up to £75k			Up to £5k				
Head of Investigations and Redress									Up to £20k						
Claims Managers									Up to £5k						
Authorised fund holder (Charitable Funds)											Up to £5k				

	Budget changes	General expenditure	Healthcare agreements	Capital			Specialist			Charitable Funds		Procurement waivers	Staffing		
		Any expenditure approval must be within funding limits of approved budgets. Approval limits are cumulative, and therefore higher level approval limits must be supported by lower level approvals. Executive Directors and Directors, Area Directors, and Hospital Care Directors to determine scheme of delegation within their structures.													
	Budget transfers between Corporate Departments, Area Teams or Hospital Teams(Virements)	Individual orders / requisitions / annual order value or total contract value (unless otherwise noted)	Healthcare agreements (NHS and Private sector)(annual value) (Primary Care contracts approved by Board)	Building and engineering orders; related consultancy support(individual contractual commitment)	Medical devices; plant; machinery; related consultancy support(individual contractual commitment)	IM&T; telecoms systems; software; related consultancy (individual contractual commitment)	Property or equipment leases(granting or termination of leases; annual value)	External consultancy support (total contract value for duration of service)	Losses / Special Payments (Terminations only approved by Exec Director of W&OD; VERS require RATS Committee)	New drugs (value based on annual costs)	Locally held funds(total funding bid value)	General funds(total funding bid value)	All values	New posts (additional establishm't)	Agency and Waiting List Initiatives (all values)
Medicines Management Group										All new drugs, unless cheaper than existing					
* Agency and Waiting List Initiatives must generally be approved in advance. However, in exceptional circumstances when staff are required out of hours, they can be approved retrospectively.															

This scheme only relates to matters delegated by the Board to the Chief Executive and Directors, together with certain other specific matters referred to in Standing Financial Instructions. Each Director is responsible for delegation within their department. They should produce an Operational Scheme of Delegation and Authorisation for matters within their department, which should also set out how departmental budget and procedures for approval of expenditure are delegated.

Updated Master SoRD 2018 September 2019 v0.01 draft

SECTION 2: SCHEME OF DELEGATION TO EXECUTIVE DIRECTORS, OTHER DIRECTORS AND OFFICERS

The LHB Standing Orders and Standing Financial Instructions specify certain key responsibilities of the Chief Executive, the Executive Director of Finance and other officers. The Chief Executive's Job Description, together with their Accountable Officer Memorandum sets out their specific responsibilities, and the individual job descriptions determined for Executive Director level posts also define in detail the specific responsibilities assigned to those post holders. These documents, together with the schedule of additional delegations below and the associated financial delegations set out in the Standing Financial Instructions form the basis of the LHB's Scheme of Delegation to Officers.

Delegated Matter	Table Reference No.
STANDING ORDERS/STANDING FINANCIAL INSTRUCTIONS	1
MEETINGS	2
FINANCIAL PLANNING/BUDGETARY RESPONSIBILITY	3
BANK/PGO ACCOUNTS (EXCLUDING CHARITABLE FUND ACCOUNTS)	4
EXTERNAL BORROWING	5
NON PAY EXPENDITURE	6
STORES AND RECEIPT OF GOODS	7
CAPITAL INVESTMENT MANAGEMENT	8
QUOTATIONS, TENDERING & CONTRACT PROCEDURES	9
FIXED ASSETS	10
PERSONNEL & PAY	11
ENGAGEMENT OF STAFF (NOT ON THE ESTABLISHMENT)	12
CHARITABLE FUNDS HELD ON LHB	13
PRIMARY CARE PATIENT SERVICES/HEALTHCARE AGREEMENTS	14
INCOME SYSTEMS, FEES & CHARGES	15
DISPOSAL AND CONDEMNATIONS	16
LOSSES, WRITE-OFFS & COMPENSATION AND EX-GRATIA PAYMENTS	17
REPORTING INCIDENTS TO THE POLICE	18
FINANCIAL PROCEDURES	19
AUDIT ARRANGEMENTS	20
LEGAL PROCEEDINGS	21
INSURANCE POLICIES AND RISK MANAGEMENT	22
CLINICAL AUDIT	23
PATIENTS' PROPERTY	24
PATIENTS & RELATIVES COMPLAINTS	25
SEAL	26
GIFTS & HOSPITALITY	27
DECLARATION OF INTERESTS	28
INFORMATICS AND THE DATA PROTECTION ACT	29
RECORDS	30
AUTHORISATION OF NEW DRUGS	31
AUTHORISATION OF RESEARCH PROJECTS	32
AUTHORISATION OF CLINICAL TRIALS	33
INFECTIOUS DISEASES & NOTIFIABLE OUTBREAKS	34

Delegated Matter	Table Reference No.
REVIEW OF FIRE PRECAUTIONS	35
HEALTH & SAFETY	36
MEDICINES INSPECTORATE REGULATIONS	37
ENVIRONMENTAL REGULATIONS	38
LEGAL & RISK PAYMENTS	39
INVESTIGATION OF FRAUD/CORRUPTION OR FINANCIAL IRREGULARITIES	40
COMMERCIAL SPONSORSHIP	41
COSTS/NOTIONAL RENT/THIRD PARTY DEVELOPER/IMPROVEMENT GRANTS	42
FREEDOM OF INFORMATION	43
COMPLIANCE LEAD ROLES: CALDICOTT GUARDIAN, DPO, SIRO	44
EMERGENCY PLANNING	45
NHS ACT 2006 (WALES) SECTION 33 AGREEMENTS	46
STATUTORY COMPLIANCE WITH RESPECTIVE LEGISLATION	47
APPOINTMENT OF MEDICAL & DENTAL CONSULTANT POSTS	48
INDIVIDUAL PATIENT FUNDING REQUESTS	49
CARBON REDUCTION COMMITMENT ORDER	50
HUMAN TISSUE ACT 2004	51
IONISING RADIATION (MEDICAL EXPOSURE) REGULATIONS 2017 [IR(ME)R]	52
NURSE STAFFING LEVELS (WALES) ACT 2016	53

Schedule 1

SCHEME OF RESERVATION AND DELEGATION OF POWERS OFFICE OF THE EXECUTIVE MEDICAL DIRECTOR

Table A – Scheme of Delegation to Officers

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
1. Standing Orders / Standing Financial Instructions			
a) Final authority in interpretation of Standing Orders	Chair	Chair	N/A
b) Notifying Directors, employees and agents of their responsibilities within the Standing Orders and Standing Financial Instructions and ensuring that they understand the responsibilities	Executive Director of Finance/Board Secretary	Directors	Executive Medical Director Deputy Executive Medical Director Senior Associate Medical Director Associate Medical Director for Medical and Dental Education Associate Medical Director RO Director of Informatics Assistant Director of R+D Clinical Directors for Medical and Dental Education Head of Office
c) Responsibility for the security of the LHB's property, avoiding loss, exercising economy and efficiency in using resources and conforming with Standing Orders, Financial Instructions and financial procedures	Executive Director of Finance	Directors	All staff
d) Ensuring Standing Orders are compatible with Welsh Government requirements re	Chief Executive	Executive Director of Planning &	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
building and engineering contracts		Performance	
2. Meetings			
a) Calling meetings of the LHB	Chair	Board Secretary	N/A
b) Chair all LHB Board meetings and associated responsibilities	Chair or Vice Chair in Chair's absence	Chair or Vice Chair in Chair's absence	N/A
3. Financial Planning/Budgetary Responsibility			
a) Setting: Submit Three Year Plan and Annual Operating Plan to the LHB Board	Chief Executive	Executive Director of Planning & Performance	N/A
Submit budgets to the LHB Board	Chief Executive	Executive Director of Finance	N/A
Submit to Board financial estimates and forecasts	Chief Executive	Executive Director of Finance	N/A
b) Implementing financial policies, plans and procedures, providing advice and co-ordinating any corrective action necessary	Executive Director of Finance	Finance Director (Operational)	N/A
c) Issuing Budgets	Executive Director of Finance	Finance Director (Operational)	N/A
d) Monitoring: Monitor performance against budget	Executive Director of Finance	Directors	Executive Medical Director Deputy Executive Medical Director Senior Associate Medical Director Associate Medical Director for Medical and Dental Education Associate Medical Director RO Director of Informatics Assistant Director of R+D Clinical Directors for Medical and Dental Education

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
			Head of Office
Submit monitoring returns	Chief Executive	Executive Director of Finance	N/A
Effective budgetary control and a balanced budget	Executive Director of Finance	Directors	Executive Medical Director Deputy Executive Medical Director Senior Associate Medical Director Associate Medical Director for Medical and Dental Education Associate Medical Director RO Director of Informatics Assistant Director of R+D Clinical Directors for Medical and Dental Education Head of Office
Preparation of annual accounts and returns	Executive Director of Finance	Executive Director of Finance	N/A
Identifying and implementing cost improvements and income generation initiatives	Executive Director of Finance	Directors	Executive Medical Director Deputy Executive Medical Director Senior Associate Medical Director Associate Medical Director for Medical and Dental Education Associate Medical Director RO Director of Informatics Assistant Director of R+D Clinical Directors for Medical and Dental Education Head of Office
e) Authorisation of Virement It is not possible for any officer other than the Executive Director of Finance to vire from non-recurring headings to recurring budgets <u>or</u> from capital to revenue/revenue to capital. Virement <u>between</u> different budget holders (Directors) requires the	Please refer to Table B – Delegated Limits		

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
agreement of <u>both</u> parties <u>and</u> the Executive Director of Finance			
f) Maintaining an effective system of internal financial control	Chief Executive	Executive Director of Finance	N/A
g) Delivery of financial training to budget holders (Directors)	Executive Director of Finance	Finance Director (Operational)	N/A
4. Bank/PGO Accounts (Excluding Charitable Fund Accounts)			
a) Operation: Managing banking arrangements and operation of bank accounts	Executive Director of Finance	Finance Director (Operational)	N/A
Opening bank accounts	Executive Director of Finance	Finance Director (Operational)	N/A
Authorisation of transfers between LHB bank accounts	Executive Director of Finance	Finance Director (Operational)	N/A
Authorisation of: -PGO/GBS Schedules -BACS Schedules -Automated cheque schedules -Manual cheques	Executive Director of Finance	Finance Director (Operational)	N/A
b) Investments: Investment of surplus funds in accordance with the LHB's investment policy	Executive Director of Finance	Finance Director (Operational)	N/A
5. External Borrowing			
a) Advise LHB Board of the requirements to meet payment of interest and originating capital debt	Executive Director of Finance	Finance Director (Operational)	N/A
b) Application for loan(s) and overdrafts	Executive Director of Finance	Finance Director (Operational)	N/A
c) Preparation of procedural instructions	Executive Director of Finance	Finance Director (Operational)	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
6. Non Pay Expenditure			
For details of Delegated Limits please refer to Table B			
a) Completion of an Operational Scheme of Delegation and Authorisation by each Budget Holder ensuring maintenance of a list of officers authorised to place requisitions/orders (including emergency verbal orders) and record receipts within the E-Financials Business Suite.	Executive Director of Finance	Directors	Director for Medical and Dental Education Director of Informatics Head of Office
b) Obtain the best value for money when requisitioning goods/services	Executive Director of Finance	Directors	Director for Medical and Dental Education Director of Informatics Head of Office
c) Ensuring expenditure is within budget	Chief Executive	Directors	Executive Medical Director Deputy Executive Medical Director Senior Associate Medical Director Associate Medical Director for Medical and Dental Education Associate Medical Director RO Director of Informatics Assistant Director of R+D Clinical Directors for Medical and Dental Education Head of Office
d) Non-Pay Expenditure for which no specific budget has been set up and which is not subject to funding under delegated powers of virement	Chief Executive	Executive Director of Finance	N/A
e) Orders exceeding 12 month period	Executive Director of Finance	Finance Director (Operational)	N/A
f) Prompt payment of accounts	Executive Director of Finance	Executive Director of Finance	N/A
g) Financial Limits	Please refer to Table B – Delegated		

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
	Limits		
h) Maintenance of sufficient records to explain the LHB's transactions and report on the LHB's financial position	Executive Director of Finance	Executive Director of Finance	N/A
i) Approval of visits at a supplier's expense	Executive Director of Finance	Executive Directors	N/A
j) Provision of electronic signatures within the E-Financials Business Suite in accordance with each Budget Holder's Operational Scheme of Delegation and Authorisation	Executive Director of Finance	Finance Director (Operational)	N/A
7. Stores and Receipt of Goods			
a) Responsibility for the systems of financial control over all stores including receipt of goods and returns	Executive Director of Finance	Directors	All staff
b) Responsibility for the control of stores and receipt of goods, issues and returns: All stores (excluding pharmaceutical, fuel, oil and coal – see following)	Executive Director of Finance	Directors	Medical Director of Medical and Dental Education Clinical Director Medical and Dental Education Director of Informatics Head of Office
Pharmaceutical Stores	Executive Medical Director	Chief Pharmacist	N/A
Fuel, oil and coal stocks	Executive Director of Planning & Performance	Director of Estates & Facilities	N/A
c) Stocktaking arrangements	Executive Director of Finance	Directors	N/A
8. Capital Investment Management			
For details of Delegated Limits for Delegated Matter 8d, please refer to Table B – Leases. In accordance with Welsh Government guidance:			
a) Programme:			

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
Preparation of Capital Investment Programme	Chief Executive	Executive Director of Planning & Performance	Medical Director for Medical and Dental Education
Completion and signing off of a business case for approval	Chief Executive/ Executive Director of Finance	Executive Director of Planning & Performance	Medical Director for Medical and Dental Education
Appointment of Project Directors	Chief Executive	Executive Director of Planning & Performance with support from relevant Directors	N/A
Financial monitoring and reporting on all capital scheme expenditure including variations to contract	Executive Director of Planning & Performance	Executive Director of Finance/Executive Director of Planning & Performance with support from relevant Directors.	N/A
Issuing of guidance on management of capital schemes	Executive Director of Planning & Performance	Executive Director of Finance/Executive Director of Planning & Performance	Medical Director for Medical and Dental Education
b) Contracting – Selection of 3 rd party developers, architects, quantity surveyors, consultant engineers and other professional advisors within EC regulations and LHB tender procedures	Chief Executive	Executive Director of Planning & Performance	N/A
c) Private Finance – Demonstrate that the use of private finance represents best value for money and transfers risk to the private sector	Chief Executive	Executive Director of Finance	N/A
d) Leases – Granting and termination of leases	Chief Executive	Executive Director of Planning & Performance/Executive Director of Finance	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
e) Financial control and audit- Arrangements are in place to review building and engineering contracts and property transactions comply with Welsh Government guidance.	Chief Executive	Executive Director of Finance with Executive Director of Planning & Performance responsible for the technical audit of the contracts.	N/A
9. Quotations, Tendering & Contract Procedures For details of Delegated Limits, please refer to Table B – Quotations/Tenders.			
a) Services:			
Best value for money is demonstrated for all services provided under contract or in-house	Chief Executive	Directors	Executive Medical Director Deputy Executive Medical Director Senior Associate Medical Director Associate Medical Director for Medical and Dental Education Associate Medical Director RO Director of Informatics Assistant Director of R+D Clinical Directors for Medical and Dental Education Head of Office
Nominate officers to oversee and manage the contract on behalf of the LHB	Chief Executive	Directors	Executive Medical Director Deputy Executive Medical Director Senior Associate Medical Director Associate Medical Director for Medical and Dental Education Associate Medical Director RO Director of Informatics Assistant Director of R+D

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
			Clinical Directors for Medical and Dental Education Head of Office
b) Quotations – Total value of the contract over its entire period:			
Seeking quotations up to £5,000 in value	Executive Director of Finance (per SFI 11.7.1)	For details of delegated limits, please refer to Table B	Executive Medical Director Deputy Executive Medical Director Senior Associate Medical Director Associate Medical Director for Medical and Dental Education Associate Medical Director RO Director of Informatics Assistant Director of R+D Clinical Directors for Medical and Dental Education Head of Office
Obtaining minimum of 3 written quotations for goods/services of value between £5,000 and £25,000	Chief Executive (per SFI 11.1.2)	For details of delegated limits. Please refer to Table B	Executive Medical Director Deputy Executive Medical Director Senior Associate Medical Director Associate Medical Director for Medical and Dental Education Associate Medical Director RO Director of Informatics Assistant Director of R+D Clinical Directors for Medical and Dental Education Head of Office
c) Competitive Tenders – Total value of the contract over its entire period:			Executive Medical Director Deputy Executive Medical Director Senior Associate Medical Director Associate Medical Director for Medical and Dental Education

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
			Associate Medical Director RO Director of Informatics Assistant Director of R+D Clinical Directors for Medical and Dental Education Head of Office
Obtaining a minimum of 4 written competitive tenders for goods/services of value between £25,000 and the OJEU threshold (in compliance with EC Directives as appropriate)	Chief Executive	For details of delegated limits, please refer to Table B	N/A
Obtaining a minimum of 5 written competitive tenders for goods/services of a value in excess of the OJEU threshold (in compliance with EC Directives as appropriate)	Chief Executive	For details of delegated limits, please refer to Table B	N/A
Receipt and custody of tenders prior to opening	Chief Executive	Executive Director of Finance	N/A
Opening Tenders and Quotations	Chief Executive	Executive Director of Finance	N/A
Decide if late tenders should be considered	Chief Executive	Executive Director of Finance	N/A
d) Waiving the requirement to request quotes or tenders – subject to SFI Schedule 1 Para. 4.2 & 4.3 – Formally reported to the Audit Committee	Chief Executive	Chief Executive/nominated deputy (Board Secretary or Executive Director of Finance). Where the budget holder requesting the waiver is the Chief Executive/Board Secretary/Executive Director of Finance, they cannot approve their own waiver	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
		and must seek approval from one of the other two delegated officers.	
10. Fixed Assets			
a) Maintenance of asset register	Chief Executive	Executive Director of Finance supported by relevant Director	Executive Medical Director Senior Associate Medical Director Associate Medical Director for Medical and Dental Education Director of Informatics Assistant Director of R+D Clinical Directors for Medical and Dental Education Head of Office
b) Calculate and pay capital charges in accordance with Welsh Government requirements	Executive Director of Finance	Executive Director of Finance	N/A
c) Responsibility for fixed assets – Land & Buildings	Chief Executive	Executive Director of Planning & Performance	N/A
d) Responsibility for all other fixed assets (Plant, Machinery, Transport, IT assets including software, Furniture & Fittings)	Chief Executive	Directors	Executive Medical Director Deputy Executive Medical Director Senior Associate Medical Director Associate Medical Director for Medical and Dental Education Associate Medical Director RO Director of Informatics Assistant Director of R+D Clinical Directors for Medical and Dental Education Head of Office
e) Responsibility for security of LHB assets including notifying discrepancies to the Director of	Chief Executive	Directors	Executive Medical Director Deputy Executive

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
Finance and reporting losses in accordance with LHB procedures			Medical Director Senior Associate Medical Director Associate Medical Director for Medical and Dental Education Associate Medical Director RO Director of Informatics Assistant Director of R+D Clinical Directors for Medical and Dental Education Head of Office
11. Personnel & Pay			
a) Nominate officers to enter into contracts of employment regarding staff, agency staff or consultancy service contracts in accordance with the "Policy for the Safe Recruitment and Selection Practices" together with accompanying guidance, particularly the need for pre-employment checks.	Chief Executive	Executive Director of Workforce & OD	N/A
b) Approve the commencement of employment prior to all pre-employment checks being completed.	Executive Director of Workforce & OD	Executive Director of Workforce & OD	N/A
c) Authority to fill funded post on the establishment with permanent staff.	Executive Director of Workforce & OD	Directors	Executive Medical Director Deputy Executive Medical Director Senior Associate Medical Director Associate Medical Director for Medical and Dental Education Associate Medical Director RO Director of Informatics Assistant Director of R+D Clinical Directors for Medical and Dental Education Head of Office
d) Authority to extend Locum	Chief	Interim	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
appointments	Executive	Managing Directors, Mental Health Director and Area Directors for appointments over 12 months to 24 months. Executive Director of Nursing & Midwifery, Executive Director of Primary & Community Care, Executive Director of Therapies & Health Sciences and Executive Director of Workforce & OD/Director of MHL for appointments over 24 months to 36 months only.	
e) The granting of additional increments to staff within budget in accordance with Terms & Conditions of Service	Executive Director of Workforce & OD	Directors with advice from Executive Director of Workforce & OD	Executive Medical Director Deputy Executive Medical Director
f) All requests for upgrading/ regrading/ major skill mix changes shall be dealt with in accordance with LHB Procedure	Executive Director of Workforce & OD	Directors with advice from Executive Director of Workforce & OD	N/A
g) Authority to agree acting up salaries for staff other than Executive Directors (Approval of acting up salaries for interim Executive Directors to be retained by Remuneration & Terms of Service Committee)	Chief Executive to agree acting up arrangements of Band 9	Directors lead for acting up salaries up to Band 8d or equivalent.	Executive Medical Director Deputy Executive Medical Director Senior Associate Medical Director Associate

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
	and above (Excluding Executive Directors)		Medical Director for Medical and Dental Education
h) Establishments:			
Additional staff to the agreed establishment with specifically allocated finance	Chief Executive	Directors with approval from Executive Director of Finance	N/A
Additional staff to the agreed establishment without specifically allocated finance.	Chief Executive	Executive Director of Finance	Executive Medical Director Deputy Executive Medical Director Senior Associate Medical Director Associate Medical Director for Medical and Dental Education
Variation to the funded establishment	Chief Executive	Directors with approval from Executive Director of Finance	Executive Medical Director Deputy Executive Medical Director Senior Associate Medical Director Associate Medical Director for Medical and Dental Education
i) Pay			
Authority to complete standing data forms effecting pay, new starters, changes and leavers	Executive Director of Workforce & OD	Directors	Executive Medical Director Deputy Executive Medical Director Senior Associate Medical Director Associate Medical Director for Medical and Dental Education Associate Medical Director RO Director of Informatics Assistant Director of R+D Clinical Directors for Medical and Dental Education Head of Office

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
Authority to complete and authorise timesheets and payroll returns	Executive Director of Workforce & OD	Directors	Executive Medical Director Deputy Executive Medical Director Senior Associate Medical Director Associate Medical Director for Medical and Dental Education Associate Medical Director RO Director of Informatics Assistant Director of R+D Clinical Directors for Medical and Dental Education Head of Office
Authority to authorise overtime	Executive Director of Workforce & OD	Directors	Executive Medical Director Deputy Executive Medical Director Senior Associate Medical Director Associate Medical Director for Medical and Dental Education Associate Medical Director RO Director of Informatics Assistant Director of R+D Clinical Directors for Medical and Dental Education Head of Office
Authority to authorise travel & subsistence expenses	Executive Director of Workforce & OD	Directors	Executive Medical Director Deputy Executive Medical Director Senior Associate Medical Director Associate Medical Director for Medical and Dental Education Associate Medical Director RO Director of Informatics Assistant Director of R+D Clinical Directors for Medical and Dental

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
			Education Head of Office
Maintenance of a list of managers authorised to sign payroll and travel expense documentation.	Executive Director of Workforce & OD	Directors	Executive Medical Director Deputy Executive Medical Director Senior Associate Medical Director Associate Medical Director for Medical and Dental Education Associate Medical Director RO Director of Informatics Assistant Director of R+D Clinical Directors for Medical and Dental Education Head of Office
j) Leave			
Approval of annual leave in accordance with LHB policy	Executive Director of Workforce & OD	Executive Director of Finance	Executive Medical Director Deputy Executive Medical Director Senior Associate Medical Director Associate Medical Director for Medical and Dental Education Associate Medical Director RO Director of Informatics Assistant Director of R+D Clinical Directors for Medical and Dental Education Head of Office OMD Development Managers, Undergrad Postgrad and Library Managers
Carry over of annual leave in exceptional circumstances up to a maximum of 5 days	Executive Director of Workforce & OD	Directors	Executive Medical Director Deputy Executive Medical Director Senior Associate Medical Director Associate Medical Director for Medical and Dental

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
			Education Director of Informatics Assistant Director of R+D Head of Office
Compassionate leave	Executive Director of Workforce & OD	Directors	Executive Medical Director Deputy Executive Medical Director Senior Associate Medical Director Associate Medical Director for Medical and Dental Education Director of Informatics Assistant Director of R+D Head of Office
Special leave arrangements (to be applied in accordance with All Wales Policy)	Executive Director of Workforce & OD	Directors	Executive Medical Director Deputy Executive Medical Director Senior Associate Medical Director Associate Medical Director for Medical and Dental Education Director of Informatics Assistant Director of R+D Head of Office
Leave without pay	Executive Director of Workforce & OD	Directors	Executive Medical Director Deputy Executive Medical Director Senior Associate Medical Director Associate Medical Director for Medical and Dental Education
Medical Staff Leave of Absence – paid and unpaid	Executive Director of Workforce & OD	Directors	Executive Medical Director Deputy Executive Medical Director Senior Associate

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
			Medical Director Associate Medical Director for Medical and Dental Education
Consultants Special Leave	Executive Medical Director	Directors	Executive Medical Director Deputy Executive Medical Director Senior Associate Medical Director Associate Medical Director for Medical and Dental Education
Time off in lieu	Executive Director of Workforce and OD	Directors	Executive Medical Director Deputy Executive Medical Director Senior Associate Medical Director Associate Medical Director for Medical and Dental Education Associate Medical Director RO Director of Informatics Assistant Director of R+D Clinical Directors for Medical and Dental Education Head of Office
Maternity / Paternity Leave – paid and unpaid	Executive Director of Workforce & OD	Directors	Executive Medical Director Deputy Executive Medical Director Senior Associate Medical Director Associate Medical Director for Medical and Dental Education Associate Medical Director RO Director of Informatics Assistant Director of R+D Clinical Directors for Medical and Dental Education

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
			Head of Office
k) Annualised hours/flexible working hours system- maintenance of adequate records	Executive Director of Workforce & OD	Directors	Executive Medical Director Deputy Executive Medical Director Senior Associate Medical Director Associate Medical Director for Medical and Dental Education Associate Medical Director RO Director of Informatics Assistant Director of R+D Clinical Directors for Medical and Dental Education Head of Office
l) Sick Leave			
Extension of sick leave on half pay up to three months	Executive Director of Workforce & OD	Directors in conjunction with Executive Director of Workforce & OD	Executive Medical Director Deputy Executive Medical Director Senior Associate Medical Director Associate Medical Director for Medical and Dental Education Director of Informatics
Return to work part-time on full pay to assist recovery	Executive Director of Workforce & OD	Directors in conjunction with Executive Director of Workforce & OD	Executive Medical Director Deputy Executive Medical Director Senior Associate Medical Director Associate Medical Director for Medical and Dental Education Associate Medical Director RO Director of Informatics Assistant Director of R+D Clinical Directors for Medical and Dental Education Head of Office

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
Extension of sick leave on full pay	Executive Director of Workforce & OD	Directors in conjunction with Executive Director of Workforce & OD	Executive Medical Director Deputy Executive Medical Director Senior Associate Medical Director Associate Medical Director for Medical and Dental Education Director of Informatics
m) Study Leave			
Study leave outside the UK (non-medical staff excluding clinical staff)	Executive Director of Workforce & OD	Directors	Executive Medical Director Deputy Executive Medical Director Senior Associate Medical Director Associate Medical Director for Medical and Dental Education Director of Informatics
Medical staff study leave (UK)	Executive Medical Director/Executive Director of Workforce & OD/ Executive Director of Primary & Community Care	Directors	Executive Medical Director Deputy Executive Medical Director Senior Associate Medical Director Associate Medical Director for Medical and Dental Education
Consultant Medical Staff Leave (UK)	Executive Medical Director	Directors	Executive Medical Director Deputy Executive Medical Director Senior Associate Medical Director Associate Medical Director for Medical and Dental Education
All Medical and non-Medical Clinical Staff study leave outside the UK	Executive Medical Director/Executive Director of Nursing & Midwifery/Executive	Directors	Executive Medical Director Deputy Executive Medical Director Senior Associate Medical Director Associate Medical Director for

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
	Director of Therapies & Health Science/Executive Director of Primary & Community Care		Medical and Dental Education Director of Informatics
All other study leave (UK)	Executive Director of Workforce & OD	Directors	Executive Medical Director Deputy Executive Medical Director Senior Associate Medical Director Associate Medical Director for Medical and Dental Education Director of Informatics
n) Removal Expenses			
Authorisation of payment of removal expenses incurred by officers taking up new appointments (providing consideration was promised at interview)	Executive Director of Workforce & OD	Directors in accordance with BCU HB policy/approval from the Executive Director of Workforce & OD	Executive Medical Director Deputy Executive Medical Director Senior Associate Medical Director Associate Medical Director for Medical and Dental Education Director of Informatics
o) Grievance Procedure	Executive Director of Workforce & OD	Directors	Executive Medical Director Deputy Executive Medical Director Senior Associate Medical Director Associate Medical Director for Medical and Dental Education Associate Medical Director RO Director of Informatics Assistant Director of R+D Clinical Directors for Medical and Dental Education Head of Office
p) Professional	Executive	Assistant	Associate Medical

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
Misconduct/Competence-Medical and Dental Staff	Medical Director/Executive Director of Workforce & OD	Medical Directors supported by Workforce & OD	Director RO
q) Suspension of Doctors employed directly by the LHB	Chief Executive	Executive Medical Director supported by Executive Director of Workforce & OD	Deputy Executive Medical Director Senior Associate Medical Director Associate
r) Removal of Practitioner from the Performers List	Chief Executive	Executive Medical Director supported by Executive Director of Workforce & OD and Executive Director of Primary & Community Care	Deputy Executive Medical Director Senior Associate Medical Director Associate
s) Requests for new posts to be authorised as car users	Executive Director of Finance	Directors	Executive Medical Director Deputy Executive Medical Director Senior Associate Medical Director Associate Medical Director for Medical and Dental Education Associate Medical Director RO Director of Informatics Assistant Director of R+D Clinical Directors for Medical and Dental Education Head of Office
t) Renewal of Fixed Term Contract	Executive Director of Workforce	Directors	Medical Director for Medical and Dental Education

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
	& OD		Associate Medical Director RO Director of Informatics Assistant Director of R+D
u) Voluntary Early Release Scheme	Executive Director of Workforce & OD	Executive Director of Workforce & OD, with Executive Director of Finance for sign off of financial viability	N/A
v) Settlement on termination of employment	Executive Director of Workforce & OD	Executive Director of Workforce & OD with approval from Welsh Government where the payment is Ex-gratia and exceeds the delegated limit of £50,000	Medical Director for Medical and Dental Education Associate Medical Director RO Director of Informatics Assistant Director of R+D
w) Ill Health Retirement Decision to pursue retirement on the grounds of ill-health following advice from Workforce & OD Department	Executive Director of Workforce & OD	Executive Director of Workforce & OD	Medical Director for Medical and Dental Education Associate Medical Director RO Director of Informatics Assistant Director of R+D
x) Disciplinary Procedure(excluding Executive Directors)	Executive Director of Workforce & OD	Directors	Executive Medical Director Deputy Executive Medical Director Senior Associate Medical Director Associate Medical Director for Medical and Dental Education Associate Medical Director RO Director of Informatics Assistant Director of R+D

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
			Clinical Directors for Medical and Dental Education Head of Office
12. Engagement of Staff Not On the Establishment			
For details of Delegated Limits, please refer to Table B			
a) Non clinical Consultancy Staff	Executive Director of Finance	Director accountable for relevant service	N/A
b) Medical Locum staff	Executive Medical Director	Director accountable for relevant service.	N/A
c) Booking of Agency Nursing Staff	Executive Director of Nursing & Midwifery	Director accountable for relevant service	N/A
d) Booking of Bank Staff:			
Nursing	Executive Director of Nursing & Midwifery	Director accountable for relevant service	N/A
Other	Executive Director of Workforce & OD	Director accountable for relevant service	Deputy Executive Medical Director Senior Associate Medical Director Medical Director for Medical and Dental Education
13. Charitable Funds Held on Trust			
For details of Delegated Limits, Please refer to Table B			
a) Management: Funds held on Trust are managed appropriately	Executive Director of Finance	Directors	Executive Medical Director Deputy Executive Medical Director Senior Associate Medical Director Medical Director for Medical and Dental Education

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
b) Maintenance of authorised signatory list of Authorised Fund Holders	Executive Director of Finance	Executive Director of Finance	N/A
c) Expenditure	Refer to Table B - Delegated Limits		
d) Fundraising Appeals – Preparation/Monitoring/Reporting progress and performance	Executive Director of Finance	Executive Director of Finance	N/A
e) Operation of Bank Accounts:			
Managing banking arrangements and operation of bank accounts	Executive Director of Finance in conjunction with Corporate Trustees	Executive Director of Finance	N/A
Opening bank accounts	Board	Executive Director of Finance	N/A
f) Investments – Policy and Arrangements	Executive Director of Finance in conjunction with Corporate Trustees	Executive Director of Finance	N/A
g) Authority to accept the discharge of a donor's estate	Executive Director of Finance	Executive Director of Finance	N/A
14. Primary Care Patient Services/ Healthcare Agreements			
For details of Delegated Limits, please refer to Table B – Healthcare Agreements			
a) Contract negotiation and provision of service agreements	Executive Director of Finance / Executive Director of Primary & Community Care	Executive Director of Planning & Performance	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
b) Reporting actual and forecast contract income	Executive Director of Finance	Executive Director of Finance	N/A
c) Pricing of all contracts and SLAs	Executive Director of Finance	Executive Director of Finance with relevant Director	Executive Medical Director Deputy Executive Medical Director Senior Associate Medical Director Medical Director for Medical and Dental Education
d) Signing agreements	Chief Executive	Chief Executive or Executive Director of Finance in Chief Executive's absence/Executive Director of Primary & Community Care for all primary care related agreements	N/A
15. Income Systems, Fees and Charges			
a) Private Patients, Overseas Visitors, Income Generation and other patient related services	Executive Director of Finance	Executive Director of Finance	N/A
b) Pricing of NHS agreements	Executive Director of Finance	Assistant Directors of Finance	N/A
c) Informing the Director of Finance of monies due to the LHB	Executive Director of Finance	Directors	N/A
d) Recovery of debt	Executive Director of Finance	Executive Director of Finance	N/A
e) Security of cash and other negotiable instruments	Executive Director of Finance	Executive Director of Finance and all Directors	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
f) Designing, maintaining and ensuring compliance with systems for the proper recording, invoicing, collection and coding of all monies due	Executive Director of Finance	Director of Finance (Operational)	N/A
g) Non patient care income	Executive Director of Finance	Executive Director of Finance	N/A
16. Disposal and Condemnations Disposal of all property and land require formal approval by the Cabinet Secretary for Health, Well-Being & Sport			
a) Issuing procedure for the disposal of assets obsolete, obsolescent, redundant, irreparable or cannot be repaired cost effectively	Executive Director of Finance	Executive Director of Finance/Executive Director of Planning & Performance	N/A
b) Notification to Director of Finance prior to disposal	Executive Director of Finance	Directors	Executive Medical Director Deputy Executive Medical Director Senior Associate Medical Director Associate Medical Director for Medical and Dental Education Associate Medical Director RO Director of Informatics Assistant Director of R+D Clinical Directors for Medical and Dental Education Head of Office
17. Losses, Write-offs & Compensation			
a) Prepare procedures for recording and accounting for losses and special payments including preparation of a fraud response plan and informing Counter Fraud	Chief Executive	Executive Director of Finance	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
Operational Services of frauds.			
b) Losses of cash due to theft, fraud, overpayment of salaries, fees, allowances & other causes up to £50,000	Chief Executive	Executive Director of Finance	N/A
c) Fruitless payments (including abandoned Capital Schemes) up to £250,000	Chief Executive	Executive Director of Finance	N/A
d) Bad debts and claims abandoned: Private patients; overseas visitors & other cases up to £50,000	Chief Executive	Executive Director of Finance	N/A
e) Damage to buildings, their fittings, furniture and equipment and loss of equipment and property in stores and in use due to: Culpable causes (e.g. fraud, theft, arson) or other up to £50,000	Chief Executive	Executive Director of Finance	N/A
f) For personal and public liability claims, under the Legal & Risk scheme, authorisation from Legal & Risk is required before admissions may be made and monetary compensation offered. (Ex-gratia settlements offered by the LHB are by definition not payments based upon legal liability and are, therefore, not reimbursable under the WRP scheme)	Chief Executive	Executive Director of Nursing & Midwifery supported by the relevant Director after seeking appropriate legal advice, up to a max £150,000	Executive Medical Director Deputy Executive Medical Director Senior Associate Medical Director Associate Medical Director for Medical and Dental Education
g) Compensation payments made under legal obligation:	Chief Executive	Chief Executive, Executive Director of Finance or Executive Director of Nursing & Midwifery	N/A
h) Extra contractual payments to contractors – Up to £50,000 as specified within the Losses and Special Payments Manual of Guidance	Chief Executive	Executive Director of Finance with reporting to the Audit Committee	N/A
17.1 Ex-Gratia Payments:			
a) Patients and staff for loss of	Chief	Executive	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
personal effects up to £50,000	Executive	Director of Finance- Refer to Finance Policy on Losses and Special Payments	
b) For clinical negligence up to £250,000 (negotiated settlements)*. Report to Board > £50,000 (see also table B para.15)	Chief Executive	Executive Director of Finance/Executive Director of Nursing & Midwifery	N/A
c) For clinical negligence over £250,000 and up to £1,000,000* (negotiated settlements). Report to Board > £50,000 (see also table B para.15)	Chair	Chief Executive/ Executive Director of Finance/Executive Director of Nursing & Midwifery	N/A
d) For personal injury claims involving negligence where legal advice has been obtained and guidance applied up to £250,000 (including plaintiff's costs) Report to Board > £50,000	Chief Executive	Chief Executive/ Executive Director of Finance/Executive Director of Workforce & OD/ Executive Director of Nursing & Midwifery	N/A
e) For personal injury claims involving negligence where legal advice has been obtained and guidance applied up to £1,000,000 Report to Board > £50,000*	Board	Chief Executive/Executive Director of Finance/Executive Director of Nursing & Midwifery	N/A
f) Other, except cases for maladministration where there was no financial loss by claimant, up to £50,000	Chief Executive	Executive Director of Finance/Executive Director of Nursing & Midwifery	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
* For all clinical negligence and personal injury cases(including Court cases) the use of structured settlements should be considered involving costs to the NHS of £250,000 or more – All structured settlements require approval from the Welsh Government			
18. Reporting of Incidents to the Police			
a) Where a criminal offence is suspected			
Criminal offence of a sexual or violent nature	Chief Executive	Executive Director of Workforce & OD	N/A
Arson or theft	Executive Director of Planning & Performance	Director of Estates & Facilities	N/A
Other	Executive Director of Planning & Performance	Director of Estates & Facilities	N/A
19. Financial Procedures			
a) Maintenance & Update of LHB Financial Procedures	Executive Director of Finance	Executive Director of Finance	N/A
20. Audit Arrangements			
a) Review, appraise and support in accordance with Internal Audit standards for NHS Wales and best practice	Chair of the Audit Committee	Board Secretary/Head of Internal Audit	N/A
b) Provide an independent and objective view on internal control and probity	Chief Executive	Head of Internal Audit/Wales Audit Office	N/A
c) Ensure Cost-effective external audit	Chair of Audit Committee	Executive Director of Finance	N/A
d) Ensure an adequate internal audit service	Chief Executive	Board Secretary	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
e) Implement recommendations	Chief Executive	All relevant Directors	Executive Medical Director Deputy Executive Medical Director Senior Associate Medical Director Associate Medical Director for Medical and Dental Education Associate Medical Director RO Director of Informatics Assistant Director of R+D Clinical Directors for Medical and Dental Education Head of Office
21. Legal Proceedings			
a) Engagement of LHB's Solicitors	Chief Executive	Board Secretary for all Board related matters/Executive Director of Workforce & OD for all employment related matters/Executive Director of Planning & Performance for all estate related matters/Executive Director of Primary & Community Care for all Primary Care related matters.	Executive Medical Director Deputy Executive Medical Director Senior Associate Medical Director Associate
b) Approve and sign all documents which will be necessary in legal proceedings	Chief Executive	Any Director of the Board or an officer formally nominated by the Chief	Executive Medical Director Deputy Executive Medical Director Senior Associate Medical Director

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
		Executive	Associate
c) Sign on behalf of the LHB any agreement or document not requested to be executed as a deed	Chief Executive	Any Director of the Board or an officer formally nominated by the Chief Executive	Executive Medical Director Deputy Executive Medical Director Senior Associate Medical Director Associate
22. Insurance Policies and Risk Management	Chief Executive	Executive Director of Finance/Board Secretary	N/A
23. Clinical Audit	Chief Executive	Executive Medical Director	Deputy Executive Medical Director Senior Associate Medical Director Head of Office
24. Patients' Property (in conjunction with financial advice)			
For details of Delegated Limits, please refer to Table B – Petty Cash/Patients Monies			
a) Ensuring patients and guardians are informed about patients' monies and property procedures on admission	Executive Director of Nursing & Midwifery	Directors	All staff
b) Prepare detailed written instructions for the administration of patients' property	Executive Director of Nursing & Midwifery	Executive Director of Finance	N/A
c) Informing staff of their duties in respect of patients' property	Executive Director of Nursing & Midwifery	Directors	N/A
d) Issuing property valued >£5,000 only on production of a probate letter of administration	Executive Director of Finance	Executive Director of Finance	N/A
25. Patients & Relatives Complaints			
a) Overall responsibility for ensuring that all complaints are dealt with effectively	Chief Executive	Executive Director of Nursing & Midwifery	N/A
b) Responsibility for ensuring	Chief	Executive	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
complaints are investigated thoroughly	Executive	Director of Nursing & Midwifery	
c) Medical – Legal Complaints Co-ordination of their management	Chief Executive	Executive Director of Nursing & Midwifery	N/A
26. Seal			
a) The keeping of a register of seal and safekeeping of the seal	Chief Executive	Board Secretary	N/A
b) Attestation of seal in accordance with Standing Orders	Chief Executive/ Chair	Board Secretary	N/A
27. Gifts and Hospitality			
a) Keeping of gifts and hospitality register	Chief Executive	Board Secretary	N/A
28. Declaration of Interests			
a) Maintaining a register	Chief Executive	Board Secretary	N/A
29. Informatics and the Data Protection Act			
a) Review of LHB's compliance with the Data Protection Act	Chief Executive	Board Secretary	N/A
b) Responsibility for Informatics policy and strategy	Executive Medical Director	Chief Information Officer	N/A
c) Responsibility for ensuring that adequate management (audit) trails exist in Informatics systems	Executive Medical Director	Chief Information Officer	N/A
30. Records			
a) Review LHB's compliance with the Retention of Records Act and guidance	Chief Executive	Board Secretary / Executive Medical Director	N/A
b) Approval for the destruction of records	Chief Executive	Board Secretary / Executive Medical Director	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
c) Ensuring the form and adequacy of the financial records of all departments	Executive Director of Finance	Executive Director of Finance	N/A
31. Authorisation of New Drugs	Chief Executive	Executive Medical Director on the advice of the appropriate professional bodies	N/A
32. Authorisation of Research Projects	Executive Medical Director	Director of Research & Development	Senior Associate Medical Director Assistant R+D Director
33. Authorisation of Clinical Trials	Chief Executive	Executive Medical Director	Deputy Executive Medical Director Senior Associate Medical Director Assistant R+D Director
34. Infectious Diseases & Notifiable Outbreaks	Chief Executive	Executive Director of Public Health	N/A
35. Review of Fire Precautions	Chief Executive	Executive Director of Planning & Performance	N/A
36. Health & Safety			
Review of all statutory compliance legislation and Health and Safety requirements including control of Substances Hazardous to Health Regulations	Chief Executive	Executive Director of Workforce & OD	N/A
37. Medicines Inspectorate Regulations			
Review Regulations Compliance	Chief Executive	Executive Medical Director supported by	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
		Chief Pharmacist	
38. Environmental Regulations			
Review of compliance with environmental regulations, for example those relating to clean air and waste disposal	Chief Executive	Executive Director of Planning & Performance	N/A
39. Legal & Risk Payments	Chief Executive	Executive Director of Nursing & Midwifery/Executive Director of Finance	N/A
40. Investigation of Fraud/Corruption or Financial Irregularities	Executive Director of Finance	Lead Local Counter Fraud Specialist	N/A
41. Commercial Sponsorship			
Agreement to proposal in accordance with BCU HB procedures	Chief Executive	Executive Director of Finance	N/A
42. Cost/Notional Rent/Third Party Developer/Improvement Grants			
Approval of all schedules of payments	Chief Executive	Executive Director of Primary & Community Care	N/A
Submission to Welsh Government for all new GP premises or major extensions in accordance with BCU HB Primary Care Estates Strategy	Chief Executive	Executive Director of Primary & Community Care	N/A
43. Freedom of Information	Chief Executive	Board Secretary	N/A
44. Compliance Lead Roles:			N/A
a) Caldicott Guardian	Executive Medical Director	Senior Associate Medical	

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
b) Data Protection Officer c) Senior Information Risk Owner	Chief Executive Chief Executive	Director Assistant Director of Information Governance and Assurance Board Secretary	
45. Emergency Planning & Major Incidents – Civil Contingencies Act (Category 1 Responder)	Chief Executive	Executive Director of Planning & Performance	N/A
46. National Health Services (Wales) Act 2006 Section 33 Agreements: Arrangements between NHS Bodies and Local Authorities	Chief Executive	Executive Director of Finance	N/A
47. Statutory compliance with respective Legislation	Chief Executive	Board Secretary	N/A
48. National Health Service (Appointment of Consultants) (Wales) (Amendment) Regulations 2005 (Statutory Instrument 2005: 3039) Appointment of all Medical and Dental Consultant posts. Consultant posts within Public Health that are open to both medically qualified and those qualified in other disciplines other than medicine should follow this process, even though they fall outside of the requirements of the Statutory Instrument.	Chief Executive	Board level directors	N/A
49. All Wales Policy: Making Decisions on Individual Patient Funding Requests (IPFR)	Chief Executive	WHSSC IPFR Panel £300,000 to £1,000,000; Chief Executive up to £299,999; Chair and Vice Chair of Health Board IPFR Panel together sign up to	Deputy Executive Medical Director

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
		£125,000	
* The IPFR Panel cannot make policy decisions for the health board. Any policy proposals arising from their considerations and decisions must be reported to the Health Board Quality, Safety & Experience Committee			
50. Carbon Reduction Commitment Order (Phase 2) Agency Registration	Chief Executive	Executive Director of Planning and Performance	
51. Human Tissue Act 20014	Chief Executive	Executive Director of Therapies & Health Sciences	N/A
52. Ionising Radiation (Medical Exposure) Regulations 2017	Chief Executive	Executive Director of Therapies & Health Sciences	N/A
53. Nurse Staffing Levels Act (Wales) 2016	Chief Executive	Executive Director of Nursing & Midwifery	N/A

Table B – Scheme of Financial Delegation

Financial Limits are subject to funding available within relevant budget(s) and are inclusive of VAT irrespective of recovery arrangements.

All purchases must ensure compliance with Standing Financial Instruction Schedule 1 -

Procurement of Works, Goods and Services with regard to the required quotation or Tendering exercise.

	Budget changes	General expenditure	Healthcare agreements	Capital (Business Case and Contractual Commitment approvals)			Specialist				Charitable Funds		Procurement waivers	Staffing	
		Any expenditure approval must be within funding limits of approved budgets. Approval limits are cumulative, and therefore higher level approval limits must be supported by lower level approvals. Executive Directors and Directors, Area Directors, and Hospital Care Directors to determine scheme of delegation within their structures.													
	Budget transfers between Corporate Departments, Area Teams or Hospital Teams(Virements)	Individual orders / requisitions / annual order value or total contract value (unless otherwise noted)	Healthcare agreements (NHS and Private sector)(annual value) (Primary Care contracts approved by Board)	Building and engineering orders; related consultancy support(individual contractual commitment)	Medical devices; plant; machinery; related consultancy support(individual contractual commitment)	IM&T; telecoms systems; software; related consultancy (individual contractual commitment)	Property or equipment leases(granting or termination of leases; annual value)	External consultancy support (total contract value for duration of service)	Losses / Special Payments (Terminations approved by Exec.Director of W&OD; VERS by RATS C'ttee)	New drugs (value based on annual costs)	Locally held funds(total funding bid value)	General funds(total funding bid value)	All values	New posts (additional establishm't)	Agency and Waiting List Initiatives (all values)
WG (In advance of contract planning)	No requirement	£1m plus	£1m plus (Private sector)	£1m plus	£1m plus	£1m plus	No requirement	£1m plus	See Manual of Guidance for losses and SFIs, as special rules apply for certain losses and ex gratia payments.	No requirement	No requirement	No requirement	No requirement	No requirement	No requirement
Board following Chief Executive approval	£1m plus	£1m plus	Over £10m approved in advance, below £10m retrospectively reported. Over £1m for Private sector.	£1m plus	£1m plus	£1m plus	£0.5m plus or any which need signing under seal (Reservation of Power, Number 33)	£0.5m plus		£1m plus	No requirement	No requirement	No requirement	No requirement	No requirement
Audit Committee													Retrospective reporting		
Charitable Funds Committee (all Executives can authorise use of charitable funds up to £5k)											Over £5k (Up to £25k scrutinised by CF Advisory Group)	Over £5k (Up to £25k scrutinised by CF Advisory group)			
CEO through Executive Team	£0.5m to £1m	£0.5m to £1m	New or contract variation to £10.0m.	£0.5m to £1m	£0.5m to £1m	£0.5m to £1m	£250k to £0.5m	£250k to £0.5m	£0.5m to £1.0m	£0.5m to £1.0m	Up to £5k	Up to £5k	As escalated by DoF	Can approve new posts across LHB	No requirement
Any 2 of CEO, Director of P&P and DoF (must include DoF)		Up to £0.5m	New or contract variation to £5.0m (to £1m for Private sector).					Up to £250k		Up to £0.5m			As escalated by DoF		
Executive Director of Finance	Up to £0.5m	Up to £250k		Up to £0.5m	Up to £0.5m	Up to £0.5m	Up to £250k	Up to £100k	Up to £0.5m		Up to £5k	Up to £5k	As escalated by FD: OF	Can approve new posts within own structure.	Must approve in advance in own structure.

	Budget changes	General expenditure	Healthcare agreements	Capital (Business Case and Contractual Commitment approvals)			Specialist				Charitable Funds		Procurement waivers	Staffing	
		Any expenditure approval must be within funding limits of approved budgets. Approval limits are cumulative, and therefore higher level approval limits must be supported by lower level approvals. Executive Directors and Directors, Area Directors, and Hospital Care Directors to determine scheme of delegation within their structures.													
	Budget transfers between Corporate Departments, Area Teams or Hospital Teams(Virements)	Individual orders / requisitions / annual order value or total contract value (unless otherwise noted)	Healthcare agreements (NHS and Private sector)(annual value) (Primary Care contracts approved by Board)	Building and engineering orders; related consultancy support(individual contractual commitment)	Medical devices; plant; machinery; related consultancy support(individual contractual commitment)	IM&T; telecoms systems; software; related consultancy (individual contractual commitment)	Property or equipment leases(granting or termination of leases; annual value)	External consultancy support (total contract value for duration of service)	Losses / Special Payments (Terminations approved by Exec.Director of W&OD; VERS by RATS C'ttee)	New drugs (value based on annual costs)	Locally held funds(total funding bid value)	General funds(total funding bid value)	All values	New posts (additional establishm't)	Agency and Waiting List Initiatives (all values)
Executive Directors, Board Secretary, Director of Mental Health and Learning Disabilities (unless noted below)		Up to £250k						Up to £100k					Waivers must be approved by FD: OF and Exec.Director of Finance or Chief Executive if escalated by FD: OF	Can approve new posts within own structure.	Must approve in advance in own structure.
Executive Director of Primary Cty Care		Up to £250k						Up to £100k						Can approve new posts within own structure.	Must approve in advance in own structure.
Executive Director of Planning & Performance		Up to £250k		Up to £0.5m	Up to £0.5m		Up to £250k	Up to £100k						Can approve new posts within own structure.	Must approve in advance in own structure.
Executive Medical Director		Up to £250k				Up to £0.5m		Up to £100k						Can approve new posts within own structure.	Must approve in advance in own structure.
Executive Director of W&OD		Up to £250k						Up to £100k	Terminations up to £50k (over this to WG)					Can approve new posts within own structure.	Must approve in advance in own structure.
Executive Director of Nursing & Midwifery		Up to £250k						Up to £100k	Up to £150k					Can approve new posts within own structure.	Must approve in advance in own structure.

	Budget changes	General expenditure	Healthcare agreements	Capital			Specialist				Charitable Funds		Procurement waivers	Staffing	
		Any expenditure approval must be within funding limits of approved budgets. Approval limits are cumulative, and therefore higher level approval limits must be supported by lower level approvals. Executive Directors and Directors, Area Directors, and Hospital Care Directors to determine scheme of delegation within their structures.													
	Budget transfers between Corporate Departments, Area Teams or Hospital Teams(Virements)	Individual orders / requisitions / annual order value or total contract value (unless otherwise noted)	Healthcare agreements (NHS and Private sector)(annual value) (Primary Care contracts approved by Board)	Building and engineering orders; related consultancy support(individual contractual commitment)	Medical devices; plant; machinery; related consultancy support(individual contractual commitment)	IM&T; telecoms systems; software; related consultancy (individual contractual commitment)	Property or equipment leases(granting or termination of leases; annual value)	External consultancy support (total contract value for duration of service)	Losses / Special Payments (Terminations only approved by Exec Director of W&OD; VERS require RATS Committee)	New drugs (value based on annual costs)	Locally held funds(total funding bid value)	General funds(total funding bid value)	All values	New posts (additional establishm't)	Agency and Waiting List Initiatives (all values)
Area Directors and Director of Mental Health & Learning Disabilities		Up to £250k	New or contract variation to £1.5m		Up to £250k			Up to £100k		Up to £100k, following Med Mgt Group	Up to £5k			Can approve new posts within own team.	As escalated by Direct Reports*
Area Medical Director															Medical staff*
Area Nurse Directors															Nurse or other staff*
Secondary Care Medical Director		Up to £150k			Up to £150k			Up to £150k			Up to £5k				Medical staff*
Secondary Care Nurse Director		Up to £150k			Up to £150k			Up to £150k			Up to £5k				Nurse or other staff*
Interim Managing Directors		Up to £150k			Up to £150k			Up to £50k			Up to £5k			Can approve new posts within own team.	As escalated by Direct Reports*
Director of Estates & Facilities		Up to £150K		Up to £150K	Up to £150K			Up to £50K							
Hospital: Assistant Medical Director															Medical staff*
Hospital: Assistant Nurse Director															Nurse or other staff*
Procurement (NWSSP)													All signed off by Procurement		

	Budget changes	General expenditure	Healthcare agreements	Capital	Specialist	Charitable Funds	Procurement waivers	Staffing							
		Any expenditure approval must be within funding limits of approved budgets. Approval limits are cumulative, and therefore higher level approval limits must be supported by lower level approvals. Executive Directors and Directors, Area Directors, and Hospital Care Directors to determine scheme of delegation within their structures.													
	Budget transfers between Corporate Departments, Area Teams or Hospital Teams(Virements)	Individual orders / requisitions / annual order value or total contract value (unless otherwise noted)	Healthcare agreements (NHS and Private sector)(annual value) (Primary Care contracts approved by Board)	Building and engineering orders; related consultancy support(individual contractual commitment)	Medical devices; plant; machinery; related consultancy support(individual contractual commitment)	IM&T; telecoms systems; software; related consultancy (individual contractual commitment)	Property or equipment leases(granting or termination of leases; annual value)	External consultancy support (total contract value for duration of service)	Losses / Special Payments (Terminations only approved by Exec Director of W&OD; VERS require RATS Committee)	New drugs (value based on annual costs)	Locally held funds(total funding bid value)	General funds(total funding bid value)	All values	New posts (additional establishm't)	Agency and Waiting List Initiatives (all values)
Deouty Director (Concerns)		Up to £75k							Up to £75k						
Deputy / Assistant Director Board Secretary		Up to £75k													
Assistant Director Primary Care		Up to £75k	Up to £75k		Up to £75k			Up to £75k			Up to £5k				
Assistant Director Community Hospital Services		Up to £75k	Up to £75k		Up to £75k			Up to £75k			Up to £5k				
Assistant Director Secondary Care		Up to £75k	Up to £75k		Up to £75k			Up to £75k			Up to £5k				
Head of Investigations and Redress									Up to £20k						
Claims Managers									Up to £5k						
Authorised fund holder (Charitable Funds)											Up to £5k				

	Budget changes	General expenditure	Healthcare agreements	Capital			Specialist			Charitable Funds			Procurement waivers	Staffing	
		Any expenditure approval must be within funding limits of approved budgets. Approval limits are cumulative, and therefore higher level approval limits must be supported by lower level approvals. Executive Directors and Directors, Area Directors, and Hospital Care Directors to determine scheme of delegation within their structures.													
	Budget transfers between Corporate Departments, Area Teams or Hospital Teams(Virements)	Individual orders / requisitions / annual order value or total contract value (unless otherwise noted)	Healthcare agreements (NHS and Private sector)(annual value) (Primary Care contracts approved by Board)	Building and engineering orders; related consultancy support(individual contractual commitment)	Medical devices; plant; machinery; related consultancy support(individual contractual commitment)	IM&T; telecoms systems; software; related consultancy (individual contractual commitment)	Property or equipment leases(granting or termination of leases; annual value)	External consultancy support (total contract value for duration of service)	Losses / Special Payments (Terminations only approved by Exec Director of W&OD; VERS require RATS Committee)	New drugs (value based on annual costs)	Locally held funds(total funding bid value)	General funds(total funding bid value)	All values	New posts (additional establishm't)	Agency and Waiting List Initiatives (all values)
Medicines Management Group										All new drugs, unless cheaper than existing					
* Agency and Waiting List Initiatives must generally be approved in advance. However, in exceptional circumstances when staff are required out of hours, they can be approved retrospectively.															

This scheme only relates to matters delegated by the Board to the Chief Executive and Directors, together with certain other specific matters referred to in Standing Financial Instructions. Each Director is responsible for delegation within their department. They should produce an Operational Scheme of Delegation and Authorisation for matters within their department, which should also set out how departmental budget and procedures for approval of expenditure are delegated.

Grace Lewis-Parry

Grace Lewis-Parry

Board Secretary

18 July 2019

Updated OMD SoRD 2019 v0.01 DRAFT

SECTION 2: SCHEME OF DELEGATION TO EXECUTIVE DIRECTORS, OTHER DIRECTORS AND OFFICERS

The LHB Standing Orders and Standing Financial Instructions specify certain key responsibilities of the Chief Executive, the Executive Director of Finance and other officers. The Chief Executive's Job Description, together with their Accountable Officer Memorandum sets out their specific responsibilities, and the individual job descriptions determined for Executive Director level posts also define in detail the specific responsibilities assigned to those post holders. These documents, together with the schedule of additional delegations below and the associated financial delegations set out in the Standing Financial Instructions form the basis of the LHB's Scheme of Delegation to Officers.

Delegated Matter	Table Reference No.
STANDING ORDERS/STANDING FINANCIAL INSTRUCTIONS	1
MEETINGS	2
FINANCIAL PLANNING/BUDGETARY RESPONSIBILITY	3
BANK/PGO ACCOUNTS (EXCLUDING CHARITABLE FUND ACCOUNTS)	4
EXTERNAL BORROWING	5
NON PAY EXPENDITURE	6
STORES AND RECEIPT OF GOODS	7
CAPITAL INVESTMENT MANAGEMENT	8
QUOTATIONS, TENDERING & CONTRACT PROCEDURES	9
FIXED ASSETS	10
PERSONNEL & PAY	11
ENGAGEMENT OF STAFF (NOT ON THE ESTABLISHMENT)	12
CHARITABLE FUNDS HELD ON LHB	13
PRIMARY CARE PATIENT SERVICES/HEALTHCARE AGREEMENTS	14
INCOME SYSTEMS, FEES & CHARGES	15
DISPOSAL AND CONDEMNATIONS	16
LOSSES, WRITE-OFFS & COMPENSATION AND EX-GRATIA PAYMENTS	17
REPORTING INCIDENTS TO THE POLICE	18
FINANCIAL PROCEDURES	19
AUDIT ARRANGEMENTS	20
LEGAL PROCEEDINGS	21
INSURANCE POLICIES AND RISK MANAGEMENT	22
CLINICAL AUDIT	23
PATIENTS' PROPERTY	24
PATIENTS & RELATIVES COMPLAINTS	25
SEAL	26
GIFTS & HOSPITALITY	27
DECLARATION OF INTERESTS	28
INFORMATICS AND THE DATA PROTECTION ACT	29
RECORDS	30
AUTHORISATION OF NEW DRUGS	31
AUTHORISATION OF RESEARCH PROJECTS	32
AUTHORISATION OF CLINICAL TRIALS	33
INFECTIOUS DISEASES & NOTIFIABLE OUTBREAKS	34

Delegated Matter	Table Reference No.
REVIEW OF FIRE PRECAUTIONS	35
HEALTH & SAFETY	36
MEDICINES INSPECTORATE REGULATIONS	37
ENVIRONMENTAL REGULATIONS	38
LEGAL & RISK PAYMENTS	39
INVESTIGATION OF FRAUD/CORRUPTION OR FINANCIAL IRREGULARITIES	40
COMMERCIAL SPONSORSHIP	41
COSTS/NOTIONAL RENT/THIRD PARTY DEVELOPER/IMPROVEMENT GRANTS	42
FREEDOM OF INFORMATION	43
COMPLIANCE LEAD ROLES: CALDICOTT GUARDIAN, DPO, SIRO	44
EMERGENCY PLANNING	45
NHS ACT 2006 (WALES) SECTION 33 AGREEMENTS	46
STATUTORY COMPLIANCE WITH RESPECTIVE LEGISLATION	47
APPOINTMENT OF MEDICAL & DENTAL CONSULTANT POSTS	48
INDIVIDUAL PATIENT FUNDING REQUESTS	49
CARBON REDUCTION COMMITMENT ORDER	50
HUMAN TISSUE ACT 2004	51
IONISING RADIATION (MEDICAL EXPOSURE) REGULATIONS 2017 [IR(ME)R]	52
NURSE STAFFING LEVELS (WALES) ACT 2016	53

Schedule 1

SCHEME OF RESERVATION AND DELEGATION OF POWERS

Therapies & Health Sciences

Updated April 2019

Table A – Scheme of Delegation to Officers

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
1. Standing Orders / Standing Financial Instructions			
a) Final authority in interpretation of Standing Orders	Chair	Chair	Executive Director of Therapies & Health Sciences
b) Notifying Directors, employees and agents of their responsibilities within the Standing Orders and Standing Financial Instructions and ensuring that they understand the responsibilities	Executive Director of Finance/Board Secretary	Directors	Executive Director of Therapies & Health Sciences, Deputy Director of Therapies & Health Sciences
c) Responsibility for the security of the LHB's property, avoiding loss, exercising economy and efficiency in using resources and conforming with Standing Orders, Financial Instructions and financial procedures	Executive Director of Finance	Directors	All Staff
d) Ensuring Standing Orders are compatible with Welsh Government requirements re building and engineering contracts	Chief Executive	Executive Director of Planning & Performance	N/A
2. Meetings			
a) Calling meetings of the LHB	Chair	Board Secretary	N/A
b) Chair all LHB Board meetings and associated responsibilities	Chair or Vice Chair in Chair's absence	Chair or Vice Chair in Chair's absence	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
3. Financial Planning/Budgetary Responsibility			
a) Setting: Submit Three Year Plan and Annual Operating Plan to the LHB Board	Chief Executive	Executive Director of Planning & Performance	N/A
Submit budgets to the LHB Board	Chief Executive	Executive Director of Finance	N/A
Submit to Board financial estimates and forecasts	Chief Executive	Executive Director of Finance	N/A
b) Implementing financial policies, plans and procedures, providing advice and co-ordinating any corrective action necessary	Executive Director of Finance	Finance Director (Operational)	N/A
c) Issuing Budgets	Executive Director of Finance	Finance Director (Operational)	N/A
d) Monitoring: Monitor performance against budget	Executive Director of Finance	Directors	Executive Director of Therapies & Health Sciences, Deputy Director of Therapies & Health Sciences
Submit monitoring returns	Chief Executive	Executive Director of Finance	N/A
Effective budgetary control and a balanced budget	Executive Director of Finance	Directors	Executive Director of Therapies & Health Sciences Deputy Director of Therapies & Health Sciences
Preparation of annual accounts and returns	Executive Director of Finance	Executive Director of Finance	N/A
Identifying and implementing cost improvements and income generation initiatives	Executive Director of Finance	Directors	Executive Director of Therapies & Health Sciences, Deputy Director of Therapies & Health Sciences
e) Authorisation of Virement It is not possible for any officer other than	Please refer to Table B –		

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
the Executive Director of Finance to vire from non-recurring headings to recurring budgets <u>or</u> from capital to revenue/revenue to capital. Virement <u>between</u> different budget holders (Directors) requires the agreement of <u>both</u> parties <u>and</u> the Executive Director of Finance	Delegated Limits		
f) Maintaining an effective system of internal financial control	Chief Executive	Executive Director of Finance	N/A
g) Delivery of financial training to budget holders (Directors)	Executive Director of Finance	Finance Director (Operational)	N/A
4. Bank/PGO Accounts (Excluding Charitable Fund Accounts)			
a) Operation: Managing banking arrangements and operation of bank accounts	Executive Director of Finance	Finance Director (Operational)	N/A
Opening bank accounts	Executive Director of Finance	Finance Director (Operational)	N/A
Authorisation of transfers between LHB bank accounts	Executive Director of Finance	Finance Director (Operational)	N/A
Authorisation of: -PGO/GBS Schedules -BACS Schedules -Automated cheque schedules -Manual cheques	Executive Director of Finance	Finance Director (Operational)	N/A
b) Investments: Investment of surplus funds in accordance with the LHB's investment policy	Executive Director of Finance	Finance Director (Operational)	N/A
5. External Borrowing			
a) Advise LHB Board of the requirements to meet payment of interest and originating capital debt	Executive Director of Finance	Finance Director (Operational)	N/A
b) Application for loan(s) and overdrafts	Executive Director of Finance	Finance Director (Operational)	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
c) Preparation of procedural instructions	Executive Director of Finance	Finance Director (Operational)	
6. Non Pay Expenditure			Role responsible for implementing the delegated matter within the corporate function/ Area / Secondary Care
For details of Delegated Limits please refer to Table B			
a) Completion of an Operational Scheme of Delegation and Authorisation by each Budget Holder ensuring maintenance of a list of officers authorised to place requisitions/orders (including emergency verbal orders) and record receipts within the E-Financials Business Suite.	Executive Director of Finance	Directors	Executive Director of Therapies & Health Sciences
b) Obtain the best value for money when requisitioning goods/services	Executive Director of Finance	Directors	Executive Director of Therapies & Health Sciences, Deputy Director of Therapies & Health Sciences
c) Ensuring expenditure is within budget	Chief Executive	Directors	Executive Director of Therapies & Health Sciences, Deputy Director of Therapies & Health Sciences
d) Non-Pay Expenditure for which no specific budget has been set up and which is not subject to funding under delegated powers of virement	Chief Executive	Executive Director of Finance	N/A
e) Orders exceeding 12 month period	Executive Director of Finance	Finance Director (Operational)	N/A
f) Prompt payment of accounts	Executive Director of Finance	Executive Director of Finance	N/A
g) Financial Limits	Please refer to Table B – Delegated Limits		N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
h) Maintenance of sufficient records to explain the LHB's transactions and report on the LHB's financial position	Executive Director of Finance	Executive Director of Finance	N/A
i) Approval of visits at a supplier's expense	Executive Director of Finance	Executive Directors	N/A
j) Provision of electronic signatures within the E-Financials Business Suite in accordance with each Budget Holder's Operational Scheme of Delegation and Authorisation	Executive Director of Finance	Finance Director (Operational)	N/A
7. Stores and Receipt of Goods			
a) Responsibility for the systems of financial control over all stores including receipt of goods and returns	Executive Director of Finance	Directors	All Staff
b) Responsibility for the control of stores and receipt of goods, issues and returns: All stores (excluding pharmaceutical, fuel, oil and coal – see following)	Executive Director of Finance	Directors	All Staff
Pharmaceutical Stores	Executive Medical Director	Chief Pharmacist	N/A
Fuel, oil and coal stocks	Executive Director of Planning & Performance	Director of Estates & Facilities	N/A
c) Stocktaking arrangements	Executive Director of Finance	Directors	N/A
8. Capital Investment Management			
For details of Delegated Limits for Delegated Matter 8d, please refer to Table B – Leases. In accordance with Welsh Government guidance:			
a) Programme:			
Preparation of Capital Investment Programme	Chief Executive	Executive Director of	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
		Planning & Performance	
Completion and signing off of a business case for approval	Chief Executive/ Executive Director of Finance	Executive Director of Planning & Performance	N/A
Appointment of Project Directors	Chief Executive	Executive Director of Planning & Performance with support from relevant Directors	N/A
Financial monitoring and reporting on all capital scheme expenditure including variations to contract	Executive Director of Planning & Performance	Executive Director of Finance/Executive Director of Planning & Performance with support from relevant Directors.	N/A
Issuing of guidance on management of capital schemes	Executive Director of Planning & Performance	Executive Director of Finance/Executive Director of Planning & Performance	N/A
b) Contracting – Selection of 3 rd party developers, architects, quantity surveyors, consultant engineers and other professional advisors within EC regulations and LHB tender procedures	Chief Executive	Executive Director of Planning & Performance	N/A
c) Private Finance – Demonstrate that the use of private finance represents best value for money and transfers risk to the private sector	Chief Executive	Executive Director of Finance	N/A
d) Leases – Granting and termination of leases	Chief Executive	Executive Director of Planning & Performance/ Executive Director of Finance	N/A
e) Financial control and audit-Arrangements are in place to	Chief Executive	Executive Director of	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
review building and engineering contracts and property transactions comply with Welsh Government guidance.		Finance with Executive Director of Planning & Performance responsible for the technical audit of the contracts.	
9. Quotations, Tendering & Contract Procedures For details of Delegated Limits, please refer to Table B – Quotations/Tenders.			
a) Services:			
Best value for money is demonstrated for all services provided under contract or in-house	Chief Executive	Directors	Executive Director of Therapies & Health Sciences, Deputy Director of Therapies & Health Sciences
Nominate officers to oversee and manage the contract on behalf of the LHB	Chief Executive	Directors	Executive Director of Therapies & Health Sciences, Deputy Director of Therapies & Health Sciences
b) Quotations – Total value of the contract over its entire period:			
Seeking quotations up to £5,000 in value	Executive Director of Finance (per SFI 11.7.1)	For details of delegated limits, please refer to Table B	Executive Director of Therapies & Health Sciences, Deputy Director of Therapies & Health Sciences
Obtaining minimum of 3 written quotations for goods/services of value between £5,000 and £25,000	Chief Executive (per SFI 11.1.2)	For details of delegated limits. Please refer to Table B	Executive Director of Therapies & Health Sciences, Deputy Director of Therapies & Health Sciences
c) Competitive Tenders – Total value of the contract over its entire period:			

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
Obtaining a minimum of 4 written competitive tenders for goods/services of value between £25,000 and the OJEU threshold (in compliance with EC Directives as appropriate)	Chief Executive	For details of delegated limits, please refer to Table B	Executive Director of Therapies & Health Sciences, Deputy Director of Therapies & Health Sciences
Obtaining a minimum of 5 written competitive tenders for goods/services of a value in excess of the OJEU threshold (in compliance with EC Directives as appropriate)	Chief Executive	For details of delegated limits, please refer to Table B	Executive Director of Therapies & Health Sciences, Deputy Director of Therapies & Health Sciences
Receipt and custody of tenders prior to opening	Chief Executive	Executive Director of Finance	N/A
Opening Tenders and Quotations	Chief Executive	Executive Director of Finance	N/A
Decide if late tenders should be considered	Chief Executive	Executive Director of Finance	N/A
d) Waiving the requirement to request quotes or tenders – subject to SFI Schedule 1 Para. 4.2 & 4.3 – Formally reported to the Audit Committee	Chief Executive	Chief Executive/nom inated deputy (Board Secretary or Executive Director of Finance). Where the budget holder requesting the waiver is the Chief Executive/Board Secretary/Executive Director of Finance, they cannot approve their own waiver and must seek approval from one of the other two delegated officers.	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
10. Fixed Assets			
a) Maintenance of asset register	Chief Executive	Executive Director of Finance supported by relevant Director	Executive Director of Therapies & Health Sciences
b) Calculate and pay capital charges in accordance with Welsh Government requirements	Executive Director of Finance	Executive Director of Finance	N/A
c) Responsibility for fixed assets – Land & Buildings	Chief Executive	Executive Director of Planning & Performance	N/A
d) Responsibility for all other fixed assets (Plant, Machinery, Transport, IT assets including software, Furniture & Fittings)	Chief Executive	Directors	All Staff
e) Responsibility for security of LHB assets including notifying discrepancies to the Director of Finance and reporting losses in accordance with LHB procedures	Chief Executive	Directors	All Staff
11. Personnel & Pay			
a) Nominate officers to enter into contracts of employment regarding staff, agency staff or consultancy service contracts in accordance with the “Policy for the Safe Recruitment and Selection Practices” together with accompanying guidance, particularly the need for pre-employment checks.	Chief Executive	Executive Director of Workforce & OD	Executive Director of Therapies & Health Sciences, Deputy Director of Therapies & Health Sciences
b) Approve the commencement of employment prior to all pre-employment checks being completed.	Executive Director of Workforce & OD	Executive Director of Workforce & OD	Executive Director of Therapies & Health Sciences
c) Authority to fill funded post on the establishment with permanent staff.	Executive Director of Workforce & OD	Directors	Executive Director of Therapies & Health Sciences, Deputy Director of Therapies & Health Sciences
d) Authority to extend Locum	Chief	Interim	Deputy Director of

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
appointments	Executive	Managing Directors, Mental Health Director and Area Directors for appointments over 12 months to 24 months. Executive Director of Nursing & Midwifery, Executive Director of Primary & Community Care, Executive Director of Therapies & Health Sciences and Executive Director of Workforce & OD/Director of MHL for appointments over 24 months to 36 months only.	Therapies & Health Sciences
e) The granting of additional increments to staff within budget in accordance with Terms & Conditions of Service	Executive Director of Workforce & OD	Directors with advice from Executive Director of Workforce & OD	Executive Director of Therapies & Health Sciences
f) All requests for upgrading/ regrading/ major skill mix changes shall be dealt with in accordance with LHB Procedure	Executive Director of Workforce & OD	Directors with advice from Executive Director of Workforce & OD	Executive Director of Therapies & Health Sciences
g) Authority to agree acting up salaries for staff other than Executive Directors (Approval of acting up salaries for interim Executive Directors to be retained by Remuneration & Terms of Service Committee)	Chief Executive to agree acting up arrangements of Band 9	Directors lead for acting up salaries up to Band 8d or equivalent.	Executive Director of Therapies & Health Sciences

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
	and above (Excluding Executive Directors)		
h) Establishments:			
Additional staff to the agreed establishment with specifically allocated finance	Chief Executive	Directors with approval from Executive Director of Finance	Executive Director of Therapies & Health Sciences
Additional staff to the agreed establishment without specifically allocated finance.	Chief Executive	Executive Director of Finance	N/A
Variation to the funded establishment	Chief Executive	Directors with approval from Executive Director of Finance	Executive Director of Therapies & Health Sciences
i) Pay			
Authority to complete standing data forms effecting pay, new starters, changes and leavers	Executive Director of Workforce & OD	Directors	Deputy Director of Therapies & Health Sciences
Authority to complete and authorise timesheets and payroll returns	Executive Director of Workforce & OD	Directors	Deputy Director of Therapies & Health Sciences
Authority to authorise overtime	Executive Director of Workforce & OD	Directors	Deputy Director of Therapies & Health Sciences
Authority to authorise travel & subsistence expenses	Executive Director of Workforce & OD	Directors	Deputy Director of Therapies & Health Sciences
Maintenance of a list of managers authorised to sign payroll and travel expense documentation.	Executive Director of Workforce & OD	Directors	N/A
j) Leave			
Approval of annual leave in accordance with LHB policy	Executive Director of Workforce & OD	Directors	Executive Director of Therapies & Health Sciences Deputy Director of Therapies & Health Sciences

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
Carry over of annual leave in exceptional circumstances up to a maximum of 5 days	Executive Director of Workforce & OD	Directors	Executive Director of Therapies & Health Sciences
Compassionate leave	Executive Director of Workforce & OD	Directors	Executive Director of Therapies & Health Sciences, Deputy Director of Therapies & Health Sciences
Special leave arrangements (to be applied in accordance with All Wales Policy)	Executive Director of Workforce & OD	Directors	Executive Director of Therapies & Health Sciences, Deputy Director of Therapies & Health Sciences
Leave without pay	Executive Director of Workforce & OD	Directors	Executive Director of Therapies & Health Sciences, Deputy Director of Therapies & Health Sciences
Medical Staff Leave of Absence – paid and unpaid	Executive Director of Workforce & OD	Directors	N/A
Consultants Special Leave	Executive Medical Director	Directors	N/A
Time off in lieu	Executive Director of Workforce and OD	Directors	Deputy Director of Therapies & Health Sciences
Maternity / Paternity Leave – paid and unpaid	Executive Director of Workforce & OD	Directors	Executive Director of Therapies & Health Sciences, Deputy Director of Therapies & Health Sciences
k) Annualised hours/flexible working hours system- maintenance of adequate records	Executive Director of Workforce & OD	Directors	Deputy Director of Therapies & Health Sciences
l) Sick Leave			
Extension of sick leave on half pay up to three months	Executive Director of Workforce & OD	Directors in conjunction with Executive Director of	Executive Director of Therapies & Health Sciences

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
		Workforce & OD	
Return to work part-time on full pay to assist recovery	Executive Director of Workforce & OD	Directors in conjunction with Executive Director of Workforce & OD	Executive Director of Therapies & Health Sciences
Extension of sick leave on full pay	Executive Director of Workforce & OD	Directors in conjunction with Executive Director of Workforce & OD	Executive Director of Therapies & Health Sciences
m) Study Leave			
Study leave outside the UK (non-medical staff excluding clinical staff)	Executive Director of Workforce & OD	Directors	Executive Director of Therapies & Health Sciences
Medical staff study leave (UK)	Executive Medical Director/Executive Director of Workforce & OD/ Executive Director of Primary & Community Care	Directors	N/A
Consultant Medical Staff Leave (UK)	Executive Medical Director	Directors	N/A
All Medical and non-Medical Clinical Staff study leave outside the UK	Executive Medical Director/Executive Director of Nursing & Midwifery/ Executive Director of Therapies & Health Science/Executive Director of	Directors	Executive Director of Therapies & Health Sciences

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
	Primary & Community Care		
All other study leave (UK)	Executive Director of Workforce & OD	Directors	Deputy Director of Therapies & Health Sciences
n) Removal Expenses			
Authorisation of payment of removal expenses incurred by officers taking up new appointments (providing consideration was promised at interview)	Executive Director of Workforce & OD	Directors in accordance with BCU HB policy/approval from the Executive Director of Workforce & OD	Executive Director of Therapies & Health Sciences
o) Grievance Procedure	Executive Director of Workforce & OD	Directors	Executive Director of Therapies & Health Sciences, Deputy Director of Therapies & Health Sciences
p) Professional Misconduct/Competence-Medical and Dental Staff	Executive Medical Director/Executive Director of Workforce & OD	Assistant Medical Directors supported by Workforce & OD	N/A
q) Suspension of Doctors employed directly by the LHB	Chief Executive	Executive Medical Director supported by Executive Director of Workforce & OD	N/A
r) Removal of Practitioner from the Performers List	Chief Executive	Executive Medical Director supported by Executive Director of Workforce & OD and Executive	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
		Director of Primary & Community Care	
s) Requests for new posts to be authorised as car users	Executive Director of Finance	Directors	Deputy Director of Therapies & Health Sciences
t) Renewal of Fixed Term Contract	Executive Director of Workforce & OD	Directors	Executive Director of Therapies & Health Sciences
u) Voluntary Early Release Scheme	Executive Director of Workforce & OD	Executive Director of Workforce & OD, with Executive Director of Finance for sign off of financial viability	Executive Director of Therapies & Health Sciences
v) Settlement on termination of employment	Executive Director of Workforce & OD	Executive Director of Workforce & OD with approval from Welsh Government where the payment is Ex-gratia and exceeds the delegated limit of £50,000	Executive Director of Therapies & Health Sciences
w) Ill Health Retirement Decision to pursue retirement on the grounds of ill-health following advice from Workforce & OD Department	Executive Director of Workforce & OD	Executive Director of Workforce & OD	N/A
x) Disciplinary Procedure(excluding Executive Directors)	Executive Director of Workforce & OD	Directors	Deputy Director of Therapies & Health Sciences
12. Engagement of Staff Not On the Establishment			
For details of Delegated Limits, please refer to Table B			

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
a) Non clinical Consultancy Staff	Executive Director of Finance	Director accountable for relevant service	Executive Director of Therapies & Health Sciences
b) Medical Locum staff	Executive Medical Director	Director accountable for relevant service.	N/A
c) Booking of Agency Nursing Staff	Executive Director of Nursing & Midwifery	Director accountable for relevant service	N/A
d) Booking of Bank Staff:			
Nursing	Executive Director of Nursing & Midwifery	Director accountable for relevant service	N/A
Other	Executive Director of Workforce & OD	Director accountable for relevant service	Executive Director of Therapies & Health Sciences, Deputy Director of Therapies & Health Sciences
13. Charitable Funds Held on Trust			
For details of Delegated Limits, Please refer to Table B			
a) Management: Funds held on Trust are managed appropriately	Executive Director of Finance	Directors	Executive Director of Therapies & Health Sciences, Deputy Director of Therapies & Health Sciences
b) Maintenance of authorised signatory list of Authorised Fund Holders	Executive Director of Finance	Executive Director of Finance	N/A
c) Expenditure	Refer to Table B - Delegated Limits		
d) Fundraising Appeals – Preparation/Monitoring/Reporting progress and performance	Executive Director of Finance	Executive Director of Finance	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
e) Operation of Bank Accounts:			
Managing banking arrangements and operation of bank accounts	Executive Director of Finance in conjunction with Corporate Trustees	Executive Director of Finance	N/A
Opening bank accounts	Board	Executive Director of Finance	N/A
f) Investments – Policy and Arrangements	Executive Director of Finance in conjunction with Corporate Trustees	Executive Director of Finance	N/A
g) Authority to accept the discharge of a donor's estate	Executive Director of Finance	Executive Director of Finance	N/A
14. Primary Care Patient Services/ Healthcare Agreements			
For details of Delegated Limits, please refer to Table B – Healthcare Agreements			
a) Contract negotiation and provision of service agreements	Executive Director of Finance / Executive Director of Primary & Community Care	Executive Director of Planning & Performance	N/A
b) Reporting actual and forecast contract income	Executive Director of Finance	Executive Director of Finance	N/A
c) Pricing of all contracts and SLAs	Executive Director of Finance	Executive Director of Finance with relevant Director	Executive Director of Therapies & Health Sciences
d) Signing agreements	Chief Executive	Chief Executive or Executive	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
		Director of Finance in Chief Executive's absence/Executive Director of Primary & Community Care for all primary care related agreements	
15. Income Systems, Fees and Charges			
a) Private Patients, Overseas Visitors, Income Generation and other patient related services	Executive Director of Finance	Executive Director of Finance	N/A
b) Pricing of NHS agreements	Executive Director of Finance	Assistant Directors of Finance	N/A
c) Informing the Director of Finance of monies due to the LHB	Executive Director of Finance	Directors	Deputy Director of Therapies & Health Sciences
d) Recovery of debt	Executive Director of Finance	Executive Director of Finance	N/A
e) Security of cash and other negotiable instruments	Executive Director of Finance	Executive Director of Finance and all Directors	N/A
f) Designing, maintaining and ensuring compliance with systems for the proper recording, invoicing, collection and coding of all monies due	Executive Director of Finance	Director of Finance (Operational)	N/A
g) Non patient care income	Executive Director of Finance	Executive Director of Finance	N/A
16. Disposal and Condemnations			
Disposal of all property and land require formal approval by the Cabinet Secretary for Health, Well-Being & Sport			

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
a) Issuing procedure for the disposal of assets obsolete, obsolescent, redundant, irreparable or cannot be repaired cost effectively	Executive Director of Finance	Executive Director of Finance/ Executive Director of Planning & Performance	N/A
b) Notification to Director of Finance prior to disposal	Executive Director of Finance	Directors	Executive Director of Therapies & Health Sciences
17. Losses, Write-offs & Compensation			
a) Prepare procedures for recording and accounting for losses and special payments including preparation of a fraud response plan and informing Counter Fraud Operational Services of frauds.	Chief Executive	Executive Director of Finance	N/A
b) Losses of cash due to theft, fraud, overpayment of salaries, fees, allowances & other causes up to £50,000	Chief Executive	Executive Director of Finance	N/A
c) Fruitless payments (including abandoned Capital Schemes) up to £250,000	Chief Executive	Executive Director of Finance	N/A
d) Bad debts and claims abandoned: Private patients; overseas visitors & other cases up to £50,000	Chief Executive	Executive Director of Finance	N/A
e) Damage to buildings, their fittings, furniture and equipment and loss of equipment and property in stores and in use due to: Culpable causes (e.g. fraud, theft, arson) or other up to £50,000	Chief Executive	Executive Director of Finance	N/A
f) For personal and public liability claims, under the Legal & Risk scheme, authorisation from Legal & Risk is required before admissions may be made and monetary compensation offered. (Ex-gratia settlements offered by the LHB are by definition not payments based upon legal liability and are, therefore, not reimbursable under the WRP	Chief Executive	Executive Director of Nursing & Midwifery supported by the relevant Director after seeking appropriate legal advice, up to a max	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
scheme)		£150,000	
g) Compensation payments made under legal obligation:	Chief Executive	Chief Executive, Executive Director of Finance or Executive Director of Nursing & Midwifery	N/A
h) Extra contractual payments to contractors – Up to £50,000 as specified within the Losses and Special Payments Manual of Guidance	Chief Executive	Executive Director of Finance with reporting to the Audit Committee	N/A
17.1 Ex-Gratia Payments:			
a) Patients and staff for loss of personal effects up to £50,000	Chief Executive	Executive Director of Finance- Refer to Finance Policy on Losses and Special Payments	N/A
b) For clinical negligence up to £250,000 (negotiated settlements)*. Report to Board > £50,000 (see also table B para.15)	Chief Executive	Executive Director of Finance/Executive Director of Nursing & Midwifery	N/A
c) For clinical negligence over £250,000 and up to £1,000,000* (negotiated settlements). Report to Board > £50,000 (see also table B para.15)	Chair	Chief Executive/ Executive Director of Finance/Executive Director of Nursing & Midwifery	N/A
d) For personal injury claims involving negligence where legal advice has been obtained and guidance applied up to £250,000 (including plaintiff's costs) Report to Board > £50,000	Chief Executive	Chief Executive/ Executive Director of Finance/Executive Director of Workforce & OD/ Executive Director of Nursing &	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
		Midwifery	
e) For personal injury claims involving negligence where legal advice has been obtained and guidance applied up to £1,000,000 Report to Board > £50,000*	Board	Chief Executive/Executive Director of Finance/Executive Director of Nursing & Midwifery	N/A
f) Other, except cases for maladministration where there was no financial loss by claimant, up to £50,000	Chief Executive	Executive Director of Finance/Executive Director of Nursing & Midwifery	N/A
* For all clinical negligence and personal injury cases(including Court cases) the use of structured settlements should be considered involving costs to the NHS of £250,000 or more – All structured settlements require approval from the Welsh Government			
18. Reporting of Incidents to the Police			
a) Where a criminal offence is suspected			
Criminal offence of a sexual or violent nature	Chief Executive	Executive Director of Workforce & OD	Executive Director of Therapies & Health Sciences, Deputy Director of Therapies & Health Sciences
Arson or theft	Executive Director of Planning & Performance	Director of Estates & Facilities	Executive Director of Therapies & Health Sciences, Deputy Director of Therapies & Health Sciences
Other	Executive Director of Planning & Performance	Director of Estates & Facilities	Executive Director of Therapies & Health Sciences, Deputy Director of Therapies & Health Sciences
19. Financial Procedures			

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
a) Maintenance & Update of LHB Financial Procedures	Executive Director of Finance	Executive Director of Finance	N/A
20. Audit Arrangements			
a) Review, appraise and support in accordance with Internal Audit standards for NHS Wales and best practice	Chair of the Audit Committee	Board Secretary/Head of Internal Audit	N/A
b) Provide an independent and objective view on internal control and probity	Chief Executive	Head of Internal Audit/Wales Audit Office	N/A
c) Ensure Cost-effective external audit	Chair of Audit Committee	Executive Director of Finance	N/A
d) Ensure an adequate internal audit service	Chief Executive	Board Secretary	N/A
e) Implement recommendations	Chief Executive	All relevant Directors	Executive Director of Therapies & Health Sciences
21. Legal Proceedings			
a) Engagement of LHB's Solicitors	Chief Executive	Board Secretary for all Board related matters/Executive Director of Workforce & OD for all employment related matters/Executive Director of Planning & Performance for all estate related matters/Executive Director of Primary & Community Care for all Primary Care related matters.	Executive Director of Therapies & Health Sciences, Deputy Director of Therapies & Health Sciences
b) Approve and sign all documents	Chief	Any Director of	Executive Director of

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
which will be necessary in legal proceedings	Executive	the Board or an officer formally nominated by the Chief Executive	Therapies & Health Sciences
c) Sign on behalf of the LHB any agreement or document not requested to be executed as a deed	Chief Executive	Any Director of the Board or an officer formally nominated by the Chief Executive	Executive Director of Therapies & Health Sciences
22. Insurance Policies and Risk Management	Chief Executive	Executive Director of Finance/Board Secretary	N/A
23. Clinical Audit	Chief Executive	Executive Director of Therapies & Health Science	Executive Director of Therapies & Health Sciences
24. Patients' Property (in conjunction with financial advice)			
For details of Delegated Limits, please refer to Table B – Petty Cash/Patients Monies			
a) Ensuring patients and guardians are informed about patients' monies and property procedures on admission	Executive Director of Nursing & Midwifery	Directors	N/A
b) Prepare detailed written instructions for the administration of patients' property	Executive Director of Nursing & Midwifery	Executive Director of Finance	N/A
c) Informing staff of their duties in respect of patients' property	Executive Director of Nursing & Midwifery	Directors	N/A
d) Issuing property valued >£5,000 only on production of a probate letter of administration	Executive Director of Finance	Executive Director of Finance	N/A
25. Patients & Relatives Complaints			

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
a) Overall responsibility for ensuring that all complaints are dealt with effectively	Chief Executive	Executive Director of Nursing & Midwifery	N/A
b) Responsibility for ensuring complaints are investigated thoroughly	Chief Executive	Executive Director of Nursing & Midwifery	N/A
c) Medical – Legal Complaints Co-ordination of their management	Chief Executive	Executive Director of Nursing & Midwifery	N/A
26. Seal			
a) The keeping of a register of seal and safekeeping of the seal	Chief Executive	Board Secretary	N/A
b) Attestation of seal in accordance with Standing Orders	Chief Executive/ Chair	Board Secretary	N/A
27. Gifts and Hospitality			
a) Keeping of gifts and hospitality register	Chief Executive	Board Secretary	N/A
28. Declaration of Interests			
a) Maintaining a register	Chief Executive	Board Secretary	N/A
29. Informatics and the Data Protection Act			
a) Review of LHB's compliance with the Data Protection Act	Chief Executive	Board Secretary	N/A
b) Responsibility for Informatics policy and strategy	Executive Medical Director	Chief Information Officer	N/A
c) Responsibility for ensuring that adequate management (audit) trails exist in Informatics systems	Executive Medical Director	Chief Information Officer	N/A
30. Records			
a) Review LHB's compliance with the Retention of Records Act and guidance	Chief Executive	Board Secretary / Executive Medical Director	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
b) Approval for the destruction of records	Chief Executive	Board Secretary / Executive Medical Director	N/A
c) Ensuring the form and adequacy of the financial records of all departments	Executive Director of Finance	Executive Director of Finance	N/A
31. Authorisation of New Drugs	Chief Executive	Executive Medical Director on the advice of the appropriate professional bodies	N/A
32. Authorisation of Research Projects	Executive Medical Director	Director of Research & Development	N/A
33. Authorisation of Clinical Trials	Chief Executive	Executive Medical Director	N/A
34. Infectious Diseases & Notifiable Outbreaks	Chief Executive	Executive Director of Public Health	N/A
35. Review of Fire Precautions	Chief Executive	Executive Director of Planning & Performance	N/A
36. Health & Safety			
Review of all statutory compliance legislation and Health and Safety requirements including control of Substances Hazardous to Health Regulations	Chief Executive	Executive Director of Workforce & OD	N/A
37. Medicines Inspectorate Regulations			

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
Review Regulations Compliance	Chief Executive	Executive Medical Director supported by Chief Pharmacist	N/A
38. Environmental Regulations			
Review of compliance with environmental regulations, for example those relating to clean air and waste disposal	Chief Executive	Executive Director of Planning & Performance	Radioactive waste See IR(ME)R
39. Legal & Risk Payments	Chief Executive	Executive Director of Nursing & Midwifery/Executive Director of Finance	N/A
40. Investigation of Fraud/Corruption or Financial Irregularities	Executive Director of Finance	Lead Local Counter Fraud Specialist	N/A
41. Commercial Sponsorship			
Agreement to proposal in accordance with BCU HB procedures	Chief Executive	Executive Director of Finance	N/A
42. Cost/Notional Rent/Third Party Developer/Improvement Grants			
Approval of all schedules of payments	Chief Executive	Executive Director of Primary & Community Care	N/A
Submission to Welsh Government for all new GP premises or major extensions in accordance with BCU HB Primary Care Estates Strategy	Chief Executive	Executive Director of Primary & Community Care	N/A
43. Freedom of Information	Chief Executive	Board Secretary	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
44. Compliance Lead Roles: a) Caldicott Guardian b) Data Protection Officer c) Senior Information Risk Owner	Executive Medical Director Chief Executive Chief Executive	Senior Associate Medical Director Assistant Director of Information Governance and Assurance Board Secretary	N/A
45. Emergency Planning & Major Incidents – Civil Contingencies Act (Category 1 Responder)	Chief Executive	Executive Director of Planning & Performance	N/A
46. National Health Services (Wales) Act 2006 Section 33 Agreements: Arrangements between NHS Bodies and Local Authorities	Chief Executive	Executive Director of Finance	N/A
47. Statutory compliance with respective Legislation	Chief Executive	Board Secretary	N/A
48. National Health Service (Appointment of Consultants) (Wales) (Amendment) Regulations 2005 (Statutory Instrument 2005: 3039) Appointment of all Medical and Dental Consultant posts. Consultant posts within Public Health that are open to both medically qualified and those qualified in other disciplines other than medicine should follow this process, even though they fall outside of the requirements of the Statutory Instrument.	Chief Executive	Board level directors	Executive Director of Therapies & Health Sciences
49. All Wales Policy: Making Decisions on Individual Patient Funding Requests (IPFR)	Chief Executive	WHSSC IPFR Panel £300,000 to £1,000,000; Chief Executive up to £299,999; Chair and Vice	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
		Chair of Health Board IPFR Panel together sign up to £125,000	
* The IPFR Panel cannot make policy decisions for the health board. Any policy proposals arising from their considerations and decisions must be reported to the Health Board Quality, Safety & Experience Committee			
50. Carbon Reduction Commitment Order (Phase 2) Agency Registration	Chief Executive	Executive Director of Planning and Performance	N/A
51. Human Tissue Act 20014	Chief Executive	Executive Director of Therapies & Health Sciences	Deputy Director of Therapies & Health Sciences
52. Ionising Radiation (Medical Exposure) Regulations 2017	Chief Executive	Executive Director of Therapies & Health Sciences	N/A
53. Nurse Staffing Levels Act (Wales) 2016	Chief Executive	Executive Director of Nursing & Midwifery	N/A

Table B – Scheme of Financial Delegation

Financial Limits are subject to funding available within relevant budget(s) and are inclusive of VAT irrespective of recovery arrangements.

All purchases must ensure compliance with Standing Financial Instruction Schedule 1 -

Procurement of Works, Goods and Services with regard to the required quotation or Tendering exercise.

	Budget changes	General expenditure	Healthcare agreements	Capital (Business Case and Contractual Commitment approvals)			Specialist				Charitable Funds		Procurement waivers	Staffing	
		Any expenditure approval must be within funding limits of approved budgets. Approval limits are cumulative, and therefore higher level approval limits must be supported by lower level approvals. Executive Directors and Directors, Area Directors, and Hospital Care Directors to determine scheme of delegation within their structures.													
	Budget transfers between Corporate Departments, Area Teams or Hospital Teams(Virements)	Individual orders / requisitions / annual order value or total contract value (unless otherwise noted)	Healthcare agreements (NHS and Private sector)(annual value) (Primary Care contracts approved by Board)	Building and engineering orders; related consultancy support(individual contractual commitment)	Medical devices; plant; machinery; related consultancy support(individual contractual commitment)	IM&T; telecoms systems; software; related consultancy (individual contractual commitment)	Property or equipment leases(granting or termination of leases; annual value)	External consultancy support (total contract value for duration of service)	Losses / Special Payments (Terminations approved by Exec.Director of W&OD; VERS by RATS C'ttee)	New drugs (value based on annual costs)	Locally held funds(total funding bid value)	General funds(total funding bid value)	All values	New posts (additional establishm't)	Agency and Waiting List Initiatives (all values)
WG (In advance of contract planning)	No requirement	£1m plus	£1m plus (Private sector)	£1m plus	£1m plus	£1m plus	No requirement	£1m plus	See Manual of Guidance for losses and SFIs, as special rules apply for certain losses and ex gratia payments.	No requirement	No requirement	No requirement	No requirement	No requirement	No requirement
Board following Chief Executive approval	£1m plus	£1m plus	Over £10m approved in advance, below £10m retrospectively reported. Over £1m for Private sector.	£1m plus	£1m plus	£1m plus	£0.5m plus or any which need signing under seal (Reservation of Power, Number 33)	£0.5m plus		£1m plus	No requirement	No requirement	No requirement	No requirement	No requirement
Audit Committee													Retrospective reporting		
Charitable Funds Committee (all Executives can authorise use of charitable funds up to £5k)											Over £5k (Up to £25k scrutinised by CF Advisory Group)	Over £5k (Up to £25k scrutinised by CF Advisory group)			
CEO through Executive Team	£0.5m to £1m	£0.5m to £1m	New or contract variation to £10.0m.	£0.5m to £1m	£0.5m to £1m	£0.5m to £1m	£250k to £0.5m	£250k to £0.5m	£0.5m to £1.0m	£0.5m to £1.0m	Up to £5k	Up to £5k	As escalated by DoF	Can approve new posts across LHB	No requirement
Any 2 of CEO, Director of P&P and DoF (must include DoF)		Up to £0.5m	New or contract variation to £5.0m (to £1m for Private sector).					Up to £250k		Up to £0.5m			As escalated by DoF		
Executive Director of Finance	Up to £0.5m	Up to £250k		Up to £0.5m	Up to £0.5m	Up to £0.5m	Up to £250k	Up to £100k	Up to £0.5m		Up to £5k	Up to £5k	As escalated by FD: OF	Can approve new posts within own structure.	Must approve in advance in own structure.

	Budget changes	General expenditure	Healthcare agreements	Capital (Business Case and Contractual Commitment approvals)			Specialist				Charitable Funds		Procurement waivers	Staffing	
		Any expenditure approval must be within funding limits of approved budgets. Approval limits are cumulative, and therefore higher level approval limits must be supported by lower level approvals. Executive Directors and Directors, Area Directors, and Hospital Care Directors to determine scheme of delegation within their structures.													
	Budget transfers between Corporate Departments, Area Teams or Hospital Teams(Virements)	Individual orders / requisitions / annual order value or total contract value (unless otherwise noted)	Healthcare agreements (NHS and Private sector)(annual value) (Primary Care contracts approved by Board)	Building and engineering orders; related consultancy support(individual contractual commitment)	Medical devices; plant; machinery; related consultancy support(individual contractual commitment)	IM&T; telecoms systems; software; related consultancy (individual contractual commitment)	Property or equipment leases(granting or termination of leases; annual value)	External consultancy support (total contract value for duration of service)	Losses / Special Payments (Terminations approved by Exec.Director of W&OD; VERS by RATS C'ttee)	New drugs (value based on annual costs)	Locally held funds(total funding bid value)	General funds(total funding bid value)	All values	New posts (additional establishm't)	Agency and Waiting List Initiatives (all values)
Executive Directors, Board Secretary, Director of Mental Health and Learning Disabilities (unless noted below)		Up to £250k						Up to £100k					Waivers must be approved by FD: OF and Exec.Director of Finance or Chief Executive if escalated by FD: OF	Can approve new posts within own structure.	Must approve in advance in own structure.
Executive Director of Primary Cty Care		Up to £250k						Up to £100k						Can approve new posts within own structure.	Must approve in advance in own structure.
Executive Director of Planning & Performance		Up to £250k		Up to £0.5m	Up to £0.5m		Up to £250k	Up to £100k						Can approve new posts within own structure.	Must approve in advance in own structure.
Executive Medical Director		Up to £250k				Up to £0.5m		Up to £100k						Can approve new posts within own structure.	Must approve in advance in own structure.
Executive Director of W&OD		Up to £250k						Up to £100k	Terminations up to £50k (over this to WG)					Can approve new posts within own structure.	Must approve in advance in own structure.
Executive Director of Nursing & Midwifery		Up to £250k						Up to £100k	Up to £150k					Can approve new posts within own structure.	Must approve in advance in own structure.

	Budget changes	General expenditure	Healthcare agreements	Capital			Specialist				Charitable Funds		Procurement waivers	Staffing	
		Any expenditure approval must be within funding limits of approved budgets. Approval limits are cumulative, and therefore higher level approval limits must be supported by lower level approvals. Executive Directors and Directors, Area Directors, and Hospital Care Directors to determine scheme of delegation within their structures.													
	Budget transfers between Corporate Departments, Area Teams or Hospital Teams(Virements)	Individual orders / requisitions / annual order value or total contract value (unless otherwise noted)	Healthcare agreements (NHS and Private sector)(annual value) (Primary Care contracts approved by Board)	Building and engineering orders; related consultancy support(individual contractual commitment)	Medical devices; plant; machinery; related consultancy support(individual contractual commitment)	IM&T; telecoms systems; software; related consultancy (individual contractual commitment)	Property or equipment leases(granting or termination of leases; annual value)	External consultancy support (total contract value for duration of service)	Losses / Special Payments (Terminations only approved by Exec Director of W&OD; VERS require RATS Committee)	New drugs (value based on annual costs)	Locally held funds(total funding bid value)	General funds(total funding bid value)	All values	New posts (additional establishm't)	Agency and Waiting List Initiatives (all values)
Area Directors and Director of Mental Health & Learning Disabilities		Up to £250k	New or contract variation to £1.5m		Up to £250k			Up to £100k		Up to £100k, following Med Mgt Group	Up to £5k			Can approve new posts within own team.	As escalated by Direct Reports*
Area Medical Director															Medical staff*
Area Nurse Directors															Nurse or other staff*
Secondary Care Medical Director		Up to £150k			Up to £150k			Up to £150k			Up to £5k				Medical staff*
Secondary Care Nurse Director		Up to £150k			Up to £150k			Up to £150k			Up to £5k				Nurse or other staff*
Interim Managing Directors		Up to £150k			Up to £150k			Up to £50k			Up to £5k			Can approve new posts within own team.	As escalated by Direct Reports*
Director of Estates & Facilities		Up to £150K		Up to £150K	Up to £150K			Up to £50K							
Hospital: Assistant Medical Director															Medical staff*
Hospital: Assistant Nurse Director															Nurse or other staff*
Procurement (NWSSP)													All signed off by Procurement		

	Budget changes	General expenditure	Healthcare agreements	Capital	Specialist	Charitable Funds	Procurement waivers	Staffing							
		Any expenditure approval must be within funding limits of approved budgets. Approval limits are cumulative, and therefore higher level approval limits must be supported by lower level approvals. Executive Directors and Directors, Area Directors, and Hospital Care Directors to determine scheme of delegation within their structures.													
	Budget transfers between Corporate Departments, Area Teams or Hospital Teams(Virements)	Individual orders / requisitions / annual order value or total contract value (unless otherwise noted)	Healthcare agreements (NHS and Private sector)(annual value) (Primary Care contracts approved by Board)	Building and engineering orders; related consultancy support(individual contractual commitment)	Medical devices; plant; machinery; related consultancy support(individual contractual commitment)	IM&T; telecoms systems; software; related consultancy (individual contractual commitment)	Property or equipment leases(granting or termination of leases; annual value)	External consultancy support (total contract value for duration of service)	Losses / Special Payments (Terminations only approved by Exec Director of W&OD; VERS require RATS Committee)	New drugs (value based on annual costs)	Locally held funds(total funding bid value)	General funds(total funding bid value)	All values	New posts (additional establishm't)	Agency and Waiting List Initiatives (all values)
Deouty Director (Concerns)		Up to £75k							Up to £75k						
Deputy / Assistant Director Board Secretary		Up to £75k													
Assistant Director Primary Care		Up to £75k	Up to £75k		Up to £75k			Up to £75k			Up to £5k				
Assistant Director Community Hospital Services		Up to £75k	Up to £75k		Up to £75k			Up to £75k			Up to £5k				
Assistant Director Secondary Care		Up to £75k	Up to £75k		Up to £75k			Up to £75k			Up to £5k				
Head of Investigations and Redress									Up to £20k						
Claims Managers									Up to £5k						
Authorised fund holder (Charitable Funds)											Up to £5k				

	Budget changes	General expenditure	Healthcare agreements	Capital			Specialist			Charitable Funds		Procurement waivers	Staffing		
		Any expenditure approval must be within funding limits of approved budgets. Approval limits are cumulative, and therefore higher level approval limits must be supported by lower level approvals. Executive Directors and Directors, Area Directors, and Hospital Care Directors to determine scheme of delegation within their structures.													
	Budget transfers between Corporate Departments, Area Teams or Hospital Teams(Virements)	Individual orders / requisitions / annual order value or total contract value (unless otherwise noted)	Healthcare agreements (NHS and Private sector)(annual value) (Primary Care contracts approved by Board)	Building and engineering orders; related consultancy support(individual contractual commitment)	Medical devices; plant; machinery; related consultancy support(individual contractual commitment)	IM&T; telecoms systems; software; related consultancy (individual contractual commitment)	Property or equipment leases(granting or termination of leases; annual value)	External consultancy support (total contract value for duration of service)	Losses / Special Payments (Terminations only approved by Exec Director of W&OD; VERS require RATS Committee)	New drugs (value based on annual costs)	Locally held funds(total funding bid value)	General funds(total funding bid value)	All values	New posts (additional establishm't)	Agency and Waiting List Initiatives (all values)
Medicines Management Group										All new drugs, unless cheaper than existing					
* Agency and Waiting List Initiatives must generally be approved in advance. However, in exceptional circumstances when staff are required out of hours, they can be approved retrospectively.															

This scheme only relates to matters delegated by the Board to the Chief Executive and Directors, together with certain other specific matters referred to in Standing Financial Instructions. Each Director is responsible for delegation within their department. They should produce an Operational Scheme of Delegation and Authorisation for matters within their department, which should also set out how departmental budget and procedures for approval of expenditure are delegated.

Grace Lewis-Parry

Grace Lewis-Parry

Board Secretary

18 July 2019

Therapies & Health Sciences Updated Operational SoRD 2019 v0.01 Draft

SECTION 2: SCHEME OF DELEGATION TO EXECUTIVE DIRECTORS, OTHER DIRECTORS AND OFFICERS

The LHB Standing Orders and Standing Financial Instructions specify certain key responsibilities of the Chief Executive, the Executive Director of Finance and other officers. The Chief Executive's Job Description, together with their Accountable Officer Memorandum sets out their specific responsibilities, and the individual job descriptions determined for Executive Director level posts also define in detail the specific responsibilities assigned to those post holders. These documents, together with the schedule of additional delegations below and the associated financial delegations set out in the Standing Financial Instructions form the basis of the LHB's Scheme of Delegation to Officers.

Delegated Matter	Table Reference No.
STANDING ORDERS/STANDING FINANCIAL INSTRUCTIONS	1
MEETINGS	2
FINANCIAL PLANNING/BUDGETARY RESPONSIBILITY	3
BANK/PGO ACCOUNTS (EXCLUDING CHARITABLE FUND ACCOUNTS)	4
EXTERNAL BORROWING	5
NON PAY EXPENDITURE	6
STORES AND RECEIPT OF GOODS	7
CAPITAL INVESTMENT MANAGEMENT	8
QUOTATIONS, TENDERING & CONTRACT PROCEDURES	9
FIXED ASSETS	10
PERSONNEL & PAY	11
ENGAGEMENT OF STAFF (NOT ON THE ESTABLISHMENT)	12
CHARITABLE FUNDS HELD ON LHB	13
PRIMARY CARE PATIENT SERVICES/HEALTHCARE AGREEMENTS	14
INCOME SYSTEMS, FEES & CHARGES	15
DISPOSAL AND CONDEMNATIONS	16
LOSSES, WRITE-OFFS & COMPENSATION AND EX-GRATIA PAYMENTS	17
REPORTING INCIDENTS TO THE POLICE	18
FINANCIAL PROCEDURES	19
AUDIT ARRANGEMENTS	20
LEGAL PROCEEDINGS	21
INSURANCE POLICIES AND RISK MANAGEMENT	22
CLINICAL AUDIT	23
PATIENTS' PROPERTY	24
PATIENTS & RELATIVES COMPLAINTS	25
SEAL	26
GIFTS & HOSPITALITY	27
DECLARATION OF INTERESTS	28
INFORMATICS AND THE DATA PROTECTION ACT	29
RECORDS	30
AUTHORISATION OF NEW DRUGS	31
AUTHORISATION OF RESEARCH PROJECTS	32
AUTHORISATION OF CLINICAL TRIALS	33
INFECTIOUS DISEASES & NOTIFIABLE OUTBREAKS	34

Delegated Matter	Table Reference No.
REVIEW OF FIRE PRECAUTIONS	35
HEALTH & SAFETY	36
MEDICINES INSPECTORATE REGULATIONS	37
ENVIRONMENTAL REGULATIONS	38
LEGAL & RISK PAYMENTS	39
INVESTIGATION OF FRAUD/CORRUPTION OR FINANCIAL IRREGULARITIES	40
COMMERCIAL SPONSORSHIP	41
COSTS/NOTIONAL RENT/THIRD PARTY DEVELOPER/IMPROVEMENT GRANTS	42
FREEDOM OF INFORMATION	43
COMPLIANCE LEAD ROLES: CALDICOTT GUARDIAN, DPO, SIRO	44
EMERGENCY PLANNING	45
NHS ACT 2006 (WALES) SECTION 33 AGREEMENTS	46
STATUTORY COMPLIANCE WITH RESPECTIVE LEGISLATION	47
APPOINTMENT OF MEDICAL & DENTAL CONSULTANT POSTS	48
INDIVIDUAL PATIENT FUNDING REQUESTS	49
CARBON REDUCTION COMMITMENT ORDER	50
HUMAN TISSUE ACT 2004	51
IONISING RADIATION (MEDICAL EXPOSURE) REGULATIONS 2017 [IR(ME)R]	52
NURSE STAFFING LEVELS (WALES) ACT 2016	53

Schedule 1

SCHEME OF RESERVATION AND DELEGATION OF POWERS MENTAL HEALTH & LEARNING DISABILITY

Table A – Scheme of Delegation to Officers

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
1. Standing Orders / Standing Financial Instructions			
a) Final authority in interpretation of Standing Orders	Chair	Chair	N/A
b) Notifying Directors, employees and agents of their responsibilities within the Standing Orders and Standing Financial Instructions and ensuring that they understand the responsibilities	Executive Director of Finance/Board Secretary	Directors	Director Mental Health and Learning Disabilities
c) Responsibility for the security of the LHB's property, avoiding loss, exercising economy and efficiency in using resources and conforming with Standing Orders, Financial Instructions and financial procedures	Executive Director of Finance	Directors	All Staff
d) Ensuring Standing Orders are compatible with Welsh Government requirements re building and engineering contracts	Chief Executive	Executive Director of Planning & Performance	N/A
2. Meetings			
a) Calling meetings of the LHB	Chair	Board Secretary	N/A
b) Chair all LHB Board meetings and associated responsibilities	Chair or Vice Chair in Chair's absence	Chair or Vice Chair in Chair's absence	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
3. Financial Planning/Budgetary Responsibility			
a) Setting: Submit Three Year Plan and Annual Operating Plan to the LHB Board	Chief Executive	Executive Director of Planning & Performance	Director Mental Health and Learning Disabilities
Submit budgets to the LHB Board	Chief Executive	Executive Director of Finance	Director Mental Health and Learning Disabilities
Submit to Board financial estimates and forecasts	Chief Executive	Executive Director of Finance	Director Mental Health and Learning Disabilities
b) Implementing financial policies, plans and procedures, providing advice and co-ordinating any corrective action necessary	Executive Director of Finance	Finance Director (Operational)	Director Mental Health and Learning Disabilities
c) Issuing Budgets	Executive Director of Finance	Finance Director (Operational)	Chief Finance Officer MHL D
d) Monitoring: Monitor performance against budget	Executive Director of Finance	Directors	Chief Finance Officer MHL D
Submit monitoring returns	Chief Executive	Executive Director of Finance	N/A
Effective budgetary control and a balanced budget	Executive Director of Finance	Directors	Director of Operations and Service Delivery and budget managers
Preparation of annual accounts and returns	Executive Director of Finance	Executive Director of Finance	N/A
Identifying and implementing cost improvements and income generation initiatives	Executive Director of Finance	Directors	Director of Operations and Service Delivery and budget managers
e) Authorisation of Virement It is not possible for any officer other than the Executive Director of Finance to vire from non-recurring headings to recurring budgets <u>or</u> from capital to revenue/revenue to capital. Virement <u>between</u> different budget holders (Directors) requires the agreement of <u>both</u> parties <u>and</u> the Executive Director of Finance	Please refer to Table B – Delegated Limits		Director Mental Health and Learning Disabilities

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
f) Maintaining an effective system of internal financial control	Chief Executive	Executive Director of Finance	Medical Director MHL D, Director MHL D, Director of Nursing MHL D, Director of Operations and Service Delivery, Chief Finance Officer, Director of Psychology
g) Delivery of financial training to budget holders (Directors)	Executive Director of Finance	Finance Director (Operational)	Chief Finance Officer MHL D
4. Bank/PGO Accounts (Excluding Charitable Fund Accounts)			
a) Operation: Managing banking arrangements and operation of bank accounts	Executive Director of Finance	Finance Director (Operational)	N/A
Opening bank accounts	Executive Director of Finance	Finance Director (Operational)	N/A
Authorisation of transfers between LHB bank accounts	Executive Director of Finance	Finance Director (Operational)	N/A
Authorisation of: -PGO/GBS Schedules -BACS Schedules -Automated cheque schedules -Manual cheques	Executive Director of Finance	Finance Director (Operational)	N/A
b) Investments: Investment of surplus funds in accordance with the LHB's investment policy	Executive Director of Finance	Finance Director (Operational)	N/A
5. External Borrowing			
a) Advise LHB Board of the requirements to meet payment of interest and originating capital debt	Executive Director of Finance	Finance Director (Operational)	N/A
b) Application for loan(s) and overdrafts	Executive Director of Finance	Finance Director (Operational)	N/A
c) Preparation of procedural instructions	Executive Director of Finance	Finance Director (Operational)	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
6. Non Pay Expenditure			
For details of Delegated Limits please refer to Table B			
a) Completion of an Operational Scheme of Delegation and Authorisation by each Budget Holder ensuring maintenance of a list of officers authorised to place requisitions/orders (including emergency verbal orders) and record receipts within the E-Financials Business Suite.	Executive Director of Finance	Directors	Medical Director MHL, Director MHL, Director of Nursing MHL, Director of Operations and Service Delivery, Chief Finance Officer, Director of Psychology
b) Obtain the best value for money when requisitioning goods/services	Executive Director of Finance	Directors	Medical Director MHL, Director MHL, Director of Nursing MHL, Director of Operations and Service Delivery, Chief Finance Officer, Director of Psychology
c) Ensuring expenditure is within budget	Chief Executive	Directors	Medical Director MHL, Director MHL, Director of Nursing MHL, Director of Operations and Service Delivery, Chief Finance Officer, Director of Psychology
d) Non-Pay Expenditure for which no specific budget has been set up and which is not subject to funding under delegated powers of virement	Chief Executive	Executive Director of Finance	Medical Director MHL, Director MHL, Director of Nursing MHL, Director of Operations and Service Delivery, Chief Finance Officer, Director of Psychology
e) Orders exceeding 12 month period	Executive Director of Finance	Finance Director (Operational)	Medical Director MHL, Director MHL, Director of Nursing MHL, Director of Operations and Service Delivery, Chief Finance Officer, Director of Psychology
f) Prompt payment of accounts	Executive Director of Finance	Executive Director of Finance	N/A
g) Financial Limits	Please refer to Table B – Delegated		See table at end of document

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
	Limits		
h) Maintenance of sufficient records to explain the LHB's transactions and report on the LHB's financial position	Executive Director of Finance	Executive Director of Finance	N/A
i) Approval of visits at a supplier's expense	Executive Director of Finance	Executive Directors	Director of Operations and Service Delivery
j) Provision of electronic signatures within the E-Financials Business Suite in accordance with each Budget Holder's Operational Scheme of Delegation and Authorisation	Executive Director of Finance	Finance Director (Operational)	Director of Operations and Service Delivery
7. Stores and Receipt of Goods			
a) Responsibility for the systems of financial control over all stores including receipt of goods and returns	Executive Director of Finance	Directors	Medical Director MHL, Director MHL, Director of Nursing MHL, Director of Operations and Service Delivery, Chief Finance Officer, Director of Psychology
b) Responsibility for the control of stores and receipt of goods, issues and returns: All stores (excluding pharmaceutical, fuel, oil and coal – see following)	Executive Director of Finance	Directors	Medical Director MHL, Director MHL, Director of Nursing MHL, Director of Operations and Service Delivery, Chief Finance Officer, Director of Psychology
Pharmaceutical Stores	Executive Medical Director	Chief Pharmacist	N/A
Fuel, oil and coal stocks	Executive Director of Planning & Performance	Director of Estates & Facilities	N/A
c) Stocktaking arrangements	Executive Director of Finance	Directors	N/A
8. Capital Investment Management			
For details of Delegated Limits for Delegated Matter 8d, please refer to Table B – Leases. In accordance with Welsh			

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
Government guidance:			
a) Programme:			
Preparation of Capital Investment Programme	Chief Executive	Executive Director of Planning & Performance	N/A
Completion and signing off of a business case for approval	Chief Executive/ Executive Director of Finance	Executive Director of Planning & Performance	Director of Mental Health and Learning Disabilities
Appointment of Project Directors	Chief Executive	Executive Director of Planning & Performance with support from relevant Directors	N/A
Financial monitoring and reporting on all capital scheme expenditure including variations to contract	Executive Director of Planning & Performance	Executive Director of Finance/Executive Director of Planning & Performance with support from relevant Directors.	N/A
Issuing of guidance on management of capital schemes	Executive Director of Planning & Performance	Executive Director of Finance/Executive Director of Planning & Performance	N/A
b) Contracting – Selection of 3 rd party developers, architects, quantity surveyors, consultant engineers and other professional advisors within EC regulations and LHB tender procedures	Chief Executive	Executive Director of Planning & Performance	N/A
c) Private Finance – Demonstrate that the use of private finance represents best value for money and transfers risk to the private sector	Chief Executive	Executive Director of Finance	N/A
d) Leases – Granting and termination of leases	Chief Executive	Executive Director of Planning & Performance/E	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
		Executive Director of Finance	
e) Financial control and audit- Arrangements are in place to review building and engineering contracts and property transactions comply with Welsh Government guidance.	Chief Executive	Executive Director of Finance with Executive Director of Planning & Performance responsible for the technical audit of the contracts.	N/A
9. Quotations, Tendering & Contract Procedures For details of Delegated Limits, please refer to Table B – Quotations/Tenders.			
a) Services:			
Best value for money is demonstrated for all services provided under contract or in-house	Chief Executive	Directors	Medical Director MHL, Director MHL, Director of Nursing MHL, Director of Operations and Service Delivery, Chief Finance Officer, Director of Psychology and all budget holders
Nominate officers to oversee and manage the contract on behalf of the LHB	Chief Executive	Directors	Medical Director MHL, Director MHL, Director of Nursing MHL, Director of Operations and Service Delivery, Chief Finance Officer, Director of Psychology
b) Quotations – Total value of the contract over its entire period:			
Seeking quotations up to £5,000 in value	Executive Director of Finance (per SFI 11.7.1)	For details of delegated limits, please refer to Table B	Medical Director MHL, Director MHL, Director of Nursing MHL, Director of Operations and Service Delivery, Chief Finance Officer, Director of Psychology, and all budget holders
Obtaining minimum of 3 written	Chief	For details of	Medical Director

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
quotations for goods/services of value between £5,000 and £25,000	Executive (per SFI 11.1.2)	delegated limits. Please refer to Table B	MHLD, Director MHLD, Director of Nursing MHLD, Director of Operations and Service Delivery, Chief Finance Officer, Director of Psychology, and all budget holders
c) Competitive Tenders – Total value of the contract over its entire period:			N/A
Obtaining a minimum of 4 written competitive tenders for goods/services of value between £25,000 and the OJEU threshold (in compliance with EC Directives as appropriate)	Chief Executive	For details of delegated limits, please refer to Table B	N/A
Obtaining a minimum of 5 written competitive tenders for goods/services of a value in excess of the OJEU threshold (in compliance with EC Directives as appropriate)	Chief Executive	For details of delegated limits, please refer to Table B	N/A
Receipt and custody of tenders prior to opening	Chief Executive	Executive Director of Finance	N/A
Opening Tenders and Quotations	Chief Executive	Executive Director of Finance	N/A
Decide if late tenders should be considered	Chief Executive	Executive Director of Finance	N/A
d) Waiving the requirement to request quotes or tenders – subject to SFI Schedule 1 Para. 4.2 & 4.3 – Formally reported to the Audit Committee	Chief Executive	Chief Executive/nominated deputy (Board Secretary or Executive Director of Finance). Where the budget holder requesting the waiver is the Chief Executive/Board Secretary/Executive Director	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
		of Finance, they cannot approve their own waiver and must seek approval from one of the other two delegated officers.	
10. Fixed Assets			
a) Maintenance of asset register	Chief Executive	Executive Director of Finance supported by relevant Director	N/A
b) Calculate and pay capital charges in accordance with Welsh Government requirements	Executive Director of Finance	Executive Director of Finance	N/A
c) Responsibility for fixed assets – Land & Buildings	Chief Executive	Executive Director of Planning & Performance	N/A
d) Responsibility for all other fixed assets (Plant, Machinery, Transport, IT assets including software, Furniture & Fittings)	Chief Executive	Directors	Medical Director MHL, Director MHL, Director of Nursing MHL, Director of Operations and Service Delivery, Chief Finance Officer, Director of Psychology, and all budget holders
e) Responsibility for security of LHB assets including notifying discrepancies to the Director of Finance and reporting losses in accordance with LHB procedures	Chief Executive	Directors	Medical Director MHL, Director MHL, Director of Nursing MHL, Director of Operations and Service Delivery, Chief Finance Officer, Director of Psychology, and all budget holders
11. Personnel & Pay			
a) Nominate officers to enter into contracts of employment regarding staff, agency staff or consultancy	Chief Executive	Executive Director of Workforce &	Medical Director MHL, Director of Psychology, Director

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
service contracts in accordance with the "Policy for the Safe Recruitment and Selection Practices" together with accompanying guidance, particularly the need for pre-employment checks.		OD	of Nursing MHL, Director of Operations and Service Delivery
b) Approve the commencement of employment prior to all pre-employment checks being completed.	Executive Director of Workforce & OD	Executive Director of Workforce & OD	Medical Director MHL, Director of Psychology, Director of Nursing MHL, Director of Operations and Service Delivery, Heads of Operations (x4)
c) Of Authority to fill funded post on the establishment with permanent staff.	Executive Director of Workforce & OD	Directors	Medical Director MHL, Director of Psychology, Director of Nursing MHL, Director of Operations and Service Delivery, Heads of Operations (x4)
d) Authority to extend Locum appointments	Chief Executive	Interim Managing Directors, Mental Health Director and Area Directors for appointments over 12 months to 24 months. Executive Director of Nursing & Midwifery, Executive Director of Primary & Community Care, Executive Director of Therapies & Health Sciences and Executive Director of Workforce & OD/Director of MHL for appointments	Medical Director MHL

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
		over 24 months to 36 months only.	
e) The granting of additional increments to staff within budget in accordance with Terms & Conditions of Service	Executive Director of Workforce & OD	Directors with advice from Executive Director of Workforce & OD	Medical Director MHL D, Director of Psychology, Director of Nursing MHL D, Director of Operations and Service Delivery, Heads of Operations (x4)
f) All requests for upgrading/ regrading/ major skill mix changes shall be dealt with in accordance with LHB Procedure	Executive Director of Workforce & OD	Directors with advice from Executive Director of Workforce & OD	Medical Director MHL D, Director of Psychology, Director of Nursing MHL D, Director of Operations and Service Delivery, Heads of Operations (x4)
g) Authority to agree acting up salaries for staff other than Executive Directors (Approval of acting up salaries for interim Executive Directors to be retained by Remuneration & Terms of Service Committee)	Chief Executive to agree acting up arrangements of Band 9 and above (Excluding Executive Directors)	Directors lead for acting up salaries up to Band 8d or equivalent.	Medical Director MHL D, Director of Psychology, Director of Nursing MHL D, Director of Operations and Service Delivery
h) Establishments:			Medical Director MHL D, Director of Psychology, Director of Nursing MHL D, Director of Operations and Service Delivery
Additional staff to the agreed establishment with specifically allocated finance	Chief Executive	Directors with approval from Executive Director of Finance	Medical Director MHL D, Director of Psychology, Director of Nursing MHL D, Director of Operations and Service Delivery, Head of Operations (x4)
Additional staff to the agreed establishment without specifically allocated finance.	Chief Executive	Executive Director of Finance	Director MHL D
Variation to the funded establishment	Chief Executive	Directors with approval from Executive Director of Finance	Director MHL D

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
i) Pay			
Authority to complete standing data forms effecting pay, new starters, changes and leavers	Executive Director of Workforce & OD	Directors	Medical Director MHL, Director of Psychology, Director of Nursing MHL, Director of Operations and Service Delivery, Heads of Operations (x4)
Authority to complete and authorise timesheets and payroll returns	Executive Director of Workforce & OD	Directors	Medical Director MHL, Director of Psychology, Director of Nursing MHL, Director of Operations and Service Delivery, Heads of Operations (x4)
Authority to authorise overtime	Executive Director of Workforce & OD	Directors	Medical Director MHL, Director of Psychology, Director of Nursing MHL, Director of Operations and Service Delivery, Heads of Operations (x4)
Authority to authorise travel & subsistence expenses	Executive Director of Workforce & OD	Directors	Medical Director MHL, Director of Psychology, Director of Nursing MHL, Director of Operations and Service Delivery, Heads of Operations (x4), all budget holders
Maintenance of a list of managers authorised to sign payroll and travel expense documentation.	Executive Director of Workforce & OD	Directors	Chief Finance Officer MHL
j) Leave			
Approval of annual leave in accordance with LHB policy	Executive Director of Workforce & OD	Executive Director of Finance	Medical Director MHL, Director of Psychology, Director of Nursing MHL, Director of Operations and Service Delivery, Heads of Operations (x4), all budget holders
Carry over of annual leave in exceptional circumstances up to a maximum of 5 days	Executive Director of Workforce & OD	Directors	Medical Director MHL, Director of Psychology, Director of Nursing MHL,

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
			Director of Operations and Service Delivery, Heads of Operations (x4), all budget holders
Compassionate leave	Executive Director of Workforce & OD	Directors	Medical Director MHLD, Director of Psychology, Director of Nursing MHLD, Director of Operations and Service Delivery, Heads of Operations (x4), all budget holders
Special leave arrangements (to be applied in accordance with All Wales Policy)	Executive Director of Workforce & OD	Directors	Medical Director MHLD, Director of Psychology, Director of Nursing MHLD, Director of Operations and Service Delivery, Heads of Operations (x4), all budget holders
Leave without pay	Executive Director of Workforce & OD	Directors	Medical Director MHLD, Director of Psychology, Director of Nursing MHLD, Director of Operations and Service Delivery, Heads of Operations (x4), all budget holders
Medical Staff Leave of Absence – paid and unpaid	Executive Director of Workforce & OD	Directors	Medical Director MHLD
Consultants Special Leave	Executive Medical Director	Directors	Director of Mental Health and Learning Disabilities and Medical Director
Time off in lieu	Executive Director of Workforce and OD	Directors	Medical Director MHLD, Director of Psychology, Director of Nursing MHLD, Director of Operations and Service Delivery, Heads of Operations (x4), all budget holders
Maternity / Paternity Leave – paid and unpaid	Executive Director of Workforce & OD	Directors	Medical Director MHLD, Director of Psychology, Director of Nursing MHLD, Director of Operations and Service Delivery,

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
			Heads of Operations (x4), all budget holders
k) Annualised hours/flexible working hours system- maintenance of adequate records	Executive Director of Workforce & OD	Directors	Medical Director MHLd, Director of Psychology, Director of Nursing MHLd, Director of Operations and Service Delivery, Heads of Operations (x4), all budget holders
l) Sick Leave			
Extension of sick leave on half pay up to three months	Executive Director of Workforce & OD	Directors in conjunction with Executive Director of Workforce & OD	Medical Director MHLd, Director of Psychology, Director of Nursing MHLd, Director of Operations and Service Delivery
Return to work part-time on full pay to assist recovery	Executive Director of Workforce & OD	Directors in conjunction with Executive Director of Workforce & OD	Medical Director MHLd, Director of Psychology, Director of Nursing MHLd, Director of Operations and Service Delivery, Heads of Operations (x4), all budget holders
Extension of sick leave on full pay	Executive Director of Workforce & OD	Directors in conjunction with Executive Director of Workforce & OD	Medical Director MHLd, Director of Psychology, Director of Nursing MHLd, Director of Operations and Service Delivery
m) Study Leave			
Study leave outside the UK (non-medical staff excluding clinical staff)	Executive Director of Workforce & OD	Directors	Director MHLd
Medical staff study leave (UK)	Executive Medical Director/Executive Director of Workforce & OD/ Executive Director of Primary & Communit	Directors	Medical Director MHLd

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
	y Care		
Consultant Medical Staff Leave (UK)	Executive Medical Director	Directors	Medical Director MHL D
All Medical and non-Medical Clinical Staff study leave outside the UK	Executive Medical Director/Executive Director of Nursing & Midwifery/Executive Director of Therapies & Health Science/Executive Director of Primary & Community Care	Directors	Director of Mental Health and Learning Disability, Director of Operations and Service Delivery, Director of Nursing MHL D, Director of Psychology
All other study leave (UK)	Executive Director of Workforce & OD	Directors	Medical Director MHL D, Director of Psychology, Director of Nursing MHL D, Director of Operations and Service Delivery, Heads of Operations (x4), all budget holders
n) Removal Expenses			
Authorisation of payment of removal expenses incurred by officers taking up new appointments (providing consideration was promised at interview)	Executive Director of Workforce & OD	Directors in accordance with BCU HB policy/approval from the Executive Director of Workforce & OD	Director MHL D
o) Grievance Procedure	Executive Director of Workforce & OD	Directors	Medical Director MHL D, Director of Psychology, Director of Nursing MHL D, Director of Operations and Service Delivery, Heads of Operations (x4)
p) Professional Misconduct/Competence-Medical and Dental Staff	Executive Medical Director/Ex	Assistant Medical Directors	Medical Director MHL D

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
	Executive Director of Workforce & OD	supported by Workforce & OD	
q) Suspension of Doctors employed directly by the LHB	Chief Executive	Executive Medical Director supported by Executive Director of Workforce & OD	Medical Director MHL D
r) Removal of Practitioner from the Performers List	Chief Executive	Executive Medical Director supported by Executive Director of Workforce & OD and Executive Director of Primary & Community Care	Medical Director MHL D
s) Requests for new posts to be authorised as car users	Executive Director of Finance	Directors	Medical Director MHL D, Director of Psychology, Director of Nursing MHL D, Director of Operations and Service Delivery, Heads of Operations (x4), all budget holders
t) Renewal of Fixed Term Contract	Executive Director of Workforce & OD	Directors	Medical Director MHL D, Director of Psychology, Director of Nursing MHL D, Director of Operations and Service Delivery, Heads of Operations (x4)
u) Voluntary Early Release Scheme	Executive Director of Workforce & OD	Executive Director of Workforce & OD, with Executive Director of Finance for sign off of	Director MHL D

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
		financial viability	
v) Settlement on termination of employment	Executive Director of Workforce & OD	Executive Director of Workforce & OD with approval from Welsh Government where the payment is Ex-gratia and exceeds the delegated limit of £50,000	Director MHL D
w) Ill Health Retirement Decision to pursue retirement on the grounds of ill-health following advice from Workforce & OD Department	Executive Director of Workforce & OD	Executive Director of Workforce & OD	Director MHL D
x) Disciplinary Procedure(excluding Executive Directors)	Executive Director of Workforce & OD	Directors	Medical Director MHL D, Director of Psychology, Director of Nursing MHL D, Director of Operations and Service Delivery, Heads of Operations (x4)
12. Engagement of Staff Not On the Establishment			
For details of Delegated Limits, please refer to Table B			
a) Non clinical Consultancy Staff	Executive Director of Finance	Director accountable for relevant service	Director MHL D
b) Medical Locum staff	Executive Medical Director	Director accountable for relevant service.	Medical Director MHL D
c) Booking of Agency Nursing Staff	Executive Director of Nursing & Midwifery	Director accountable for relevant service	Director of Nursing MHL D, Assistant Director of Nursing MHL D
d) Booking of Bank Staff:			
Nursing	Executive Director of	Director accountable	Ward and Team managers

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
	Nursing & Midwifery	for relevant service	
Other	Executive Director of Workforce & OD	Director accountable for relevant service	Budget holders
13. Charitable Funds Held on Trust			
For details of Delegated Limits, Please refer to Table B			
a) Management: Funds held on Trust are managed appropriately	Executive Director of Finance	Directors	N/A
b) Maintenance of authorised signatory list of Authorised Fund Holders	Executive Director of Finance	Executive Director of Finance	N/A
c) Expenditure	Refer to Table B - Delegated Limits		Medical Director MHL, Director of Nursing MHL, Director of Operations and Service Delivery, Head of Operations (x4)
d) Fundraising Appeals – Preparation/Monitoring/Reporting progress and performance	Executive Director of Finance	Executive Director of Finance	N/A
e) Operation of Bank Accounts:			
Managing banking arrangements and operation of bank accounts	Executive Director of Finance in conjunction with Corporate Trustees	Executive Director of Finance	N/A
Opening bank accounts	Board	Executive Director of Finance	N/A
f) Investments – Policy and Arrangements	Executive Director of Finance in conjunction with Corporate Trustees	Executive Director of Finance	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
g) Authority to accept the discharge of a donor's estate	Executive Director of Finance	Executive Director of Finance	N/A
14. Primary Care Patient Services/ Healthcare Agreements For details of Delegated Limits, please refer to Table B – Healthcare Agreements			
a) Contract negotiation and provision of service agreements	Executive Director of Finance / Executive Director of Primary & Community Care	Executive Director of Planning & Performance	N/A
b) Reporting actual and forecast contract income	Executive Director of Finance	Executive Director of Finance	N/A
c) Pricing of all contracts and SLAs	Executive Director of Finance	Executive Director of Finance with relevant Director	N/A
d) Signing agreements	Chief Executive	Chief Executive or Executive Director of Finance in Chief Executive's absence/Executive Director of Primary & Community Care for all primary care related agreements	N/A
15. Income Systems, Fees and Charges			
a) Private Patients, Overseas Visitors, Income Generation and other patient related services	Executive Director of Finance	Executive Director of Finance	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
b) Pricing of NHS agreements	Executive Director of Finance	Assistant Directors of Finance	Chief Finance Officer MHL D
c) Informing the Director of Finance of monies due to the LHB	Executive Director of Finance	Directors	All Budget Managers
d) Recovery of debt	Executive Director of Finance	Executive Director of Finance	N/A
e) Security of cash and other negotiable instruments	Executive Director of Finance	Executive Director of Finance and all Directors	N/A
f) Designing, maintaining and ensuring compliance with systems for the proper recording, invoicing, collection and coding of all monies due	Executive Director of Finance	Director of Finance (Operational)	N/A
g) Non patient care income	Executive Director of Finance	Executive Director of Finance	N/A
16. Disposal and Condemnations			
Disposal of all property and land require formal approval by the Cabinet Secretary for Health, Well-Being & Sport			
a) Issuing procedure for the disposal of assets obsolete, obsolescent, redundant, irreparable or cannot be repaired cost effectively	Executive Director of Finance	Executive Director of Finance/Executive Director of Planning & Performance	N/A
b) Notification to Director of Finance prior to disposal	Executive Director of Finance	Directors	N/A
17. Losses, Write-offs & Compensation			
a) Prepare procedures for recording and accounting for losses and special payments including preparation of a fraud response plan and informing Counter Fraud Operational Services of frauds.	Chief Executive	Executive Director of Finance	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
b) Losses of cash due to theft, fraud, overpayment of salaries, fees, allowances & other causes up to £50,000	Chief Executive	Executive Director of Finance	N/A
c) Fruitless payments (including abandoned Capital Schemes) up to £250,000	Chief Executive	Executive Director of Finance	N/A
d) Bad debts and claims abandoned: Private patients; overseas visitors & other cases up to £50,000	Chief Executive	Executive Director of Finance	N/A
e) Damage to buildings, their fittings, furniture and equipment and loss of equipment and property in stores and in use due to: Culpable causes (e.g. fraud, theft, arson) or other up to £50,000	Chief Executive	Executive Director of Finance	N/A
f) For personal and public liability claims, under the Legal & Risk scheme, authorisation from Legal & Risk is required before admissions may be made and monetary compensation offered. (Ex-gratia settlements offered by the LHB are by definition not payments based upon legal liability and are, therefore, not reimbursable under the WRP scheme)	Chief Executive	Executive Director of Nursing & Midwifery supported by the relevant Director after seeking appropriate legal advice, up to a max £150,000	N/A
g) Compensation payments made under legal obligation:	Chief Executive	Chief Executive, Executive Director of Finance or Executive Director of Nursing & Midwifery	N/A
h) Extra contractual payments to contractors – Up to £50,000 as specified within the Losses and Special Payments Manual of Guidance	Chief Executive	Executive Director of Finance with reporting to the Audit Committee	N/A
17.1 Ex-Gratia Payments:			
a) Patients and staff for loss of personal effects up to £50,000	Chief Executive	Executive Director of	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
		Finance- Refer to Finance Policy on Losses and Special Payments	
b) For clinical negligence up to £250,000 (negotiated settlements)*. Report to Board > £50,000 (see also table B para.15)	Chief Executive	Executive Director of Finance/Executive Director of Nursing & Midwifery	N/A
c) For clinical negligence over £250,000 and up to £1,000,000* (negotiated settlements). Report to Board > £50,000 (see also table B para.15)	Chair	Chief Executive/ Executive Director of Finance/Executive Director of Nursing & Midwifery	N/A
d) For personal injury claims involving negligence where legal advice has been obtained and guidance applied up to £250,000 (including plaintiff's costs) Report to Board > £50,000	Chief Executive	Chief Executive/ Executive Director of Finance/Executive Director of Workforce & OD/ Executive Director of Nursing & Midwifery	N/A
e) For personal injury claims involving negligence where legal advice has been obtained and guidance applied up to £1,000,000 Report to Board > £50,000*	Board	Chief Executive/Executive Director of Finance/Executive Director of Nursing & Midwifery	N/A
f) Other, except cases for maladministration where there was no financial loss by claimant, up to £50,000	Chief Executive	Executive Director of Finance/Executive Director of Nursing & Midwifery	N/A
* For all clinical negligence and personal injury cases(including Court cases) the use of structured settlements should be considered involving costs to the NHS of £250,000 or more – All structured settlements require approval from the Welsh Government			

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
18. Reporting of Incidents to the Police			
a) Where a criminal offence is suspected			
Criminal offence of a sexual or violent nature	Chief Executive	Executive Director of Workforce & OD	Director MHL, Director of Operations and Service Delivery
Arson or theft	Executive Director of Planning & Performance	Director of Estates & Facilities	Director MHL, Director of Operations and Service Delivery,
Other	Executive Director of Planning & Performance	Director of Estates & Facilities	Director MHL, Director of Operations and Service Delivery
19. Financial Procedures			
a) Maintenance & Update of LHB Financial Procedures	Executive Director of Finance	Executive Director of Finance	N/A
20. Audit Arrangements			
a) Review, appraise and support in accordance with Internal Audit standards for NHS Wales and best practice	Chair of the Audit Committee	Board Secretary/Head of Internal Audit	N/A
b) Provide an independent and objective view on internal control and probity	Chief Executive	Head of Internal Audit/Wales Audit Office	N/A
c) Ensure Cost-effective external audit	Chair of Audit Committee	Executive Director of Finance	N/A
d) Ensure an adequate internal audit service	Chief Executive	Board Secretary	N/A
e) Implement recommendations	Chief	All relevant	Medical Director

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
	Executive	Directors	MHLD, Director of Psychology, Director of Nursing MHLD, Director of Operations and Service Delivery, Head of Operations (x4)
21. Legal Proceedings			
a) Engagement of LHB's Solicitors	Chief Executive	Board Secretary for all Board related matters/Executive Director of Workforce & OD for all employment related matters/Executive Director of Planning & Performance for all estate related matters/Executive Director of Primary & Community Care for all Primary Care related matters.	Director MHLD
b) Approve and sign all documents which will be necessary in legal proceedings	Chief Executive	Any Director of the Board or an officer formally nominated by the Chief Executive	Director MHLD
c) Sign on behalf of the LHB any agreement or document not requested to be executed as a deed	Chief Executive	Any Director of the Board or an officer formally nominated by the Chief Executive	Director MHLD
22. Insurance Policies and Risk Management	Chief Executive	Executive Director of Finance/Board	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
		Secretary	
23. Clinical Audit	Chief Executive	Executive Director of Therapies & Health Science	Medical Director MHL D, Director of Nursing MHL D, Director of Operations and Service Delivery, Head of Operations (x4)
24. Patients' Property (in conjunction with financial advice)			
For details of Delegated Limits, please refer to Table B – Petty Cash/Patients Monies			
a) Ensuring patients and guardians are informed about patients' monies and property procedures on admission	Executive Director of Nursing & Midwifery	Directors	Ward and Team Managers
b) Prepare detailed written instructions for the administration of patients' property	Executive Director of Nursing & Midwifery	Executive Director of Finance	N/A
c) Informing staff of their duties in respect of patients' property	Executive Director of Nursing & Midwifery	Directors	Ward and Team Managers
d) Issuing property valued >£5,000 only on production of a probate letter of administration	Executive Director of Finance	Executive Director of Finance	N/A
25. Patients & Relatives Complaints			
a) Overall responsibility for ensuring that all complaints are dealt with effectively	Chief Executive	Executive Director of Nursing & Midwifery	Director MHL D
b) Responsibility for ensuring complaints are investigated thoroughly	Chief Executive	Executive Director of Nursing & Midwifery	Head of Governance
c) Medical – Legal Complaints Co-ordination of their management	Chief Executive	Executive Director of Nursing & Midwifery	Director MHL D
26. Seal			
a) The keeping of a register of seal and safekeeping of the seal	Chief Executive	Board Secretary	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
b) Attestation of seal in accordance with Standing Orders	Chief Executive/ Chair	Board Secretary	N/A
27. Gifts and Hospitality			
a) Keeping of gifts and hospitality register	Chief Executive	Board Secretary	Head of Governance and Compliance
28. Declaration of Interests			
a) Maintaining a register	Chief Executive	Board Secretary	Head of Governance and Compliance
29. Informatics and the Data Protection Act			
a) Review of LHB's compliance with the Data Protection Act	Chief Executive	Board Secretary	N/A
b) Responsibility for Informatics policy and strategy	Executive Medical Director	Chief Information Officer	N/A
c) Responsibility for ensuring that adequate management (audit) trails exist in Informatics systems	Executive Medical Director	Chief Information Officer	N/A
30. Records			
a) Review LHB's compliance with the Retention of Records Act and guidance	Chief Executive	Board Secretary / Executive Medical Director	N/A
b) Approval for the destruction of records	Chief Executive	Board Secretary / Executive Medical Director	N/A
c) Ensuring the form and adequacy of the financial records of all departments	Executive Director of Finance	Executive Director of Finance	N/A
31. Authorisation of New Drugs	Chief Executive	Executive Medical Director on the advice of the appropriate professional	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
		bodies	
32. Authorisation of Research Projects	Executive Medical Director	Director of Research & Development	N/A
33. Authorisation of Clinical Trials	Chief Executive	Executive Medical Director	N/A
34. Infectious Diseases & Notifiable Outbreaks	Chief Executive	Executive Director of Public Health	N/A
35. Review of Fire Precautions	Chief Executive	Executive Director of Planning & Performance	N/A
36. Health & Safety			
Review of all statutory compliance legislation and Health and Safety requirements including control of Substances Hazardous to Health Regulations	Chief Executive	Executive Director of Workforce & OD	N/A
37. Medicines Inspectorate Regulations			
Review Regulations Compliance	Chief Executive	Executive Medical Director supported by Chief Pharmacist	N/A
38. Environmental Regulations			
Review of compliance with environmental regulations, for example those relating to clean air and waste disposal	Chief Executive	Executive Director of Planning & Performance	N/A
39. Legal & Risk Payments	Chief Executive	Executive Director of Nursing & Midwifery/Exe	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
		cutive Director of Finance	
40. Investigation of Fraud/Corruption or Financial Irregularities	Executive Director of Finance	Lead Local Counter Fraud Specialist	N/A
41. Commercial Sponsorship			
Agreement to proposal in accordance with BCU HB procedures	Chief Executive	Executive Director of Finance	Director MHL D
42. Cost/Notional Rent/Third Party Developer/Improvement Grants			
Approval of all schedules of payments	Chief Executive	Executive Director of Primary & Community Care	N/A
Submission to Welsh Government for all new GP premises or major extensions in accordance with BCU HB Primary Care Estates Strategy	Chief Executive	Executive Director of Primary & Community Care	N/A
43. Freedom of Information	Chief Executive	Board Secretary	N/A
44. Compliance Lead Roles:			N/A
a) Caldicott Guardian	Executive Medical Director	Senior Associate Medical Director	
b) Data Protection Officer	Chief Executive	Assistant Director of Information Governance and Assurance	
c) Senior Information Risk Owner	Chief Executive	Board Secretary	
45. Emergency Planning & Major Incidents – Civil Contingencies Act (Category 1 Responder)	Chief Executive	Executive Director of Planning &	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
		Performance	
46. National Health Services (Wales) Act 2006 Section 33 Agreements: Arrangements between NHS Bodies and Local Authorities	Chief Executive	Executive Director of Finance	N/A
47. Statutory compliance with respective Legislation	Chief Executive	Board Secretary	N/A
48. National Health Service (Appointment of Consultants) (Wales) (Amendment) Regulations 2005 (Statutory Instrument 2005: 3039) Appointment of all Medical and Dental Consultant posts. Consultant posts within Public Health that are open to both medically qualified and those qualified in other disciplines other than medicine should follow this process, even though they fall outside of the requirements of the Statutory Instrument.	Chief Executive	Board level directors	N/A
49. All Wales Policy: Making Decisions on Individual Patient Funding Requests (IPFR)	Chief Executive	WHSSC IPFR Panel £300,000 to £1,000,000; Chief Executive up to £299,999; Chair and Vice Chair of Health Board IPFR Panel together sign up to £125,000	N/A
* The IPFR Panel cannot make policy decisions for the health board. Any policy proposals arising from their considerations and decisions must be reported to the Health Board Quality, Safety & Experience Committee			
50. Carbon Reduction Commitment Order (Phase 2) Agency Registration	Chief Executive	Executive Director of Planning and Performance	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
51. Human Tissue Act 20014	Chief Executive	Executive Director of Therapies & Health Sciences	
52. Ionising Radiation (Medical Exposure) Regulations 2017	Chief Executive	Executive Director of Therapies & Health Sciences	
53. Nurse Staffing Levels Act (Wales) 2016	Chief Executive	Executive Director of Nursing & Midwifery	

Table B – Scheme of Financial Delegation

Financial Limits are subject to funding available within relevant budget(s) and are inclusive of VAT irrespective of recovery arrangements.

All purchases must ensure compliance with Standing Financial Instruction Schedule 1 -

Procurement of Works, Goods and Services with regard to the required quotation or Tendering exercise.

	Budget changes	General expenditure	Healthcare agreements	Capital (Business Case and Contractual Commitment approvals)			Specialist				Charitable Funds		Procurement waivers	Staffing	
		Any expenditure approval must be within funding limits of approved budgets. Approval limits are cumulative, and therefore higher level approval limits must be supported by lower level approvals. Executive Directors and Directors, Area Directors, and Hospital Care Directors to determine scheme of delegation within their structures.													
	Budget transfers between Corporate Departments, Area Teams or Hospital Teams(Virements)	Individual orders / requisitions / annual order value or total contract value (unless otherwise noted)	Healthcare agreements (NHS and Private sector)(annual value) (Primary Care contracts approved by Board)	Building and engineering orders; related consultancy support(individual contractual commitment)	Medical devices; plant; machinery; related consultancy support(individual contractual commitment)	IM&T; telecoms systems; software; related consultancy (individual contractual commitment)	Property or equipment leases(granting or termination of leases; annual value)	External consultancy support (total contract value for duration of service)	Losses / Special Payments (Terminations approved by Exec.Director of W&OD; VERS by RATS C'ttee)	New drugs (value based on annual costs)	Locally held funds(total funding bid value)	General funds(total funding bid value)	All values	New posts (additional establishm't)	Agency and Waiting List Initiatives (all values)
WG (In advance of contract planning)	No requirement	£1m plus	£1m plus (Private sector)	£1m plus	£1m plus	£1m plus	No requirement	£1m plus	See Manual of Guidance for losses and SFIs, as special rules apply for certain losses and ex gratia payments.	No requirement	No requirement	No requirement	No requirement	No requirement	No requirement
Board following Chief Executive approval	£1m plus	£1m plus	Over £10m approved in advance, below £10m retrospectively reported. Over £1m for Private sector.	£1m plus	£1m plus	£1m plus	£0.5m plus or any which need signing under seal (Reservation of Power, Number 33)	£0.5m plus		£1m plus	No requirement	No requirement	No requirement	No requirement	No requirement
Audit Committee													Retrospective reporting		
Charitable Funds Committee (all Executives can authorise use of charitable funds up to £5k)											Over £5k (Up to £25k scrutinised by CF Advisory Group)	Over £5k (Up to £25k scrutinised by CF Advisory group)			
CEO through Executive Team	£0.5m to £1m	£0.5m to £1m	New or contract variation to £10.0m.	£0.5m to £1m	£0.5m to £1m	£0.5m to £1m	£250k to £0.5m	£250k to £0.5m	£0.5m to £1.0m	£0.5m to £1.0m	Up to £5k	Up to £5k	As escalated by DoF	Can approve new posts across LHB	No requirement
Any 2 of CEO, Director of P&P and DoF (must include DoF)		Up to £0.5m	New or contract variation to £5.0m (to £1m for Private sector).					Up to £250k		Up to £0.5m			As escalated by DoF		
Executive Director of Finance	Up to £0.5m	Up to £250k		Up to £0.5m	Up to £0.5m	Up to £0.5m	Up to £250k	Up to £100k	Up to £0.5m		Up to £5k	Up to £5k	As escalated by FD: OF	Can approve new posts within own structure.	Must approve in advance in own structure.

	Budget changes	General expenditure	Healthcare agreements	Capital (Business Case and Contractual Commitment approvals)			Specialist				Charitable Funds		Procurement waivers	Staffing	
		Any expenditure approval must be within funding limits of approved budgets. Approval limits are cumulative, and therefore higher level approval limits must be supported by lower level approvals. Executive Directors and Directors, Area Directors, and Hospital Care Directors to determine scheme of delegation within their structures.													
	Budget transfers between Corporate Departments, Area Teams or Hospital Teams(Virements)	Individual orders / requisitions / annual order value or total contract value (unless otherwise noted)	Healthcare agreements (NHS and Private sector)(annual value) (Primary Care contracts approved by Board)	Building and engineering orders; related consultancy support(individual contractual commitment)	Medical devices; plant; machinery; related consultancy support(individual contractual commitment)	IM&T; telecoms systems; software; related consultancy (individual contractual commitment)	Property or equipment leases(granting or termination of leases; annual value)	External consultancy support (total contract value for duration of service)	Losses / Special Payments (Terminations approved by Exec.Director of W&OD; VERS by RATS C'ttee)	New drugs (value based on annual costs)	Locally held funds(total funding bid value)	General funds(total funding bid value)	All values	New posts (additional establishm't)	Agency and Waiting List Initiatives (all values)
Executive Directors, Board Secretary, Director of Mental Health and Learning Disabilities (unless noted below)		Up to £250k						Up to £100k					Waivers must be approved by FD: OF and Exec.Director of Finance or Chief Executive if escalated by FD: OF	Can approve new posts within own structure.	Must approve in advance in own structure.
Executive Director of Primary Cty Care		Up to £250k						Up to £100k						Can approve new posts within own structure.	Must approve in advance in own structure.
Executive Director of Planning & Performance		Up to £250k		Up to £0.5m	Up to £0.5m		Up to £250k	Up to £100k						Can approve new posts within own structure.	Must approve in advance in own structure.
Executive Medical Director		Up to £250k				Up to £0.5m		Up to £100k						Can approve new posts within own structure.	Must approve in advance in own structure.
Executive Director of W&OD		Up to £250k						Up to £100k	Terminations up to £50k (over this to WG)					Can approve new posts within own structure.	Must approve in advance in own structure.
Executive Director of Nursing & Midwifery		Up to £250k						Up to £100k	Up to £150k					Can approve new posts within own structure.	Must approve in advance in own structure.

	Budget changes	General expenditure	Healthcare agreements	Capital			Specialist				Charitable Funds		Procurement waivers	Staffing	
		Any expenditure approval must be within funding limits of approved budgets. Approval limits are cumulative, and therefore higher level approval limits must be supported by lower level approvals. Executive Directors and Directors, Area Directors, and Hospital Care Directors to determine scheme of delegation within their structures.													
	Budget transfers between Corporate Departments, Area Teams or Hospital Teams(Virements)	Individual orders / requisitions / annual order value or total contract value (unless otherwise noted)	Healthcare agreements (NHS and Private sector)(annual value) (Primary Care contracts approved by Board)	Building and engineering orders; related consultancy support(individual contractual commitment)	Medical devices; plant; machinery; related consultancy support(individual contractual commitment)	IM&T; telecoms systems; software; related consultancy (individual contractual commitment)	Property or equipment leases(granting or termination of leases; annual value)	External consultancy support (total contract value for duration of service)	Losses / Special Payments (Terminations only approved by Exec Director of W&OD; VERS require RATS Committee)	New drugs (value based on annual costs)	Locally held funds(total funding bid value)	General funds(total funding bid value)	All values	New posts (additional establishm't)	Agency and Waiting List Initiatives (all values)
Area Directors and Director of Mental Health & Learning Disabilities		Up to £250k	New or contract variation to £1.5m		Up to £250k			Up to £100k		Up to £100k, following Med Mgt Group	Up to £5k			Can approve new posts within own team.	As escalated by Direct Reports*
Area Medical Director															Medical staff*
Area Nurse Directors															Nurse or other staff*
Secondary Care Medical Director		Up to £150k			Up to £150k			Up to £150k			Up to £5k				Medical staff*
Secondary Care Nurse Director		Up to £150k			Up to £150k			Up to £150k			Up to £5k				Nurse or other staff*
Interim Managing Directors		Up to £150k			Up to £150k			Up to £50k			Up to £5k			Can approve new posts within own team.	As escalated by Direct Reports*
Director of Estates & Facilities		Up to £150K		Up to £150K	Up to £150K			Up to £50K							
Hospital: Assistant Medical Director															Medical staff*
Hospital: Assistant Nurse Director															Nurse or other staff*
Procurement (NWSSP)													All signed off by Procurement		

	Budget changes	General expenditure	Healthcare agreements	Capital			Specialist				Charitable Funds		Procurement waivers	Staffing	
		Any expenditure approval must be within funding limits of approved budgets. Approval limits are cumulative, and therefore higher level approval limits must be supported by lower level approvals. Executive Directors and Directors, Area Directors, and Hospital Care Directors to determine scheme of delegation within their structures.													
	Budget transfers between Corporate Departments, Area Teams or Hospital Teams(Virements)	Individual orders / requisitions / annual order value or total contract value (unless otherwise noted)	Healthcare agreements (NHS and Private sector)(annual value) (Primary Care contracts approved by Board)	Building and engineering orders; related consultancy support(individual contractual commitment)	Medical devices; plant; machinery; related consultancy support(individual contractual commitment)	IM&T; telecoms systems; software; related consultancy (individual contractual commitment)	Property or equipment leases(granting or termination of leases; annual value)	External consultancy support (total contract value for duration of service)	Losses / Special Payments (Terminations only approved by Exec Director of W&OD; VERS require RATS Committee)	New drugs (value based on annual costs)	Locally held funds(total funding bid value)	General funds(total funding bid value)	All values	New posts (additional establishm't)	Agency and Waiting List Initiatives (all values)
Deouty Director (Concerns)		Up to £75k							Up to £75k						
Deputy / Assistant Director Board Secretary		Up to £75k													
Assistant Director Primary Care		Up to £75k	Up to £75k		Up to £75k			Up to £75k			Up to £5k				
Assistant Director Community Hospital Services		Up to £75k	Up to £75k		Up to £75k			Up to £75k			Up to £5k				
Assistant Director Secondary Care		Up to £75k	Up to £75k		Up to £75k			Up to £75k			Up to £5k				
Head of Investigations and Redress									Up to £20k						
Claims Managers									Up to £5k						
Authorised fund holder (Charitable Funds)											Up to £5k				

	Budget changes	General expenditure	Healthcare agreements	Capital	Specialist					Charitable Funds		Procurement waivers	Staffing		
		Any expenditure approval must be within funding limits of approved budgets. Approval limits are cumulative, and therefore higher level approval limits must be supported by lower level approvals. Executive Directors and Directors, Area Directors, and Hospital Care Directors to determine scheme of delegation within their structures.													
	Budget transfers between Corporate Departments, Area Teams or Hospital Teams(Virements)	Individual orders / requisitions / annual order value or total contract value (unless otherwise noted)	Healthcare agreements (NHS and Private sector)(annual value) (Primary Care contracts approved by Board)	Building and engineering orders; related consultancy support(individual contractual commitment)	Medical devices; plant; machinery; related consultancy support(individual contractual commitment)	IM&T; telecoms systems; software; related consultancy (individual contractual commitment)	Property or equipment leases(granting or termination of leases; annual value)	External consultancy support (total contract value for duration of service)	Losses / Special Payments (Terminations only approved by Exec Director of W&OD; VERS require RATS Committee)	New drugs (value based on annual costs)	Locally held funds(total funding bid value)	General funds(total funding bid value)	All values	New posts (additional establishm't)	Agency and Waiting List Initiatives (all values)
Medicines Management Group										All new drugs, unless cheaper than existing					
* Agency and Waiting List Initiatives must generally be approved in advance. However, in exceptional circumstances when staff are required out of hours, they can be approved retrospectively.															

This scheme only relates to matters delegated by the Board to the Chief Executive and Directors, together with certain other specific matters referred to in Standing Financial Instructions. Each Director is responsible for delegation within their department. They should produce an Operational Scheme of Delegation and Authorisation for matters within their department, which should also set out how departmental budget and procedures for approval of expenditure are delegated.

TABLE C: Scheme of Financial Delegation for Mental Health and Learning Disabilities

Financial limits for managers:

Ref	Post	Budget	Charitable funds
		£	£
1	Director of Mental Health and Learning Disabilities	250,000	5,000
2	Medical Director, Director of Psychology, Director of Nursing, Director of Operations	100,000	5,000
3	Head of Operations and Service Delivery (4), Head of CHC	50,000	5,000
4	Head of Nursing (5)	25,000	0
5	Service Managers	0	0
6	Ward Managers, Team Managers, Assistant Business Managers	0	N/A
7	Other budget holders	0	N/A

As part of increased financial grip and control measures all spend commitments will be escalated to Head of Operations or Director level as appropriate.

Approval routes will remain at service manager levels and below

Grace Lewis-Parry

Grace Lewis-Parry

Board Secretary

18 July 2019

SECTION 2: SCHEME OF DELEGATION TO EXECUTIVE DIRECTORS, OTHER DIRECTORS AND OFFICERS

The LHB Standing Orders and Standing Financial Instructions specify certain key responsibilities of the Chief Executive, the Executive Director of Finance and other officers. The Chief Executive's Job Description, together with their Accountable Officer Memorandum sets out their specific responsibilities, and the individual job descriptions determined for Executive Director level posts also define in detail the specific responsibilities assigned to those post holders. These documents, together with the schedule of additional delegations below and the associated financial delegations set out in the Standing Financial Instructions form the basis of the LHB's Scheme of Delegation to Officers.

Delegated Matter	Table Reference No.
STANDING ORDERS/STANDING FINANCIAL INSTRUCTIONS	1
MEETINGS	2
FINANCIAL PLANNING/BUDGETARY RESPONSIBILITY	3
BANK/PGO ACCOUNTS (EXCLUDING CHARITABLE FUND ACCOUNTS)	4
EXTERNAL BORROWING	5
NON PAY EXPENDITURE	6
STORES AND RECEIPT OF GOODS	7
CAPITAL INVESTMENT MANAGEMENT	8
QUOTATIONS, TENDERING & CONTRACT PROCEDURES	9
FIXED ASSETS	10
PERSONNEL & PAY	11
ENGAGEMENT OF STAFF (NOT ON THE ESTABLISHMENT)	12
CHARITABLE FUNDS HELD ON LHB	13
PRIMARY CARE PATIENT SERVICES/HEALTHCARE AGREEMENTS	14
INCOME SYSTEMS, FEES & CHARGES	15
DISPOSAL AND CONDEMNATIONS	16
LOSSES, WRITE-OFFS & COMPENSATION AND EX-GRATIA PAYMENTS	17
REPORTING INCIDENTS TO THE POLICE	18
FINANCIAL PROCEDURES	19
AUDIT ARRANGEMENTS	20
LEGAL PROCEEDINGS	21
INSURANCE POLICIES AND RISK MANAGEMENT	22
CLINICAL AUDIT	23
PATIENTS' PROPERTY	24
PATIENTS & RELATIVES COMPLAINTS	25
SEAL	26
GIFTS & HOSPITALITY	27
DECLARATION OF INTERESTS	28
INFORMATICS AND THE DATA PROTECTION ACT	29
RECORDS	30
AUTHORISATION OF NEW DRUGS	31
AUTHORISATION OF RESEARCH PROJECTS	32
AUTHORISATION OF CLINICAL TRIALS	33
INFECTIOUS DISEASES & NOTIFIABLE OUTBREAKS	34

Delegated Matter	Table Reference No.
REVIEW OF FIRE PRECAUTIONS	35
HEALTH & SAFETY	36
MEDICINES INSPECTORATE REGULATIONS	37
ENVIRONMENTAL REGULATIONS	38
LEGAL & RISK PAYMENTS	39
INVESTIGATION OF FRAUD/CORRUPTION OR FINANCIAL IRREGULARITIES	40
COMMERCIAL SPONSORSHIP	41
COSTS/NOTIONAL RENT/THIRD PARTY DEVELOPER/IMPROVEMENT GRANTS	42
FREEDOM OF INFORMATION	43
COMPLIANCE LEAD ROLES: CALDICOTT GUARDIAN, DPO, SIRO	44
EMERGENCY PLANNING	45
NHS ACT 2006 (WALES) SECTION 33 AGREEMENTS	46
STATUTORY COMPLIANCE WITH RESPECTIVE LEGISLATION	47
APPOINTMENT OF MEDICAL & DENTAL CONSULTANT POSTS	48
INDIVIDUAL PATIENT FUNDING REQUESTS	49
CARBON REDUCTION COMMITMENT ORDER	50
HUMAN TISSUE ACT 2004	51
IONISING RADIATION (MEDICAL EXPOSURE) REGULATIONS 2017 [IR(ME)R]	52
NURSE STAFFING LEVELS (WALES) ACT 2016	53

Schedule 1

SCHEME OF RESERVATION AND DELEGATION OF POWERS Executive Director of Public Health

Table A – Scheme of Delegation to Officers

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
1. Standing Orders / Standing Financial Instructions			
a) Final authority in interpretation of Standing Orders	Chair	Chair	N/A
b) Notifying Directors, employees and agents of their responsibilities within the Standing Orders and Standing Financial Instructions and ensuring that they understand the responsibilities	Executive Director of Finance/Board Secretary	Directors	N/A
c) Responsibility for the security of the LHB's property, avoiding loss, exercising economy and efficiency in using resources and conforming with Standing Orders, Financial Instructions and financial procedures	Executive Director of Finance	Directors	N/A
d) Ensuring Standing Orders are compatible with Welsh Government requirements re building and engineering contracts	Chief Executive	Executive Director of Planning & Performance	N/A
2. Meetings			
a) Calling meetings of the LHB	Chair	Board Secretary	N/A
b) Chair all LHB Board meetings and associated responsibilities	Chair or Vice Chair in Chair's absence	Chair or Vice Chair in Chair's absence	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
3. Financial Planning/Budgetary Responsibility			
a) Setting: Submit Three Year Plan and Annual Operating Plan to the LHB Board	Chief Executive	Executive Director of Planning & Performance	N/A
Submit budgets to the LHB Board	Chief Executive	Executive Director of Finance	N/A
Submit to Board financial estimates and forecasts	Chief Executive	Executive Director of Finance	N/A
b) Implementing financial policies, plans and procedures, providing advice and co-ordinating any corrective action necessary	Executive Director of Finance	Finance Director (Operational)	N/A
c) Issuing Budgets	Executive Director of Finance	Finance Director (Operational)	N/A
d) Monitoring: Monitor performance against budget	Executive Director of Finance	Directors	N/A
Submit monitoring returns	Chief Executive	Executive Director of Finance	N/A
Effective budgetary control and a balanced budget	Executive Director of Finance	Directors	N/A
Preparation of annual accounts and returns	Executive Director of Finance	Executive Director of Finance	N/A
Identifying and implementing cost improvements and income generation initiatives	Executive Director of Finance	Directors	N/A
e) Authorisation of Virement It is not possible for any officer other than the Executive Director of Finance to vire from non-recurring headings to recurring budgets <u>or</u> from capital to revenue/revenue to capital. Virement <u>between</u> different budget holders (Directors) requires the agreement of <u>both</u> parties <u>and</u> the Executive Director of Finance	Please refer to Table B – Delegated Limits		

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
f) Maintaining an effective system of internal financial control	Chief Executive	Executive Director of Finance	N/A
g) Delivery of financial training to budget holders (Directors)	Executive Director of Finance	Finance Director (Operational)	N/A
4. Bank/PGO Accounts (Excluding Charitable Fund Accounts)			
a) Operation: Managing banking arrangements and operation of bank accounts	Executive Director of Finance	Finance Director (Operational)	N/A
Opening bank accounts	Executive Director of Finance	Finance Director (Operational)	N/A
Authorisation of transfers between LHB bank accounts	Executive Director of Finance	Finance Director (Operational)	N/A
Authorisation of: -PGO/GBS Schedules -BACS Schedules -Automated cheque schedules -Manual cheques	Executive Director of Finance	Finance Director (Operational)	N/A
b) Investments: Investment of surplus funds in accordance with the LHB's investment policy	Executive Director of Finance	Finance Director (Operational)	N/A
5. External Borrowing			
a) Advise LHB Board of the requirements to meet payment of interest and originating capital debt	Executive Director of Finance	Finance Director (Operational)	N/A
b) Application for loan(s) and overdrafts	Executive Director of Finance	Finance Director (Operational)	N/A
c) Preparation of procedural instructions	Executive Director of Finance	Finance Director (Operational)	N/A
6. Non Pay Expenditure			
For details of Delegated Limits please refer			

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
to Table B			
a) Completion of an Operational Scheme of Delegation and Authorisation by each Budget Holder ensuring maintenance of a list of officers authorised to place requisitions/orders (including emergency verbal orders) and record receipts within the E-Financials Business Suite.	Executive Director of Finance	Directors	N/A
b) Obtain the best value for money when requisitioning goods/services	Executive Director of Finance	Directors	N/A
c) Ensuring expenditure is within budget	Chief Executive	Directors	N/A
d) Non-Pay Expenditure for which no specific budget has been set up and which is not subject to funding under delegated powers of virement	Chief Executive	Executive Director of Finance	N/A
e) Orders exceeding 12 month period	Executive Director of Finance	Finance Director (Operational)	N/A
f) Prompt payment of accounts	Executive Director of Finance	Executive Director of Finance	N/A
g) Financial Limits	Please refer to Table B – Delegated Limits		
h) Maintenance of sufficient records to explain the LHB's transactions and report on the LHB's financial position	Executive Director of Finance	Executive Director of Finance	N/A
i) Approval of visits at a supplier's expense	Executive Director of Finance	Executive Directors	N/A
j) Provision of electronic signatures within the E-Financials Business Suite in accordance with each Budget Holder's Operational Scheme of Delegation and Authorisation	Executive Director of Finance	Finance Director (Operational)	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
7. Stores and Receipt of Goods			
a) Responsibility for the systems of financial control over all stores including receipt of goods and returns	Executive Director of Finance	Directors	N/A
b) Responsibility for the control of stores and receipt of goods, issues and returns: All stores (excluding pharmaceutical, fuel, oil and coal – see following)	Executive Director of Finance	Directors	N/A
Pharmaceutical Stores	Executive Medical Director	Chief Pharmacist	N/A
Fuel, oil and coal stocks	Executive Director of Planning & Performance	Director of Estates & Facilities	N/A
c) Stocktaking arrangements	Executive Director of Finance	Directors	N/A
8. Capital Investment Management			
For details of Delegated Limits for Delegated Matter 8d, please refer to Table B – Leases. In accordance with Welsh Government guidance:			
a) Programme:			
Preparation of Capital Investment Programme	Chief Executive	Executive Director of Planning & Performance	N/A
Completion and signing off of a business case for approval	Chief Executive/ Executive Director of Finance	Executive Director of Planning & Performance	N/A
Appointment of Project Directors	Chief Executive	Executive Director of Planning & Performance with support from relevant Directors	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
Financial monitoring and reporting on all capital scheme expenditure including variations to contract	Executive Director of Planning & Performance	Executive Director of Finance/Executive Director of Planning & Performance with support from relevant Directors.	N/A
Issuing of guidance on management of capital schemes	Executive Director of Planning & Performance	Executive Director of Finance/Executive Director of Planning & Performance	N/A
b) Contracting – Selection of 3 rd party developers, architects, quantity surveyors, consultant engineers and other professional advisors within EC regulations and LHB tender procedures	Chief Executive	Executive Director of Planning & Performance	N/A
c) Private Finance – Demonstrate that the use of private finance represents best value for money and transfers risk to the private sector	Chief Executive	Executive Director of Finance	N/A
d) Leases – Granting and termination of leases	Chief Executive	Executive Director of Planning & Performance/Executive Director of Finance	N/A
e) Financial control and audit- Arrangements are in place to review building and engineering contracts and property transactions comply with Welsh Government guidance.	Chief Executive	Executive Director of Finance with Executive Director of Planning & Performance responsible for the technical audit of the contracts.	N/A
9. Quotations, Tendering & Contract Procedures			
For details of Delegated Limits, please			

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
refer to Table B – Quotations/Tenders.			
a) Services:			
Best value for money is demonstrated for all services provided under contract or in-house	Chief Executive	Directors	N/A
Nominate officers to oversee and manage the contract on behalf of the LHB	Chief Executive	Directors	N/A
b) Quotations – Total value of the contract over its entire period:			
Seeking quotations up to £5,000 in value	Executive Director of Finance (per SFI 11.7.1)	For details of delegated limits, please refer to Table B	N/A
Obtaining minimum of 3 written quotations for goods/services of value between £5,000 and £25,000	Chief Executive (per SFI 11.1.2)	For details of delegated limits. Please refer to Table B	N/A
c) Competitive Tenders – Total value of the contract over its entire period:			
Obtaining a minimum of 4 written competitive tenders for goods/services of value between £25,000 and the OJEU threshold (in compliance with EC Directives as appropriate)	Chief Executive	For details of delegated limits, please refer to Table B	
Obtaining a minimum of 5 written competitive tenders for goods/services of a value in excess of the OJEU threshold (in compliance with EC Directives as appropriate)	Chief Executive	For details of delegated limits, please refer to Table B	
Receipt and custody of tenders prior to opening	Chief Executive	Executive Director of Finance	N/A
Opening Tenders and Quotations	Chief Executive	Executive Director of Finance	N/A
Decide if late tenders should be considered	Chief Executive	Executive Director of Finance	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
d) Waiving the requirement to request quotes or tenders – subject to SFI Schedule 1 Para. 4.2 & 4.3 – Formally reported to the Audit Committee	Chief Executive	Chief Executive/nominated deputy (Board Secretary or Executive Director of Finance). Where the budget holder requesting the waiver is the Chief Executive/Board Secretary/Executive Director of Finance, they cannot approve their own waiver and must seek approval from one of the other two delegated officers.	N/A
10. Fixed Assets			
a) Maintenance of asset register	Chief Executive	Executive Director of Finance supported by relevant Director	N/A
b) Calculate and pay capital charges in accordance with Welsh Government requirements	Executive Director of Finance	Executive Director of Finance	N/A
c) Responsibility for fixed assets – Land & Buildings	Chief Executive	Executive Director of Planning & Performance	N/A
d) Responsibility for all other fixed assets (Plant, Machinery, Transport, IT assets including software, Furniture & Fittings)	Chief Executive	Directors	N/A
e) Responsibility for security of LHB assets including notifying	Chief Executive	Directors	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
discrepancies to the Director of Finance and reporting losses in accordance with LHB procedures			
11. Personnel & Pay			
a) Nominate officers to enter into contracts of employment regarding staff, agency staff or consultancy service contracts in accordance with the “Policy for the Safe Recruitment and Selection Practices” together with accompanying guidance, particularly the need for pre-employment checks.	Chief Executive	Executive Director of Workforce & OD	N/A
b) Approve the commencement of employment prior to all pre-employment checks being completed.	Executive Director of Workforce & OD	Executive Director of Workforce & OD	N/A
c) Authority to fill funded post on the establishment with permanent staff.	Executive Director of Workforce & OD	Directors	N/A
d) Authority to extend Locum appointments	Chief Executive	Interim Managing Directors, Mental Health Director and Area Directors for appointments over 12 months to 24 months. Executive Director of Nursing & Midwifery, Executive Director of Primary & Community Care, Executive Director of Therapies & Health Sciences and Executive Director of	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
		Workforce & OD/Director of MHL D for appointments over 24 months to 36 months only.	
e) The granting of additional increments to staff within budget in accordance with Terms & Conditions of Service	Executive Director of Workforce & OD	Directors with advice from Executive Director of Workforce & OD	N/A
f) All requests for upgrading/ regrading/ major skill mix changes shall be dealt with in accordance with LHB Procedure	Executive Director of Workforce & OD	Directors with advice from Executive Director of Workforce & OD	N/A
g) Authority to agree acting up salaries for staff other than Executive Directors (Approval of acting up salaries for interim Executive Directors to be retained by Remuneration & Terms of Service Committee)	Chief Executive to agree acting up arrangements of Band 9 and above (Excluding Executive Directors)	Directors lead for acting up salaries up to Band 8d or equivalent.	N/A
h) Establishments:			
Additional staff to the agreed establishment with specifically allocated finance	Chief Executive	Directors with approval from Executive Director of Finance	N/A
Additional staff to the agreed establishment without specifically allocated finance.	Chief Executive	Executive Director of Finance	N/A
Variation to the funded establishment	Chief Executive	Directors with approval from Executive Director of Finance	N/A
i) Pay			
Authority to complete standing	Executive	Directors	

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
data forms effecting pay, new starters, changes and leavers	Director of Workforce & OD		N/A
Authority to complete and authorise timesheets and payroll returns	Executive Director of Workforce & OD	Directors	N/A
Authority to authorise overtime	Executive Director of Workforce & OD	Directors	N/A
Authority to authorise travel & subsistence expenses	Executive Director of Workforce & OD	Directors	N/A
Maintenance of a list of managers authorised to sign payroll and travel expense documentation.	Executive Director of Workforce & OD	Directors	N/A
j) Leave			
Approval of annual leave in accordance with LHB policy	Executive Director of Workforce & OD	Executive Director of Finance	N/A
Carry over of annual leave in exceptional circumstances up to a maximum of 5 days	Executive Director of Workforce & OD	Directors	N/A
Compassionate leave	Executive Director of Workforce & OD	Directors	N/A
Special leave arrangements (to be applied in accordance with All Wales Policy)	Executive Director of Workforce & OD	Directors	N/A
Leave without pay	Executive Director of Workforce & OD	Directors	N/A
Medical Staff Leave of Absence – paid and unpaid	Executive Director of Workforce & OD	Directors	N/A
Consultants Special Leave	Executive Medical Director	Directors	N/A
Time off in lieu	Executive	Directors	

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
	Director of Workforce and OD		N/A
Maternity / Paternity Leave – paid and unpaid	Executive Director of Workforce & OD	Directors	N/A
k) Annualised hours/flexible working hours system- maintenance of adequate records	Executive Director of Workforce & OD	Directors	N/A
l) Sick Leave			
Extension of sick leave on half pay up to three months	Executive Director of Workforce & OD	Directors in conjunction with Executive Director of Workforce & OD	N/A
Return to work part-time on full pay to assist recovery	Executive Director of Workforce & OD	Directors in conjunction with Executive Director of Workforce & OD	N/A
Extension of sick leave on full pay	Executive Director of Workforce & OD	Directors in conjunction with Executive Director of Workforce & OD	N/A
m) Study Leave			
Study leave outside the UK (non-medical staff excluding clinical staff)	Executive Director of Workforce & OD	Directors	N/A
Medical staff study leave (UK)	Executive Medical Director/Executive Director of Workforce & OD/ Executive Director of Primary & Community Care	Directors	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
Consultant Medical Staff Leave (UK)	Executive Medical Director	Directors	N/A
All Medical and non-Medical Clinical Staff study leave outside the UK	Executive Medical Director/Executive Director of Nursing & Midwifery/Executive Director of Therapies & Health Science/Executive Director of Primary & Community Care	Directors	N/A
All other study leave (UK)	Executive Director of Workforce & OD	Directors	N/A
n) Removal Expenses			
Authorisation of payment of removal expenses incurred by officers taking up new appointments (providing consideration was promised at interview)	Executive Director of Workforce & OD	Directors in accordance with BCU HB policy/approval from the Executive Director of Workforce & OD	N/A
o) Grievance Procedure	Executive Director of Workforce & OD	Directors	N/A
p) Professional Misconduct/Competence-Medical and Dental Staff	Executive Medical Director/Executive Director of Workforce & OD	Assistant Medical Directors supported by Workforce & OD	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
q) Suspension of Doctors employed directly by the LHB	Chief Executive	Executive Medical Director supported by Executive Director of Workforce & OD	N/A
r) Removal of Practitioner from the Performers List	Chief Executive	Executive Medical Director supported by Executive Director of Workforce & OD and Executive Director of Primary & Community Care	N/A
s) Requests for new posts to be authorised as car users	Executive Director of Finance	Directors	N/A
t) Renewal of Fixed Term Contract	Executive Director of Workforce & OD	Directors	N/A
u) Voluntary Early Release Scheme	Executive Director of Workforce & OD	Executive Director of Workforce & OD, with Executive Director of Finance for sign off of financial viability	N/A
v) Settlement on termination of employment	Executive Director of Workforce & OD	Executive Director of Workforce & OD with approval from Welsh Government where the payment is Ex-gratia and exceeds the delegated limit	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
		of £50,000	
w) Ill Health Retirement Decision to pursue retirement on the grounds of ill-health following advice from Workforce & OD Department	Executive Director of Workforce & OD	Executive Director of Workforce & OD	N/A
x) Disciplinary Procedure(excluding Executive Directors)	Executive Director of Workforce & OD	Directors	N/A
12. Engagement of Staff Not On the Establishment			
For details of Delegated Limits, please refer to Table B			
a) Non clinical Consultancy Staff	Executive Director of Finance	Director accountable for relevant service	N/A
b) Medical Locum staff	Executive Medical Director	Director accountable for relevant service.	N/A
c) Booking of Agency Nursing Staff	Executive Director of Nursing & Midwifery	Director accountable for relevant service	N/A
d) Booking of Bank Staff:			
Nursing	Executive Director of Nursing & Midwifery	Director accountable for relevant service	N/A
Other	Executive Director of Workforce & OD	Director accountable for relevant service	N/A
13. Charitable Funds Held on Trust			
For details of Delegated Limits, Please refer to Table B			
a) Management: Funds held on Trust are managed appropriately	Executive Director of Finance	Directors	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
b) Maintenance of authorised signatory list of Authorised Fund Holders	Executive Director of Finance	Executive Director of Finance	N/A
c) Expenditure	Refer to Table B - Delegated Limits		
d) Fundraising Appeals – Preparation/Monitoring/Reporting progress and performance	Executive Director of Finance	Executive Director of Finance	N/A
e) Operation of Bank Accounts:			
Managing banking arrangements and operation of bank accounts	Executive Director of Finance in conjunction with Corporate Trustees	Executive Director of Finance	N/A
Opening bank accounts	Board	Executive Director of Finance	N/A
f) Investments – Policy and Arrangements	Executive Director of Finance in conjunction with Corporate Trustees	Executive Director of Finance	N/A
g) Authority to accept the discharge of a donor's estate	Executive Director of Finance	Executive Director of Finance	N/A
14. Primary Care Patient Services/ Healthcare Agreements			
For details of Delegated Limits, please refer to Table B – Healthcare Agreements			
a) Contract negotiation and provision of service agreements	Executive Director of Finance / Executive Director of Primary & Community Care	Executive Director of Planning & Performance	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
b) Reporting actual and forecast contract income	Executive Director of Finance	Executive Director of Finance	N/A
c) Pricing of all contracts and SLAs	Executive Director of Finance	Executive Director of Finance with relevant Director	N/A
d) Signing agreements	Chief Executive	Chief Executive or Executive Director of Finance in Chief Executive's absence/Executive Director of Primary & Community Care for all primary care related agreements	N/A
15. Income Systems, Fees and Charges			
a) Private Patients, Overseas Visitors, Income Generation and other patient related services	Executive Director of Finance	Executive Director of Finance	N/A
b) Pricing of NHS agreements	Executive Director of Finance	Assistant Directors of Finance	N/A
c) Informing the Director of Finance of monies due to the LHB	Executive Director of Finance	Directors	N/A
d) Recovery of debt	Executive Director of Finance	Executive Director of Finance	N/A
e) Security of cash and other negotiable instruments	Executive Director of Finance	Executive Director of Finance and all Directors	N/A
f) Designing, maintaining and ensuring compliance with systems for the proper recording, invoicing,	Executive Director of Finance	Director of Finance (Operational)	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
collection and coding of all monies due			
g) Non patient care income	Executive Director of Finance	Executive Director of Finance	N/A
16. Disposal and Condemnations			
Disposal of all property and land require formal approval by the Cabinet Secretary for Health, Well-Being & Sport			
a) Issuing procedure for the disposal of assets obsolete, obsolescent, redundant, irreparable or cannot be repaired cost effectively	Executive Director of Finance	Executive Director of Finance/Executive Director of Planning & Performance	N/A
b) Notification to Director of Finance prior to disposal	Executive Director of Finance	Directors	N/A
17. Losses, Write-offs & Compensation			
a) Prepare procedures for recording and accounting for losses and special payments including preparation of a fraud response plan and informing Counter Fraud Operational Services of frauds.	Chief Executive	Executive Director of Finance	N/A
b) Losses of cash due to theft, fraud, overpayment of salaries, fees, allowances & other causes up to £50,000	Chief Executive	Executive Director of Finance	N/A
c) Fruitless payments (including abandoned Capital Schemes) up to £250,000	Chief Executive	Executive Director of Finance	N/A
d) Bad debts and claims abandoned: Private patients; overseas visitors & other cases up to £50,000	Chief Executive	Executive Director of Finance	N/A
e) Damage to buildings, their fittings, furniture and equipment and loss of equipment and property in stores and in use due to: Culpable	Chief Executive	Executive Director of Finance	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
causes (e.g. fraud, theft, arson) or other up to £50,000			
f) For personal and public liability claims, under the Legal & Risk scheme, authorisation from Legal & Risk is required before admissions may be made and monetary compensation offered. (Ex-gratia settlements offered by the LHB are by definition not payments based upon legal liability and are, therefore, not reimbursable under the WRP scheme)	Chief Executive	Executive Director of Nursing & Midwifery supported by the relevant Director after seeking appropriate legal advice, up to a max £150,000	N/A
g) Compensation payments made under legal obligation:	Chief Executive	Chief Executive, Executive Director of Finance or Executive Director of Nursing & Midwifery	N/A
h) Extra contractual payments to contractors – Up to £50,000 as specified within the Losses and Special Payments Manual of Guidance	Chief Executive	Executive Director of Finance with reporting to the Audit Committee	N/A
17.1 Ex-Gratia Payments:			
a) Patients and staff for loss of personal effects up to £50,000	Chief Executive	Executive Director of Finance- Refer to Finance Policy on Losses and Special Payments	N/A
b) For clinical negligence up to £250,000 (negotiated settlements)*. Report to Board > £50,000 (see also table B para.15)	Chief Executive	Executive Director of Finance/Executive Director of Nursing & Midwifery	N/A
c) For clinical negligence over £250,000 and up to £1,000,000* (negotiated settlements). Report	Chair	Chief Executive/ Executive	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
to Board > £50,000 (see also table B para.15)		Director of Finance/Executive Director of Nursing & Midwifery	
d) For personal injury claims involving negligence where legal advice has been obtained and guidance applied up to £250,000 (including plaintiff's costs) Report to Board > £50,000	Chief Executive	Chief Executive/ Executive Director of Finance/Executive Director of Workforce & OD/ Executive Director of Nursing & Midwifery	N/A
e) For personal injury claims involving negligence where legal advice has been obtained and guidance applied up to £1,000,000 Report to Board > £50,000*	Board	Chief Executive/Executive Director of Finance/Executive Director of Nursing & Midwifery	N/A
f) Other, except cases for maladministration where there was no financial loss by claimant, up to £50,000	Chief Executive	Executive Director of Finance/Executive Director of Nursing & Midwifery	N/A
* For all clinical negligence and personal injury cases(including Court cases) the use of structured settlements should be considered involving costs to the NHS of £250,000 or more – All structured settlements require approval from the Welsh Government			
18. Reporting of Incidents to the Police			
a) Where a criminal offence is suspected			
Criminal offence of a sexual or violent nature	Chief Executive	Executive Director of Workforce & OD	N/A
Arson or theft	Executive Director of Planning & Performance	Director of Estates & Facilities	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
	ce		
Other	Executive Director of Planning & Performance	Director of Estates & Facilities	N/A
19. Financial Procedures			
a) Maintenance & Update of LHB Financial Procedures	Executive Director of Finance	Executive Director of Finance	N/A
20. Audit Arrangements			
a) Review, appraise and support in accordance with Internal Audit standards for NHS Wales and best practice	Chair of the Audit Committee	Board Secretary/Head of Internal Audit	N/A
b) Provide an independent and objective view on internal control and probity	Chief Executive	Head of Internal Audit/Wales Audit Office	N/A
c) Ensure Cost-effective external audit	Chair of Audit Committee	Executive Director of Finance	N/A
d) Ensure an adequate internal audit service	Chief Executive	Board Secretary	N/A
e) Implement recommendations	Chief Executive	All relevant Directors	N/A
21. Legal Proceedings			
a) Engagement of LHB's Solicitors	Chief Executive	Board Secretary for all Board related matters/Executive Director of Workforce & OD for all employment related matters/Executive Director of Planning & Performance for all estate related matters/Execut	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
		ive Director of Primary & Community Care for all Primary Care related matters.	
b) Approve and sign all documents which will be necessary in legal proceedings	Chief Executive	Any Director of the Board or an officer formally nominated by the Chief Executive	N/A
c) Sign on behalf of the LHB any agreement or document not requested to be executed as a deed	Chief Executive	Any Director of the Board or an officer formally nominated by the Chief Executive	N/A
22. Insurance Policies and Risk Management	Chief Executive	Executive Director of Finance/Board Secretary	N/A
23. Clinical Audit	Chief Executive	Executive Director of Therapies & Health Science	N/A
24. Patients' Property (in conjunction with financial advice)			
For details of Delegated Limits, please refer to Table B – Petty Cash/Patients Monies			
a) Ensuring patients and guardians are informed about patients' monies and property procedures on admission	Executive Director of Nursing & Midwifery	Directors	N/A
b) Prepare detailed written instructions for the administration of patients' property	Executive Director of Nursing & Midwifery	Executive Director of Finance	N/A
c) Informing staff of their duties in	Executive	Directors	

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
respect of patients' property	Director of Nursing & Midwifery		N/A
d) Issuing property valued >£5,000 only on production of a probate letter of administration	Executive Director of Finance	Executive Director of Finance	N/A
25. Patients & Relatives Complaints			
a) Overall responsibility for ensuring that all complaints are dealt with effectively	Chief Executive	Executive Director of Nursing & Midwifery	N/A
b) Responsibility for ensuring complaints are investigated thoroughly	Chief Executive	Executive Director of Nursing & Midwifery	N/A
c) Medical – Legal Complaints Co-ordination of their management	Chief Executive	Executive Director of Nursing & Midwifery	N/A
26. Seal			
a) The keeping of a register of seal and safekeeping of the seal	Chief Executive	Board Secretary	N/A
b) Attestation of seal in accordance with Standing Orders	Chief Executive/Chair	Board Secretary	N/A
27. Gifts and Hospitality			
a) Keeping of gifts and hospitality register	Chief Executive	Board Secretary	N/A
28. Declaration of Interests			
a) Maintaining a register	Chief Executive	Board Secretary	N/A
29. Informatics and the Data Protection Act			
a) Review of LHB's compliance with the Data Protection Act	Chief Executive	Board Secretary	N/A
b) Responsibility for Informatics policy and strategy	Executive Medical Director	Chief Information Officer	N/A
c) Responsibility for ensuring that adequate management (audit) trails exist in Informatics systems	Executive Medical Director	Chief Information Officer	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
30. Records			
a) Review LHB's compliance with the Retention of Records Act and guidance	Chief Executive	Board Secretary / Executive Medical Director	N/A
b) Approval for the destruction of records	Chief Executive	Board Secretary / Executive Medical Director	N/A
c) Ensuring the form and adequacy of the financial records of all departments	Executive Director of Finance	Executive Director of Finance	N/A
31. Authorisation of New Drugs	Chief Executive	Executive Medical Director on the advice of the appropriate professional bodies	N/A
32. Authorisation of Research Projects	Executive Medical Director	Director of Research & Development	N/A
33. Authorisation of Clinical Trials	Chief Executive	Executive Medical Director	N/A
34. Infectious Diseases & Notifiable Outbreaks	Chief Executive	Executive Director of Public Health	Executive Director of Public Health
35. Review of Fire Precautions	Chief Executive	Executive Director of Planning & Performance	N/A
36. Health & Safety			
Review of all statutory compliance	Chief	Executive	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
legislation and Health and Safety requirements including control of Substances Hazardous to Health Regulations	Executive	Director of Workforce & OD	
37. Medicines Inspectorate Regulations			
Review Regulations Compliance	Chief Executive	Executive Medical Director supported by Chief Pharmacist	N/A
38. Environmental Regulations			
Review of compliance with environmental regulations, for example those relating to clean air and waste disposal	Chief Executive	Executive Director of Planning & Performance	N/A
39. Legal & Risk Payments	Chief Executive	Executive Director of Nursing & Midwifery/Executive Director of Finance	N/A
40. Investigation of Fraud/Corruption or Financial Irregularities	Executive Director of Finance	Lead Local Counter Fraud Specialist	N/A
41. Commercial Sponsorship			
Agreement to proposal in accordance with BCU HB procedures	Chief Executive	Executive Director of Finance	N/A
42. Cost/Notional Rent/Third Party Developer/Improvement Grants			
Approval of all schedules of payments	Chief Executive	Executive Director of Primary & Community Care	N/A
Submission to Welsh Government for all new GP premises or major	Chief Executive	Executive Director of	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
extensions in accordance with BCU HB Primary Care Estates Strategy		Primary & Community Care	
43. Freedom of Information	Chief Executive	Board Secretary	N/A
44. Compliance Lead Roles:			
a) Caldicott Guardian	Executive Medical Director	Senior Associate Medical Director	N/A
b) Data Protection Officer	Chief Executive	Assistant Director of Information Governance and Assurance	N/A
c) Senior Information Risk Owner	Chief Executive	Board Secretary	N/A
45. Emergency Planning & Major Incidents – Civil Contingencies Act (Category 1 Responder)	Chief Executive	Executive Director of Planning & Performance	N/A
46. National Health Services (Wales) Act 2006 Section 33 Agreements: Arrangements between NHS Bodies and Local Authorities	Chief Executive	Executive Director of Finance	N/A
47. Statutory compliance with respective Legislation	Chief Executive	Board Secretary	N/A
48. National Health Service (Appointment of Consultants) (Wales) (Amendment) Regulations 2005 (Statutory Instrument 2005: 3039) Appointment of all Medical and Dental Consultant posts. Consultant posts within Public Health that are open to both medically qualified and those qualified in other disciplines other than medicine should follow this process, even though they fall outside of the requirements of the Statutory Instrument.	Chief Executive	Board level directors	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
49. All Wales Policy: Making Decisions on Individual Patient Funding Requests (IPFR)	Chief Executive	WHSSC IPFR Panel £300,000 to £1,000,000; Chief Executive up to £299,999; Chair and Vice Chair of Health Board IPFR Panel together sign up to £125,000	N/A
* The IPFR Panel cannot make policy decisions for the health board. Any policy proposals arising from their considerations and decisions must be reported to the Health Board Quality, Safety & Experience Committee			
50. Carbon Reduction Commitment Order (Phase 2) Agency Registration	Chief Executive	Executive Director of Planning and Performance	N/A
51. Human Tissue Act 20014	Chief Executive	Executive Director of Therapies & Health Sciences	N/A
52. Ionising Radiation (Medical Exposure) Regulations 2017	Chief Executive	Executive Director of Therapies & Health Sciences	N/A
53. Nurse Staffing Levels Act (Wales) 2016	Chief Executive	Executive Director of Nursing & Midwifery	N/A

Table B – Scheme of Financial Delegation

Financial Limits are subject to funding available within relevant budget(s) and are inclusive of VAT irrespective of recovery arrangements.

All purchases must ensure compliance with Standing Financial Instruction Schedule 1 -

Procurement of Works, Goods and Services with regard to the required quotation or Tendering exercise.

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	Budget changes	General expenditure	Healthcare agreements	Capital (Business Case and Contractual Commitment approvals)			Specialist				Charitable Funds		Procurement waivers	Staffing	
		Any expenditure approval must be within funding limits of approved budgets. Approval limits are cumulative, and therefore higher level approval limits must be supported by lower level approvals. Executive Directors and Directors, Area Directors, and Hospital Care Directors to determine scheme of delegation within their structures.													
	Budget transfers between Corporate Departments, Area Teams or Hospital Teams(Virements)	Individual orders / requisitions / annual order value or total contract value (unless otherwise noted)	Healthcare agreements (NHS and Private sector)(annual value) (Primary Care contracts approved by Board)	Building and engineering orders; related consultancy support(individual contractual commitment)	Medical devices; plant; machinery; related consultancy support(individual contractual commitment)	IM&T; telecoms systems; software; related consultancy (individual contractual commitment)	Property or equipment leases(granting or termination of leases; annual value)	External consultancy support (total contract value for duration of service)	Losses / Special Payments (Terminations approved by Exec.Director of W&OD; VERS by RATS C'ttee)	New drugs (value based on annual costs)	Locally held funds(total funding bid value)	General funds(total funding bid value)	All values	New posts (additional establishm't)	Agency and Waiting List Initiatives (all values)
WG (In advance of contract planning)	No requirement	£1m plus	£1m plus (Private sector)	£1m plus	£1m plus	£1m plus	No requirement	£1m plus	See Manual of Guidance for losses and SFIs, as special rules apply for certain losses and ex gratia payments.	No requirement	No requirement	No requirement	No requirement	No requirement	No requirement
Board following Chief Executive approval	£1m plus	£1m plus	Over £10m approved in advance, below £10m retrospectively reported. Over £1m for Private sector.	£1m plus	£1m plus	£1m plus	£0.5m plus or any which need signing under seal (Reservation of Power, Number 33)	£0.5m plus		£1m plus	No requirement	No requirement	No requirement	No requirement	No requirement
Audit Committee													Retrospective reporting		
Charitable Funds Committee (all Executives can authorise use of charitable funds up to £5k)											Over £5k (Up to £25k scrutinised by CF Advisory Group)	Over £5k (Up to £25k scrutinised by CF Advisory group)			
CEO through Executive Team	£0.5m to £1m	£0.5m to £1m	New or contract variation to £10.0m.	£0.5m to £1m	£0.5m to £1m	£0.5m to £1m	£250k to £0.5m	£250k to £0.5m	£0.5m to £1.0m	£0.5m to £1.0m	Up to £5k	Up to £5k	As escalated by DoF	Can approve new posts across LHB	No requirement
Any 2 of CEO, Director of P&P and DoF (must include DoF)		Up to £0.5m	New or contract variation to £5.0m (to £1m for Private sector).					Up to £250k		Up to £0.5m			As escalated by DoF		
Executive Director of Finance	Up to £0.5m	Up to £250k		Up to £0.5m	Up to £0.5m	Up to £0.5m	Up to £250k	Up to £100k	Up to £0.5m		Up to £5k	Up to £5k	As escalated by FD: OF	Can approve new posts within own structure.	Must approve in advance in own structure

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	Budget changes	General expenditure	Healthcare agreements	Capital (Business Case and Contractual Commitment approvals)			Specialist				Charitable Funds		Procurement waivers	Staffing	
		Any expenditure approval must be within funding limits of approved budgets. Approval limits are cumulative, and therefore higher level approval limits must be supported by lower level approvals. Executive Directors and Directors, Area Directors, and Hospital Care Directors to determine scheme of delegation within their structures.													
	Budget transfers between Corporate Departments, Area Teams or Hospital Teams(Virements)	Individual orders / requisitions / annual order value or total contract value (unless otherwise noted)	Healthcare agreements (NHS and Private sector)(annual value) (Primary Care contracts approved by Board)	Building and engineering orders; related consultancy support(individual contractual commitment)	Medical devices; plant; machinery; related consultancy support(individual contractual commitment)	IM&T; telecoms systems; software; related consultancy (individual contractual commitment)	Property or equipment leases(granting or termination of leases; annual value)	External consultancy support (total contract value for duration of service)	Losses / Special Payments (Terminations approved by Exec.Director of W&OD; VERS by RATS C'ttee)	New drugs (value based on annual costs)	Locally held funds(total funding bid value)	General funds(total funding bid value)	All values	New posts (additional establishm't)	Agency and Waiting List Initiatives (all values)
Executive Directors, Board Secretary, Director of Mental Health and Learning Disabilities (unless noted below)		Up to £250k						Up to £100k					Waivers must be approved by FD: OF and Exec.Director of Finance or Chief Executive if escalated by FD: OF	Can approve new posts within own structure.	Must approve in advance in own structure.
Executive Director of Primary Cty Care		Up to £250k						Up to £100k						Can approve new posts within own structure.	Must approve in advance in own structure.
Executive Director of Planning & Performance		Up to £250k		Up to £0.5m	Up to £0.5m		Up to £250k	Up to £100k						Can approve new posts within own structure.	Must approve in advance in own structure.
Executive Medical Director		Up to £250k				Up to £0.5m		Up to £100k						Can approve new posts within own structure.	Must approve in advance in own structure.
Executive Director of W&OD		Up to £250k						Up to £100k	Terminations up to £50k (over this to WG)					Can approve new posts within own structure.	Must approve in advance in own structure.
Executive Director of Nursing & Midwifery		Up to £250k						Up to £100k	Up to £150k					Can approve new posts within own structure.	Must approve in advance in own structure.

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	Budget changes	General expenditure	Healthcare agreements	Capital			Specialist				Charitable Funds		Procurement waivers	Staffing	
		Any expenditure approval must be within funding limits of approved budgets. Approval limits are cumulative, and therefore higher level approval limits must be supported by lower level approvals. Executive Directors and Directors, Area Directors, and Hospital Care Directors to determine scheme of delegation within their structures.													
	Budget transfers between Corporate Departments, Area Teams or Hospital Teams(Virements)	Individual orders / requisitions / annual order value or total contract value (unless otherwise noted)	Healthcare agreements (NHS and Private sector)(annual value) (Primary Care contracts approved by Board)	Building and engineering orders; related consultancy support(individual contractual commitment)	Medical devices; plant; machinery; related consultancy support(individual contractual commitment)	IM&T; telecoms systems; software; related consultancy (individual contractual commitment)	Property or equipment leases(granting or termination of leases; annual value)	External consultancy support (total contract value for duration of service)	Losses / Special Payments (Terminations only approved by Exec Director of W&OD; VERS require RATS Committee)	New drugs (value based on annual costs)	Locally held funds(total funding bid value)	General funds(total funding bid value)	All values	New posts (additional establishm't)	Agency and Waiting List Initiatives (all values)
Area Directors and Director of Mental Health & Learning Disabilities		Up to £250k	New or contract variation to £1.5m		Up to £250k			Up to £100k		Up to £100k, following Med Mgt Group	Up to £5k			Can approve new posts within own team.	As escalated by Direct Reports*
Area Medical Director															Medical staff*
Area Nurse Directors															Nurse or other staff*
Secondary Care Medical Director		Up to £150k			Up to £150k			Up to £150k			Up to £5k				Medical staff*
Secondary Care Nurse Director		Up to £150k			Up to £150k			Up to £150k			Up to £5k				Nurse or other staff*
Interim Managing Directors		Up to £150k			Up to £150k			Up to £50k			Up to £5k			Can approve new posts within own team.	As escalated by Direct Reports*
Director of Estates & Facilities		Up to £150K		Up to £150K	Up to £150K			Up to £50K							
Hospital: Assistant Medical Director															Medical staff*
Hospital: Assistant Nurse Director															Nurse or other staff*
Procurement (NWSSP)													All signed off by Procurement		

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	Budget changes	General expenditure	Healthcare agreements	Capital			Specialist				Charitable Funds		Procurement waivers	Staffing	
		Any expenditure approval must be within funding limits of approved budgets. Approval limits are cumulative, and therefore higher level approval limits must be supported by lower level approvals. Executive Directors and Directors, Area Directors, and Hospital Care Directors to determine scheme of delegation within their structures.													
	Budget transfers between Corporate Departments, Area Teams or Hospital Teams(Virements)	Individual orders / requisitions / annual order value or total contract value (unless otherwise noted)	Healthcare agreements (NHS and Private sector)(annual value) (Primary Care contracts approved by Board)	Building and engineering orders; related consultancy support(individual contractual commitment)	Medical devices; plant; machinery; related consultancy support(individual contractual commitment)	IM&T; telecoms systems; software; related consultancy (individual contractual commitment)	Property or equipment leases(granting or termination of leases; annual value)	External consultancy support (total contract value for duration of service)	Losses / Special Payments (Terminations only approved by Exec Director of W&OD; VERS require RATS Committee)	New drugs (value based on annual costs)	Locally held funds(total funding bid value)	General funds(total funding bid value)	All values	New posts (additional establishm't)	Agency and Waiting List Initiatives (all values)
Deouty Director (Concerns)		Up to £75k							Up to £75k						
Deputy / Assistant Director Board Secretary		Up to £75k													
Assistant Director Primary Care		Up to £75k	Up to £75k		Up to £75k			Up to £75k			Up to £5k				
Assistant Director Community Hospital Services		Up to £75k	Up to £75k		Up to £75k			Up to £75k			Up to £5k				
Assistant Director Secondary Care		Up to £75k	Up to £75k		Up to £75k			Up to £75k			Up to £5k				
Head of Investigations and Redress									Up to £20k						
Claims Managers									Up to £5k						
Authorised fund holder (Charitable Funds)											Up to £5k				

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	Budget changes	General expenditure	Healthcare agreements	Capital			Specialist				Charitable Funds		Procurement waivers	Staffing	
		Any expenditure approval must be within funding limits of approved budgets. Approval limits are cumulative, and therefore higher level approval limits must be supported by lower level approvals. Executive Directors and Directors, Area Directors, and Hospital Care Directors to determine scheme of delegation within their structures.													
	Budget transfers between Corporate Departments, Area Teams or Hospital Teams(Virements)	Individual orders / requisitions / annual order value or total contract value (unless otherwise noted)	Healthcare agreements (NHS and Private sector)(annual value) (Primary Care contracts approved by Board)	Building and engineering orders; related consultancy support(individual contractual commitment)	Medical devices; plant; machinery; related consultancy support(individual contractual commitment)	IM&T; telecoms systems; software; related consultancy (individual contractual commitment)	Property or equipment leases(granting or termination of leases; annual value)	External consultancy support (total contract value for duration of service)	Losses / Special Payments (Terminations only approved by Exec Director of W&OD; VERS require RATS Committee)	New drugs (value based on annual costs)	Locally held funds(total funding bid value)	General funds(total funding bid value)	All values	New posts (additional establishm't)	Agency and Waiting List Initiatives (all values)
Medicines Management Group										All new drugs, unless cheaper than existing					
* Agency and Waiting List Initiatives must generally be approved in advance. However, in exceptional circumstances when staff are required out of hours, they can be approved retrospectively.															

This scheme only relates to matters delegated by the Board to the Chief Executive and Directors, together with certain other specific matters referred to in Standing Financial Instructions. Each Director is responsible for delegation within their department. They should produce an Operational Scheme of Delegation and Authorisation for matters within their department, which should also set out how departmental budget and procedures for approval of expenditure are delegated.

Grace Lewis-Parry

Grace Lewis-Parry

Board Secretary

18 July 2019

Public Health Updated Operational SoRD 2019 v0.01 draft

SECTION 2: SCHEME OF DELEGATION TO EXECUTIVE DIRECTORS, OTHER DIRECTORS AND OFFICERS

The LHB Standing Orders and Standing Financial Instructions specify certain key responsibilities of the Chief Executive, the Executive Director of Finance and other officers. The Chief Executive's Job Description, together with their Accountable Officer Memorandum sets out their specific responsibilities, and the individual job descriptions determined for Executive Director level posts also define in detail the specific responsibilities assigned to those post holders. These documents, together with the schedule of additional delegations below and the associated financial delegations set out in the Standing Financial Instructions form the basis of the LHB's Scheme of Delegation to Officers.

Delegated Matter	Table Reference No.
STANDING ORDERS/STANDING FINANCIAL INSTRUCTIONS	1
MEETINGS	2
FINANCIAL PLANNING/BUDGETARY RESPONSIBILITY	3
BANK/PGO ACCOUNTS (EXCLUDING CHARITABLE FUND ACCOUNTS)	4
EXTERNAL BORROWING	5
NON PAY EXPENDITURE	6
STORES AND RECEIPT OF GOODS	7
CAPITAL INVESTMENT MANAGEMENT	8
QUOTATIONS, TENDERING & CONTRACT PROCEDURES	9
FIXED ASSETS	10
PERSONNEL & PAY	11
ENGAGEMENT OF STAFF (NOT ON THE ESTABLISHMENT)	12
CHARITABLE FUNDS HELD ON LHB	13
PRIMARY CARE PATIENT SERVICES/HEALTHCARE AGREEMENTS	14
INCOME SYSTEMS, FEES & CHARGES	15
DISPOSAL AND CONDEMNATIONS	16
LOSSES, WRITE-OFFS & COMPENSATION AND EX-GRATIA PAYMENTS	17
REPORTING INCIDENTS TO THE POLICE	18
FINANCIAL PROCEDURES	19
AUDIT ARRANGEMENTS	20
LEGAL PROCEEDINGS	21
INSURANCE POLICIES AND RISK MANAGEMENT	22
CLINICAL AUDIT	23
PATIENTS' PROPERTY	24
PATIENTS & RELATIVES COMPLAINTS	25
SEAL	26
GIFTS & HOSPITALITY	27
DECLARATION OF INTERESTS	28
INFORMATICS AND THE DATA PROTECTION ACT	29
RECORDS	30
AUTHORISATION OF NEW DRUGS	31
AUTHORISATION OF RESEARCH PROJECTS	32
AUTHORISATION OF CLINICAL TRIALS	33
INFECTIOUS DISEASES & NOTIFIABLE OUTBREAKS	34

Delegated Matter	Table Reference No.
REVIEW OF FIRE PRECAUTIONS	35
HEALTH & SAFETY	36
MEDICINES INSPECTORATE REGULATIONS	37
ENVIRONMENTAL REGULATIONS	38
LEGAL & RISK PAYMENTS	39
INVESTIGATION OF FRAUD/CORRUPTION OR FINANCIAL IRREGULARITIES	40
COMMERCIAL SPONSORSHIP	41
COSTS/NOTIONAL RENT/THIRD PARTY DEVELOPER/IMPROVEMENT GRANTS	42
FREEDOM OF INFORMATION	43
COMPLIANCE LEAD ROLES: CALDICOTT GUARDIAN, DPO, SIRO	44
EMERGENCY PLANNING	45
NHS ACT 2006 (WALES) SECTION 33 AGREEMENTS	46
STATUTORY COMPLIANCE WITH RESPECTIVE LEGISLATION	47
APPOINTMENT OF MEDICAL & DENTAL CONSULTANT POSTS	48
INDIVIDUAL PATIENT FUNDING REQUESTS	49
CARBON REDUCTION COMMITMENT ORDER	50
HUMAN TISSUE ACT 2004	51
IONISING RADIATION (MEDICAL EXPOSURE) REGULATIONS 2017 [IR(ME)R]	52
NURSE STAFFING LEVELS (WALES) ACT 2016	53

Schedule 1

SCHEME OF RESERVATION AND DELEGATION OF POWERS EXECUTIVE DIRECTOR OF FINANCE

Table A – Scheme of Delegation to Officers

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
1. Standing Orders / Standing Financial Instructions			
a) Final authority in interpretation of Standing Orders	Chair	Chair	Executive Director: Finance
b) Notifying Directors, employees and agents of their responsibilities within the Standing Orders and Standing Financial Instructions and ensuring that they understand the responsibilities	Executive Director of Finance/Board Secretary	Directors	Finance Director: Operational Finance
c) Responsibility for the security of the LHB's property, avoiding loss, exercising economy and efficiency in using resources and conforming with Standing Orders, Financial Instructions and financial procedures	Executive Director of Finance	Directors	Finance Director: Operational Finance
d) Ensuring Standing Orders are compatible with Welsh Government requirements re building and engineering contracts	Chief Executive	Executive Director of Planning & Performance	N/A
2. Meetings			
a) Calling meetings of the LHB	Chair	Board Secretary	N/A
b) Chair all LHB Board meetings and associated responsibilities	Chair or Vice Chair in Chair's absence	Chair or Vice Chair in Chair's absence	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
3. Financial Planning/Budgetary Responsibility			
a) Setting: Submit Three Year Plan and Annual Operating Plan to the LHB Board	Chief Executive	Executive Director of Planning & Performance	N/A
Submit budgets to the LHB Board	Chief Executive	Executive Director of Finance	Finance Director: Operational Finance
Submit to Board financial estimates and forecasts	Chief Executive	Executive Director of Finance	Finance Director: Operational Finance
b) Implementing financial policies, plans and procedures, providing advice and co-ordinating any corrective action necessary	Executive Director of Finance	Finance Director (Operational)	Finance Director: Operational Finance
c) Issuing Budgets	Executive Director of Finance	Finance Director (Operational)	Finance Director: Operational Finance
d) Monitoring: Monitor performance against budget	Executive Director of Finance	Directors	Finance Director: Operational Finance
Submit monitoring returns	Chief Executive	Executive Director of Finance	Executive Director of Finance
Effective budgetary control and a balanced budget	Executive Director of Finance	Directors	Finance Director: Operational Finance
Preparation of annual accounts and returns	Executive Director of Finance	Executive Director of Finance	Finance Director: Operational Finance
Identifying and implementing cost improvements and income generation initiatives	Executive Director of Finance	Directors	Finance Director: Operational Finance
e) Authorisation of Virement It is not possible for any officer other than the Executive Director of Finance to vire from non-recurring headings to recurring budgets <u>or</u> from capital to revenue/revenue to capital. Virement <u>between</u> different budget holders (Directors) requires the agreement of <u>both</u> parties <u>and</u> the Executive Director of Finance	Please refer to Table B – Delegated Limits		Executive Director of Finance

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
f) Maintaining an effective system of internal financial control	Chief Executive	Executive Director of Finance	Finance Director: Operational Finance
g) Delivery of financial training to budget holders (Directors)	Executive Director of Finance	Finance Director (Operational)	Finance Director: Operational Finance
4. Bank/PGO Accounts (Excluding Charitable Fund Accounts)			
a) Operation: Managing banking arrangements and operation of bank accounts	Executive Director of Finance	Finance Director (Operational)	Financial Accountant - Financial Control
Opening bank accounts	Executive Director of Finance	Finance Director (Operational)	Finance Director: Operational Finance
Authorisation of transfers between LHB bank accounts	Executive Director of Finance	Finance Director (Operational)	Finance Director: Operational Finance
Authorisation of: -PGO/GBS Schedules -BACS Schedules -Automated cheque schedules -Manual cheques	Executive Director of Finance	Finance Director (Operational)	Finance Director: Operational Finance
b) Investments: Investment of surplus funds in accordance with the LHB's investment policy	Executive Director of Finance	Finance Director (Operational)	Finance Director: Operational Finance
5. External Borrowing			
a) Advise LHB Board of the requirements to meet payment of interest and originating capital debt	Executive Director of Finance	Finance Director (Operational)	Finance Director: Operational Finance
b) Application for loan(s) and overdrafts	Executive Director of Finance	Finance Director (Operational)	Finance Director: Operational Finance
c) Preparation of procedural instructions	Executive Director of Finance	Finance Director (Operational)	Finance Director: Operational Finance
6. Non Pay Expenditure			
For details of Delegated Limits please refer			

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
to Table B			
a) Completion of an Operational Scheme of Delegation and Authorisation by each Budget Holder ensuring maintenance of a list of officers authorised to place requisitions/orders (including emergency verbal orders) and record receipts within the E-Financials Business Suite.	Executive Director of Finance	Directors	Finance Director: Operational Finance
b) Obtain the best value for money when requisitioning goods/services	Executive Director of Finance	Directors	Finance Director: Operational Finance
c) Ensuring expenditure is within budget	Chief Executive	Directors	N/A
d) Non-Pay Expenditure for which no specific budget has been set up and which is not subject to funding under delegated powers of virement	Chief Executive	Executive Director of Finance	Finance Director: Operational Finance
e) Orders exceeding 12 month period	Executive Director of Finance	Finance Director (Operational)	Finance Director: Operational Finance
f) Prompt payment of accounts	Executive Director of Finance	Executive Director of Finance	Finance Director: Operational Finance
g) Financial Limits	Please refer to Table B – Delegated Limits		
h) Maintenance of sufficient records to explain the LHB's transactions and report on the LHB's financial position	Executive Director of Finance	Executive Director of Finance	Finance Director: Operational Finance
i) Approval of visits at a supplier's expense	Executive Director of Finance	Executive Directors	Finance Director: Operational Finance
j) Provision of electronic signatures within the E-Financials Business Suite in accordance with each Budget Holder's Operational Scheme of Delegation and Authorisation	Executive Director of Finance	Finance Director (Operational)	Finance Director: Operational Finance
7. Stores and Receipt of Goods			

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
a) Responsibility for the systems of financial control over all stores including receipt of goods and returns	Executive Director of Finance	Directors	Finance Director: Operational Finance
b) Responsibility for the control of stores and receipt of goods, issues and returns: All stores (excluding pharmaceutical, fuel, oil and coal – see following)	Executive Director of Finance	Directors	Finance Director: Operational Finance
Pharmaceutical Stores	Executive Medical Director	Chief Pharmacist	N/A
Fuel, oil and coal stocks	Executive Director of Planning & Performance	Director of Estates & Facilities	N/A
c) Stocktaking arrangements	Executive Director of Finance	Directors	Finance Director: Operational Finance
8. Capital Investment Management			
For details of Delegated Limits for Delegated Matter 8d, please refer to Table B – Leases. In accordance with Welsh Government guidance:			
a) Programme:			
Preparation of Capital Investment Programme	Chief Executive	Executive Director of Planning & Performance	N/A
Completion and signing off of a business case for approval	Chief Executive/ Executive Director of Finance	Executive Director of Planning & Performance	N/A
Appointment of Project Directors	Chief Executive	Executive Director of Planning & Performance with support from relevant Directors	N/A
Financial monitoring and reporting on all capital scheme expenditure	Executive Director of	Executive Director of	Finance Director: Operational Finance

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
including variations to contract	Planning & Performance	Finance/Executive Director of Planning & Performance with support from relevant Directors.	
Issuing of guidance on management of capital schemes	Executive Director of Planning & Performance	Executive Director of Finance/Executive Director of Planning & Performance	Finance Director: Operational Finance
b) Contracting – Selection of 3 rd party developers, architects, quantity surveyors, consultant engineers and other professional advisors within EC regulations and LHB tender procedures	Chief Executive	Executive Director of Planning & Performance	N/A
c) Private Finance – Demonstrate that the use of private finance represents best value for money and transfers risk to the private sector	Chief Executive	Executive Director of Finance	Finance Director: Operational Finance
d) Leases – Granting and termination of leases	Chief Executive	Executive Director of Planning & Performance/Executive Director of Finance	Finance Director: Operational Finance
e) Financial control and audit- Arrangements are in place to review building and engineering contracts and property transactions comply with Welsh Government guidance.	Chief Executive	Executive Director of Finance with Executive Director of Planning & Performance responsible for the technical audit of the contracts.	Finance Director: Operational Finance
9. Quotations, Tendering & Contract Procedures For details of Delegated Limits, please refer to Table B – Quotations/Tenders.			
a) Services:			

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
Best value for money is demonstrated for all services provided under contract or in-house	Chief Executive	Directors	Finance Director: Operational Finance Associate Director of Contracting
Nominate officers to oversee and manage the contract on behalf of the LHB	Chief Executive	Directors	Finance Director: Operational Finance Associate Director of Contracting
b) Quotations – Total value of the contract over its entire period:			
Seeking quotations up to £5,000 in value	Executive Director of Finance (per SFI 11.7.1)	For details of delegated limits, please refer to Table B	Finance Director: Operational Finance
Obtaining minimum of 3 written quotations for goods/services of value between £5,000 and £25,000	Chief Executive (per SFI 11.1.2)	For details of delegated limits. Please refer to Table B	N/A
c) Competitive Tenders – Total value of the contract over its entire period:			
Obtaining a minimum of 4 written competitive tenders for goods/services of value between £25,000 and the OJEU threshold (in compliance with EC Directives as appropriate)	Chief Executive	For details of delegated limits, please refer to Table B	N/A
Obtaining a minimum of 5 written competitive tenders for goods/services of a value in excess of the OJEU threshold (in compliance with EC Directives as appropriate)	Chief Executive	For details of delegated limits, please refer to Table B	N/A
Receipt and custody of tenders prior to opening	Chief Executive	Executive Director of Finance	Finance Director: Operational Finance Associate Director of Contracting
Opening Tenders and Quotations	Chief Executive	Executive Director of Finance	Finance Director: Operational Finance Associate Director of Contracting
Decide if late tenders should be considered	Chief Executive	Executive Director of Finance	Finance Director: Operational Finance

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
			Associate Director of Contracting
d) Waiving the requirement to request quotes or tenders – subject to SFI Schedule 1 Para. 4.2 & 4.3 – Formally reported to the Audit Committee	Chief Executive	Chief Executive/nominated deputy (Board Secretary or Executive Director of Finance). Where the budget holder requesting the waiver is the Chief Executive/Board Secretary/Executive Director of Finance, they cannot approve their own waiver and must seek approval from one of the other two delegated officers.	Finance Director: Operational Finance Associate Director of Contracting
10. Fixed Assets			
a) Maintenance of asset register	Chief Executive	Executive Director of Finance supported by relevant Director	Finance Director: Operational Finance
b) Calculate and pay capital charges in accordance with Welsh Government requirements	Executive Director of Finance	Executive Director of Finance	Finance Director: Operational Finance
c) Responsibility for fixed assets – Land & Buildings	Chief Executive	Executive Director of Planning & Performance	N/A
d) Responsibility for all other fixed assets (Plant, Machinery, Transport, IT assets including software, Furniture & Fittings)	Chief Executive	Directors	N/A
e) Responsibility for security of LHB assets including notifying	Chief Executive	Directors	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
discrepancies to the Director of Finance and reporting losses in accordance with LHB procedures			
11. Personnel & Pay			
a) Nominate officers to enter into contracts of employment regarding staff, agency staff or consultancy service contracts in accordance with the "Policy for the Safe Recruitment and Selection Practices" together with accompanying guidance, particularly the need for pre-employment checks.	Chief Executive	Executive Director of Workforce & OD	N/A
b) Approve the commencement of employment prior to all pre-employment checks being completed.	Executive Director of Workforce & OD	Executive Director of Workforce & OD	N/A
c) Authority to fill funded post on the establishment with permanent staff.	Executive Director of Workforce & OD	Directors	Finance Director: Operational Finance
d) Authority to extend Locum appointments	Chief Executive	Interim Managing Directors, Mental Health Director and Area Directors for appointments over 12 months to 24 months. Executive Director of Nursing & Midwifery, Executive Director of Primary & Community Care, Executive Director of Therapies & Health Sciences and Executive Director of Workforce &	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
		OD/Director of MHL D for appointments over 24 months to 36 months only.	
e) The granting of additional increments to staff within budget in accordance with Terms & Conditions of Service	Executive Director of Workforce & OD	Directors with advice from Executive Director of Workforce & OD	N/A
f) All requests for upgrading/ regrading/ major skill mix changes shall be dealt with in accordance with LHB Procedure	Executive Director of Workforce & OD	Directors with advice from Executive Director of Workforce & OD	N/A
g) Authority to agree acting up salaries for staff other than Executive Directors (Approval of acting up salaries for interim Executive Directors to be retained by Remuneration & Terms of Service Committee)	Chief Executive to agree acting up arrangements of Band 9 and above (Excluding Executive Directors)	Directors lead for acting up salaries up to Band 8d or equivalent.	N/A
h) Establishments:			
Additional staff to the agreed establishment with specifically allocated finance	Chief Executive	Directors with approval from Executive Director of Finance	Finance Director: Operational Finance
Additional staff to the agreed establishment without specifically allocated finance.	Chief Executive	Executive Director of Finance	Executive Director of Finance
Variation to the funded establishment	Chief Executive	Directors with approval from Executive Director of Finance	Executive Director of Finance
i) Pay			
Authority to complete standing data forms effecting pay, new starters, changes and leavers	Executive Director of Workforce	Directors	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
	& OD		
Authority to complete and authorise timesheets and payroll returns	Executive Director of Workforce & OD	Directors	N/A
Authority to authorise overtime	Executive Director of Workforce & OD	Directors	N/A
Authority to authorise travel & subsistence expenses	Executive Director of Workforce & OD	Directors	N/A
Maintenance of a list of managers authorised to sign payroll and travel expense documentation.	Executive Director of Workforce & OD	Directors	N/A
j) Leave			
Approval of annual leave in accordance with LHB policy	Executive Director of Workforce & OD	Executive Director of Finance	Finance Director: Operational Finance
Carry over of annual leave in exceptional circumstances up to a maximum of 5 days	Executive Director of Workforce & OD	Directors	Finance Director: Operational Finance Associate Director of Contracting Finance Director: Commissioning Finance Director: Provider Services
Compassionate leave	Executive Director of Workforce & OD	Directors	N/A
Special leave arrangements (to be applied in accordance with All Wales Policy)	Executive Director of Workforce & OD	Directors	N/A
Leave without pay	Executive Director of Workforce & OD	Directors	Finance Director: Operational Finance Associate Director of Contracting Finance Director: Commissioning Finance Director:

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
			Provider Services
Medical Staff Leave of Absence – paid and unpaid	Executive Director of Workforce & OD	Directors	N/A
Consultants Special Leave	Executive Medical Director	Directors	N/A
Time off in lieu	Executive Director of Workforce and OD	Directors	N/A
Maternity / Paternity Leave – paid and unpaid	Executive Director of Workforce & OD	Directors	N/A
k) Annualised hours/flexible working hours system- maintenance of adequate records	Executive Director of Workforce & OD	Directors	N/A
l) Sick Leave			
Extension of sick leave on half pay up to three months	Executive Director of Workforce & OD	Directors in conjunction with Executive Director of Workforce & OD	Finance Director: Operational Finance Associate Director of Contracting Finance Director: Commissioning Finance Director: Provider Services
Return to work part-time on full pay to assist recovery	Executive Director of Workforce & OD	Directors in conjunction with Executive Director of Workforce & OD	Finance Director: Operational Finance Associate Director of Contracting Finance Director: Commissioning Finance Director: Provider Services
Extension of sick leave on full pay	Executive Director of Workforce & OD	Directors in conjunction with Executive Director of Workforce & OD	Finance Director: Operational Finance Associate Director of Contracting Finance Director: Commissioning

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
			Finance Director: Provider Services
m) Study Leave			
Study leave outside the UK (non-medical staff excluding clinical staff)	Executive Director of Workforce & OD	Directors	N/A
Medical staff study leave (UK)	Executive Medical Director/Executive Director of Workforce & OD/ Executive Director of Primary & Community Care	Directors	N/A
Consultant Medical Staff Leave (UK)	Executive Medical Director	Directors	N/A
All Medical and non-Medical Clinical Staff study leave outside the UK	Executive Medical Director/Executive Director of Nursing & Midwifery/ Executive Director of Therapies & Health Science/Executive Director of Primary & Community Care	Directors	Finance Director: Operational Finance Associate Director of Contracting Finance Director: Commissioning Finance Director: Provider Services
All other study leave (UK)	Executive Director of Workforce & OD	Directors	Finance Director: Operational Finance Associate Director of Contracting Finance Director: Commissioning Finance Director: Provider Services

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
n) Removal Expenses			
Authorisation of payment of removal expenses incurred by officers taking up new appointments (providing consideration was promised at interview)	Executive Director of Workforce & OD	Directors in accordance with BCU HB policy/approval from the Executive Director of Workforce & OD	Executive Director of Finance
o) Grievance Procedure	Executive Director of Workforce & OD	Directors	Executive Director of Finance
p) Professional Misconduct/Competence-Medical and Dental Staff	Executive Medical Director/Executive Director of Workforce & OD	Assistant Medical Directors supported by Workforce & OD	N/A
q) Suspension of Doctors employed directly by the LHB	Chief Executive	Executive Medical Director supported by Executive Director of Workforce & OD	N/A
r) Removal of Practitioner from the Performers List	Chief Executive	Executive Medical Director supported by Executive Director of Workforce & OD and Executive Director of Primary & Community Care	N/A
s) Requests for new posts to be authorised as car users	Executive Director of Finance	Directors	Finance Director: Operational Finance Associate Director of Contracting

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
			Finance Director: Commissioning Finance Director: Provider Services
t) Renewal of Fixed Term Contract	Executive Director of Workforce & OD	Directors	Finance Director: Operational Finance
u) Voluntary Early Release Scheme	Executive Director of Workforce & OD	Executive Director of Workforce & OD, with Executive Director of Finance for sign off of financial viability	Executive Director of Finance
v) Settlement on termination of employment	Executive Director of Workforce & OD	Executive Director of Workforce & OD with approval from Welsh Government where the payment is Ex-gratia and exceeds the delegated limit of £50,000	Executive Director of Finance
w) Ill Health Retirement Decision to pursue retirement on the grounds of ill-health following advice from Workforce & OD Department	Executive Director of Workforce & OD	Executive Director of Workforce & OD	Executive Director of Finance
x) Disciplinary Procedure(excluding Executive Directors)	Executive Director of Workforce & OD	Directors	Executive Director of Finance
12. Engagement of Staff Not On the Establishment			
For details of Delegated Limits, please refer to Table B			

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
a) Non clinical Consultancy Staff	Executive Director of Finance	Director accountable for relevant service	Finance Director: Operational Finance
b) Medical Locum staff	Executive Medical Director	Director accountable for relevant service.	N/A
c) Booking of Agency Nursing Staff	Executive Director of Nursing & Midwifery	Director accountable for relevant service	N/A
d) Booking of Bank Staff:			
Nursing	Executive Director of Nursing & Midwifery	Director accountable for relevant service	N/A
Other	Executive Director of Workforce & OD	Director accountable for relevant service	Executive Director of Finance
13. Charitable Funds Held on Trust			
For details of Delegated Limits, Please refer to Table B			
a) Management: Funds held on Trust are managed appropriately	Executive Director of Finance	Directors	Financial Accountant - Financial Control
b) Maintenance of authorised signatory list of Authorised Fund Holders	Executive Director of Finance	Executive Director of Finance	Financial Accountant - Financial Control
c) Expenditure	Refer to Table B - Delegated Limits		Financial Accountant - Financial Control
d) Fundraising Appeals – Preparation/Monitoring/Reporting progress and performance	Executive Director of Finance	Executive Director of Finance	Financial Accountant - Financial Control
e) Operation of Bank Accounts:			Financial Accountant - Financial Control
Managing banking arrangements and operation of bank accounts	Executive Director of Finance in	Executive Director of Finance	Financial Accountant - Financial Control

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
	in conjunction with Corporate Trustees		
Opening bank accounts	Board	Executive Director of Finance	Finance Director: Operational Finance
f) Investments – Policy and Arrangements	Executive Director of Finance in conjunction with Corporate Trustees	Executive Director of Finance	Financial Accountant - Financial Control
g) Authority to accept the discharge of a donor's estate	Executive Director of Finance	Executive Director of Finance	Financial Accountant - Financial Control
14. Primary Care Patient Services/ Healthcare Agreements For details of Delegated Limits, please refer to Table B – Healthcare Agreements			
a) Contract negotiation and provision of service agreements	Executive Director of Finance / Executive Director of Primary & Community Care	Executive Director of Planning & Performance	Associate Director of Contracting
b) Reporting actual and forecast contract income	Executive Director of Finance	Executive Director of Finance	Associate Director of Contracting
c) Pricing of all contracts and SLAs	Executive Director of Finance	Executive Director of Finance with relevant Director	Associate Director of Contracting
d) Signing agreements	Chief Executive	Chief Executive or Executive Director of Finance in Chief Executive's absence/Exec	Associate Director of Contracting

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
		utive Director of Primary & Community Care for all primary care related agreements	
15. Income Systems, Fees and Charges			
a) Private Patients, Overseas Visitors, Income Generation and other patient related services	Executive Director of Finance	Executive Director of Finance	Associate Director of Contracting
b) Pricing of NHS agreements	Executive Director of Finance	Assistant Directors of Finance	Associate Director of Contracting
c) Informing the Director of Finance of monies due to the LHB	Executive Director of Finance	Directors	Associate Director of Contracting Finance Director: Operational Finance
d) Recovery of debt	Executive Director of Finance	Executive Director of Finance	Financial Accountant - Financial Control
e) Security of cash and other negotiable instruments	Executive Director of Finance	Executive Director of Finance and all Directors	Financial Accountant - Financial Control
f) Designing, maintaining and ensuring compliance with systems for the proper recording, invoicing, collection and coding of all monies due	Executive Director of Finance	Director of Finance (Operational)	Financial Accountant - Financial Control
g) Non patient care income	Executive Director of Finance	Executive Director of Finance	Financial Accountant - Financial Control
16. Disposal and Condemnations			
Disposal of all property and land require formal approval by the Cabinet Secretary for Health, Well-Being & Sport			
a) Issuing procedure for the disposal of assets obsolete, obsolescent, redundant, irreparable or cannot	Executive Director of Finance	Executive Director of Finance/Execu	Finance Director: Operational Finance

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
be repaired cost effectively		tive Director of Planning & Performance	
b) Notification to Director of Finance prior to disposal	Executive Director of Finance	Directors	Finance Director: Operational Finance
17. Losses, Write-offs & Compensation			
a) Prepare procedures for recording and accounting for losses and special payments including preparation of a fraud response plan and informing Counter Fraud Operational Services of frauds.	Chief Executive	Executive Director of Finance	Financial Accountant - Financial Control
b) Losses of cash due to theft, fraud, overpayment of salaries, fees, allowances & other causes up to £50,000	Chief Executive	Executive Director of Finance	Finance Director: Operational Finance
c) Fruitless payments (including abandoned Capital Schemes) up to £250,000	Chief Executive	Executive Director of Finance	Finance Director: Operational Finance
d) Bad debts and claims abandoned: Private patients; overseas visitors & other cases up to £50,000	Chief Executive	Executive Director of Finance	Finance Director: Operational Finance
e) Damage to buildings, their fittings, furniture and equipment and loss of equipment and property in stores and in use due to: Culpable causes (e.g. fraud, theft, arson) or other up to £50,000	Chief Executive	Executive Director of Finance	Finance Director: Operational Finance
f) For personal and public liability claims, under the Legal & Risk scheme, authorisation from Legal & Risk is required before admissions may be made and monetary compensation offered. (Ex-gratia settlements offered by the LHB are by definition not payments based upon legal liability and are, therefore, not reimbursable under the WRP scheme)	Chief Executive	Executive Director of Nursing & Midwifery supported by the relevant Director after seeking appropriate legal advice, up to a max £150,000	Executive Director of Finance
g) Compensation payments made under legal obligation:	Chief Executive	Chief Executive, Executive	Executive Director of Finance

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
		Director of Finance or Executive Director of Nursing & Midwifery	
h) Extra contractual payments to contractors – Up to £50,000 as specified within the Losses and Special Payments Manual of Guidance	Chief Executive	Executive Director of Finance with reporting to the Audit Committee	Finance Director: Operational Finance
17.1 Ex-Gratia Payments:			
a) Patients and staff for loss of personal effects up to £50,000	Chief Executive	Executive Director of Finance- Refer to Finance Policy on Losses and Special Payments	Finance Director: Operational Finance
b) For clinical negligence up to £250,000 (negotiated settlements)*. Report to Board > £50,000 (see also table B para.15)	Chief Executive	Executive Director of Finance/Executive Director of Nursing & Midwifery	Finance Director: Operational Finance
c) For clinical negligence over £250,000 and up to £1,000,000* (negotiated settlements). Report to Board > £50,000 (see also table B para.15)	Chair	Chief Executive/ Executive Director of Finance/Executive Director of Nursing & Midwifery	Finance Director: Operational Finance
d) For personal injury claims involving negligence where legal advice has been obtained and guidance applied up to £250,000 (including plaintiff's costs) Report to Board > £50,000	Chief Executive	Chief Executive/ Executive Director of Finance/Executive Director of Workforce & OD/ Executive Director of Nursing & Midwifery	Finance Director: Operational Finance
e) For personal injury claims involving negligence where legal advice has been obtained and guidance applied up to £1,000,000	Board	Chief Executive/Executive Director of	Finance Director: Operational Finance

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
Report to Board > £50,000*		Finance/Executive Director of Nursing & Midwifery	
f) Other, except cases for maladministration where there was no financial loss by claimant, up to £50,000	Chief Executive	Executive Director of Finance/Executive Director of Nursing & Midwifery	Finance Director: Operational Finance
* For all clinical negligence and personal injury cases(including Court cases) the use of structured settlements should be considered involving costs to the NHS of £250,000 or more – All structured settlements require approval from the Welsh Government			Finance Director: Operational Finance
18. Reporting of Incidents to the Police			
a) Where a criminal offence is suspected			
Criminal offence of a sexual or violent nature	Chief Executive	Executive Director of Workforce & OD	N/A
Arson or theft	Executive Director of Planning & Performance	Director of Estates & Facilities	N/A
Other	Executive Director of Planning & Performance	Director of Estates & Facilities	N/A
19. Financial Procedures			
a) Maintenance & Update of LHB Financial Procedures	Executive Director of Finance	Executive Director of Finance	Finance Director: Operational Finance
20. Audit Arrangements			
a) Review, appraise and support in accordance with Internal Audit standards for NHS Wales and best practice	Chair of the Audit Committee	Board Secretary/Head of Internal Audit	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
b) Provide an independent and objective view on internal control and probity	Chief Executive	Head of Internal Audit/Wales Audit Office	N/A
c) Ensure Cost-effective external audit	Chair of Audit Committee	Executive Director of Finance	Finance Director: Operational Finance
d) Ensure an adequate internal audit service	Chief Executive	Board Secretary	N/A
e) Implement recommendations	Chief Executive	All relevant Directors	N/A
21. Legal Proceedings			
a) Engagement of LHB's Solicitors	Chief Executive	Board Secretary for all Board related matters/Executive Director of Workforce & OD for all employment related matters/Executive Director of Planning & Performance for all estate related matters/Executive Director of Primary & Community Care for all Primary Care related matters.	N/A
b) Approve and sign all documents which will be necessary in legal proceedings	Chief Executive	Any Director of the Board or an officer formally nominated by the Chief Executive	Executive Director of Finance
c) Sign on behalf of the LHB any agreement or document not requested to be executed as a deed	Chief Executive	Any Director of the Board or an officer formally nominated by	Executive Director of Finance

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
		the Chief Executive	
22. Insurance Policies and Risk Management	Chief Executive	Executive Director of Finance/Board Secretary	Finance Director: Operational Finance
23. Clinical Audit	Chief Executive	Executive Director of Therapies & Health Science	
24. Patients' Property (in conjunction with financial advice)			
For details of Delegated Limits, please refer to Table B – Petty Cash/Patients Monies			
a) Ensuring patients and guardians are informed about patients' monies and property procedures on admission	Executive Director of Nursing & Midwifery	Directors	N/A
b) Prepare detailed written instructions for the administration of patients' property	Executive Director of Nursing & Midwifery	Executive Director of Finance	Finance Director: Operational Finance
c) Informing staff of their duties in respect of patients' property	Executive Director of Nursing & Midwifery	Directors	N/A
d) Issuing property valued >£5,000 only on production of a probate letter of administration	Executive Director of Finance	Executive Director of Finance	Finance Director: Operational Finance
25. Patients & Relatives Complaints			
a) Overall responsibility for ensuring that all complaints are dealt with effectively	Chief Executive	Executive Director of Nursing & Midwifery	N/A
b) Responsibility for ensuring complaints are investigated thoroughly	Chief Executive	Executive Director of Nursing & Midwifery	N/A
c) Medical – Legal Complaints Co-ordination of their management	Chief Executive	Executive Director of Nursing &	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
		Midwifery	
26. Seal			
a) The keeping of a register of seal and safekeeping of the seal	Chief Executive	Board Secretary	N/A
b) Attestation of seal in accordance with Standing Orders	Chief Executive/ Chair	Board Secretary	N/A
27. Gifts and Hospitality			
a) Keeping of gifts and hospitality register	Chief Executive	Board Secretary	N/A
28. Declaration of Interests			
a) Maintaining a register	Chief Executive	Board Secretary	N/A
29. Informatics and the Data Protection Act			
a) Review of LHB's compliance with the Data Protection Act	Chief Executive	Board Secretary	N/A
b) Responsibility for Informatics policy and strategy	Executive Medical Director	Chief Information Officer	N/A
c) Responsibility for ensuring that adequate management (audit) trails exist in Informatics systems	Executive Medical Director	Chief Information Officer	N/A
30. Records			
a) Review LHB's compliance with the Retention of Records Act and guidance	Chief Executive	Board Secretary / Executive Medical Director	N/A
b) Approval for the destruction of records	Chief Executive	Board Secretary / Executive Medical Director	N/A
c) Ensuring the form and adequacy of the financial records of all departments	Executive Director of Finance	Executive Director of Finance	Finance Director: Operational Finance

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
31. Authorisation of New Drugs	Chief Executive	Executive Medical Director on the advice of the appropriate professional bodies	N/A
32. Authorisation of Research Projects	Executive Medical Director	Director of Research & Development	N/A
33. Authorisation of Clinical Trials	Chief Executive	Executive Medical Director	N/A
34. Infectious Diseases & Notifiable Outbreaks	Chief Executive	Executive Director of Public Health	N/A
35. Review of Fire Precautions	Chief Executive	Executive Director of Planning & Performance	N/A
36. Health & Safety			
Review of all statutory compliance legislation and Health and Safety requirements including control of Substances Hazardous to Health Regulations	Chief Executive	Executive Director of Workforce & OD	N/A
37. Medicines Inspectorate Regulations			
Review Regulations Compliance	Chief Executive	Executive Medical Director supported by Chief Pharmacist	N/A
38. Environmental Regulations			
Review of compliance with environmental regulations, for example those relating to clean air and waste disposal	Chief Executive	Executive Director of Planning & Performance	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
39. Legal & Risk Payments	Chief Executive	Executive Director of Nursing & Midwifery/Executive Director of Finance	Finance Director: Operational Finance
40. Investigation of Fraud/Corruption or Financial Irregularities	Executive Director of Finance	Lead Local Counter Fraud Specialist	N/A
41. Commercial Sponsorship			
Agreement to proposal in accordance with BCU HB procedures	Chief Executive	Executive Director of Finance	Finance Director: Operational Finance
42. Cost/Notional Rent/Third Party Developer/Improvement Grants			
Approval of all schedules of payments	Chief Executive	Executive Director of Primary & Community Care	N/A
Submission to Welsh Government for all new GP premises or major extensions in accordance with BCU HB Primary Care Estates Strategy	Chief Executive	Executive Director of Primary & Community Care	N/A
43. Freedom of Information	Chief Executive	Board Secretary	N/A
44. Compliance Lead Roles:			N/A
a) Caldicott Guardian	Executive Medical Director	Senior Associate Medical Director	
b) Data Protection Officer	Chief Executive	Assistant Director of Information Governance and Assurance	
c) Senior Information Risk Owner	Chief Executive		

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
		Board Secretary	
45. Emergency Planning & Major Incidents – Civil Contingencies Act (Category 1 Responder)	Chief Executive	Executive Director of Planning & Performance	N/A
46. National Health Services (Wales) Act 2006 Section 33 Agreements: Arrangements between NHS Bodies and Local Authorities	Chief Executive	Executive Director of Finance	Finance Director: Operational Finance
47. Statutory compliance with respective Legislation	Chief Executive	Board Secretary	N/A
48. National Health Service (Appointment of Consultants) (Wales) (Amendment) Regulations 2005 (Statutory Instrument 2005: 3039) Appointment of all Medical and Dental Consultant posts. Consultant posts within Public Health that are open to both medically qualified and those qualified in other disciplines other than medicine should follow this process, even though they fall outside of the requirements of the Statutory Instrument.	Chief Executive	Board level directors	N/A
49. All Wales Policy: Making Decisions on Individual Patient Funding Requests (IPFR)	Chief Executive	WHSSC IPFR Panel £300,000 to £1,000,000; Chief Executive up to £299,999; Chair and Vice Chair of Health Board IPFR Panel together sign up to £125,000	N/A
* The IPFR Panel cannot make policy decisions for the health board. Any policy proposals arising from their considerations and decisions must be reported to the Health Board Quality, Safety & Experience Committee			

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
50. Carbon Reduction Commitment Order (Phase 2) Agency Registration	Chief Executive	Executive Director of Planning and Performance	N/A
51. Human Tissue Act 20014	Chief Executive	Executive Director of Therapies & Health Sciences	N/A
52. Ionising Radiation (Medical Exposure) Regulations 2017	Chief Executive	Executive Director of Therapies & Health Sciences	N/A
53. Nurse Staffing Levels Act (Wales) 2016	Chief Executive	Executive Director of Nursing & Midwifery	N/A

Table B – Scheme of Financial Delegation

Financial Limits are subject to funding available within relevant budget(s) and are inclusive of VAT irrespective of recovery arrangements.

All purchases must ensure compliance with Standing Financial Instruction Schedule 1 -

Procurement of Works, Goods and Services with regard to the required quotation or Tendering exercise.

	Budget changes	General expenditure	Healthcare agreements	Capital (Business Case and Contractual Commitment approvals)			Specialist				Charitable Funds		Procurement waivers	Staffing	
		Any expenditure approval must be within funding limits of approved budgets. Approval limits are cumulative, and therefore higher level approval limits must be supported by lower level approvals. Executive Directors and Directors, Area Directors, and Hospital Care Directors to determine scheme of delegation within their structures.													
	Budget transfers between Corporate Departments, Area Teams or Hospital Teams(Virements)	Individual orders / requisitions / annual order value or total contract value (unless otherwise noted)	Healthcare agreements (NHS and Private sector)(annual value) (Primary Care contracts approved by Board)	Building and engineering orders; related consultancy support(individual contractual commitment)	Medical devices; plant; machinery; related consultancy support(individual contractual commitment)	IM&T; telecoms systems; software; related consultancy (individual contractual commitment)	Property or equipment leases(granting or termination of leases; annual value)	External consultancy support (total contract value for duration of service)	Losses / Special Payments (Terminations approved by Exec.Director of W&OD; VERS by RATS C'ttee)	New drugs (value based on annual costs)	Locally held funds(total funding bid value)	General funds(total funding bid value)	All values	New posts (additional establishm't)	Agency and Waiting List Initiatives (all values)
WG (In advance of contract planning)	No requirement	£1m plus	£1m plus (Private sector)	£1m plus	£1m plus	£1m plus	No requirement	£1m plus	See Manual of Guidance for losses and SFIs, as special rules apply for certain losses and ex gratia payments.	No requirement	No requirement	No requirement	No requirement	No requirement	No requirement
Board following Chief Executive approval	£1m plus	£1m plus	Over £10m approved in advance, below £10m retrospectively reported. Over £1m for Private sector.	£1m plus	£1m plus	£1m plus	£0.5m plus or any which need signing under seal (Reservation of Power, Number 33)	£0.5m plus		£1m plus	No requirement	No requirement	No requirement	No requirement	No requirement
Audit Committee													Retrospective reporting		
Charitable Funds Committee (all Executives can authorise use of charitable funds up to £5k)											Over £5k (Up to £25k scrutinised by CF Advisory Group)	Over £5k (Up to £25k scrutinised by CF Advisory group)			
CEO through Executive Team	£0.5m to £1m	£0.5m to £1m	New or contract variation to £10.0m.	£0.5m to £1m	£0.5m to £1m	£0.5m to £1m	£250k to £0.5m	£250k to £0.5m	£0.5m to £1.0m	£0.5m to £1.0m	Up to £5k	Up to £5k	As escalated by DoF	Can approve new posts across LHB	No requirement
Any 2 of CEO, Director of P&P and DoF (must include DoF)		Up to £0.5m	New or contract variation to £5.0m (to £1m for Private sector).					Up to £250k		Up to £0.5m			As escalated by DoF		
Executive Director of Finance	Up to £0.5m	Up to £250k		Up to £0.5m	Up to £0.5m	Up to £0.5m	Up to £250k	Up to £100k	Up to £0.5m		Up to £5k	Up to £5k	As escalated by FD: OF	Can approve new posts within own structure.	Must approve in advance in own structure.

	Budget changes	General expenditure	Healthcare agreements	Capital (Business Case and Contractual Commitment approvals)			Specialist				Charitable Funds		Procurement waivers	Staffing	
		Any expenditure approval must be within funding limits of approved budgets. Approval limits are cumulative, and therefore higher level approval limits must be supported by lower level approvals. Executive Directors and Directors, Area Directors, and Hospital Care Directors to determine scheme of delegation within their structures.													
	Budget transfers between Corporate Departments, Area Teams or Hospital Teams(Virements)	Individual orders / requisitions / annual order value or total contract value (unless otherwise noted)	Healthcare agreements (NHS and Private sector)(annual value) (Primary Care contracts approved by Board)	Building and engineering orders; related consultancy support(individual contractual commitment)	Medical devices; plant; machinery; related consultancy support(individual contractual commitment)	IM&T; telecoms systems; software; related consultancy (individual contractual commitment)	Property or equipment leases(granting or termination of leases; annual value)	External consultancy support (total contract value for duration of service)	Losses / Special Payments (Terminations approved by Exec.Director of W&OD; VERS by RATS C'ttee)	New drugs (value based on annual costs)	Locally held funds(total funding bid value)	General funds(total funding bid value)	All values	New posts (additional establishm't)	Agency and Waiting List Initiatives (all values)
Executive Directors, Board Secretary, Director of Mental Health and Learning Disabilities (unless noted below)		Up to £250k						Up to £100k					Waivers must be approved by FD: OF and Exec.Director of Finance or Chief Executive if escalated by FD: OF	Can approve new posts within own structure.	Must approve in advance in own structure.
Executive Director of Primary Cty Care		Up to £250k						Up to £100k						Can approve new posts within own structure.	Must approve in advance in own structure.
Executive Director of Planning & Performance		Up to £250k		Up to £0.5m	Up to £0.5m		Up to £250k	Up to £100k						Can approve new posts within own structure.	Must approve in advance in own structure.
Executive Medical Director		Up to £250k				Up to £0.5m		Up to £100k						Can approve new posts within own structure.	Must approve in advance in own structure.
Executive Director of W&OD		Up to £250k						Up to £100k	Terminations up to £50k (over this to WG)					Can approve new posts within own structure.	Must approve in advance in own structure.
Executive Director of Nursing & Midwifery		Up to £250k						Up to £100k	Up to £150k					Can approve new posts within own structure.	Must approve in advance in own structure.

	Budget changes	General expenditure	Healthcare agreements	Capital			Specialist				Charitable Funds		Procurement waivers	Staffing	
		Any expenditure approval must be within funding limits of approved budgets. Approval limits are cumulative, and therefore higher level approval limits must be supported by lower level approvals. Executive Directors and Directors, Area Directors, and Hospital Care Directors to determine scheme of delegation within their structures.													
	Budget transfers between Corporate Departments, Area Teams or Hospital Teams(Virements)	Individual orders / requisitions / annual order value or total contract value (unless otherwise noted)	Healthcare agreements (NHS and Private sector)(annual value) (Primary Care contracts approved by Board)	Building and engineering orders; related consultancy support(individual contractual commitment)	Medical devices; plant; machinery; related consultancy support(individual contractual commitment)	IM&T; telecoms systems; software; related consultancy (individual contractual commitment)	Property or equipment leases(granting or termination of leases; annual value)	External consultancy support (total contract value for duration of service)	Losses / Special Payments (Terminations only approved by Exec Director of W&OD; VERS require RATS Committee)	New drugs (value based on annual costs)	Locally held funds(total funding bid value)	General funds(total funding bid value)	All values	New posts (additional establishm't)	Agency and Waiting List Initiatives (all values)
Area Directors and Director of Mental Health & Learning Disabilities		Up to £250k	New or contract variation to £1.5m		Up to £250k			Up to £100k		Up to £100k, following Med Mgt Group	Up to £5k			Can approve new posts within own team.	As escalated by Direct Reports*
Area Medical Director															Medical staff*
Area Nurse Directors															Nurse or other staff*
Secondary Care Medical Director		Up to £150k			Up to £150k			Up to £150k			Up to £5k				Medical staff*
Secondary Care Nurse Director		Up to £150k			Up to £150k			Up to £150k			Up to £5k				Nurse or other staff*
Interim Managing Directors		Up to £150k			Up to £150k			Up to £50k			Up to £5k			Can approve new posts within own team.	As escalated by Direct Reports*
Director of Estates & Facilities		Up to £150K		Up to £150K	Up to £150K			Up to £50K							
Hospital: Assistant Medical Director															Medical staff*
Hospital: Assistant Nurse Director															Nurse or other staff*
Procurement (NWSSP)													All signed off by Procurement		

	Budget changes	General expenditure	Healthcare agreements	Capital			Specialist				Charitable Funds		Procurement waivers	Staffing	
		Any expenditure approval must be within funding limits of approved budgets. Approval limits are cumulative, and therefore higher level approval limits must be supported by lower level approvals. Executive Directors and Directors, Area Directors, and Hospital Care Directors to determine scheme of delegation within their structures.													
	Budget transfers between Corporate Departments, Area Teams or Hospital Teams(Virements)	Individual orders / requisitions / annual order value or total contract value (unless otherwise noted)	Healthcare agreements (NHS and Private sector)(annual value) (Primary Care contracts approved by Board)	Building and engineering orders; related consultancy support(individual contractual commitment)	Medical devices; plant; machinery; related consultancy support(individual contractual commitment)	IM&T; telecoms systems; software; related consultancy (individual contractual commitment)	Property or equipment leases(granting or termination of leases; annual value)	External consultancy support (total contract value for duration of service)	Losses / Special Payments (Terminations only approved by Exec Director of W&OD; VERS require RATS Committee)	New drugs (value based on annual costs)	Locally held funds(total funding bid value)	General funds(total funding bid value)	All values	New posts (additional establishm't)	Agency and Waiting List Initiatives (all values)
Deouty Director (Concerns)		Up to £75k							Up to £75k						
Deputy / Assistant Director Board Secretary		Up to £75k													
Assistant Director Primary Care		Up to £75k	Up to £75k		Up to £75k			Up to £75k			Up to £5k				
Assistant Director Community Hospital Services		Up to £75k	Up to £75k		Up to £75k			Up to £75k			Up to £5k				
Assistant Director Secondary Care		Up to £75k	Up to £75k		Up to £75k			Up to £75k			Up to £5k				
Head of Investigations and Redress									Up to £20k						
Claims Managers									Up to £5k						
Authorised fund holder (Charitable Funds)											Up to £5k				

	Budget changes	General expenditure	Healthcare agreements	Capital			Specialist			Charitable Funds		Procurement waivers	Staffing		
		Any expenditure approval must be within funding limits of approved budgets. Approval limits are cumulative, and therefore higher level approval limits must be supported by lower level approvals. Executive Directors and Directors, Area Directors, and Hospital Care Directors to determine scheme of delegation within their structures.													
	Budget transfers between Corporate Departments, Area Teams or Hospital Teams(Virements)	Individual orders / requisitions / annual order value or total contract value (unless otherwise noted)	Healthcare agreements (NHS and Private sector)(annual value) (Primary Care contracts approved by Board)	Building and engineering orders; related consultancy support(individual contractual commitment)	Medical devices; plant; machinery; related consultancy support(individual contractual commitment)	IM&T; telecoms systems; software; related consultancy (individual contractual commitment)	Property or equipment leases(granting or termination of leases; annual value)	External consultancy support (total contract value for duration of service)	Losses / Special Payments (Terminations only approved by Exec Director of W&OD; VERS require RATS Committee)	New drugs (value based on annual costs)	Locally held funds(total funding bid value)	General funds(total funding bid value)	All values	New posts (additional establishm't)	Agency and Waiting List Initiatives (all values)
Medicines Management Group										All new drugs, unless cheaper than existing					
* Agency and Waiting List Initiatives must generally be approved in advance. However, in exceptional circumstances when staff are required out of hours, they can be approved retrospectively.															

This scheme only relates to matters delegated by the Board to the Chief Executive and Directors, together with certain other specific matters referred to in Standing Financial Instructions. Each Director is responsible for delegation within their department. They should produce an Operational Scheme of Delegation and Authorisation for matters within their department, which should also set out how departmental budget and procedures for approval of expenditure are delegated.

Grace Lewis-Parry

Grace Lewis-Parry

Board Secretary

18 July 2019

Finance updated Operational SoRD 2019 v0.01 draft

SECTION 2: SCHEME OF DELEGATION TO EXECUTIVE DIRECTORS, OTHER DIRECTORS AND OFFICERS

The LHB Standing Orders and Standing Financial Instructions specify certain key responsibilities of the Chief Executive, the Executive Director of Finance and other officers. The Chief Executive's Job Description, together with their Accountable Officer Memorandum sets out their specific responsibilities, and the individual job descriptions determined for Executive Director level posts also define in detail the specific responsibilities assigned to those post holders. These documents, together with the schedule of additional delegations below and the associated financial delegations set out in the Standing Financial Instructions form the basis of the LHB's Scheme of Delegation to Officers.

Delegated Matter	Table Reference No.
STANDING ORDERS/STANDING FINANCIAL INSTRUCTIONS	1
MEETINGS	2
FINANCIAL PLANNING/BUDGETARY RESPONSIBILITY	3
BANK/PGO ACCOUNTS (EXCLUDING CHARITABLE FUND ACCOUNTS)	4
EXTERNAL BORROWING	5
NON PAY EXPENDITURE	6
STORES AND RECEIPT OF GOODS	7
CAPITAL INVESTMENT MANAGEMENT	8
QUOTATIONS, TENDERING & CONTRACT PROCEDURES	9
FIXED ASSETS	10
PERSONNEL & PAY	11
ENGAGEMENT OF STAFF (NOT ON THE ESTABLISHMENT)	12
CHARITABLE FUNDS HELD ON LHB	13
PRIMARY CARE PATIENT SERVICES/HEALTHCARE AGREEMENTS	14
INCOME SYSTEMS, FEES & CHARGES	15
DISPOSAL AND CONDEMNATIONS	16
LOSSES, WRITE-OFFS & COMPENSATION AND EX-GRATIA PAYMENTS	17
REPORTING INCIDENTS TO THE POLICE	18
FINANCIAL PROCEDURES	19
AUDIT ARRANGEMENTS	20
LEGAL PROCEEDINGS	21
INSURANCE POLICIES AND RISK MANAGEMENT	22
CLINICAL AUDIT	23
PATIENTS' PROPERTY	24
PATIENTS & RELATIVES COMPLAINTS	25
SEAL	26
GIFTS & HOSPITALITY	27
DECLARATION OF INTERESTS	28
INFORMATICS AND THE DATA PROTECTION ACT	29
RECORDS	30
AUTHORISATION OF NEW DRUGS	31
AUTHORISATION OF RESEARCH PROJECTS	32
AUTHORISATION OF CLINICAL TRIALS	33
INFECTIOUS DISEASES & NOTIFIABLE OUTBREAKS	34

Delegated Matter	Table Reference No.
REVIEW OF FIRE PRECAUTIONS	35
HEALTH & SAFETY	36
MEDICINES INSPECTORATE REGULATIONS	37
ENVIRONMENTAL REGULATIONS	38
LEGAL & RISK PAYMENTS	39
INVESTIGATION OF FRAUD/CORRUPTION OR FINANCIAL IRREGULARITIES	40
COMMERCIAL SPONSORSHIP	41
COSTS/NOTIONAL RENT/THIRD PARTY DEVELOPER/IMPROVEMENT GRANTS	42
FREEDOM OF INFORMATION	43
COMPLIANCE LEAD ROLES: CALDICOTT GUARDIAN, DPO, SIRO	44
EMERGENCY PLANNING	45
NHS ACT 2006 (WALES) SECTION 33 AGREEMENTS	46
STATUTORY COMPLIANCE WITH RESPECTIVE LEGISLATION	47
APPOINTMENT OF MEDICAL & DENTAL CONSULTANT POSTS	48
INDIVIDUAL PATIENT FUNDING REQUESTS	49
CARBON REDUCTION COMMITMENT ORDER	50
HUMAN TISSUE ACT 2004	51
IONISING RADIATION (MEDICAL EXPOSURE) REGULATIONS 2017 [IR(ME)R]	52
NURSE STAFFING LEVELS (WALES) ACT 2016	53

Schedule 1

SCHEME OF RESERVATION AND DELEGATION OF POWERS Executive Director of Planning and Performance

Table A – Scheme of Delegation to Officers

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
1. Standing Orders / Standing Financial Instructions			
a) Final authority in interpretation of Standing Orders	Chair	Chair	N/A
b) Notifying Directors, employees and agents of their responsibilities within the Standing Orders and Standing Financial Instructions and ensuring that they understand the responsibilities	Executive Director of Finance/Board Secretary	Directors	Director of Estates & Facilities, Director of Performance, Assistant Director – Health Strategy, Assistant Director – Strategic & Business Analysis, Assistant Director – Corporate Planning Assistant Director – Capital
c) Responsibility for the security of the LHB's property, avoiding loss, exercising economy and efficiency in using resources and conforming with Standing Orders, Financial Instructions and financial procedures	Executive Director of Finance	Directors	All staff
d) Ensuring Standing Orders are compatible with Welsh Government requirements re building and engineering contracts	Chief Executive	Executive Director of Planning & Performance	N/A
2. Meetings			

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
a) Calling meetings of the LHB	Chair	Board Secretary	N/A
b) Chair all LHB Board meetings and associated responsibilities	Chair or Vice Chair in Chair's absence	Chair or Vice Chair in Chair's absence	N/A
3. Financial Planning/Budgetary Responsibility			
a) Setting: Submit Three Year Plan and Annual Operating Plan to the LHB Board	Chief Executive	Executive Director of Planning & Performance	Assistant Director – Corporate Planning
Submit budgets to the LHB Board	Chief Executive	Executive Director of Finance	N/A
Submit to Board financial estimates and forecasts	Chief Executive	Executive Director of Finance	N/A
b) Implementing financial policies, plans and procedures, providing advice and co-ordinating any corrective action necessary	Executive Director of Finance	Finance Director (Operational)	N/A
c) Issuing Budgets	Executive Director of Finance	Finance Director (Operational)	N/A
d) Monitoring: Monitor performance against budget	Executive Director of Finance	Directors	Director of Estates & Facilities, Director of Performance, Assistant Director – Health Strategy, Assistant Director – Strategic & Business Analysis, Assistant Director – Corporate Planning Assistant Director – Capital
Submit monitoring returns	Chief Executive	Executive Director of Finance	N/A
Effective budgetary control and a balanced budget	Executive Director of Finance	Directors	Director of Estates & Facilities, Director of Performance, Assistant Director –

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
			Health Strategy, Assistant Director – Strategic & Business Analysis, Assistant Director – Corporate Planning Assistant Director – Capital
Preparation of annual accounts and returns	Executive Director of Finance	Executive Director of Finance	N/A
Identifying and implementing cost improvements and income generation initiatives	Executive Director of Finance	Directors	Director of Estates & Facilities, Director of Performance, Assistant Director – Health Strategy, Assistant Director – Strategic & Business Analysis, Assistant Director – Corporate Planning Assistant Director – Capital
e) Authorisation of Virement It is not possible for any officer other than the Executive Director of Finance to vire from non-recurring headings to recurring budgets <u>or</u> from capital to revenue/revenue to capital. Virement <u>between</u> different budget holders (Directors) requires the agreement of <u>both</u> parties <u>and</u> the Executive Director of Finance	Please refer to Table B – Delegated Limits		
f) Maintaining an effective system of internal financial control	Chief Executive	Executive Director of Finance	N/A
g) Delivery of financial training to budget holders (Directors)	Executive Director of Finance	Finance Director (Operational)	N/A
4. Bank/PGO Accounts (Excluding Charitable Fund Accounts)			
a) Operation: Managing banking arrangements and operation of bank accounts	Executive Director of Finance	Finance Director (Operational)	N/A
Opening bank accounts	Executive Director of Finance	Finance Director (Operational)	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
Authorisation of transfers between LHB bank accounts	Executive Director of Finance	Finance Director (Operational)	N/A
Authorisation of: -PGO/GBS Schedules -BACS Schedules -Automated cheque schedules -Manual cheques	Executive Director of Finance	Finance Director (Operational)	N/A
b) Investments: Investment of surplus funds in accordance with the LHB's investment policy	Executive Director of Finance	Finance Director (Operational)	N/A
5. External Borrowing			
a) Advise LHB Board of the requirements to meet payment of interest and originating capital debt	Executive Director of Finance	Finance Director (Operational)	N/A
b) Application for loan(s) and overdrafts	Executive Director of Finance	Finance Director (Operational)	N/A
c) Preparation of procedural instructions	Executive Director of Finance	Finance Director (Operational)	N/A
6. Non Pay Expenditure			
For details of Delegated Limits please refer to Table B			
a) Completion of an Operational Scheme of Delegation and Authorisation by each Budget Holder ensuring maintenance of a list of officers authorised to place requisitions/orders (including emergency verbal orders) and record receipts within the E-Financials Business Suite.	Executive Director of Finance	Directors	Executive Director of Planning & Performance
b) Obtain the best value for money when requisitioning goods/services	Executive Director of Finance	Directors	N/A
c) Ensuring expenditure is within	Chief	Directors	Director of Estates &

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
budget	Executive		Facilities, Director of Performance, Assistant Director – Health Strategy, Assistant Director – Strategic & Business Analysis, Assistant Director – Corporate Planning Assistant Director – Capital
d) Non-Pay Expenditure for which no specific budget has been set up and which is not subject to funding under delegated powers of virement	Chief Executive	Executive Director of Finance	N/A
e) Orders exceeding 12 month period	Executive Director of Finance	Finance Director (Operational)	N/A
f) Prompt payment of accounts	Executive Director of Finance	Executive Director of Finance	N/A
g) Financial Limits	Please refer to Table B – Delegated Limits		
h) Maintenance of sufficient records to explain the LHB's transactions and report on the LHB's financial position	Executive Director of Finance	Executive Director of Finance	N/A
i) Approval of visits at a supplier's expense	Executive Director of Finance	Executive Directors	N/A
j) Provision of electronic signatures within the E-Financials Business Suite in accordance with each Budget Holder's Operational Scheme of Delegation and Authorisation	Executive Director of Finance	Finance Director (Operational)	N/A
7. Stores and Receipt of Goods			
a) Responsibility for the systems of financial control over all stores including receipt of goods and returns	Executive Director of Finance	Directors	All staff

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
b) Responsibility for the control of stores and receipt of goods, issues and returns: All stores (excluding pharmaceutical, fuel, oil and coal – see following)	Executive Director of Finance	Directors	All staff
Pharmaceutical Stores	Executive Medical Director	Chief Pharmacist	N/A
Fuel, oil and coal stocks	Executive Director of Planning & Performance	Director of Estates & Facilities	N/A
c) Stocktaking arrangements	Executive Director of Finance	Directors	N/A
8. Capital Investment Management For details of Delegated Limits for Delegated Matter 8d, please refer to Table B – Leases. In accordance with Welsh Government guidance:			
a) Programme:			
Preparation of Capital Investment Programme	Chief Executive	Executive Director of Planning & Performance	Assistant Director – Capital
Completion and signing off of a business case for approval	Chief Executive/ Executive Director of Finance	Executive Director of Planning & Performance	N/A
Appointment of Project Directors	Chief Executive	Executive Director of Planning & Performance with support from relevant Directors	Assistant Director - Capital
Financial monitoring and reporting on all capital scheme expenditure including variations to contract	Executive Director of Planning & Performance	Executive Director of Finance/Executive Director of Planning & Performance with support from relevant	Assistant Director - Capital

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
		Directors.	
Issuing of guidance on management of capital schemes	Executive Director of Planning & Performance	Executive Director of Finance/Executive Director of Planning & Performance	Assistant Director - Capital
b) Contracting – Selection of 3 rd party developers, architects, quantity surveyors, consultant engineers and other professional advisors within EC regulations and LHB tender procedures	Chief Executive	Executive Director of Planning & Performance	Assistant Director - Capital
c) Private Finance – Demonstrate that the use of private finance represents best value for money and transfers risk to the private sector	Chief Executive	Executive Director of Finance	N/A
d) Leases – Granting and termination of leases	Chief Executive	Executive Director of Planning & Performance/Executive Director of Finance	Director of Estates & Facilities
e) Financial control and audit- Arrangements are in place to review building and engineering contracts and property transactions comply with Welsh Government guidance.	Chief Executive	Executive Director of Finance with Executive Director of Planning & Performance responsible for the technical audit of the contracts.	Director of Estates & Facilities Assistant Director - Capital
9. Quotations, Tendering & Contract Procedures For details of Delegated Limits, please refer to Table B – Quotations/Tenders.			
a) Services:			
Best value for money is demonstrated for all services provided under contract or in-house	Chief Executive	Directors	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
Nominate officers to oversee and manage the contract on behalf of the LHB	Chief Executive	Directors	N/A
b) Quotations – Total value of the contract over its entire period:			
Seeking quotations up to £5,000 in value	Executive Director of Finance (per SFI 11.7.1)	For details of delegated limits, please refer to Table B	N/A
Obtaining minimum of 3 written quotations for goods/services of value between £5,000 and £25,000	Chief Executive (per SFI 11.1.2)	For details of delegated limits. Please refer to Table B	N/A
c) Competitive Tenders – Total value of the contract over its entire period:			N/A
Obtaining a minimum of 4 written competitive tenders for goods/services of value between £25,000 and the OJEU threshold (in compliance with EC Directives as appropriate)	Chief Executive	For details of delegated limits, please refer to Table B	Director of Estates & Facilities Assistant Director - Capital
Obtaining a minimum of 5 written competitive tenders for goods/services of a value in excess of the OJEU threshold (in compliance with EC Directives as appropriate)	Chief Executive	For details of delegated limits, please refer to Table B	Director of Estates & Facilities Assistant Director - Capital
Receipt and custody of tenders prior to opening	Chief Executive	Executive Director of Finance	N/A
Opening Tenders and Quotations	Chief Executive	Executive Director of Finance	N/A
Decide if late tenders should be considered	Chief Executive	Executive Director of Finance	N/A
d) Waiving the requirement to request quotes or tenders – subject to SFI Schedule 1 Para. 4.2 & 4.3 – Formally reported to the Audit Committee	Chief Executive	Chief Executive/nominated deputy (Board Secretary or Executive Director of Finance). Where the	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
		budget holder requesting the waiver is the Chief Executive/Board Secretary/Executive Director of Finance, they cannot approve their own waiver and must seek approval from one of the other two delegated officers.	
10. Fixed Assets			
a) Maintenance of asset register	Chief Executive	Executive Director of Finance supported by relevant Director	N/A
b) Calculate and pay capital charges in accordance with Welsh Government requirements	Executive Director of Finance	Executive Director of Finance	N/A
c) Responsibility for fixed assets – Land & Buildings	Chief Executive	Executive Director of Planning & Performance	Director of Estates & Facilities
d) Responsibility for all other fixed assets (Plant, Machinery, Transport, IT assets including software, Furniture & Fittings)	Chief Executive	Directors	Director of Estates & Facilities Assistant Director - Capital
e) Responsibility for security of LHB assets including notifying discrepancies to the Director of Finance and reporting losses in accordance with LHB procedures	Chief Executive	Directors	Director of Estates & Facilities Assistant Director - Capital
11. Personnel & Pay			
a) Nominate officers to enter into contracts of employment regarding staff, agency staff or consultancy service contracts in accordance	Chief Executive	Executive Director of Workforce & OD	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
with the “Policy for the Safe Recruitment and Selection Practices” together with accompanying guidance, particularly the need for pre-employment checks.			
b) Approve the commencement of employment prior to all pre-employment checks being completed.	Executive Director of Workforce & OD	Executive Director of Workforce & OD	N/A
c) Authority to fill funded post on the establishment with permanent staff.	Executive Director of Workforce & OD	Directors	Director of Estates & Facilities, Director of Performance, Assistant Director – Health Strategy, Assistant Director – Strategic & Business Analysis, Assistant Director – Corporate Planning Assistant Director – Capital
d) Authority to extend Locum appointments	Chief Executive	Interim Managing Directors, Mental Health Director and Area Directors for appointments over 12 months to 24 months. Executive Director of Nursing & Midwifery, Executive Director of Primary & Community Care, Executive Director of Therapies & Health Sciences and Executive Director of Workforce & OD/Director of	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
		MHLD for appointments over 24 months to 36 months only.	
e) The granting of additional increments to staff within budget in accordance with Terms & Conditions of Service	Executive Director of Workforce & OD	Directors with advice from Executive Director of Workforce & OD	Executive Director of Planning & Performance
f) All requests for upgrading/ regrading/ major skill mix changes shall be dealt with in accordance with LHB Procedure	Executive Director of Workforce & OD	Directors with advice from Executive Director of Workforce & OD	Executive Director of Planning & Performance
g) Authority to agree acting up salaries for staff other than Executive Directors (Approval of acting up salaries for interim Executive Directors to be retained by Remuneration & Terms of Service Committee)	Chief Executive to agree acting up arrangements of Band 9 and above (Excluding Executive Directors)	Directors lead for acting up salaries up to Band 8d or equivalent.	Director of Estates & Facilities, Director of Performance, Assistant Director – Health Strategy, Assistant Director – Strategic & Business Analysis, Assistant Director – Corporate Planning Assistant Director – Capital
h) Establishments:			
Additional staff to the agreed establishment with specifically allocated finance	Chief Executive	Directors with approval from Executive Director of Finance	Executive Director of Planning & Performance
Additional staff to the agreed establishment without specifically allocated finance.	Chief Executive	Executive Director of Finance	N/A
Variation to the funded establishment	Chief Executive	Directors with approval from Executive Director of Finance	Executive Director of Planning & Performance
i) Pay			
Authority to complete standing	Executive	Directors	Director of Estates &

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
data forms effecting pay, new starters, changes and leavers	Director of Workforce & OD		Facilities, Director of Performance, Assistant Director – Health Strategy, Assistant Director – Strategic & Business Analysis, Assistant Director – Corporate Planning Assistant Director – Capital
Authority to complete and authorise timesheets and payroll returns	Executive Director of Workforce & OD	Directors	Director of Estates & Facilities, Director of Performance, Assistant Director – Health Strategy, Assistant Director – Strategic & Business Analysis, Assistant Director – Corporate Planning Assistant Director – Capital
Authority to authorise overtime	Executive Director of Workforce & OD	Directors	Director of Estates & Facilities, Director of Performance, Assistant Director – Health Strategy, Assistant Director – Strategic & Business Analysis, Assistant Director – Corporate Planning Assistant Director – Capital
Authority to authorise travel & subsistence expenses	Executive Director of Workforce & OD	Directors	Director of Estates & Facilities, Director of Performance, Assistant Director – Health Strategy, Assistant Director – Strategic & Business Analysis, Assistant Director – Corporate Planning Assistant Director – Capital

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
Maintenance of a list of managers authorised to sign payroll and travel expense documentation.	Executive Director of Workforce & OD	Directors	Director of Estates & Facilities, Director of Performance, Assistant Director – Health Strategy, Assistant Director – Strategic & Business Analysis, Assistant Director – Corporate Planning Assistant Director – Capital
j) Leave			
Approval of annual leave in accordance with LHB policy	Executive Director of Workforce & OD	Executive Director of Finance	Director of Estates & Facilities, Director of Performance, Assistant Director – Health Strategy, Assistant Director – Strategic & Business Analysis, Assistant Director – Corporate Planning Assistant Director – Capital
Carry over of annual leave in exceptional circumstances up to a maximum of 5 days	Executive Director of Workforce & OD	Directors	Director of Estates & Facilities, Director of Performance, Assistant Director – Health Strategy, Assistant Director – Strategic & Business Analysis, Assistant Director – Corporate Planning Assistant Director – Capital
Compassionate leave	Executive Director of Workforce & OD	Directors	Director of Estates & Facilities, Director of Performance, Assistant Director – Health Strategy, Assistant Director – Strategic & Business Analysis, Assistant Director – Corporate Planning

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
			Assistant Director – Capital
Special leave arrangements (to be applied in accordance with All Wales Policy)	Executive Director of Workforce & OD	Directors	Director of Estates & Facilities, Director of Performance, Assistant Director – Health Strategy, Assistant Director – Strategic & Business Analysis, Assistant Director – Corporate Planning Assistant Director – Capital
Leave without pay	Executive Director of Workforce & OD	Directors	Director of Estates & Facilities, Director of Performance, Assistant Director – Health Strategy, Assistant Director – Strategic & Business Analysis, Assistant Director – Corporate Planning Assistant Director – Capital
Medical Staff Leave of Absence – paid and unpaid	Executive Director of Workforce & OD	Directors	N/A
Consultants Special Leave	Executive Medical Director	Directors	N/A
Time off in lieu	Executive Director of Workforce and OD	Directors	Director of Estates & Facilities, Director of Performance, Assistant Director – Health Strategy, Assistant Director – Strategic & Business Analysis, Assistant Director – Corporate Planning Assistant Director – Capital
Maternity / Paternity Leave – paid and unpaid	Executive Director of	Directors	Director of Estates & Facilities,

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
	Workforce & OD		Director of Performance, Assistant Director – Health Strategy, Assistant Director – Strategic & Business Analysis, Assistant Director – Corporate Planning Assistant Director – Capital
k) Annualised hours/flexible working hours system- maintenance of adequate records	Executive Director of Workforce & OD	Directors	Director of Estates & Facilities, Director of Performance, Assistant Director – Health Strategy, Assistant Director – Strategic & Business Analysis, Assistant Director – Corporate Planning Assistant Director – Capital
l) Sick Leave			
Extension of sick leave on half pay up to three months	Executive Director of Workforce & OD	Directors in conjunction with Executive Director of Workforce & OD	Executive Director of Planning & Performance
Return to work part-time on full pay to assist recovery	Executive Director of Workforce & OD	Directors in conjunction with Executive Director of Workforce & OD	Executive Director of Planning & Performance
Extension of sick leave on full pay	Executive Director of Workforce & OD	Directors in conjunction with Executive Director of Workforce & OD	Executive Director of Planning & Performance
m) Study Leave			
Study leave outside the UK (non-medical staff excluding clinical staff)	Executive Director of Workforce & OD	Directors	Executive Director of Planning & Performance

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
Medical staff study leave (UK)	Executive Medical Director/Executive Director of Workforce & OD/ Executive Director of Primary & Community Care	Directors	N/A
Consultant Medical Staff Leave (UK)	Executive Medical Director	Directors	N/A
All Medical and non-Medical Clinical Staff study leave outside the UK	Executive Medical Director/Executive Director of Nursing & Midwifery/ Executive Director of Therapies & Health Science/Executive Director of Primary & Community Care	Directors	N/A
All other study leave (UK)	Executive Director of Workforce & OD	Directors	Director of Estates & Facilities, Director of Performance, Assistant Director – Health Strategy, Assistant Director – Strategic & Business Analysis, Assistant Director – Corporate Planning Assistant Director – Capital
n) Removal Expenses			
Authorisation of payment of removal expenses incurred by officers taking up new	Executive Director of Workforce	Directors in accordance with BCU HB	Executive Director of Planning & Performance

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
appointments (providing consideration was promised at interview)	& OD	policy/approval from the Executive Director of Workforce & OD	
o) Grievance Procedure	Executive Director of Workforce & OD	Directors	Director of Estates & Facilities, Director of Performance, Assistant Director – Health Strategy, Assistant Director – Strategic & Business Analysis, Assistant Director – Corporate Planning Assistant Director – Capital
p) Professional Misconduct/Competence-Medical and Dental Staff	Executive Medical Director/Executive Director of Workforce & OD	Assistant Medical Directors supported by Workforce & OD	N/A
q) Suspension of Doctors employed directly by the LHB	Chief Executive	Executive Medical Director supported by Executive Director of Workforce & OD	N/A
r) Removal of Practitioner from the Performers List	Chief Executive	Executive Medical Director supported by Executive Director of Workforce & OD and Executive Director of Primary & Community Care	N/A
s) Requests for new posts to be authorised as car users	Executive Director of	Directors	Director of Estates & Facilities,

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
	Finance		Director of Performance, Assistant Director – Health Strategy, Assistant Director – Strategic & Business Analysis, Assistant Director – Corporate Planning Assistant Director – Capital
t) Renewal of Fixed Term Contract	Executive Director of Workforce & OD	Directors	Director of Estates & Facilities, Director of Performance, Assistant Director – Health Strategy, Assistant Director – Strategic & Business Analysis, Assistant Director – Corporate Planning Assistant Director – Capital
u) Voluntary Early Release Scheme	Executive Director of Workforce & OD	Executive Director of Workforce & OD, with Executive Director of Finance for sign off of financial viability	Executive Director of Planning & Performance
v) Settlement on termination of employment	Executive Director of Workforce & OD	Executive Director of Workforce & OD with approval from Welsh Government where the payment is Ex-gratia and exceeds the delegated limit of £50,000	Executive Director of Planning & Performance
w) Ill Health Retirement Decision to pursue retirement on the grounds of ill-health following advice from Workforce & OD	Executive Director of Workforce & OD	Executive Director of Workforce & OD	Executive Director of Planning & Performance

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
Department			
x) Disciplinary Procedure(excluding Executive Directors)	Executive Director of Workforce & OD	Directors	Director of Estates & Facilities, Director of Performance, Assistant Director – Health Strategy, Assistant Director – Strategic & Business Analysis, Assistant Director – Corporate Planning Assistant Director – Capital
12. Engagement of Staff Not On the Establishment			
For details of Delegated Limits, please refer to Table B			
a) Non clinical Consultancy Staff	Executive Director of Finance	Director accountable for relevant service	Director of Estates & Facilities, Director of Performance, Assistant Director – Health Strategy, Assistant Director – Strategic & Business Analysis, Assistant Director – Corporate Planning Assistant Director – Capital
b) Medical Locum staff	Executive Medical Director	Director accountable for relevant service.	N/A
c) Booking of Agency Nursing Staff	Executive Director of Nursing & Midwifery	Director accountable for relevant service	N/A
d) Booking of Bank Staff:			
Nursing	Executive Director of Nursing & Midwifery	Director accountable for relevant service	N/A
Other	Executive Director of Workforce	Director accountable for relevant	Director of Estates & Facilities, Director of

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
	& OD	service	Performance, Assistant Director – Health Strategy, Assistant Director – Strategic & Business Analysis, Assistant Director – Corporate Planning Assistant Director – Capital
13. Charitable Funds Held on Trust			
For details of Delegated Limits, Please refer to Table B			
a) Management: Funds held on Trust are managed appropriately	Executive Director of Finance	Directors	N/A
b) Maintenance of authorised signatory list of Authorised Fund Holders	Executive Director of Finance	Executive Director of Finance	N/A
c) Expenditure	Refer to Table B - Delegated Limits		
d) Fundraising Appeals – Preparation/Monitoring/Reporting progress and performance	Executive Director of Finance	Executive Director of Finance	N/A
e) Operation of Bank Accounts:			
Managing banking arrangements and operation of bank accounts	Executive Director of Finance in conjunction with Corporate Trustees	Executive Director of Finance	N/A
Opening bank accounts	Board	Executive Director of Finance	N/A
f) Investments – Policy and Arrangements	Executive Director of Finance in conjunction with Corporate Trustees	Executive Director of Finance	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
g) Authority to accept the discharge of a donor's estate	Executive Director of Finance	Executive Director of Finance	N/A
14. Primary Care Patient Services/ Healthcare Agreements For details of Delegated Limits, please refer to Table B – Healthcare Agreements			
a) Contract negotiation and provision of service agreements	Executive Director of Finance / Executive Director of Primary & Community Care	Executive Director of Planning & Performance	Director of Estates & Facilities Director of Performance
b) Reporting actual and forecast contract income	Executive Director of Finance	Executive Director of Finance	N/A
c) Pricing of all contracts and SLAs	Executive Director of Finance	Executive Director of Finance with relevant Director	Director of Estates & Facilities
d) Signing agreements	Chief Executive	Chief Executive or Executive Director of Finance in Chief Executive's absence/Executive Director of Primary & Community Care for all primary care related agreements	N/A
15. Income Systems, Fees and Charges			
a) Private Patients, Overseas Visitors, Income Generation and other patient related services	Executive Director of Finance	Executive Director of Finance	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
b) Pricing of NHS agreements	Executive Director of Finance	Assistant Directors of Finance	N/A
c) Informing the Director of Finance of monies due to the LHB	Executive Director of Finance	Directors	Director of Estates & Facilities, Director of Performance, Assistant Director – Health Strategy, Assistant Director – Strategic & Business Analysis, Assistant Director – Corporate Planning Assistant Director – Capital
d) Recovery of debt	Executive Director of Finance	Executive Director of Finance	N/A
e) Security of cash and other negotiable instruments	Executive Director of Finance	Executive Director of Finance and all Directors	N/A
f) Designing, maintaining and ensuring compliance with systems for the proper recording, invoicing, collection and coding of all monies due	Executive Director of Finance	Director of Finance (Operational)	N/A
g) Non patient care income	Executive Director of Finance	Executive Director of Finance	N/A
16. Disposal and Condemnations			
Disposal of all property and land require formal approval by the Cabinet Secretary for Health, Well-Being & Sport			
a) Issuing procedure for the disposal of assets obsolete, obsolescent, redundant, irreparable or cannot be repaired cost effectively	Executive Director of Finance	Executive Director of Finance/Executive Director of Planning & Performance	Director of Estates & Facilities
b) Notification to Director of Finance prior to disposal	Executive Director of Finance	Directors	Director of Estates & Facilities, Director of Performance, Assistant Director –

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
			Health Strategy, Assistant Director – Strategic & Business Analysis, Assistant Director – Corporate Planning Assistant Director – Capital
17. Losses, Write-offs & Compensation			
a) Prepare procedures for recording and accounting for losses and special payments including preparation of a fraud response plan and informing Counter Fraud Operational Services of frauds.	Chief Executive	Executive Director of Finance	N/A
b) Losses of cash due to theft, fraud, overpayment of salaries, fees, allowances & other causes up to £50,000	Chief Executive	Executive Director of Finance	N/A
c) Fruitless payments (including abandoned Capital Schemes) up to £250,000	Chief Executive	Executive Director of Finance	N/A
d) Bad debts and claims abandoned: Private patients; overseas visitors & other cases up to £50,000	Chief Executive	Executive Director of Finance	N/A
e) Damage to buildings, their fittings, furniture and equipment and loss of equipment and property in stores and in use due to: Culpable causes (e.g. fraud, theft, arson) or other up to £50,000	Chief Executive	Executive Director of Finance	N/A
f) For personal and public liability claims, under the Legal & Risk scheme, authorisation from Legal & Risk is required before admissions may be made and monetary compensation offered. (Ex-gratia settlements offered by the LHB are by definition not payments based upon legal liability and are, therefore, not reimbursable under the WRP scheme)	Chief Executive	Executive Director of Nursing & Midwifery supported by the relevant Director after seeking appropriate legal advice, up to a max £150,000	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
g) Compensation payments made under legal obligation:	Chief Executive	Chief Executive, Executive Director of Finance or Executive Director of Nursing & Midwifery	N/A
h) Extra contractual payments to contractors – Up to £50,000 as specified within the Losses and Special Payments Manual of Guidance	Chief Executive	Executive Director of Finance with reporting to the Audit Committee	N/A
17.1 Ex-Gratia Payments:			
a) Patients and staff for loss of personal effects up to £50,000	Chief Executive	Executive Director of Finance- Refer to Finance Policy on Losses and Special Payments	N/A
b) For clinical negligence up to £250,000 (negotiated settlements)*. Report to Board > £50,000 (see also table B para.15)	Chief Executive	Executive Director of Finance/Executive Director of Nursing & Midwifery	N/A
c) For clinical negligence over £250,000 and up to £1,000,000* (negotiated settlements). Report to Board > £50,000 (see also table B para.15)	Chair	Chief Executive/ Executive Director of Finance/Executive Director of Nursing & Midwifery	N/A
d) For personal injury claims involving negligence where legal advice has been obtained and guidance applied up to £250,000 (including plaintiff's costs) Report to Board > £50,000	Chief Executive	Chief Executive/ Executive Director of Finance/Executive Director of Workforce & OD/ Executive Director of Nursing & Midwifery	N/A
e) For personal injury claims	Board	Chief	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
involving negligence where legal advice has been obtained and guidance applied up to £1,000,000 Report to Board > £50,000*		Executive/Executive Director of Finance/Executive Director of Nursing & Midwifery	
f) Other, except cases for maladministration where there was no financial loss by claimant, up to £50,000	Chief Executive	Executive Director of Finance/Executive Director of Nursing & Midwifery	N/A
* For all clinical negligence and personal injury cases(including Court cases) the use of structured settlements should be considered involving costs to the NHS of £250,000 or more – All structured settlements require approval from the Welsh Government			
18. Reporting of Incidents to the Police			
a) Where a criminal offence is suspected			
Criminal offence of a sexual or violent nature	Chief Executive	Executive Director of Workforce & OD	Director of Estates & Facilities, Director of Performance, Assistant Director – Health Strategy, Assistant Director – Strategic & Business Analysis, Assistant Director – Corporate Planning Assistant Director – Capital
Arson or theft	Executive Director of Planning & Performance	Director of Estates & Facilities	Director of Estates & Facilities, Director of Performance, Assistant Director – Health Strategy, Assistant Director – Strategic & Business Analysis, Assistant Director – Corporate Planning Assistant Director –

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
			Capital
Other	Executive Director of Planning & Performance	Director of Estates & Facilities	Director of Estates & Facilities, Director of Performance, Assistant Director – Health Strategy, Assistant Director – Strategic & Business Analysis, Assistant Director – Corporate Planning Assistant Director – Capital
19. Financial Procedures			
a) Maintenance & Update of LHB Financial Procedures	Executive Director of Finance	Executive Director of Finance	N/A
20. Audit Arrangements			
a) Review, appraise and support in accordance with Internal Audit standards for NHS Wales and best practice	Chair of the Audit Committee	Board Secretary/Head of Internal Audit	N/A
b) Provide an independent and objective view on internal control and probity	Chief Executive	Head of Internal Audit/Wales Audit Office	N/A
c) Ensure Cost-effective external audit	Chair of Audit Committee	Executive Director of Finance	N/A
d) Ensure an adequate internal audit service	Chief Executive	Board Secretary	N/A
e) Implement recommendations	Chief Executive	All relevant Directors	Director of Estates & Facilities, Director of Performance, Assistant Director – Health Strategy, Assistant Director – Strategic & Business Analysis, Assistant Director – Corporate Planning Assistant Director – Capital

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
21. Legal Proceedings			
a) Engagement of LHB's Solicitors	Chief Executive	Board Secretary for all Board related matters/Executive Director of Workforce & OD for all employment related matters/Executive Director of Planning & Performance for all estate related matters/Executive Director of Primary & Community Care for all Primary Care related matters.	Director of Estates & Facilities, Director of Performance, Assistant Director – Health Strategy, Assistant Director – Strategic & Business Analysis, Assistant Director – Corporate Planning Assistant Director – Capital
b) Approve and sign all documents which will be necessary in legal proceedings	Chief Executive	Any Director of the Board or an officer formally nominated by the Chief Executive	N/A
c) Sign on behalf of the LHB any agreement or document not requested to be executed as a deed	Chief Executive	Any Director of the Board or an officer formally nominated by the Chief Executive	N/A
22. Insurance Policies and Risk Management	Chief Executive	Executive Director of Finance/Board Secretary	N/A
23. Clinical Audit	Chief Executive	Executive Director of Therapies & Health	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
		Science	
24. Patients' Property (in conjunction with financial advice)			
For details of Delegated Limits, please refer to Table B – Petty Cash/Patients Monies			
a) Ensuring patients and guardians are informed about patients' monies and property procedures on admission	Executive Director of Nursing & Midwifery	Directors	N/A
b) Prepare detailed written instructions for the administration of patients' property	Executive Director of Nursing & Midwifery	Executive Director of Finance	N/A
c) Informing staff of their duties in respect of patients' property	Executive Director of Nursing & Midwifery	Directors	N/A
d) Issuing property valued >£5,000 only on production of a probate letter of administration	Executive Director of Finance	Executive Director of Finance	N/A
25. Patients & Relatives Complaints			
a) Overall responsibility for ensuring that all complaints are dealt with effectively	Chief Executive	Executive Director of Nursing & Midwifery	N/A
b) Responsibility for ensuring complaints are investigated thoroughly	Chief Executive	Executive Director of Nursing & Midwifery	N/A
c) Medical – Legal Complaints Co-ordination of their management	Chief Executive	Executive Director of Nursing & Midwifery	N/A
26. Seal			
a) The keeping of a register of seal and safekeeping of the seal	Chief Executive	Board Secretary	N/A
b) Attestation of seal in accordance with Standing Orders	Chief Executive/Chair	Board Secretary	N/A
27. Gifts and Hospitality			

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
a) Keeping of gifts and hospitality register	Chief Executive	Board Secretary	N/A
28. Declaration of Interests			
a) Maintaining a register	Chief Executive	Board Secretary	N/A
29. Informatics and the Data Protection Act			
a) Review of LHB's compliance with the Data Protection Act	Chief Executive	Board Secretary	N/A
b) Responsibility for Informatics policy and strategy	Executive Medical Director	Chief Information Officer	N/A
c) Responsibility for ensuring that adequate management (audit) trails exist in Informatics systems	Executive Medical Director	Chief Information Officer	N/A
30. Records			
a) Review LHB's compliance with the Retention of Records Act and guidance	Chief Executive	Board Secretary / Executive Medical Director	N/A
b) Approval for the destruction of records	Chief Executive	Board Secretary / Executive Medical Director	N/A
c) Ensuring the form and adequacy of the financial records of all departments	Executive Director of Finance	Executive Director of Finance	N/A
31. Authorisation of New Drugs	Chief Executive	Executive Medical Director on the advice of the appropriate professional bodies	N/A
32. Authorisation of Research Projects	Executive Medical Director	Director of Research & Development	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
33. Authorisation of Clinical Trials	Chief Executive	Executive Medical Director	N/A
34. Infectious Diseases & Notifiable Outbreaks	Chief Executive	Executive Director of Public Health	N/A
35. Review of Fire Precautions	Chief Executive	Executive Director of Planning & Performance	Director of Estates & Facilities
36. Health & Safety			
Review of all statutory compliance legislation and Health and Safety requirements including control of Substances Hazardous to Health Regulations	Chief Executive	Executive Director of Workforce & OD	N/A
37. Medicines Inspectorate Regulations			
Review Regulations Compliance	Chief Executive	Executive Medical Director supported by Chief Pharmacist	N/A
38. Environmental Regulations			
Review of compliance with environmental regulations, for example those relating to clean air and waste disposal	Chief Executive	Executive Director of Planning & Performance	Director of Estates & Facilities
39. Legal & Risk Payments	Chief Executive	Executive Director of Nursing & Midwifery/Executive Director of Finance	N/A
40. Investigation of Fraud/Corruption or Financial Irregularities	Executive Director of Finance	Lead Local Counter Fraud Specialist	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
41. Commercial Sponsorship			
Agreement to proposal in accordance with BCU HB procedures	Chief Executive	Executive Director of Finance	N/A
42. Cost/Notional Rent/Third Party Developer/Improvement Grants			
Approval of all schedules of payments	Chief Executive	Executive Director of Primary & Community Care	
Submission to Welsh Government for all new GP premises or major extensions in accordance with BCU HB Primary Care Estates Strategy	Chief Executive	Executive Director of Primary & Community Care	
43. Freedom of Information	Chief Executive	Board Secretary	N/A
44. Compliance Lead Roles:			N/A
a) Caldicott Guardian	Executive Medical Director	Senior Associate Medical Director	
b) Data Protection Officer	Chief Executive	Assistant Director of Information Governance and Assurance	
c) Senior Information Risk Owner	Chief Executive	Board Secretary	
45. Emergency Planning & Major Incidents – Civil Contingencies Act (Category 1 Responder)	Chief Executive	Executive Director of Planning & Performance	Assistant Director – Corporate Planning
46. National Health Services (Wales) Act 2006 Section 33 Agreements: Arrangements between NHS Bodies and Local Authorities	Chief Executive	Executive Director of Finance	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
47. Statutory compliance with respective Legislation	Chief Executive	Board Secretary	N/A
48. National Health Service (Appointment of Consultants) (Wales) (Amendment) Regulations 2005 (Statutory Instrument 2005: 3039) Appointment of all Medical and Dental Consultant posts. Consultant posts within Public Health that are open to both medically qualified and those qualified in other disciplines other than medicine should follow this process, even though they fall outside of the requirements of the Statutory Instrument.	Chief Executive	Board level directors	N/A
49. All Wales Policy: Making Decisions on Individual Patient Funding Requests (IPFR)	Chief Executive	WHSSC IPFR Panel £300,000 to £1,000,000; Chief Executive up to £299,999; Chair and Vice Chair of Health Board IPFR Panel together sign up to £125,000	N/A
* The IPFR Panel cannot make policy decisions for the health board. Any policy proposals arising from their considerations and decisions must be reported to the Health Board Quality, Safety & Experience Committee			
50. Carbon Reduction Commitment Order (Phase 2) Agency Registration	Chief Executive	Executive Director of Planning and Performance	Director of Estates & Facilities
51. Human Tissue Act 20014	Chief Executive	Executive Director of Therapies & Health Sciences	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
52. Ionising Radiation (Medical Exposure) Regulations 2017	Chief Executive	Executive Director of Therapies & Health Sciences	N/A
53. Nurse Staffing Levels Act (Wales) 2016	Chief Executive	Executive Director of Nursing & Midwifery	N/A

Table B – Scheme of Financial Delegation

Financial Limits are subject to funding available within relevant budget(s) and are inclusive of VAT irrespective of recovery arrangements.

All purchases must ensure compliance with Standing Financial Instruction Schedule 1 -

Procurement of Works, Goods and Services with regard to the required quotation or Tendering exercise.

	Budget changes	General expenditure	Healthcare agreements	Capital (Business Case and Contractual Commitment approvals)			Specialist				Charitable Funds		Procurement waivers	Staffing	
		Any expenditure approval must be within funding limits of approved budgets. Approval limits are cumulative, and therefore higher level approval limits must be supported by lower level approvals. Executive Directors and Directors, Area Directors, and Hospital Care Directors to determine scheme of delegation within their structures.													
	Budget transfers between Corporate Departments, Area Teams or Hospital Teams(Virements)	Individual orders / requisitions / annual order value or total contract value (unless otherwise noted)	Healthcare agreements (NHS and Private sector)(annual value) (Primary Care contracts approved by Board)	Building and engineering orders; related consultancy support(individual contractual commitment)	Medical devices; plant; machinery; related consultancy support(individual contractual commitment)	IM&T; telecoms systems; software; related consultancy (individual contractual commitment)	Property or equipment leases(granting or termination of leases; annual value)	External consultancy support (total contract value for duration of service)	Losses / Special Payments (Terminations approved by Exec.Director of W&OD; VERS by RATS C'ttee)	New drugs (value based on annual costs)	Locally held funds(total funding bid value)	General funds(total funding bid value)	All values	New posts (additional establishm't)	Agency and Waiting List Initiatives (all values)
WG (In advance of contract planning)	No requirement	£1m plus	£1m plus (Private sector)	£1m plus	£1m plus	£1m plus	No requirement	£1m plus	See Manual of Guidance for losses and SFIs, as special rules apply for certain losses and ex gratia payments.	No requirement	No requirement	No requirement	No requirement	No requirement	No requirement
Board following Chief Executive approval	£1m plus	£1m plus	Over £10m approved in advance, below £10m retrospectively reported. Over £1m for Private sector.	£1m plus	£1m plus	£1m plus	£0.5m plus or any which need signing under seal (Reservation of Power, Number 33)	£0.5m plus		£1m plus	No requirement	No requirement	No requirement	No requirement	No requirement
Audit Committee													Retrospective reporting		
Charitable Funds Committee (all Executives can authorise use of charitable funds up to £5k)											Over £5k (Up to £25k scrutinised by CF Advisory Group)	Over £5k (Up to £25k scrutinised by CF Advisory group)			
CEO through Executive Team	£0.5m to £1m	£0.5m to £1m	New or contract variation to £10.0m.	£0.5m to £1m	£0.5m to £1m	£0.5m to £1m	£250k to £0.5m	£250k to £0.5m	£0.5m to £1.0m	£0.5m to £1.0m	Up to £5k	Up to £5k	As escalated by DoF	Can approve new posts across LHB	No requirement
Any 2 of CEO, Director of P&P and DoF (must include DoF)		Up to £0.5m	New or contract variation to £5.0m (to £1m for Private sector).					Up to £250k		Up to £0.5m			As escalated by DoF		
Executive Director of Finance	Up to £0.5m	Up to £250k		Up to £0.5m	Up to £0.5m	Up to £0.5m	Up to £250k	Up to £100k	Up to £0.5m		Up to £5k	Up to £5k	As escalated by FD: OF	Can approve new posts within own structure.	Must approve in advance in own structure.

	Budget changes	General expenditure	Healthcare agreements	Capital (Business Case and Contractual Commitment approvals)			Specialist				Charitable Funds		Procurement waivers	Staffing	
		Any expenditure approval must be within funding limits of approved budgets. Approval limits are cumulative, and therefore higher level approval limits must be supported by lower level approvals. Executive Directors and Directors, Area Directors, and Hospital Care Directors to determine scheme of delegation within their structures.													
	Budget transfers between Corporate Departments, Area Teams or Hospital Teams(Virements)	Individual orders / requisitions / annual order value or total contract value (unless otherwise noted)	Healthcare agreements (NHS and Private sector)(annual value) (Primary Care contracts approved by Board)	Building and engineering orders; related consultancy support(individual contractual commitment)	Medical devices; plant; machinery; related consultancy support(individual contractual commitment)	IM&T; telecoms systems; software; related consultancy (individual contractual commitment)	Property or equipment leases(granting or termination of leases; annual value)	External consultancy support (total contract value for duration of service)	Losses / Special Payments (Terminations approved by Exec.Director of W&OD; VERS by RATS C'ttee)	New drugs (value based on annual costs)	Locally held funds(total funding bid value)	General funds(total funding bid value)	All values	New posts (additional establishm't)	Agency and Waiting List Initiatives (all values)
Executive Directors, Board Secretary, Director of Mental Health and Learning Disabilities (unless noted below)		Up to £250k						Up to £100k					Waivers must be approved by FD: OF and Exec.Director of Finance or Chief Executive if escalated by FD: OF	Can approve new posts within own structure.	Must approve in advance in own structure.
Executive Director of Primary Cty Care		Up to £250k						Up to £100k						Can approve new posts within own structure.	Must approve in advance in own structure.
Executive Director of Planning & Performance		Up to £250k		Up to £0.5m	Up to £0.5m		Up to £250k	Up to £100k						Can approve new posts within own structure.	Must approve in advance in own structure.
Executive Medical Director		Up to £250k				Up to £0.5m		Up to £100k						Can approve new posts within own structure.	Must approve in advance in own structure.
Executive Director of W&OD		Up to £250k						Up to £100k	Terminations up to £50k (over this to WG)					Can approve new posts within own structure.	Must approve in advance in own structure.
Executive Director of Nursing & Midwifery		Up to £250k						Up to £100k	Up to £150k					Can approve new posts within own structure.	Must approve in advance in own structure.

	Budget changes	General expenditure	Healthcare agreements	Capital			Specialist				Charitable Funds		Procurement waivers	Staffing	
		Any expenditure approval must be within funding limits of approved budgets. Approval limits are cumulative, and therefore higher level approval limits must be supported by lower level approvals. Executive Directors and Directors, Area Directors, and Hospital Care Directors to determine scheme of delegation within their structures.													
	Budget transfers between Corporate Departments, Area Teams or Hospital Teams(Virements)	Individual orders / requisitions / annual order value or total contract value (unless otherwise noted)	Healthcare agreements (NHS and Private sector)(annual value) (Primary Care contracts approved by Board)	Building and engineering orders; related consultancy support(individual contractual commitment)	Medical devices; plant; machinery; related consultancy support(individual contractual commitment)	IM&T; telecoms systems; software; related consultancy (individual contractual commitment)	Property or equipment leases(granting or termination of leases; annual value)	External consultancy support (total contract value for duration of service)	Losses / Special Payments (Terminations only approved by Exec Director of W&OD; VERS require RATS Committee)	New drugs (value based on annual costs)	Locally held funds(total funding bid value)	General funds(total funding bid value)	All values	New posts (additional establishm't)	Agency and Waiting List Initiatives (all values)
Area Directors and Director of Mental Health & Learning Disabilities		Up to £250k	New or contract variation to £1.5m		Up to £250k			Up to £100k		Up to £100k, following Med Mgt Group	Up to £5k			Can approve new posts within own team.	As escalated by Direct Reports*
Area Medical Director															Medical staff*
Area Nurse Directors															Nurse or other staff*
Secondary Care Medical Director		Up to £150k			Up to £150k			Up to £150k			Up to £5k				Medical staff*
Secondary Care Nurse Director		Up to £150k			Up to £150k			Up to £150k			Up to £5k				Nurse or other staff*
Interim Managing Directors		Up to £150k			Up to £150k			Up to £50k			Up to £5k			Can approve new posts within own team.	As escalated by Direct Reports*
Director of Estates & Facilities		Up to £150K		Up to £150K	Up to £150K			Up to £50K							
Hospital: Assistant Medical Director															Medical staff*
Hospital: Assistant Nurse Director															Nurse or other staff*
Procurement (NWSSP)													All signed off by Procurement		

	Budget changes	General expenditure	Healthcare agreements	Capital			Specialist				Charitable Funds		Procurement waivers	Staffing	
		Any expenditure approval must be within funding limits of approved budgets. Approval limits are cumulative, and therefore higher level approval limits must be supported by lower level approvals. Executive Directors and Directors, Area Directors, and Hospital Care Directors to determine scheme of delegation within their structures.													
	Budget transfers between Corporate Departments, Area Teams or Hospital Teams(Virements)	Individual orders / requisitions / annual order value or total contract value (unless otherwise noted)	Healthcare agreements (NHS and Private sector)(annual value) (Primary Care contracts approved by Board)	Building and engineering orders; related consultancy support(individual contractual commitment)	Medical devices; plant; machinery; related consultancy support(individual contractual commitment)	IM&T; telecoms systems; software; related consultancy (individual contractual commitment)	Property or equipment leases(granting or termination of leases; annual value)	External consultancy support (total contract value for duration of service)	Losses / Special Payments (Terminations only approved by Exec Director of W&OD; VERS require RATS Committee)	New drugs (value based on annual costs)	Locally held funds(total funding bid value)	General funds(total funding bid value)	All values	New posts (additional establishm't)	Agency and Waiting List Initiatives (all values)
Deouty Director (Concerns)		Up to £75k							Up to £75k						
Deputy / Assistant Director Board Secretary		Up to £75k													
Assistant Director Primary Care		Up to £75k	Up to £75k		Up to £75k			Up to £75k			Up to £5k				
Assistant Director Community Hospital Services		Up to £75k	Up to £75k		Up to £75k			Up to £75k			Up to £5k				
Assistant Director Secondary Care		Up to £75k	Up to £75k		Up to £75k			Up to £75k			Up to £5k				
Head of Investigations and Redress									Up to £20k						
Claims Managers									Up to £5k						
Authorised fund holder (Charitable Funds)											Up to £5k				

	Budget changes	General expenditure	Healthcare agreements	Capital	Specialist	Charitable Funds	Procurement waivers	Staffing							
		Any expenditure approval must be within funding limits of approved budgets. Approval limits are cumulative, and therefore higher level approval limits must be supported by lower level approvals. Executive Directors and Directors, Area Directors, and Hospital Care Directors to determine scheme of delegation within their structures.													
	Budget transfers between Corporate Departments, Area Teams or Hospital Teams(Virements)	Individual orders / requisitions / annual order value or total contract value (unless otherwise noted)	Healthcare agreements (NHS and Private sector)(annual value) (Primary Care contracts approved by Board)	Building and engineering orders; related consultancy support(individual contractual commitment)	Medical devices; plant; machinery; related consultancy support(individual contractual commitment)	IM&T; telecoms systems; software; related consultancy (individual contractual commitment)	Property or equipment leases(granting or termination of leases; annual value)	External consultancy support (total contract value for duration of service)	Losses / Special Payments (Terminations only approved by Exec Director of W&OD; VERS require RATS Committee)	New drugs (value based on annual costs)	Locally held funds(total funding bid value)	General funds(total funding bid value)	All values	New posts (additional establishments)	Agency and Waiting List Initiatives (all values)
Medicines Management Group										All new drugs, unless cheaper than existing					
* Agency and Waiting List Initiatives must generally be approved in advance. However, in exceptional circumstances when staff are required out of hours, they can be approved retrospectively.															

This scheme only relates to matters delegated by the Board to the Chief Executive and Directors, together with certain other specific matters referred to in Standing Financial Instructions. Each Director is responsible for delegation within their department. They should produce an Operational Scheme of Delegation and Authorisation for matters within their department, which should also set out how departmental budget and procedures for approval of expenditure are delegated.

Grace Lewis-Parry

Grace Lewis-Parry

Board Secretary

18 July 2019

Planning and Performance Updated Operational SoRD 2019 v0.01 draft

SECTION 2: SCHEME OF DELEGATION TO EXECUTIVE DIRECTORS, OTHER DIRECTORS AND OFFICERS

The LHB Standing Orders and Standing Financial Instructions specify certain key responsibilities of the Chief Executive, the Executive Director of Finance and other officers. The Chief Executive's Job Description, together with their Accountable Officer Memorandum sets out their specific responsibilities, and the individual job descriptions determined for Executive Director level posts also define in detail the specific responsibilities assigned to those post holders. These documents, together with the schedule of additional delegations below and the associated financial delegations set out in the Standing Financial Instructions form the basis of the LHB's Scheme of Delegation to Officers.

Delegated Matter	Table Reference No.
STANDING ORDERS/STANDING FINANCIAL INSTRUCTIONS	1
MEETINGS	2
FINANCIAL PLANNING/BUDGETARY RESPONSIBILITY	3
BANK/PGO ACCOUNTS (EXCLUDING CHARITABLE FUND ACCOUNTS)	4
EXTERNAL BORROWING	5
NON PAY EXPENDITURE	6
STORES AND RECEIPT OF GOODS	7
CAPITAL INVESTMENT MANAGEMENT	8
QUOTATIONS, TENDERING & CONTRACT PROCEDURES	9
FIXED ASSETS	10
PERSONNEL & PAY	11
ENGAGEMENT OF STAFF (NOT ON THE ESTABLISHMENT)	12
CHARITABLE FUNDS HELD ON LHB	13
PRIMARY CARE PATIENT SERVICES/HEALTHCARE AGREEMENTS	14
INCOME SYSTEMS, FEES & CHARGES	15
DISPOSAL AND CONDEMNATIONS	16
LOSSES, WRITE-OFFS & COMPENSATION AND EX-GRATIA PAYMENTS	17
REPORTING INCIDENTS TO THE POLICE	18
FINANCIAL PROCEDURES	19
AUDIT ARRANGEMENTS	20
LEGAL PROCEEDINGS	21
INSURANCE POLICIES AND RISK MANAGEMENT	22
CLINICAL AUDIT	23
PATIENTS' PROPERTY	24
PATIENTS & RELATIVES COMPLAINTS	25
SEAL	26
GIFTS & HOSPITALITY	27
DECLARATION OF INTERESTS	28
INFORMATICS AND THE DATA PROTECTION ACT	29
RECORDS	30
AUTHORISATION OF NEW DRUGS	31
AUTHORISATION OF RESEARCH PROJECTS	32
AUTHORISATION OF CLINICAL TRIALS	33
INFECTIOUS DISEASES & NOTIFIABLE OUTBREAKS	34

Delegated Matter	Table Reference No.
REVIEW OF FIRE PRECAUTIONS	35
HEALTH & SAFETY	36
MEDICINES INSPECTORATE REGULATIONS	37
ENVIRONMENTAL REGULATIONS	38
LEGAL & RISK PAYMENTS	39
INVESTIGATION OF FRAUD/CORRUPTION OR FINANCIAL IRREGULARITIES	40
COMMERCIAL SPONSORSHIP	41
COSTS/NOTIONAL RENT/THIRD PARTY DEVELOPER/IMPROVEMENT GRANTS	42
FREEDOM OF INFORMATION	43
COMPLIANCE LEAD ROLES: CALDICOTT GUARDIAN, DPO, SIRO	44
EMERGENCY PLANNING	45
NHS ACT 2006 (WALES) SECTION 33 AGREEMENTS	46
STATUTORY COMPLIANCE WITH RESPECTIVE LEGISLATION	47
APPOINTMENT OF MEDICAL & DENTAL CONSULTANT POSTS	48
INDIVIDUAL PATIENT FUNDING REQUESTS	49
CARBON REDUCTION COMMITMENT ORDER	50
HUMAN TISSUE ACT 2004	51
IONISING RADIATION (MEDICAL EXPOSURE) REGULATIONS 2017 [IR(ME)R]	52
NURSE STAFFING LEVELS (WALES) ACT 2016	53

Schedule 1

SCHEME OF RESERVATION AND DELEGATION OF POWERS

WEST AREA

Table A – Scheme of Delegation to Officers

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
1. Standing Orders / Standing Financial Instructions			
a) Final authority in interpretation of Standing Orders	Chair	Chair	Area Director
b) Notifying Directors, employees and agents of their responsibilities within the Standing Orders and Standing Financial Instructions and ensuring that they understand the responsibilities	Executive Director of Finance/Board Secretary	Directors	Area Director/ Area CFO
c) Responsibility for the security of the LHB's property, avoiding loss, exercising economy and efficiency in using resources and conforming with Standing Orders, Financial Instructions and financial procedures	Executive Director of Finance	Directors	Area Director
d) Ensuring Standing Orders are compatible with Welsh Government requirements re building and engineering contracts	Chief Executive	Executive Director of Planning & Performance	Area Director
2. Meetings			
a) Calling meetings of the LHB	Chair	Board Secretary	N/A
b) Chair all LHB Board meetings and associated responsibilities	Chair or Vice Chair in Chair's absence	Chair or Vice Chair in Chair's absence	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
3. Financial Planning/Budgetary Responsibility			
a) Setting: Submit Three Year Plan and Annual Operating Plan to the LHB Board	Chief Executive	Executive Director of Planning & Performance	Area Director
Submit budgets to the LHB Board	Chief Executive	Executive Director of Finance	Area CFO
Submit to Board financial estimates and forecasts	Chief Executive	Executive Director of Finance	Area CFO
b) Implementing financial policies, plans and procedures, providing advice and co-ordinating any corrective action necessary	Executive Director of Finance	Finance Director (Operational)	Area CFO
c) Issuing Budgets	Executive Director of Finance	Finance Director (Operational)	Area CFO
d) Monitoring: Monitor performance against budget	Executive Director of Finance	Directors	Area CFO
Submit monitoring returns	Chief Executive	Executive Director of Finance	Area CFO
Effective budgetary control and a balanced budget	Executive Director of Finance	Directors	Area CFO
Preparation of annual accounts and returns	Executive Director of Finance	Executive Director of Finance	Area CFO
Identifying and implementing cost improvements and income generation initiatives	Executive Director of Finance	Directors	Area Director
e) Authorisation of Virement It is not possible for any officer other than the Executive Director of Finance to vire from non-recurring headings to recurring budgets <u>or</u> from capital to revenue/revenue to capital. Virement <u>between</u> different budget holders (Directors) requires the agreement of <u>both</u> parties <u>and</u> the Executive Director of Finance	Please refer to Table B – Delegated Limits		Area CFO

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
f) Maintaining an effective system of internal financial control	Chief Executive	Executive Director of Finance	Area CFO
g) Delivery of financial training to budget holders (Directors)	Executive Director of Finance	Finance Director (Operational)	Area CFO
4. Bank/PGO Accounts (Excluding Charitable Fund Accounts)			
a) Operation: Managing banking arrangements and operation of bank accounts	Executive Director of Finance	Finance Director (Operational)	N/A
Opening bank accounts	Executive Director of Finance	Finance Director (Operational)	N/A
Authorisation of transfers between LHB bank accounts	Executive Director of Finance	Finance Director (Operational)	N/A
Authorisation of: -PGO/GBS Schedules -BACS Schedules -Automated cheque schedules -Manual cheques	Executive Director of Finance	Finance Director (Operational)	N/A
b) Investments: Investment of surplus funds in accordance with the LHB's investment policy	Executive Director of Finance	Finance Director (Operational)	N/A
5. External Borrowing			
a) Advise LHB Board of the requirements to meet payment of interest and originating capital debt	Executive Director of Finance	Finance Director (Operational)	N/A
b) Application for loan(s) and overdrafts	Executive Director of Finance	Finance Director (Operational)	N/A
c) Preparation of procedural instructions	Executive Director of Finance	Finance Director (Operational)	N/A
6. Non Pay Expenditure			
For details of Delegated Limits please refer			

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
to Table B			
a) Completion of an Operational Scheme of Delegation and Authorisation by each Budget Holder ensuring maintenance of a list of officers authorised to place requisitions/orders (including emergency verbal orders) and record receipts within the E-Financials Business Suite.	Executive Director of Finance	Directors	Area Director (see table B)
b) Obtain the best value for money when requisitioning goods/services	Executive Director of Finance	Directors	Area CFO
c) Ensuring expenditure is within budget	Chief Executive	Directors	Area Director
d) Non-Pay Expenditure for which no specific budget has been set up and which is not subject to funding under delegated powers of virement	Chief Executive	Executive Director of Finance	Area CFO
e) Orders exceeding 12 month period	Executive Director of Finance	Finance Director (Operational)	Area CFO
f) Prompt payment of accounts	Executive Director of Finance	Executive Director of Finance	Area CFO
g) Financial Limits	Please refer to Table B – Delegated Limits		See Table B
h) Maintenance of sufficient records to explain the LHB's transactions and report on the LHB's financial position	Executive Director of Finance	Executive Director of Finance	Area CFO
i) Approval of visits at a supplier's expense	Executive Director of Finance	Executive Directors	Area CFO
j) Provision of electronic signatures within the E-Financials Business Suite in accordance with each Budget Holder's Operational Scheme of Delegation and Authorisation	Executive Director of Finance	Finance Director (Operational)	Area CFO
7. Stores and Receipt of Goods			

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
a) Responsibility for the systems of financial control over all stores including receipt of goods and returns	Executive Director of Finance	Directors	Area CFO
b) Responsibility for the control of stores and receipt of goods, issues and returns: All stores (excluding pharmaceutical, fuel, oil and coal – see following)	Executive Director of Finance	Directors	Area CFO
Pharmaceutical Stores	Executive Medical Director	Chief Pharmacist	Head of Medicines Management
Fuel, oil and coal stocks	Executive Director of Planning & Performance	Director of Estates & Facilities	N/A (Director of Estates)
c) Stocktaking arrangements	Executive Director of Finance	Directors	Area CFO
8. Capital Investment Management			
For details of Delegated Limits for Delegated Matter 8d, please refer to Table B – Leases. In accordance with Welsh Government guidance:			
a) Programme:			
Preparation of Capital Investment Programme	Chief Executive	Executive Director of Planning & Performance	Area Director
Completion and signing off of a business case for approval	Chief Executive/ Executive Director of Finance	Executive Director of Planning & Performance	Area Director
Appointment of Project Directors	Chief Executive	Executive Director of Planning & Performance with support from relevant Directors	Area Director
Financial monitoring and reporting on all capital scheme expenditure	Executive Director of	Executive Director of	N/A (DoF)

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
including variations to contract	Planning & Performance	Finance/Executive Director of Planning & Performance with support from relevant Directors.	
Issuing of guidance on management of capital schemes	Executive Director of Planning & Performance	Executive Director of Finance/Executive Director of Planning & Performance	N/A (DoS)
b) Contracting – Selection of 3 rd party developers, architects, quantity surveyors, consultant engineers and other professional advisors within EC regulations and LHB tender procedures	Chief Executive	Executive Director of Planning & Performance	Area CFO
c) Private Finance – Demonstrate that the use of private finance represents best value for money and transfers risk to the private sector	Chief Executive	Executive Director of Finance	N/A
d) Leases – Granting and termination of leases	Chief Executive	Executive Director of Planning & Performance/Executive Director of Finance	Area Director
e) Financial control and audit- Arrangements are in place to review building and engineering contracts and property transactions comply with Welsh Government guidance.	Chief Executive	Executive Director of Finance with Executive Director of Planning & Performance responsible for the technical audit of the contracts.	N/A (Director of Estates)
9. Quotations, Tendering & Contract Procedures For details of Delegated Limits, please refer to Table B – Quotations/Tenders.			
a) Services:			

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
Best value for money is demonstrated for all services provided under contract or in-house	Chief Executive	Directors	Area CFO
Nominate officers to oversee and manage the contract on behalf of the LHB	Chief Executive	Directors	Area Director
b) Quotations – Total value of the contract over its entire period:			
Seeking quotations up to £5,000 in value	Executive Director of Finance (per SFI 11.7.1)	For details of delegated limits, please refer to Table B	Area CFO
Obtaining minimum of 3 written quotations for goods/services of value between £5,000 and £25,000	Chief Executive (per SFI 11.1.2)	For details of delegated limits. Please refer to Table B	Area CFO
c) Competitive Tenders – Total value of the contract over its entire period:			Area CFO
Obtaining a minimum of 4 written competitive tenders for goods/services of value between £25,000 and the OJEU threshold (in compliance with EC Directives as appropriate)	Chief Executive	For details of delegated limits, please refer to Table B	Area CFO
Obtaining a minimum of 5 written competitive tenders for goods/services of a value in excess of the OJEU threshold (in compliance with EC Directives as appropriate)	Chief Executive	For details of delegated limits, please refer to Table B	Area CFO
Receipt and custody of tenders prior to opening	Chief Executive	Executive Director of Finance	Area CFO
Opening Tenders and Quotations	Chief Executive	Executive Director of Finance	Area CFO
Decide if late tenders should be considered	Chief Executive	Executive Director of Finance	Area CFO
d) Waiving the requirement to request quotes or tenders – subject to SFI Schedule 1 Para.	Chief Executive	Chief Executive/nominated deputy	Area Director

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
4.2 & 4.3 – Formally reported to the Audit Committee		(Board Secretary or Executive Director of Finance). Where the budget holder requesting the waiver is the Chief Executive/Board Secretary/Executive Director of Finance, they cannot approve their own waiver and must seek approval from one of the other two delegated officers.	
10. Fixed Assets			
a) Maintenance of asset register	Chief Executive	Executive Director of Finance supported by relevant Director	Area Director where relevant
b) Calculate and pay capital charges in accordance with Welsh Government requirements	Executive Director of Finance	Executive Director of Finance	N/A (DoF)
c) Responsibility for fixed assets – Land & Buildings	Chief Executive	Executive Director of Planning & Performance	N/A (Director of Estates)
d) Responsibility for all other fixed assets (Plant, Machinery, Transport, IT assets including software, Furniture & Fittings)	Chief Executive	Directors	Area Director where relevant only (Director of Estates, IM&T)
e) Responsibility for security of LHB assets including notifying discrepancies to the Director of Finance and reporting losses in accordance with LHB procedures	Chief Executive	Directors	N/A (Director of Estates)

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
11. Personnel & Pay			
a) Nominate officers to enter into contracts of employment regarding staff, agency staff or consultancy service contracts in accordance with the "Policy for the Safe Recruitment and Selection Practices" together with accompanying guidance, particularly the need for pre-employment checks.	Chief Executive	Executive Director of Workforce & OD	Area Director
b) Approve the commencement of employment prior to all pre-employment checks being completed.	Executive Director of Workforce & OD	Executive Director of Workforce & OD	Area Director
c) Authority to fill funded post on the establishment with permanent staff.	Executive Director of Workforce & OD	Directors	Area Director
d) Authority to extend Locum appointments	Chief Executive	Interim Managing Directors, Mental Health Director and Area Directors for appointments over 12 months to 24 months. Executive Director of Nursing & Midwifery, Executive Director of Primary & Community Care, Executive Director of Therapies & Health Sciences and Executive Director of Workforce & OD/Director of MHL for appointments over 24 months to 36	Area Director

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
		months only.	
e) The granting of additional increments to staff within budget in accordance with Terms & Conditions of Service	Executive Director of Workforce & OD	Directors with advice from Executive Director of Workforce & OD	Area Director
f) All requests for upgrading/ regrading/ major skill mix changes shall be dealt with in accordance with LHB Procedure	Executive Director of Workforce & OD	Directors with advice from Executive Director of Workforce & OD	Area Director
g) Authority to agree acting up salaries for staff other than Executive Directors (Approval of acting up salaries for interim Executive Directors to be retained by Remuneration & Terms of Service Committee)	Chief Executive to agree acting up arrangements of Band 9 and above (Excluding Executive Directors)	Directors lead for acting up salaries up to Band 8d or equivalent.	Area Director
h) Establishments:			
Additional staff to the agreed establishment with specifically allocated finance	Chief Executive	Directors with approval from Executive Director of Finance	Area Director
Additional staff to the agreed establishment without specifically allocated finance.	Chief Executive	Executive Director of Finance	Area Director
Variation to the funded establishment	Chief Executive	Directors with approval from Executive Director of Finance	Area Director
i) Pay			
Authority to complete standing data forms effecting pay, new starters, changes and leavers	Executive Director of Workforce & OD	Directors	Area Director
Authority to complete and authorise timesheets and payroll returns	Executive Director of Workforce & OD	Directors	Area Director

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
Authority to authorise overtime	Executive Director of Workforce & OD	Directors	Area Director
Authority to authorise travel & subsistence expenses	Executive Director of Workforce & OD	Directors	Area Director
Maintenance of a list of managers authorised to sign payroll and travel expense documentation.	Executive Director of Workforce & OD	Directors	Area Director
j) Leave			
Approval of annual leave in accordance with LHB policy	Executive Director of Workforce & OD	Executive Director of Finance	Area Director
Carry over of annual leave in exceptional circumstances up to a maximum of 5 days	Executive Director of Workforce & OD	Directors	Area Director
Compassionate leave	Executive Director of Workforce & OD	Directors	Area Director
Special leave arrangements (to be applied in accordance with All Wales Policy)	Executive Director of Workforce & OD	Directors	Area Director
Leave without pay	Executive Director of Workforce & OD	Directors	Area Director
Medical Staff Leave of Absence – paid and unpaid	Executive Director of Workforce & OD	Directors	Area Medical Director
Consultants Special Leave	Executive Medical Director	Directors	Area Medical Director
Time off in lieu	Executive Director of Workforce and OD	Directors	Area Director
Maternity / Paternity Leave – paid and unpaid	Executive Director of Workforce & OD	Directors	Area Director

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
k) Annualised hours/flexible working hours system- maintenance of adequate records	Executive Director of Workforce & OD	Directors	Area Director
l) Sick Leave			
Extension of sick leave on half pay up to three months	Executive Director of Workforce & OD	Directors in conjunction with Executive Director of Workforce & OD	Area Director
Return to work part-time on full pay to assist recovery	Executive Director of Workforce & OD	Directors in conjunction with Executive Director of Workforce & OD	Area Director
Extension of sick leave on full pay	Executive Director of Workforce & OD	Directors in conjunction with Executive Director of Workforce & OD	Area Director
m) Study Leave			
Study leave outside the UK (non-medical staff excluding clinical staff)	Executive Director of Workforce & OD	Directors	Area Director
Medical staff study leave (UK)	Executive Medical Director/Executive Director of Workforce & OD/ Executive Director of Primary & Community Care	Directors	Area Medical Director
Consultant Medical Staff Leave (UK)	Executive Medical Director	Directors	Area Medical Director
All Medical and non-Medical Clinical Staff study leave outside the UK	Executive Medical Director/Executive	Directors	Area Director

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
	Director of Nursing & Midwifery/ Executive Director of Therapies & Health Science/ Executive Director of Primary & Community Care		
All other study leave (UK)	Executive Director of Workforce & OD	Directors	Area Director
n) Removal Expenses			
Authorisation of payment of removal expenses incurred by officers taking up new appointments (providing consideration was promised at interview)	Executive Director of Workforce & OD	Directors in accordance with BCU HB policy/approval from the Executive Director of Workforce & OD	Area Director
o) Grievance Procedure	Executive Director of Workforce & OD	Directors	Area Director
p) Professional Misconduct/Competence-Medical and Dental Staff	Executive Medical Director/Executive Director of Workforce & OD	Assistant Medical Directors supported by Workforce & OD	Area Medical Director
q) Suspension of Doctors employed directly by the LHB	Chief Executive	Executive Medical Director supported by Executive Director of Workforce & OD	Area Medical Director
r) Removal of Practitioner from the	Chief	Executive	Area Medical Director

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
Performers List	Executive	Medical Director supported by Executive Director of Workforce & OD and Executive Director of Primary & Community Care	
s) Requests for new posts to be authorised as car users	Executive Director of Finance	Directors	Area Director
t) Renewal of Fixed Term Contract	Executive Director of Workforce & OD	Directors	Area Director
u) Voluntary Early Release Scheme	Executive Director of Workforce & OD	Executive Director of Workforce & OD, with Executive Director of Finance for sign off of financial viability	Area Director
v) Settlement on termination of employment	Executive Director of Workforce & OD	Executive Director of Workforce & OD with approval from Welsh Government where the payment is Ex-gratia and exceeds the delegated limit of £50,000	Area Director
w) Ill Health Retirement Decision to pursue retirement on the grounds of ill-health following advice from Workforce & OD Department	Executive Director of Workforce & OD	Executive Director of Workforce & OD	Area Director
x) Disciplinary Procedure(excluding Executive Directors)	Executive Director of	Directors	Area Director

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
	Workforce & OD		
12. Engagement of Staff Not On the Establishment			
For details of Delegated Limits, please refer to Table B			
a) Non clinical Consultancy Staff	Executive Director of Finance	Director accountable for relevant service	Area Director
b) Medical Locum staff	Executive Medical Director	Director accountable for relevant service.	Area Director
c) Booking of Agency Nursing Staff	Executive Director of Nursing & Midwifery	Director accountable for relevant service	Area Director
d) Booking of Bank Staff:			
Nursing	Executive Director of Nursing & Midwifery	Director accountable for relevant service	Area Director
Other	Executive Director of Workforce & OD	Director accountable for relevant service	Area Director
13. Charitable Funds Held on Trust			
For details of Delegated Limits, Please refer to Table B			
a) Management: Funds held on Trust are managed appropriately	Executive Director of Finance	Directors	Area Director
b) Maintenance of authorised signatory list of Authorised Fund Holders	Executive Director of Finance	Executive Director of Finance	Area Director
c) Expenditure	Refer to Table B - Delegated Limits		Area Director
d) Fundraising Appeals –	Executive	Executive	Area CFO

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
Preparation/Monitoring/Reporting progress and performance	Director of Finance	Director of Finance	
e) Operation of Bank Accounts:			N/A
Managing banking arrangements and operation of bank accounts	Executive Director of Finance in conjunction with Corporate Trustees	Executive Director of Finance	N/A
Opening bank accounts	Board	Executive Director of Finance	N/A
f) Investments – Policy and Arrangements	Executive Director of Finance in conjunction with Corporate Trustees	Executive Director of Finance	N/A
g) Authority to accept the discharge of a donor's estate	Executive Director of Finance	Executive Director of Finance	N/A
14. Primary Care Patient Services/ Healthcare Agreements			
For details of Delegated Limits, please refer to Table B – Healthcare Agreements			
a) Contract negotiation and provision of service agreements	Executive Director of Finance / Executive Director of Primary & Community Care	Executive Director of Planning & Performance	Area CFO
b) Reporting actual and forecast contract income	Executive Director of Finance	Executive Director of Finance	Area CFO
c) Pricing of all contracts and SLAs	Executive Director of Finance	Executive Director of Finance with relevant Director	Area CFO

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
d) Signing agreements	Chief Executive	Chief Executive or Executive Director of Finance in Chief Executive's absence/Executive Director of Primary & Community Care for all primary care related agreements	Area Director
15. Income Systems, Fees and Charges			
a) Private Patients, Overseas Visitors, Income Generation and other patient related services	Executive Director of Finance	Executive Director of Finance	Area CFO
b) Pricing of NHS agreements	Executive Director of Finance	Assistant Directors of Finance	Area CFO
c) Informing the Director of Finance of monies due to the LHB	Executive Director of Finance	Directors	Area CFO
d) Recovery of debt	Executive Director of Finance	Executive Director of Finance	Area CFO
e) Security of cash and other negotiable instruments	Executive Director of Finance	Executive Director of Finance and all Directors	Area CFO
f) Designing, maintaining and ensuring compliance with systems for the proper recording, invoicing, collection and coding of all monies due	Executive Director of Finance	Director of Finance (Operational)	Area CFO
g) Non patient care income	Executive Director of Finance	Executive Director of Finance	Area CFO
16. Disposal and Condemnations			
Disposal of all property and land require formal approval by the			

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
Cabinet Secretary for Health, Well-Being & Sport			
a) Issuing procedure for the disposal of assets obsolete, obsolescent, redundant, irreparable or cannot be repaired cost effectively	Executive Director of Finance	Executive Director of Finance/Executive Director of Planning & Performance	Area CFO
b) Notification to Director of Finance prior to disposal	Executive Director of Finance	Directors	Area CFO
17. Losses, Write-offs & Compensation			
a) Prepare procedures for recording and accounting for losses and special payments including preparation of a fraud response plan and informing Counter Fraud Operational Services of frauds.	Chief Executive	Executive Director of Finance	Area CFO
b) Losses of cash due to theft, fraud, overpayment of salaries, fees, allowances & other causes up to £50,000	Chief Executive	Executive Director of Finance	Area CFO
c) Fruitless payments (including abandoned Capital Schemes) up to £250,000	Chief Executive	Executive Director of Finance	Area Director
d) Bad debts and claims abandoned: Private patients; overseas visitors & other cases up to £50,000	Chief Executive	Executive Director of Finance	Area CFO
e) Damage to buildings, their fittings, furniture and equipment and loss of equipment and property in stores and in use due to: Culpable causes (e.g. fraud, theft, arson) or other up to £50,000	Chief Executive	Executive Director of Finance	Area CFO
f) For personal and public liability claims, under the Legal & Risk scheme, authorisation from Legal & Risk is required before admissions may be made and monetary compensation offered. (Ex-gratia settlements offered by the LHB are by definition not payments based upon legal liability and are, therefore, not	Chief Executive	Executive Director of Nursing & Midwifery supported by the relevant Director after seeking appropriate legal advice,	Area Director

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
reimbursable under the WRP scheme)		up to a max £150,000	
g) Compensation payments made under legal obligation:	Chief Executive	Chief Executive, Executive Director of Finance or Executive Director of Nursing & Midwifery	Area Director
h) Extra contractual payments to contractors – Up to £50,000 as specified within the Losses and Special Payments Manual of Guidance	Chief Executive	Executive Director of Finance with reporting to the Audit Committee	Area CFO
17.1 Ex-Gratia Payments:			
a) Patients and staff for loss of personal effects up to £50,000	Chief Executive	Executive Director of Finance- Refer to Finance Policy on Losses and Special Payments	Area Director
b) For clinical negligence up to £250,000 (negotiated settlements)*. Report to Board > £50,000 (see also table B para.15)	Chief Executive	Executive Director of Finance/Executive Director of Nursing & Midwifery	Area Director
c) For clinical negligence over £250,000 and up to £1,000,000* (negotiated settlements). Report to Board > £50,000 (see also table B para.15)	Chair	Chief Executive/ Executive Director of Finance/Executive Director of Nursing & Midwifery	Area Director
d) For personal injury claims involving negligence where legal advice has been obtained and guidance applied up to £250,000 (including plaintiff's costs) Report to Board > £50,000	Chief Executive	Chief Executive/ Executive Director of Finance/Executive Director of Workforce & OD/ Executive Director of	Area Director

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
		Nursing & Midwifery	
e) For personal injury claims involving negligence where legal advice has been obtained and guidance applied up to £1,000,000 Report to Board > £50,000*	Board	Chief Executive/Executive Director of Finance/Executive Director of Nursing & Midwifery	Area Director
f) Other, except cases for maladministration where there was no financial loss by claimant, up to £50,000	Chief Executive	Executive Director of Finance/Executive Director of Nursing & Midwifery	Area Director
* For all clinical negligence and personal injury cases(including Court cases) the use of structured settlements should be considered involving costs to the NHS of £250,000 or more – All structured settlements require approval from the Welsh Government			
18. Reporting of Incidents to the Police			
a) Where a criminal offence is suspected			
Criminal offence of a sexual or violent nature	Chief Executive	Executive Director of Workforce & OD	Area Director
Arson or theft	Executive Director of Planning & Performance	Director of Estates & Facilities	Area Director
Other	Executive Director of Planning & Performance	Director of Estates & Facilities	Area Director
19. Financial Procedures			
a) Maintenance & Update of LHB Financial Procedures	Executive Director of Finance	Executive Director of Finance	Area CFO
20. Audit Arrangements			

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
a) Review, appraise and support in accordance with Internal Audit standards for NHS Wales and best practice	Chair of the Audit Committee	Board Secretary/Head of Internal Audit	Area Director
b) Provide an independent and objective view on internal control and probity	Chief Executive	Head of Internal Audit/Wales Audit Office	Area Director
c) Ensure Cost-effective external audit	Chair of Audit Committee	Executive Director of Finance	N/A
d) Ensure an adequate internal audit service	Chief Executive	Board Secretary	N/A
e) Implement recommendations	Chief Executive	All relevant Directors	Area Director
21. Legal Proceedings			
a) Engagement of LHB's Solicitors	Chief Executive	Board Secretary for all Board related matters/Executive Director of Workforce & OD for all employment related matters/Executive Director of Planning & Performance for all estate related matters/Executive Director of Primary & Community Care for all Primary Care related matters.	Area Director
b) Approve and sign all documents which will be necessary in legal proceedings	Chief Executive	Any Director of the Board or an officer formally nominated by the Chief Executive	Area Director

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
c) Sign on behalf of the LHB any agreement or document not requested to be executed as a deed	Chief Executive	Any Director of the Board or an officer formally nominated by the Chief Executive	Area Director
22. Insurance Policies and Risk Management	Chief Executive	Executive Director of Finance/Board Secretary	Area Director (where relevant)
23. Clinical Audit	Chief Executive	Executive Medical Director	Area Medical Director
24. Patients' Property (in conjunction with financial advice)			
For details of Delegated Limits, please refer to Table B – Petty Cash/Patients Monies			
a) Ensuring patients and guardians are informed about patients' monies and property procedures on admission	Executive Director of Nursing & Midwifery	Directors	Area Director
b) Prepare detailed written instructions for the administration of patients' property	Executive Director of Nursing & Midwifery	Executive Director of Finance	Area Director
c) Informing staff of their duties in respect of patients' property	Executive Director of Nursing & Midwifery	Directors	Area Director
d) Issuing property valued >£5,000 only on production of a probate letter of administration	Executive Director of Finance	Executive Director of Finance	Area Director
25. Patients & Relatives Complaints			
a) Overall responsibility for ensuring that all complaints are dealt with effectively	Chief Executive	Executive Director of Nursing & Midwifery	Area Director
b) Responsibility for ensuring complaints are investigated thoroughly	Chief Executive	Executive Director of Nursing &	Area Director

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
		Midwifery	
c) Medical – Legal Complaints Co-ordination of their management	Chief Executive	Executive Director of Nursing & Midwifery	Area Director
26. Seal			
a) The keeping of a register of seal and safekeeping of the seal	Chief Executive	Board Secretary	N/A
b) Attestation of seal in accordance with Standing Orders	Chief Executive/Chair	Board Secretary	N/A
27. Gifts and Hospitality			
a) Keeping of gifts and hospitality register	Chief Executive	Board Secretary	Area Director
28. Declaration of Interests			
a) Maintaining a register	Chief Executive	Board Secretary	Area Director
29. Informatics and the Data Protection Act			
a) Review of LHB's compliance with the Data Protection Act	Chief Executive	Board Secretary	Area Director
b) Responsibility for Informatics policy and strategy	Executive Medical Director	Chief Information Officer	N/A
c) Responsibility for ensuring that adequate management (audit) trails exist in Informatics systems	Executive Medical Director	Chief Information Officer	N/A
30. Records			
a) Review LHB's compliance with the Retention of Records Act and guidance	Chief Executive	Board Secretary / Executive Medical Director	Area Director
b) Approval for the destruction of records	Chief Executive	Board Secretary / Executive Medical Director	Area Director
c) Ensuring the form and adequacy	Executive	Executive	Area Director

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
of the financial records of all departments	Director of Finance	Director of Finance	
31. Authorisation of New Drugs	Chief Executive	Executive Medical Director on the advice of the appropriate professional bodies	Area Assistant Director of Medicines Management
32. Authorisation of Research Projects	Executive Medical Director	Director of Research & Development	Area Medical Director
33. Authorisation of Clinical Trials	Chief Executive	Executive Medical Director	Area Medical Director
34. Infectious Diseases & Notifiable Outbreaks	Chief Executive	Executive Director of Public Health	Area Medical Director
35. Review of Fire Precautions	Chief Executive	Executive Director of Planning & Performance	N/A (Director of Estates)
36. Health & Safety			
Review of all statutory compliance legislation and Health and Safety requirements including control of Substances Hazardous to Health Regulations	Chief Executive	Executive Director of Workforce & OD	N/A (Director of Estates)
37. Medicines Inspectorate Regulations			
Review Regulations Compliance	Chief Executive	Executive Medical Director supported by Chief Pharmacist	Area Medical Director
38. Environmental Regulations			

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
Review of compliance with environmental regulations, for example those relating to clean air and waste disposal	Chief Executive	Executive Director of Planning & Performance	N/A (Director of Estates)
39. Legal & Risk Payments	Chief Executive	Executive Director of Nursing & Midwifery/Executive Director of Finance	Area Director
40. Investigation of Fraud/Corruption or Financial Irregularities	Executive Director of Finance	Lead Local Counter Fraud Specialist	Area Director
41. Commercial Sponsorship			
Agreement to proposal in accordance with BCU HB procedures	Chief Executive	Executive Director of Finance	Area CFO
42. Cost/Notional Rent/Third Party Developer/Improvement Grants			
Approval of all schedules of payments	Chief Executive	Executive Director of Primary & Community Care	Area Director
Submission to Welsh Government for all new GP premises or major extensions in accordance with BCU HB Primary Care Estates Strategy	Chief Executive	Executive Director of Primary & Community Care	Area Director
43. Freedom of Information	Chief Executive	Board Secretary	Area Director
44. Compliance Lead Roles:			
a) Caldicott Guardian	Executive Medical Director	Senior Associate Medical Director	Area Medical Director
b) Data Protection Officer	Chief Executive	Assistant Director of	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
c) Senior Information Risk Owner	Chief Executive	Information Governance and Assurance Board Secretary	N/A
45. Emergency Planning & Major Incidents – Civil Contingencies Act (Category 1 Responder)	Chief Executive	Executive Director of Planning & Performance	Area Director
46. National Health Services (Wales) Act 2006 Section 33 Agreements: Arrangements between NHS Bodies and Local Authorities	Chief Executive	Executive Director of Finance	Area Director
47. Statutory compliance with respective Legislation	Chief Executive	Board Secretary	Area Director
48. National Health Service (Appointment of Consultants) (Wales) (Amendment) Regulations 2005 (Statutory Instrument 2005: 3039) Appointment of all Medical and Dental Consultant posts. Consultant posts within Public Health that are open to both medically qualified and those qualified in other disciplines other than medicine should follow this process, even though they fall outside of the requirements of the Statutory Instrument.	Chief Executive	Board level directors	Area Medical Director
49. All Wales Policy: Making Decisions on Individual Patient Funding Requests (IPFR)	Chief Executive	WHSSC IPFR Panel £300,000 to £1,000,000; Chief Executive up to £299,999; Chair and Vice Chair of Health Board IPFR Panel together sign up to £125,000	Area Director
* The IPFR Panel cannot make policy decisions for the health			

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
board. Any policy proposals arising from their considerations and decisions must be reported to the Health Board Quality, Safety & Experience Committee			
50. Carbon Reduction Commitment Order (Phase 2) Agency Registration	Chief Executive	Executive Director of Planning and Performance	N/A (Director of Estates)
51. Human Tissue Act 20014	Chief Executive	Executive Director of Therapies & Health Sciences	Area Director
52. Ionising Radiation (Medical Exposure) Regulations 2017	Chief Executive	Executive Director of Therapies & Health Sciences	Area Director
53. Nurse Staffing Levels Act (Wales) 2016	Chief Executive	Executive Director of Nursing & Midwifery	Area Director / Area Nurse Director

Table B – Scheme of Financial Delegation

Financial Limits are subject to funding available within relevant budget(s) and are inclusive of VAT irrespective of recovery arrangements.

All purchases must ensure compliance with Standing Financial Instruction Schedule 1 -

Procurement of Works, Goods and Services with regard to the required quotation or Tendering exercise.

	Budget changes	General expenditure	Healthcare agreements	Capital (Business Case and Contractual Commitment approvals)			Specialist				Charitable Funds		Procurement waivers	Staffing	
		Any expenditure approval must be within funding limits of approved budgets. Approval limits are cumulative, and therefore higher level approval limits must be supported by lower level approvals. Executive Directors and Directors, Area Directors, and Hospital Care Directors to determine scheme of delegation within their structures.													
	Budget transfers between Corporate Departments, Area Teams or Hospital Teams(Virements)	Individual orders / requisitions / annual order value or total contract value (unless otherwise noted)	Healthcare agreements (NHS and Private sector)(annual value) (Primary Care contracts approved by Board)	Building and engineering orders; related consultancy support(individual contractual commitment)	Medical devices; plant; machinery; related consultancy support(individual contractual commitment)	IM&T; telecoms systems; software; related consultancy (individual contractual commitment)	Property or equipment leases(granting or termination of leases; annual value)	External consultancy support (total contract value for duration of service)	Losses / Special Payments (Terminations approved by Exec.Director of W&OD; VERS by RATS C'ttee)	New drugs (value based on annual costs)	Locally held funds(total funding bid value)	General funds(total funding bid value)	All values	New posts (additional establishm't)	Agency and Waiting List Initiatives (all values)
WG (In advance of contract planning)	No requirement	£1m plus	£1m plus (Private sector)	£1m plus	£1m plus	£1m plus	No requirement	£1m plus	See Manual of Guidance for losses and SFIs, as special rules apply for certain losses and ex gratia payments.	No requirement	No requirement	No requirement	No requirement	No requirement	No requirement
Board following Chief Executive approval	£1m plus	£1m plus	Over £10m approved in advance, below £10m retrospectively reported. Over £1m for Private sector.	£1m plus	£1m plus	£1m plus	£0.5m plus or any which need signing under seal (Reservation of Power, Number 33)	£0.5m plus		£1m plus	No requirement	No requirement	No requirement	No requirement	No requirement
Audit Committee													Retrospective reporting		
Charitable Funds Committee (all Executives can authorise use of charitable funds up to £5k)											Over £5k (Up to £25k scrutinised by CF Advisory Group)	Over £5k (Up to £25k scrutinised by CF Advisory group)			
CEO through Executive Team	£0.5m to £1m	£0.5m to £1m	New or contract variation to £10.0m.	£0.5m to £1m	£0.5m to £1m	£0.5m to £1m	£250k to £0.5m	£250k to £0.5m	£0.5m to £1.0m	£0.5m to £1.0m	Up to £5k	Up to £5k	As escalated by DoF	Can approve new posts across LHB	No requirement
Any 2 of CEO, Director of P&P and DoF (must include DoF)		Up to £0.5m	New or contract variation to £5.0m (to £1m for Private sector).					Up to £250k		Up to £0.5m			As escalated by DoF		
Executive Director of Finance	Up to £0.5m	Up to £250k		Up to £0.5m	Up to £0.5m	Up to £0.5m	Up to £250k	Up to £100k	Up to £0.5m		Up to £5k	Up to £5k	As escalated by FD: OF	Can approve new posts within own structure.	Must approve in advance in own structure.

	Budget changes	General expenditure	Healthcare agreements	Capital (Business Case and Contractual Commitment approvals)			Specialist				Charitable Funds		Procurement waivers	Staffing	
		Any expenditure approval must be within funding limits of approved budgets. Approval limits are cumulative, and therefore higher level approval limits must be supported by lower level approvals. Executive Directors and Directors, Area Directors, and Hospital Care Directors to determine scheme of delegation within their structures.													
	Budget transfers between Corporate Departments, Area Teams or Hospital Teams(Virements)	Individual orders / requisitions / annual order value or total contract value (unless otherwise noted)	Healthcare agreements (NHS and Private sector)(annual value) (Primary Care contracts approved by Board)	Building and engineering orders; related consultancy support(individual contractual commitment)	Medical devices; plant; machinery; related consultancy support(individual contractual commitment)	IM&T; telecoms systems; software; related consultancy (individual contractual commitment)	Property or equipment leases(granting or termination of leases; annual value)	External consultancy support (total contract value for duration of service)	Losses / Special Payments (Terminations approved by Exec.Director of W&OD; VERS by RATS C'ttee)	New drugs (value based on annual costs)	Locally held funds(total funding bid value)	General funds(total funding bid value)	All values	New posts (additional establishm't)	Agency and Waiting List Initiatives (all values)
Executive Directors, Board Secretary, Director of Mental Health and Learning Disabilities (unless noted below)		Up to £250k						Up to £100k					Waivers must be approved by FD: OF and Exec.Director of Finance or Chief Executive if escalated by FD: OF	Can approve new posts within own structure.	Must approve in advance in own structure.
Executive Director of Primary Cty Care		Up to £250k						Up to £100k						Can approve new posts within own structure.	Must approve in advance in own structure.
Executive Director of Planning & Performance		Up to £250k		Up to £0.5m	Up to £0.5m		Up to £250k	Up to £100k						Can approve new posts within own structure.	Must approve in advance in own structure.
Executive Medical Director		Up to £250k				Up to £0.5m		Up to £100k						Can approve new posts within own structure.	Must approve in advance in own structure.
Executive Director of W&OD		Up to £250k						Up to £100k	Terminations up to £50k (over this to WG)					Can approve new posts within own structure.	Must approve in advance in own structure.
Executive Director of Nursing & Midwifery		Up to £250k						Up to £100k	Up to £150k					Can approve new posts within own structure.	Must approve in advance in own structure.

	Budget changes	General expenditure	Healthcare agreements	Capital			Specialist				Charitable Funds		Procurement waivers	Staffing	
		Any expenditure approval must be within funding limits of approved budgets. Approval limits are cumulative, and therefore higher level approval limits must be supported by lower level approvals. Executive Directors and Directors, Area Directors, and Hospital Care Directors to determine scheme of delegation within their structures.													
	Budget transfers between Corporate Departments, Area Teams or Hospital Teams(Virements)	Individual orders / requisitions / annual order value or total contract value (unless otherwise noted)	Healthcare agreements (NHS and Private sector)(annual value) (Primary Care contracts approved by Board)	Building and engineering orders; related consultancy support(individual contractual commitment)	Medical devices; plant; machinery; related consultancy support(individual contractual commitment)	IM&T; telecoms systems; software; related consultancy (individual contractual commitment)	Property or equipment leases(granting or termination of leases; annual value)	External consultancy support (total contract value for duration of service)	Losses / Special Payments (Terminations only approved by Exec Director of W&OD; VERS require RATS Committee)	New drugs (value based on annual costs)	Locally held funds(total funding bid value)	General funds(total funding bid value)	All values	New posts (additional establishm't)	Agency and Waiting List Initiatives (all values)
Area Directors and Director of Mental Health & Learning Disabilities		Up to £250k	New or contract variation to £1.5m		Up to £250k			Up to £100k		Up to £100k, following Med Mgt Group	Up to £5k			Can approve new posts within own team.	As escalated by Direct Reports*
Area Medical Director															Medical staff*
Area Nurse Directors															Nurse or other staff*
Secondary Care Medical Director		Up to £150k			Up to £150k			Up to £150k			Up to £5k				Medical staff*
Secondary Care Nurse Director		Up to £150k			Up to £150k			Up to £150k			Up to £5k				Nurse or other staff*
Interim Managing Directors		Up to £150k			Up to £150k			Up to £50k			Up to £5k			Can approve new posts within own team.	As escalated by Direct Reports*
Director of Estates & Facilities		Up to £150K		Up to £150K	Up to £150K			Up to £50K							
Hospital: Assistant Medical Director															Medical staff*
Hospital: Assistant Nurse Director															Nurse or other staff*
Procurement (NWSSP)													All signed off by Procurement		

	Budget changes	General expenditure	Healthcare agreements	Capital			Specialist				Charitable Funds		Procurement waivers	Staffing	
		Any expenditure approval must be within funding limits of approved budgets. Approval limits are cumulative, and therefore higher level approval limits must be supported by lower level approvals. Executive Directors and Directors, Area Directors, and Hospital Care Directors to determine scheme of delegation within their structures.													
	Budget transfers between Corporate Departments, Area Teams or Hospital Teams(Virements)	Individual orders / requisitions / annual order value or total contract value (unless otherwise noted)	Healthcare agreements (NHS and Private sector)(annual value) (Primary Care contracts approved by Board)	Building and engineering orders; related consultancy support(individual contractual commitment)	Medical devices; plant; machinery; related consultancy support(individual contractual commitment)	IM&T; telecoms systems; software; related consultancy (individual contractual commitment)	Property or equipment leases(granting or termination of leases; annual value)	External consultancy support (total contract value for duration of service)	Losses / Special Payments (Terminations only approved by Exec Director of W&OD; VERS require RATS Committee)	New drugs (value based on annual costs)	Locally held funds(total funding bid value)	General funds(total funding bid value)	All values	New posts (additional establishm't)	Agency and Waiting List Initiatives (all values)
Deouty Director (Concerns)		Up to £75k							Up to £75k						
Deputy / Assistant Director Board Secretary		Up to £75k													
Assistant Director Primary Care		Up to £75k	Up to £75k		Up to £75k			Up to £75k			Up to £5k				
Assistant Director Community Hospital Services		Up to £75k	Up to £75k		Up to £75k			Up to £75k			Up to £5k				
Assistant Director Secondary Care		Up to £75k	Up to £75k		Up to £75k			Up to £75k			Up to £5k				
Head of Investigations and Redress									Up to £20k						
Claims Managers									Up to £5k						
Authorised fund holder (Charitable Funds)											Up to £5k				

	Budget changes	General expenditure	Healthcare agreements	Capital	Specialist	Charitable Funds	Procurement waivers	Staffing							
		Any expenditure approval must be within funding limits of approved budgets. Approval limits are cumulative, and therefore higher level approval limits must be supported by lower level approvals. Executive Directors and Directors, Area Directors, and Hospital Care Directors to determine scheme of delegation within their structures.													
	Budget transfers between Corporate Departments, Area Teams or Hospital Teams(Virements)	Individual orders / requisitions / annual order value or total contract value (unless otherwise noted)	Healthcare agreements (NHS and Private sector)(annual value) (Primary Care contracts approved by Board)	Building and engineering orders; related consultancy support(individual contractual commitment)	Medical devices; plant; machinery; related consultancy support(individual contractual commitment)	IM&T; telecoms systems; software; related consultancy (individual contractual commitment)	Property or equipment leases(granting or termination of leases; annual value)	External consultancy support (total contract value for duration of service)	Losses / Special Payments (Terminations only approved by Exec Director of W&OD; VERS require RATS Committee)	New drugs (value based on annual costs)	Locally held funds(total funding bid value)	General funds(total funding bid value)	All values	New posts (additional establishments)	Agency and Waiting List Initiatives (all values)
Medicines Management Group										All new drugs, unless cheaper than existing					
* Agency and Waiting List Initiatives must generally be approved in advance. However, in exceptional circumstances when staff are required out of hours, they can be approved retrospectively.															

This scheme only relates to matters delegated by the Board to the Chief Executive and Directors, together with certain other specific matters referred to in Standing Financial Instructions. Each Director is responsible for delegation within their department. They should produce an Operational Scheme of Delegation and Authorisation for matters within their department, which should also set out how departmental budget and procedures for approval of expenditure are delegated.

Grace Lewis-Parry

Grace Lewis-Parry

Board Secretary

18 July 2019

West Area Updated Operational SoRD 2019 v0.01 Draft

SECTION 2: SCHEME OF DELEGATION TO EXECUTIVE DIRECTORS, OTHER DIRECTORS AND OFFICERS

The LHB Standing Orders and Standing Financial Instructions specify certain key responsibilities of the Chief Executive, the Executive Director of Finance and other officers. The Chief Executive's Job Description, together with their Accountable Officer Memorandum sets out their specific responsibilities, and the individual job descriptions determined for Executive Director level posts also define in detail the specific responsibilities assigned to those post holders. These documents, together with the schedule of additional delegations below and the associated financial delegations set out in the Standing Financial Instructions form the basis of the LHB's Scheme of Delegation to Officers.

Delegated Matter	Table Reference No.
STANDING ORDERS/STANDING FINANCIAL INSTRUCTIONS	1
MEETINGS	2
FINANCIAL PLANNING/BUDGETARY RESPONSIBILITY	3
BANK/PGO ACCOUNTS (EXCLUDING CHARITABLE FUND ACCOUNTS)	4
EXTERNAL BORROWING	5
NON PAY EXPENDITURE	6
STORES AND RECEIPT OF GOODS	7
CAPITAL INVESTMENT MANAGEMENT	8
QUOTATIONS, TENDERING & CONTRACT PROCEDURES	9
FIXED ASSETS	10
PERSONNEL & PAY	11
ENGAGEMENT OF STAFF (NOT ON THE ESTABLISHMENT)	12
CHARITABLE FUNDS HELD ON LHB	13
PRIMARY CARE PATIENT SERVICES/HEALTHCARE AGREEMENTS	14
INCOME SYSTEMS, FEES & CHARGES	15
DISPOSAL AND CONDEMNATIONS	16
LOSSES, WRITE-OFFS & COMPENSATION AND EX-GRATIA PAYMENTS	17
REPORTING INCIDENTS TO THE POLICE	18
FINANCIAL PROCEDURES	19
AUDIT ARRANGEMENTS	20
LEGAL PROCEEDINGS	21
INSURANCE POLICIES AND RISK MANAGEMENT	22
CLINICAL AUDIT	23
PATIENTS' PROPERTY	24
PATIENTS & RELATIVES COMPLAINTS	25
SEAL	26
GIFTS & HOSPITALITY	27
DECLARATION OF INTERESTS	28
INFORMATICS AND THE DATA PROTECTION ACT	29
RECORDS	30
AUTHORISATION OF NEW DRUGS	31
AUTHORISATION OF RESEARCH PROJECTS	32
AUTHORISATION OF CLINICAL TRIALS	33
INFECTIOUS DISEASES & NOTIFIABLE OUTBREAKS	34

Delegated Matter	Table Reference No.
REVIEW OF FIRE PRECAUTIONS	35
HEALTH & SAFETY	36
MEDICINES INSPECTORATE REGULATIONS	37
ENVIRONMENTAL REGULATIONS	38
LEGAL & RISK PAYMENTS	39
INVESTIGATION OF FRAUD/CORRUPTION OR FINANCIAL IRREGULARITIES	40
COMMERCIAL SPONSORSHIP	41
COSTS/NOTIONAL RENT/THIRD PARTY DEVELOPER/IMPROVEMENT GRANTS	42
FREEDOM OF INFORMATION	43
COMPLIANCE LEAD ROLES: CALDICOTT GUARDIAN, DPO, SIRO	44
EMERGENCY PLANNING	45
NHS ACT 2006 (WALES) SECTION 33 AGREEMENTS	46
STATUTORY COMPLIANCE WITH RESPECTIVE LEGISLATION	47
APPOINTMENT OF MEDICAL & DENTAL CONSULTANT POSTS	48
INDIVIDUAL PATIENT FUNDING REQUESTS	49
CARBON REDUCTION COMMITMENT ORDER	50
HUMAN TISSUE ACT 2004	51
IONISING RADIATION (MEDICAL EXPOSURE) REGULATIONS 2017 [IR(ME)R]	52
NURSE STAFFING LEVELS (WALES) ACT 2016	53

Schedule 1

SCHEME OF RESERVATION AND DELEGATION OF POWERS

Executive Director of Primary Care & Community Services

Table A – Scheme of Delegation to Officers

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
1. Standing Orders / Standing Financial Instructions			
a) Final authority in interpretation of Standing Orders	Chair	Chair	N/A
b) Notifying Directors, employees and agents of their responsibilities within the Standing Orders and Standing Financial Instructions and ensuring that they understand the responsibilities	Executive Director of Finance/Board Secretary	Directors	Chief Operating Officer
c) Responsibility for the security of the LHB's property, avoiding loss, exercising economy and efficiency in using resources and conforming with Standing Orders, Financial Instructions and financial procedures	Executive Director of Finance	Directors	All Staff
d) Ensuring Standing Orders are compatible with Welsh Government requirements re building and engineering contracts	Chief Executive	Executive Director of Planning & Performance	N/A
2. Meetings			
a) Calling meetings of the LHB	Chair	Board Secretary	N/A
b) Chair all LHB Board meetings and associated responsibilities	Chair or Vice Chair in Chair's absence	Chair or Vice Chair in Chair's absence	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
3. Financial Planning/Budgetary Responsibility			
a) Setting: Submit Three Year Plan and Annual Operating Plan to the LHB Board	Chief Executive	Executive Director of Planning & Performance	Area Directors for East, Central and West
Submit budgets to the LHB Board	Chief Executive	Executive Director of Finance	N/A
Submit to Board financial estimates and forecasts	Chief Executive	Executive Director of Finance	N/A
b) Implementing financial policies, plans and procedures, providing advice and co-ordinating any corrective action necessary	Executive Director of Finance	Finance Director (Operational)	N/A
c) Issuing Budgets	Executive Director of Finance	Finance Director (Operational)	N/A
d) Monitoring: Monitor performance against budget	Executive Director of Finance	Directors	Area Directors for East, Central and West
Submit monitoring returns	Chief Executive	Executive Director of Finance	N/A
Effective budgetary control and a balanced budget	Executive Director of Finance	Directors	Area Directors for East, Central and West
Preparation of annual accounts and returns	Executive Director of Finance	Executive Director of Finance	N/A
Identifying and implementing cost improvements and income generation initiatives	Executive Director of Finance	Directors	Area Directors for East, Central and West
e) Authorisation of Virement It is not possible for any officer other than the Executive Director of Finance to vire from non-recurring headings to recurring budgets <u>or</u> from capital to revenue/revenue to capital. Virement <u>between</u> different budget holders (Directors) requires the agreement of <u>both</u> parties <u>and</u> the Executive Director of Finance	Please refer to Table B – Delegated Limits		N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
f) Maintaining an effective system of internal financial control	Chief Executive	Executive Director of Finance	N/A
g) Delivery of financial training to budget holders (Directors)	Executive Director of Finance	Finance Director (Operational)	N/A
4. Bank/PGO Accounts (Excluding Charitable Fund Accounts)			
a) Operation: Managing banking arrangements and operation of bank accounts	Executive Director of Finance	Finance Director (Operational)	N/A
Opening bank accounts	Executive Director of Finance	Finance Director (Operational)	N/A
Authorisation of transfers between LHB bank accounts	Executive Director of Finance	Finance Director (Operational)	N/A
Authorisation of: -PGO/GBS Schedules -BACS Schedules -Automated cheque schedules -Manual cheques	Executive Director of Finance	Finance Director (Operational)	N/A
b) Investments: Investment of surplus funds in accordance with the LHB's investment policy	Executive Director of Finance	Finance Director (Operational)	N/A
5. External Borrowing			
a) Advise LHB Board of the requirements to meet payment of interest and originating capital debt	Executive Director of Finance	Finance Director (Operational)	N/A
b) Application for loan(s) and overdrafts	Executive Director of Finance	Finance Director (Operational)	N/A
c) Preparation of procedural instructions	Executive Director of Finance	Finance Director (Operational)	N/A
6. Non Pay Expenditure			
For details of Delegated Limits please refer			

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
to Table B			
a) Completion of an Operational Scheme of Delegation and Authorisation by each Budget Holder ensuring maintenance of a list of officers authorised to place requisitions/orders (including emergency verbal orders) and record receipts within the E-Financials Business Suite.	Executive Director of Finance	Directors	Area Directors for East, Central and West
b) Obtain the best value for money when requisitioning goods/services	Executive Director of Finance	Directors	Area Directors for East, Central and West
c) Ensuring expenditure is within budget	Chief Executive	Directors	Area Directors for East, Central and West
d) Non-Pay Expenditure for which no specific budget has been set up and which is not subject to funding under delegated powers of virement	Chief Executive	Executive Director of Finance	N/A
e) Orders exceeding 12 month period	Executive Director of Finance	Finance Director (Operational)	N/A
f) Prompt payment of accounts	Executive Director of Finance	Executive Director of Finance	N/A
g) Financial Limits	Please refer to Table B – Delegated Limits		
h) Maintenance of sufficient records to explain the LHB's transactions and report on the LHB's financial position	Executive Director of Finance	Executive Director of Finance	N/A
i) Approval of visits at a supplier's expense	Executive Director of Finance	Executive Directors	Area Directors for East, Central and West
j) Provision of electronic signatures within the E-Financials Business Suite in accordance with each Budget Holder's Operational Scheme of Delegation and Authorisation	Executive Director of Finance	Finance Director (Operational)	N/A
7. Stores and Receipt of Goods			

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
a) Responsibility for the systems of financial control over all stores including receipt of goods and returns	Executive Director of Finance	Directors	Area Directors for East, Central and West
b) Responsibility for the control of stores and receipt of goods, issues and returns: All stores (excluding pharmaceutical, fuel, oil and coal – see following)	Executive Director of Finance	Directors	Area Directors for East, Central and West
Pharmaceutical Stores	Executive Medical Director	Chief Pharmacist	N/A
Fuel, oil and coal stocks	Executive Director of Planning & Performance	Director of Estates & Facilities	N/A
c) Stocktaking arrangements	Executive Director of Finance	Directors	Area Directors for East, Central and West
8. Capital Investment Management			
For details of Delegated Limits for Delegated Matter 8d, please refer to Table B – Leases. In accordance with Welsh Government guidance:			
a) Programme:			
Preparation of Capital Investment Programme	Chief Executive	Executive Director of Planning & Performance	N/A
Completion and signing off of a business case for approval	Chief Executive/ Executive Director of Finance	Executive Director of Planning & Performance	N/A
Appointment of Project Directors	Chief Executive	Executive Director of Planning & Performance with support from relevant Directors	Area Directors for East, Central and West
Financial monitoring and reporting on all capital scheme expenditure	Executive Director of	Executive Director of	Area Directors for East, Central and

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
including variations to contract	Planning & Performance	Finance/Executive Director of Planning & Performance with support from relevant Directors.	West
Issuing of guidance on management of capital schemes	Executive Director of Planning & Performance	Executive Director of Finance/Executive Director of Planning & Performance	N/A
b) Contracting – Selection of 3 rd party developers, architects, quantity surveyors, consultant engineers and other professional advisors within EC regulations and LHB tender procedures	Chief Executive	Executive Director of Planning & Performance	N/A
c) Private Finance – Demonstrate that the use of private finance represents best value for money and transfers risk to the private sector	Chief Executive	Executive Director of Finance	N/A
d) Leases – Granting and termination of leases	Chief Executive	Executive Director of Planning & Performance/Executive Director of Finance	N/A
e) Financial control and audit- Arrangements are in place to review building and engineering contracts and property transactions comply with Welsh Government guidance.	Chief Executive	Executive Director of Finance with Executive Director of Planning & Performance responsible for the technical audit of the contracts.	N/A
9. Quotations, Tendering & Contract Procedures For details of Delegated Limits, please refer to Table B – Quotations/Tenders.			
a) Services:			

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
Best value for money is demonstrated for all services provided under contract or in-house	Chief Executive	Directors	Area Directors for East, Central and West
Nominate officers to oversee and manage the contract on behalf of the LHB	Chief Executive	Directors	Area Directors for East, Central and West
b) Quotations – Total value of the contract over its entire period:			
Seeking quotations up to £5,000 in value	Executive Director of Finance (per SFI 11.7.1)	For details of delegated limits, please refer to Table B	Area Directors for East, Central and West
Obtaining minimum of 3 written quotations for goods/services of value between £5,000 and £25,000	Chief Executive (per SFI 11.1.2)	For details of delegated limits. Please refer to Table B	Area Directors for East, Central and West
c) Competitive Tenders – Total value of the contract over its entire period:			
Obtaining a minimum of 4 written competitive tenders for goods/services of value between £25,000 and the OJEU threshold (in compliance with EC Directives as appropriate)	Chief Executive	For details of delegated limits, please refer to Table B	Area Directors for East, Central and West
Obtaining a minimum of 5 written competitive tenders for goods/services of a value in excess of the OJEU threshold (in compliance with EC Directives as appropriate)	Chief Executive	For details of delegated limits, please refer to Table B	Area Directors for East, Central and West
Receipt and custody of tenders prior to opening	Chief Executive	Executive Director of Finance	N/A
Opening Tenders and Quotations	Chief Executive	Executive Director of Finance	N/A
Decide if late tenders should be considered	Chief Executive	Executive Director of Finance	N/A
d) Waiving the requirement to request quotes or tenders – subject to SFI Schedule 1 Para.	Chief Executive	Chief Executive/nominated deputy	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
4.2 & 4.3 – Formally reported to the Audit Committee		(Board Secretary or Executive Director of Finance). Where the budget holder requesting the waiver is the Chief Executive/Board Secretary/Executive Director of Finance, they cannot approve their own waiver and must seek approval from one of the other two delegated officers.	
10. Fixed Assets			
a) Maintenance of asset register	Chief Executive	Executive Director of Finance supported by relevant Director	Area Directors for East, Central and West
b) Calculate and pay capital charges in accordance with Welsh Government requirements	Executive Director of Finance	Executive Director of Finance	N/A
c) Responsibility for fixed assets – Land & Buildings	Chief Executive	Executive Director of Planning & Performance	N/A
d) Responsibility for all other fixed assets (Plant, Machinery, Transport, IT assets including software, Furniture & Fittings)	Chief Executive	Directors	Area Directors for East, Central and West
e) Responsibility for security of LHB assets including notifying discrepancies to the Director of Finance and reporting losses in accordance with LHB procedures	Chief Executive	Directors	Area Directors for East, Central and West

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
11. Personnel & Pay			
a) Nominate officers to enter into contracts of employment regarding staff, agency staff or consultancy service contracts in accordance with the "Policy for the Safe Recruitment and Selection Practices" together with accompanying guidance, particularly the need for pre-employment checks.	Chief Executive	Executive Director of Workforce & OD	N/A
b) Approve the commencement of employment prior to all pre-employment checks being completed.	Executive Director of Workforce & OD	Executive Director of Workforce & OD	N/A
c) Authority to fill funded post on the establishment with permanent staff.	Executive Director of Workforce & OD	Directors	Area Directors for East, Central and West
d) Authority to extend Locum appointments	Chief Executive	Interim Managing Directors, Mental Health Director and Area Directors for appointments over 12 months to 24 months. Executive Director of Nursing & Midwifery, Executive Director of Primary & Community Care, Executive Director of Therapies & Health Sciences and Executive Director of Workforce & OD/Director of MHLD for appointments over 24 months to 36	Area Directors for East, Central and West

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
		months only.	
e) The granting of additional increments to staff within budget in accordance with Terms & Conditions of Service	Executive Director of Workforce & OD	Directors with advice from Executive Director of Workforce & OD	Area Directors for East, Central and West
f) All requests for upgrading/ regrading/ major skill mix changes shall be dealt with in accordance with LHB Procedure	Executive Director of Workforce & OD	Directors with advice from Executive Director of Workforce & OD	Area Directors for East, Central and West
g) Authority to agree acting up salaries for staff other than Executive Directors (Approval of acting up salaries for interim Executive Directors to be retained by Remuneration & Terms of Service Committee)	Chief Executive to agree acting up arrangements of Band 9 and above (Excluding Executive Directors)	Directors lead for acting up salaries up to Band 8d or equivalent.	Area Directors for East, Central and West
h) Establishments:			
Additional staff to the agreed establishment with specifically allocated finance	Chief Executive	Directors with approval from Executive Director of Finance	Area Directors for East, Central and West
Additional staff to the agreed establishment without specifically allocated finance.	Chief Executive	Executive Director of Finance	N/A
Variation to the funded establishment	Chief Executive	Directors with approval from Executive Director of Finance	Area Directors for East, Central and West
i) Pay			
Authority to complete standing data forms effecting pay, new starters, changes and leavers	Executive Director of Workforce & OD	Directors	Area Directors for East, Central and West
Authority to complete and authorise timesheets and payroll returns	Executive Director of Workforce & OD	Directors	Area Directors for East, Central and West

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
Authority to authorise overtime	Executive Director of Workforce & OD	Directors	Area Directors for East, Central and West
Authority to authorise travel & subsistence expenses	Executive Director of Workforce & OD	Directors	Area Directors for East, Central and West
Maintenance of a list of managers authorised to sign payroll and travel expense documentation.	Executive Director of Workforce & OD	Directors	Area Directors for East, Central and West
j) Leave			
Approval of annual leave in accordance with LHB policy	Executive Director of Workforce & OD	Executive Director of Finance	Area Directors for East, Central and West
Carry over of annual leave in exceptional circumstances up to a maximum of 5 days	Executive Director of Workforce & OD	Directors	Area Directors for East, Central and West
Compassionate leave	Executive Director of Workforce & OD	Directors	Area Directors for East, Central and West
Special leave arrangements (to be applied in accordance with All Wales Policy)	Executive Director of Workforce & OD	Directors	Area Directors for East, Central and West
Leave without pay	Executive Director of Workforce & OD	Directors	Area Directors for East, Central and West
Medical Staff Leave of Absence – paid and unpaid	Executive Director of Workforce & OD	Directors	Area Directors for East, Central and West
Consultants Special Leave	Executive Medical Director	Directors	Area Directors for East, Central and West
Time off in lieu	Executive Director of Workforce and OD	Directors	Area Directors for East, Central and West
Maternity / Paternity Leave – paid and unpaid	Executive Director of Workforce & OD	Directors	Area Directors for East, Central and West

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
k) Annualised hours/flexible working hours system- maintenance of adequate records	Executive Director of Workforce & OD	Directors	Area Directors for East, Central and West
l) Sick Leave			
Extension of sick leave on half pay up to three months	Executive Director of Workforce & OD	Directors in conjunction with Executive Director of Workforce & OD	Area Directors for East, Central and West
Return to work part-time on full pay to assist recovery	Executive Director of Workforce & OD	Directors in conjunction with Executive Director of Workforce & OD	Area Directors for East, Central and West
Extension of sick leave on full pay	Executive Director of Workforce & OD	Directors in conjunction with Executive Director of Workforce & OD	Area Directors for East, Central and West
m) Study Leave			
Study leave outside the UK (non-medical staff excluding clinical staff)	Executive Director of Workforce & OD	Directors	Area Directors for East, Central and West
Medical staff study leave (UK)	Executive Medical Director/Executive Director of Workforce & OD/ Executive Director of Primary & Community Care	Directors	Area Directors for East, Central and West
Consultant Medical Staff Leave (UK)	Executive Medical Director	Directors	Area Directors for East, Central and West
All Medical and non-Medical Clinical Staff study leave outside the UK	Executive Medical Director/Executive	Directors	Area Directors for East, Central and West

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
	Director of Nursing & Midwifery/ Executive Director of Therapies & Health Science/ Executive Director of Primary & Community Care		
All other study leave (UK)	Executive Director of Workforce & OD	Directors	Area Directors for East, Central and West
n) Removal Expenses			
Authorisation of payment of removal expenses incurred by officers taking up new appointments (providing consideration was promised at interview)	Executive Director of Workforce & OD	Directors in accordance with BCU HB policy/approval from the Executive Director of Workforce & OD	Area Directors for East, Central and West
o) Grievance Procedure	Executive Director of Workforce & OD	Directors	Area Directors for East, Central and West
p) Professional Misconduct/Competence-Medical and Dental Staff	Executive Medical Director/Executive Director of Workforce & OD	Assistant Medical Directors supported by Workforce & OD	Area and Assistant Area Medical Directors for East, Central and West
q) Suspension of Doctors employed directly by the LHB	Chief Executive	Executive Medical Director supported by Executive Director of Workforce & OD	Area and Assistant Area Medical Directors for East, Central and West
r) Removal of Practitioner from the	Chief	Executive	Area and Assistant

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
Performers List	Executive	Medical Director supported by Executive Director of Workforce & OD and Executive Director of Primary & Community Care	Area Medical Directors for East, Central and West
s) Requests for new posts to be authorised as car users	Executive Director of Finance	Directors	Area Directors for East, Central and West
t) Renewal of Fixed Term Contract	Executive Director of Workforce & OD	Directors	Area Directors for East, Central and West
u) Voluntary Early Release Scheme	Executive Director of Workforce & OD	Executive Director of Workforce & OD, with Executive Director of Finance for sign off of financial viability	N/A
v) Settlement on termination of employment	Executive Director of Workforce & OD	Executive Director of Workforce & OD with approval from Welsh Government where the payment is Ex-gratia and exceeds the delegated limit of £50,000	N/A
w) Ill Health Retirement Decision to pursue retirement on the grounds of ill-health following advice from Workforce & OD Department	Executive Director of Workforce & OD	Executive Director of Workforce & OD	N/A
x) Disciplinary Procedure(excluding Executive Directors)	Executive Director of	Directors	Area Directors for East, Central and

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
	Workforce & OD		West
12. Engagement of Staff Not On the Establishment			
For details of Delegated Limits, please refer to Table B			
a) Non clinical Consultancy Staff	Executive Director of Finance	Director accountable for relevant service	Area Directors for East, Central and West
b) Medical Locum staff	Executive Medical Director	Director accountable for relevant service.	Area Directors for East, Central and West
c) Booking of Agency Nursing Staff	Executive Director of Nursing & Midwifery	Director accountable for relevant service	Area Directors for East, Central and West
d) Booking of Bank Staff:			
Nursing	Executive Director of Nursing & Midwifery	Director accountable for relevant service	Area Directors for East, Central and West
Other	Executive Director of Workforce & OD	Director accountable for relevant service	Area Directors for East, Central and West
13. Charitable Funds Held on Trust			
For details of Delegated Limits, Please refer to Table B			
a) Management: Funds held on Trust are managed appropriately	Executive Director of Finance	Directors	Area Directors for East, Central and West
b) Maintenance of authorised signatory list of Authorised Fund Holders	Executive Director of Finance	Executive Director of Finance	N/A
c) Expenditure	Refer to Table B - Delegated Limits		
d) Fundraising Appeals –	Executive	Executive	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
Preparation/Monitoring/Reporting progress and performance	Director of Finance	Director of Finance	
e) Operation of Bank Accounts:			
Managing banking arrangements and operation of bank accounts	Executive Director of Finance in conjunction with Corporate Trustees	Executive Director of Finance	N/A
Opening bank accounts	Board	Executive Director of Finance	N/A
f) Investments – Policy and Arrangements	Executive Director of Finance in conjunction with Corporate Trustees	Executive Director of Finance	N/A
g) Authority to accept the discharge of a donor's estate	Executive Director of Finance	Executive Director of Finance	N/A
14. Primary Care Patient Services/ Healthcare Agreements			
For details of Delegated Limits, please refer to Table B – Healthcare Agreements			
a) Contract negotiation and provision of service agreements	Executive Director of Finance / Executive Director of Primary & Community Care	Executive Director of Planning & Performance	N/A
b) Reporting actual and forecast contract income	Executive Director of Finance	Executive Director of Finance	N/A
c) Pricing of all contracts and SLAs	Executive Director of Finance	Executive Director of Finance with relevant Director	Area Directors for East, Central and West

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
d) Signing agreements	Chief Executive	Chief Executive or Executive Director of Finance in Chief Executive's absence/Executive Director of Primary & Community Care for all primary care related agreements	Area Directors for East, Central and West
15. Income Systems, Fees and Charges			
a) Private Patients, Overseas Visitors, Income Generation and other patient related services	Executive Director of Finance	Executive Director of Finance	N/A
b) Pricing of NHS agreements	Executive Director of Finance	Assistant Directors of Finance	N/A
c) Informing the Director of Finance of monies due to the LHB	Executive Director of Finance	Directors	Area Directors for East, Central and West
d) Recovery of debt	Executive Director of Finance	Executive Director of Finance	N/A
e) Security of cash and other negotiable instruments	Executive Director of Finance	Executive Director of Finance and all Directors	Area Directors for East, Central and West
f) Designing, maintaining and ensuring compliance with systems for the proper recording, invoicing, collection and coding of all monies due	Executive Director of Finance	Director of Finance (Operational)	N/A
g) Non patient care income	Executive Director of Finance	Executive Director of Finance	N/A
16. Disposal and Condemnations			
Disposal of all property and land require formal approval by the			

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
Cabinet Secretary for Health, Well-Being & Sport			
a) Issuing procedure for the disposal of assets obsolete, obsolescent, redundant, irreparable or cannot be repaired cost effectively	Executive Director of Finance	Executive Director of Finance/Executive Director of Planning & Performance	N/A
b) Notification to Director of Finance prior to disposal	Executive Director of Finance	Directors	Area Directors for East, Central and West
17. Losses, Write-offs & Compensation			
a) Prepare procedures for recording and accounting for losses and special payments including preparation of a fraud response plan and informing Counter Fraud Operational Services of frauds.	Chief Executive	Executive Director of Finance	N/A
b) Losses of cash due to theft, fraud, overpayment of salaries, fees, allowances & other causes up to £50,000	Chief Executive	Executive Director of Finance	N/A
c) Fruitless payments (including abandoned Capital Schemes) up to £250,000	Chief Executive	Executive Director of Finance	N/A
d) Bad debts and claims abandoned: Private patients; overseas visitors & other cases up to £50,000	Chief Executive	Executive Director of Finance	N/A
e) Damage to buildings, their fittings, furniture and equipment and loss of equipment and property in stores and in use due to: Culpable causes (e.g. fraud, theft, arson) or other up to £50,000	Chief Executive	Executive Director of Finance	N/A
f) For personal and public liability claims, under the Legal & Risk scheme, authorisation from Legal & Risk is required before admissions may be made and monetary compensation offered. (Ex-gratia settlements offered by the LHB are by definition not payments based upon legal liability and are, therefore, not	Chief Executive	Executive Director of Nursing & Midwifery supported by the relevant Director after seeking appropriate legal advice,	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
reimbursable under the WRP scheme)		up to a max £150,000	
g) Compensation payments made under legal obligation:	Chief Executive	Chief Executive, Executive Director of Finance or Executive Director of Nursing & Midwifery	N/A
h) Extra contractual payments to contractors – Up to £50,000 as specified within the Losses and Special Payments Manual of Guidance	Chief Executive	Executive Director of Finance with reporting to the Audit Committee	N/A
17.1 Ex-Gratia Payments:			
a) Patients and staff for loss of personal effects up to £50,000	Chief Executive	Executive Director of Finance- Refer to Finance Policy on Losses and Special Payments	N/A
b) For clinical negligence up to £250,000 (negotiated settlements)*. Report to Board > £50,000 (see also table B para.15)	Chief Executive	Executive Director of Finance/Executive Director of Nursing & Midwifery	N/A
c) For clinical negligence over £250,000 and up to £1,000,000* (negotiated settlements). Report to Board > £50,000 (see also table B para.15)	Chair	Chief Executive/ Executive Director of Finance/Executive Director of Nursing & Midwifery	N/A
d) For personal injury claims involving negligence where legal advice has been obtained and guidance applied up to £250,000 (including plaintiff's costs) Report to Board > £50,000	Chief Executive	Chief Executive/ Executive Director of Finance/Executive Director of Workforce & OD/ Executive Director of	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
		Nursing & Midwifery	
e) For personal injury claims involving negligence where legal advice has been obtained and guidance applied up to £1,000,000 Report to Board > £50,000*	Board	Chief Executive/Executive Director of Finance/Executive Director of Nursing & Midwifery	N/A
f) Other, except cases for maladministration where there was no financial loss by claimant, up to £50,000	Chief Executive	Executive Director of Finance/Executive Director of Nursing & Midwifery	N/A
* For all clinical negligence and personal injury cases(including Court cases) the use of structured settlements should be considered involving costs to the NHS of £250,000 or more – All structured settlements require approval from the Welsh Government			
18. Reporting of Incidents to the Police			
a) Where a criminal offence is suspected			
Criminal offence of a sexual or violent nature	Chief Executive	Executive Director of Workforce & OD	Area Directors for East, Central and West
Arson or theft	Executive Director of Planning & Performance	Director of Estates & Facilities	Area Directors for East, Central and West
Other	Executive Director of Planning & Performance	Director of Estates & Facilities	Area Directors for East, Central and West
19. Financial Procedures			
a) Maintenance & Update of LHB Financial Procedures	Executive Director of Finance	Executive Director of Finance	N/A
20. Audit Arrangements			

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
a) Review, appraise and support in accordance with Internal Audit standards for NHS Wales and best practice	Chair of the Audit Committee	Board Secretary/Head of Internal Audit	N/A
b) Provide an independent and objective view on internal control and probity	Chief Executive	Head of Internal Audit/Wales Audit Office	N/A
c) Ensure Cost-effective external audit	Chair of Audit Committee	Executive Director of Finance	N/A
d) Ensure an adequate internal audit service	Chief Executive	Board Secretary	N/A
e) Implement recommendations	Chief Executive	All relevant Directors	Area Directors for East, Central and West
21. Legal Proceedings			
a) Engagement of LHB's Solicitors	Chief Executive	Board Secretary for all Board related matters/Executive Director of Workforce & OD for all employment related matters/Executive Director of Planning & Performance for all estate related matters/Executive Director of Primary & Community Care for all Primary Care related matters.	Area Directors for East, Central and West
b) Approve and sign all documents which will be necessary in legal proceedings	Chief Executive	Any Director of the Board or an officer formally nominated by the Chief	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
		Executive	
c) Sign on behalf of the LHB any agreement or document not requested to be executed as a deed	Chief Executive	Any Director of the Board or an officer formally nominated by the Chief Executive	N/A
22. Insurance Policies and Risk Management	Chief Executive	Executive Director of Finance/Board Secretary	N/A
23. Clinical Audit	Chief Executive	Executive Director of Therapies & Health Science	N/A
24. Patients' Property (in conjunction with financial advice)			
For details of Delegated Limits, please refer to Table B – Petty Cash/Patients Monies			
a) Ensuring patients and guardians are informed about patients' monies and property procedures on admission	Executive Director of Nursing & Midwifery	Directors	Area Directors for East, Central and West
b) Prepare detailed written instructions for the administration of patients' property	Executive Director of Nursing & Midwifery	Executive Director of Finance	N/A
c) Informing staff of their duties in respect of patients' property	Executive Director of Nursing & Midwifery	Directors	Area Directors for East, Central and West
d) Issuing property valued >£5,000 only on production of a probate letter of administration	Executive Director of Finance	Executive Director of Finance	N/A
25. Patients & Relatives Complaints			
a) Overall responsibility for ensuring that all complaints are dealt with effectively	Chief Executive	Executive Director of Nursing & Midwifery	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
b) Responsibility for ensuring complaints are investigated thoroughly	Chief Executive	Executive Director of Nursing & Midwifery	N/A
c) Medical – Legal Complaints Co-ordination of their management	Chief Executive	Executive Director of Nursing & Midwifery	N/A
26. Seal			
a) The keeping of a register of seal and safekeeping of the seal	Chief Executive	Board Secretary	N/A
b) Attestation of seal in accordance with Standing Orders	Chief Executive/ Chair	Board Secretary	N/A
27. Gifts and Hospitality			
a) Keeping of gifts and hospitality register	Chief Executive	Board Secretary	N/A
28. Declaration of Interests			
a) Maintaining a register	Chief Executive	Board Secretary	N/A
29. Informatics and the Data Protection Act			
a) Review of LHB's compliance with the Data Protection Act	Chief Executive	Board Secretary	N/A
b) Responsibility for Informatics policy and strategy	Executive Medical Director	Chief Information Officer	N/A
c) Responsibility for ensuring that adequate management (audit) trails exist in Informatics systems	Executive Medical Director	Chief Information Officer	N/A
30. Records			
a) Review LHB's compliance with the Retention of Records Act and guidance	Chief Executive	Board Secretary / Executive Medical Director	N/A
b) Approval for the destruction of records	Chief Executive	Board Secretary / Executive Medical	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
		Director	
c) Ensuring the form and adequacy of the financial records of all departments	Executive Director of Finance	Executive Director of Finance	N/A
31. Authorisation of New Drugs	Chief Executive	Executive Medical Director on the advice of the appropriate professional bodies	N/A
			N/A
32. Authorisation of Research Projects	Executive Medical Director	Director of Research & Development	N/A
			N/A
33. Authorisation of Clinical Trials	Chief Executive	Executive Medical Director	N/A
			N/A
34. Infectious Diseases & Notifiable Outbreaks	Chief Executive	Executive Director of Public Health	N/A
			N/A
35. Review of Fire Precautions	Chief Executive	Executive Director of Planning & Performance	N/A
36. Health & Safety			
Review of all statutory compliance legislation and Health and Safety requirements including control of Substances Hazardous to Health Regulations	Chief Executive	Executive Director of Workforce & OD	N/A
37. Medicines Inspectorate Regulations			
Review Regulations Compliance	Chief Executive	Executive Medical Director supported by Chief	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
		Pharmacist	
38. Environmental Regulations			
Review of compliance with environmental regulations, for example those relating to clean air and waste disposal	Chief Executive	Executive Director of Planning & Performance	N/A
39. Legal & Risk Payments	Chief Executive	Executive Director of Nursing & Midwifery/Executive Director of Finance	N/A
40. Investigation of Fraud/Corruption or Financial Irregularities	Executive Director of Finance	Lead Local Counter Fraud Specialist	N/A
41. Commercial Sponsorship			
Agreement to proposal in accordance with BCU HB procedures	Chief Executive	Executive Director of Finance	N/A
42. Cost/Notional Rent/Third Party Developer/Improvement Grants			
Approval of all schedules of payments	Chief Executive	Executive Director of Primary & Community Care	Area Directors for East, Central and West
Submission to Welsh Government for all new GP premises or major extensions in accordance with BCU HB Primary Care Estates Strategy	Chief Executive	Executive Director of Primary & Community Care	Area Directors for East, Central and West
43. Freedom of Information	Chief Executive	Board Secretary	N/A
44. Compliance Lead Roles:			N/A
a) Caldicott Guardian	Executive Medical Director	Senior Associate Medical Director	
b) Data Protection Officer			

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
c) Senior Information Risk Owner	Chief Executive Chief Executive	Assistant Director of Information Governance and Assurance Board Secretary	
45. Emergency Planning & Major Incidents – Civil Contingencies Act (Category 1 Responder)	Chief Executive	Executive Director of Planning & Performance	N/A
46. National Health Services (Wales) Act 2006 Section 33 Agreements: Arrangements between NHS Bodies and Local Authorities	Chief Executive	Executive Director of Finance	N/A
47. Statutory compliance with respective Legislation	Chief Executive	Board Secretary	N/A
48. National Health Service (Appointment of Consultants) (Wales) (Amendment) Regulations 2005 (Statutory Instrument 2005: 3039) Appointment of all Medical and Dental Consultant posts. Consultant posts within Public Health that are open to both medically qualified and those qualified in other disciplines other than medicine should follow this process, even though they fall outside of the requirements of the Statutory Instrument.	Chief Executive	Board level directors	N/A
49. All Wales Policy: Making Decisions on Individual Patient Funding Requests (IPFR)	Chief Executive	WHSSC IPFR Panel £300,000 to £1,000,000; Chief Executive up to £299,999; Chair and Vice Chair of Health Board IPFR Panel together sign up to £125,000	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
* The IPFR Panel cannot make policy decisions for the health board. Any policy proposals arising from their considerations and decisions must be reported to the Health Board Quality, Safety & Experience Committee			
50. Carbon Reduction Commitment Order (Phase 2) Agency Registration	Chief Executive	Executive Director of Planning and Performance	N/A
51. Human Tissue Act 20014	Chief Executive	Executive Director of Therapies & Health Sciences	N/A
52. Ionising Radiation (Medical Exposure) Regulations 2017	Chief Executive	Executive Director of Therapies & Health Sciences	N/A
53. Nurse Staffing Levels Act (Wales) 2016	Chief Executive	Executive Director of Nursing & Midwifery	N/A

Table B – Scheme of Financial Delegation

Financial Limits are subject to funding available within relevant budget(s) and are inclusive of VAT irrespective of recovery arrangements.

All purchases must ensure compliance with Standing Financial Instruction Schedule 1 -

Procurement of Works, Goods and Services with regard to the required quotation or Tendering exercise.

	Budget changes	General expenditure	Healthcare agreements	Capital (Business Case and Contractual Commitment approvals)			Specialist				Charitable Funds		Procurement waivers	Staffing	
		Any expenditure approval must be within funding limits of approved budgets. Approval limits are cumulative, and therefore higher level approval limits must be supported by lower level approvals. Executive Directors and Directors, Area Directors, and Hospital Care Directors to determine scheme of delegation within their structures.													
	Budget transfers between Corporate Departments, Area Teams or Hospital Teams(Virements)	Individual orders / requisitions / annual order value or total contract value (unless otherwise noted)	Healthcare agreements (NHS and Private sector)(annual value) (Primary Care contracts approved by Board)	Building and engineering orders; related consultancy support(individual contractual commitment)	Medical devices; plant; machinery; related consultancy support(individual contractual commitment)	IM&T; telecoms systems; software; related consultancy (individual contractual commitment)	Property or equipment leases(granting or termination of leases; annual value)	External consultancy support (total contract value for duration of service)	Losses / Special Payments (Terminations approved by Exec.Director of W&OD; VERS by RATS C'ttee)	New drugs (value based on annual costs)	Locally held funds(total funding bid value)	General funds(total funding bid value)	All values	New posts (additional establishm't)	Agency and Waiting List Initiatives (all values)
WG (In advance of contract planning)	No requirement	£1m plus	£1m plus (Private sector)	£1m plus	£1m plus	£1m plus	No requirement	£1m plus	See Manual of Guidance for losses and SFIs, as special rules apply for certain losses and ex gratia payments.	No requirement	No requirement	No requirement	No requirement	No requirement	No requirement
Board following Chief Executive approval	£1m plus	£1m plus	Over £10m approved in advance, below £10m retrospectively reported. Over £1m for Private sector.	£1m plus	£1m plus	£1m plus	£0.5m plus or any which need signing under seal (Reservation of Power, Number 33)	£0.5m plus		£1m plus	No requirement	No requirement	No requirement	No requirement	No requirement
Audit Committee													Retrospective reporting		
Charitable Funds Committee (all Executives can authorise use of charitable funds up to £5k)											Over £5k (Up to £25k scrutinised by CF Advisory Group)	Over £5k (Up to £25k scrutinised by CF Advisory group)			
CEO through Executive Team	£0.5m to £1m	£0.5m to £1m	New or contract variation to £10.0m.	£0.5m to £1m	£0.5m to £1m	£0.5m to £1m	£250k to £0.5m	£250k to £0.5m	£0.5m to £1.0m	£0.5m to £1.0m	Up to £5k	Up to £5k	As escalated by DoF	Can approve new posts across LHB	No requirement
Any 2 of CEO, Director of P&P and DoF (must include DoF)		Up to £0.5m	New or contract variation to £5.0m (to £1m for Private sector).					Up to £250k		Up to £0.5m			As escalated by DoF		
Executive Director of Finance	Up to £0.5m	Up to £250k		Up to £0.5m	Up to £0.5m	Up to £0.5m	Up to £250k	Up to £100k	Up to £0.5m		Up to £5k	Up to £5k	As escalated by FD: OF	Can approve new posts within own structure.	Must approve in advance in own structure.

	Budget changes	General expenditure	Healthcare agreements	Capital (Business Case and Contractual Commitment approvals)			Specialist				Charitable Funds		Procurement waivers	Staffing	
		Any expenditure approval must be within funding limits of approved budgets. Approval limits are cumulative, and therefore higher level approval limits must be supported by lower level approvals. Executive Directors and Directors, Area Directors, and Hospital Care Directors to determine scheme of delegation within their structures.													
	Budget transfers between Corporate Departments, Area Teams or Hospital Teams(Virements)	Individual orders / requisitions / annual order value or total contract value (unless otherwise noted)	Healthcare agreements (NHS and Private sector)(annual value) (Primary Care contracts approved by Board)	Building and engineering orders; related consultancy support(individual contractual commitment)	Medical devices; plant; machinery; related consultancy support(individual contractual commitment)	IM&T; telecoms systems; software; related consultancy (individual contractual commitment)	Property or equipment leases(granting or termination of leases; annual value)	External consultancy support (total contract value for duration of service)	Losses / Special Payments (Terminations approved by Exec.Director of W&OD; VERS by RATS C'ttee)	New drugs (value based on annual costs)	Locally held funds(total funding bid value)	General funds(total funding bid value)	All values	New posts (additional establishm't)	Agency and Waiting List Initiatives (all values)
Executive Directors, Board Secretary, Director of Mental Health and Learning Disabilities (unless noted below)		Up to £250k						Up to £100k					Waivers must be approved by FD: OF and Exec.Director of Finance or Chief Executive if escalated by FD: OF	Can approve new posts within own structure.	Must approve in advance in own structure.
Executive Director of Primary Cty Care		Up to £250k						Up to £100k						Can approve new posts within own structure.	Must approve in advance in own structure.
Executive Director of Planning & Performance		Up to £250k		Up to £0.5m	Up to £0.5m		Up to £250k	Up to £100k						Can approve new posts within own structure.	Must approve in advance in own structure.
Executive Medical Director		Up to £250k				Up to £0.5m		Up to £100k						Can approve new posts within own structure.	Must approve in advance in own structure.
Executive Director of W&OD		Up to £250k						Up to £100k	Terminations up to £50k (over this to WG)					Can approve new posts within own structure.	Must approve in advance in own structure.
Executive Director of Nursing & Midwifery		Up to £250k						Up to £100k	Up to £150k					Can approve new posts within own structure.	Must approve in advance in own structure.

	Budget changes	General expenditure	Healthcare agreements	Capital			Specialist				Charitable Funds		Procurement waivers	Staffing	
		Any expenditure approval must be within funding limits of approved budgets. Approval limits are cumulative, and therefore higher level approval limits must be supported by lower level approvals. Executive Directors and Directors, Area Directors, and Hospital Care Directors to determine scheme of delegation within their structures.													
	Budget transfers between Corporate Departments, Area Teams or Hospital Teams(Virements)	Individual orders / requisitions / annual order value or total contract value (unless otherwise noted)	Healthcare agreements (NHS and Private sector)(annual value) (Primary Care contracts approved by Board)	Building and engineering orders; related consultancy support(individual contractual commitment)	Medical devices; plant; machinery; related consultancy support(individual contractual commitment)	IM&T; telecoms systems; software; related consultancy (individual contractual commitment)	Property or equipment leases(granting or termination of leases; annual value)	External consultancy support (total contract value for duration of service)	Losses / Special Payments (Terminations only approved by Exec Director of W&OD; VERS require RATS Committee)	New drugs (value based on annual costs)	Locally held funds(total funding bid value)	General funds(total funding bid value)	All values	New posts (additional establishm't)	Agency and Waiting List Initiatives (all values)
Area Directors and Director of Mental Health & Learning Disabilities		Up to £250k	New or contract variation to £1.5m		Up to £250k			Up to £100k		Up to £100k, following Med Mgt Group	Up to £5k			Can approve new posts within own team.	As escalated by Direct Reports*
Area Medical Director															Medical staff*
Area Nurse Directors															Nurse or other staff*
Secondary Care Medical Director		Up to £150k			Up to £150k			Up to £150k			Up to £5k				Medical staff*
Secondary Care Nurse Director		Up to £150k			Up to £150k			Up to £150k			Up to £5k				Nurse or other staff*
Interim Managing Directors		Up to £150k			Up to £150k			Up to £50k			Up to £5k			Can approve new posts within own team.	As escalated by Direct Reports*
Director of Estates & Facilities		Up to £150K		Up to £150K	Up to £150K			Up to £50K							
Hospital: Assistant Medical Director															Medical staff*
Hospital: Assistant Nurse Director															Nurse or other staff*
Procurement (NWSSP)													All signed off by Procurement		

	Budget changes	General expenditure	Healthcare agreements	Capital			Specialist				Charitable Funds		Procurement waivers	Staffing	
		Any expenditure approval must be within funding limits of approved budgets. Approval limits are cumulative, and therefore higher level approval limits must be supported by lower level approvals. Executive Directors and Directors, Area Directors, and Hospital Care Directors to determine scheme of delegation within their structures.													
	Budget transfers between Corporate Departments, Area Teams or Hospital Teams(Virements)	Individual orders / requisitions / annual order value or total contract value (unless otherwise noted)	Healthcare agreements (NHS and Private sector)(annual value) (Primary Care contracts approved by Board)	Building and engineering orders; related consultancy support(individual contractual commitment)	Medical devices; plant; machinery; related consultancy support(individual contractual commitment)	IM&T; telecoms systems; software; related consultancy (individual contractual commitment)	Property or equipment leases(granting or termination of leases; annual value)	External consultancy support (total contract value for duration of service)	Losses / Special Payments (Terminations only approved by Exec Director of W&OD; VERS require RATS Committee)	New drugs (value based on annual costs)	Locally held funds(total funding bid value)	General funds(total funding bid value)	All values	New posts (additional establishm't)	Agency and Waiting List Initiatives (all values)
Deouty Director (Concerns)		Up to £75k							Up to £75k						
Deputy / Assistant Director Board Secretary		Up to £75k													
Assistant Director Primary Care		Up to £75k	Up to £75k		Up to £75k			Up to £75k			Up to £5k				
Assistant Director Community Hospital Services		Up to £75k	Up to £75k		Up to £75k			Up to £75k			Up to £5k				
Assistant Director Secondary Care		Up to £75k	Up to £75k		Up to £75k			Up to £75k			Up to £5k				
Head of Investigations and Redress									Up to £20k						
Claims Managers									Up to £5k						
Authorised fund holder (Charitable Funds)											Up to £5k				

	Budget changes	General expenditure	Healthcare agreements	Capital	Specialist	Charitable Funds	Procurement waivers	Staffing							
		Any expenditure approval must be within funding limits of approved budgets. Approval limits are cumulative, and therefore higher level approval limits must be supported by lower level approvals. Executive Directors and Directors, Area Directors, and Hospital Care Directors to determine scheme of delegation within their structures.													
	Budget transfers between Corporate Departments, Area Teams or Hospital Teams(Virements)	Individual orders / requisitions / annual order value or total contract value (unless otherwise noted)	Healthcare agreements (NHS and Private sector)(annual value) (Primary Care contracts approved by Board)	Building and engineering orders; related consultancy support(individual contractual commitment)	Medical devices; plant; machinery; related consultancy support(individual contractual commitment)	IM&T; telecoms systems; software; related consultancy (individual contractual commitment)	Property or equipment leases(granting or termination of leases; annual value)	External consultancy support (total contract value for duration of service)	Losses / Special Payments (Terminations only approved by Exec Director of W&OD; VERS require RATS Committee)	New drugs (value based on annual costs)	Locally held funds(total funding bid value)	General funds(total funding bid value)	All values	New posts (additional establishments)	Agency and Waiting List Initiatives (all values)
Medicines Management Group										All new drugs, unless cheaper than existing					
* Agency and Waiting List Initiatives must generally be approved in advance. However, in exceptional circumstances when staff are required out of hours, they can be approved retrospectively.															

This scheme only relates to matters delegated by the Board to the Chief Executive and Directors, together with certain other specific matters referred to in Standing Financial Instructions. Each Director is responsible for delegation within their department. They should produce an Operational Scheme of Delegation and Authorisation for matters within their department, which should also set out how departmental budget and procedures for approval of expenditure are delegated.

Grace Lewis-Parry

Grace Lewis-Parry

Board Secretary

18 July 2019

Primary Care & Community Services Updated Operational SoRD 2019 v0.01 Draft

Central Area

Operational Scheme of Delegation & Authorisation

1. Introduction

- 1.1 The Area Director is required to develop and maintain an Operational Scheme of Delegation and Authorisation, as set out by Standing Financial Instruction (SFI) 14.1 and Standing Orders (SO) Section 2, Schedule 1, Scheme of Reservation & Delegation (SoRD) of Powers to Executive Directors, Other Directors and Officers.
- 1.2 It is not practical or possible for any Delegated Officer, detailed within the “delegated to” column, to personally deliver all matters delegated by the Board. It is therefore necessary to document a formal structure which details operational responsibility for implementing the controls at a lower level of the management structure, within each Corporate function, Area Team and Hospital Team.
- 1.3 Each corporate function Director, Area Director and Hospital Director will act as the Designated Officer, responsible for creating and allocating responsibility within an Operational Scheme of Delegation and Authorisation. The Scheme comprises Tables A and B and will follow the format of the overarching SoRD.
- 1.4 Role / post titles have been used rather than employees’ names. Matters which have no impact, or are not directly controlled at an operational level are recorded as not applicable (N/A in the final column). Designated Officers will also ensure that Authorised Signatory lists are in place to support the Operational Scheme of Delegation and Authorisation. The documentation will be subject to audit.
- 1.5 An adapted Table A from the SoRD is attached, with the role within Area nominated for locally “implementing” the delegated control listed. It must be noted that this is not the same as being Accountable for the action or control, as in many cases the Accountability lies with a Corporate Department or Function. Further clarity on Corporate accountability and responsibilities is required for areas marked N/A.
- 1.6 Table B (financial delegation) from the SoRD is also attached, and will be maintained as appropriate to the specific Area Team needs and structures as they are further refined and defined below the current Head of Service level.
- 1.7 The Operational Scheme of Delegation and Authorisation must be submitted to the Board Secretary by 25.9.15. The Board Secretary will then liaise with the Chief Executive to seek final approval for implementation of the Scheme. Subsequent changes to the Scheme will require the Chief Executive’s approval. All Schemes will be reviewed annually by the Office of the Board Secretary on behalf of the Chief Executive.

*Full Standing Orders and Standing Financial Instructions are available via <http://www.wales.nhs.uk/sitesplus/861/page/40836>

SECTION 2: SCHEME OF DELEGATION TO EXECUTIVE DIRECTORS, OTHER DIRECTORS AND OFFICERS

(will become Operational Scheme of Delegation & Authorisation for *insert name*)

The LHB Standing Orders and Standing Financial Instructions specify certain key responsibilities of the Chief Executive, the Director of Finance and other officers. The Chief Executive's Job Description, together with their Accountable Officer Memorandum sets out their specific responsibilities, and the individual job descriptions determined for Executive Director level posts also define in detail the specific responsibilities assigned to those post holders. These documents, together with the schedule of additional delegations below and the associated financial delegations set out in the Standing Financial Instructions form the basis of the LHB's Scheme of Delegation to Officers.

Delegated Matter	Table Reference No.
STANDING ORDERS/STANDING FINANCIAL INSTRUCTIONS	1
MEETINGS	2
FINANCIAL PLANNING/BUDGETARY RESPONSIBILITY	3
BANK/PGO ACCOUNTS (EXCLUDING CHARITABLE FUND ACCOUNTS)	4
EXTERNAL BORROWING	5
NON PAY EXPENDITURE	6
STORES AND RECEIPT OF GOODS	7
CAPITAL INVESTMENT MANAGEMENT	8
QUOTATIONS, TENDERING & CONTRACT PROCEDURES	9
FIXED ASSETS	10
PERSONNEL & PAY	11
ENGAGEMENT OF STAFF (NOT ON THE ESTABLISHMENT)	12
CHARITABLE FUNDS HELD ON LHB	13
PRIMARY CARE PATIENT SERVICES/HEALTHCARE AGREEMENTS	14
INCOME SYSTEMS, FEES & CHARGES	15
DISPOSAL AND CONDEMNATIONS	16
LOSSES, WRITE-OFFS & COMPENSATION AND EX-GRATIA PAYMENTS	17
REPORTING INCIDENTS TO THE POLICE	18
FINANCIAL PROCEDURES	19
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Schedule 1

**TABLE A : SCHEME OF RESERVATION
AND DELEGATION OF POWERS**

<i>DELEGATED MATTER</i>	<i>DELEGATED TO</i>	<i>OPERATIONAL RESPONSIBILITY</i>	<i>Role responsible for implementing the delegated matter within the corporate function/ Area / Secondary Care</i>
1. Standing Orders / Standing Financial Instructions			
a) Final authority in interpretation of Standing Orders	Chair	Chair	Area Director
b) Notifying Directors, employees and agents of their responsibilities within the Standing Orders and Standing Financial Instructions and ensuring that they understand the responsibilities	Executive Director of Finance / Board Secretary	Directors	Area Director
c) Responsibility for the security of the LHB's property, avoiding loss, exercising economy and efficiency in using resources and conforming with Standing Orders, Financial Instructions and financial procedures	Executive Director of Finance	Directors	Area Director
d) Ensuring Standing Orders are compatible with Welsh Government requirements re building and engineering contracts	Chief Executive	Executive Director of Planning & Performance	Area Director
2. Meetings			
a) Calling meetings of the LHB	Chair	Board Secretary	N/A
b) Chair all LHB Board meetings and associated responsibilities	Chair or Vice Chair in Chair's absence	Chairman or Vice Chairman in Chairman's absence	N/A
3. Financial Planning/Budgetary Responsibility			
a) Setting: Submit Three Year Plan and Annual Operating Plan to the LHB Board	Chief Executive	Executive Director of Planning & Strategy	Area Director

<i>DELEGATED MATTER</i>	<i>DELEGATED TO</i>	<i>OPERATIONAL RESPONSIBILITY</i>	<i>Role responsible for implementing the delegated matter within the corporate function/ Area / Secondary Care</i>
Submit budgets to the LHB Board	Chief Executive	Executive Director of Finance	N/A
Submit to Board financial estimates and forecasts	Chief Executive	Executive Director of Finance	Area Director
b) Implementing financial policies, plans and procedures, providing advice and co-ordinating any corrective action necessary	Executive Director of Finance	Finance Director (Operational)	Area Director / Area CFO
c) Issuing Budgets	Executive Director of Finance	Finance Director (Operational)	Area Director / Area CFO
d) Monitoring: Monitor performance against budget	Executive Director of Finance	Finance Director (Operational)	Area CFO
Submit monitoring returns	Chief Executive	Executive Director of Finance	Area CFO
Effective budgetary control and a balanced budget	Executive Director of Finance	Directors	Area Director / Area CFO
Preparation of annual accounts and returns	Executive Director of Finance	Executive Director of Finance	Area CFO
Identifying and implementing cost improvements and income generation initiatives	Director of Turnaround /Executive Director of Finance	Directors	Area Director / Area CFO
e) Authorisation of Virement	Please refer to Table B – Delegated Limits		Area Director / Area CFO
<i>It is not possible for any officer other than the Executive Director of Finance to vire from non-recurring headings to recurring budgets or from capital to revenue/revenue to capital. Virement <u>between</u> different budget holders (Directors) requires the agreement of <u>both</u> parties <u>and</u> the Executive Director of Finance</i>			
f) Maintaining an effective system of internal financial control	Chief Executive	Executive Director of Finance	Area Director / Area CFO
g) Delivery of financial training to budget holders (Directors)	Executive Director of Finance	Finance Director (Operational)	Area CFO
4. Bank/PGO Accounts (Excluding Charitable Fund Accounts)			
a) Operation: Managing banking arrangements and operation of bank accounts	Executive Director of Finance	Finance Director (Operational)	N/A

DELEGATED MATTER	<i>DELEGATED TO</i>	<i>OPERATIONAL RESPONSIBILITY</i>	<i>Role responsible for implementing the delegated matter within the corporate function/ Area / Secondary Care</i>
Opening bank accounts	Executive Director of Finance	Finance Director (Operational)	N/A
Authorisation of transfers between LHB bank accounts	Executive Director of Finance	Finance Director (Operational)	N/A
Authorisation of: -PGO/GBS Schedules -BACS Schedules -Automated cheque schedules -Manual cheques	Executive Director of Finance	Finance Director (Operational)	N/A
b) Investments: Investment of surplus funds in accordance with the LHB's investment policy	Executive Director of Finance	Finance Director (Operational)	N/A
5. External Borrowing			
a) Advise LHB Board of the requirements to meet payment of interest and originating capital debt	Executive Director of Finance	Finance Director (Operational)	N/A
b) Application for loan(s) and overdrafts	Executive Director of Finance	Finance Director (Operational)	N/A
c) Preparation of procedural instructions	Executive Director of Finance	Finance Director (Operational)	N/A
6. Non Pay Expenditure			
For details of Delegated Limits please refer to Table B			
a) Completion of an Operational Scheme of Delegation and Authorisation by each Budget Holder ensuring maintenance of a list of officers authorised to place requisitions/orders (including emergency verbal orders) and record receipts within the E-Financials Business Suite.	Executive Director of Finance	Directors	Area Director (See Table B for Detail)
b) Obtain the best value for money when requisitioning goods/services	Executive Director of Finance	Directors	Area CFO
c) Ensuring expenditure is within budget	Chief Executive	Directors	Area Director / Area CFO
d) Non-Pay Expenditure for which no specific budget has been set up and which is not subject to funding under delegated powers of virement	Chief Executive	Executive Director of Finance	Area Director / Area CFO

DELEGATED MATTER	<i>DELEGATED TO</i>	<i>OPERATIONAL RESPONSIBILITY</i>	<i>Role responsible for implementing the delegated matter within the corporate function/ Area / Secondary Care</i>
e) Orders exceeding 12 month period	Executive Director of Finance	Executive Director of Finance	Area Director / Area CFO
f) Prompt payment of accounts	Executive Director of Finance	Executive Director of Finance	Area CFO
g) Financial Limits	Please refer to Table B – Delegated Limits		
h) Maintenance of sufficient records to explain the LHB's transactions and report on the LHB's financial position	Executive Director of Finance	Executive Director of Finance	Area CFO
i) Approval of visits at a supplier's expense	Executive Director of Finance	Executive Directors	Area CFO
j) Provision of electronic signatures within the E-Financials Business Suite in accordance with each Budget Holder's Operational Scheme of Delegation and Authorisation	Executive Director of Finance	Finance Director (Operational)	Area CFO
7. Stores and Receipt of Goods			
a) Responsibility for the systems of financial control over all stores including receipt of goods and returns	Executive Director of Finance	Directors	Area CFO
b) Responsibility for the control of stores and receipt of goods, issues and returns: All stores (excluding pharmaceutical, fuel, oil and coal – see following)	Executive Director of Finance	Directors	Area Director / Area CFO
Pharmaceutical Stores	Executive Medical Director	Chief Pharmacist	Assistant Area Director : Medicines Management
Fuel, oil and coal stocks	Executive Director of Planning & Performance	Director of Estates & Facilities	N/A Director of Estates
c) Stocktaking arrangements	Executive Director of Finance	Directors	Area CFO
8. Capital Investment Management For details of Delegated Limits for Delegated Matter 8d, please refer to Table B – Leases. In accordance with Welsh Government guidance:			
a) Programme:			
Preparation of Capital Investment Programme	Chief Executive	Executive Director of Planning & Performance	Area Director

DELEGATED MATTER	<i>DELEGATED TO</i>	<i>OPERATIONAL RESPONSIBILITY</i>	<i>Role responsible for implementing the delegated matter within the corporate function/ Area / Secondary Care</i>
Completion and signing off of a business case for approval	Chief Executive /Executive Director of Finance	Executive Director of Planning & Performance	Area Director (Assistant Area Directors submit via SLT)
Appointment of Project Directors	Chief Executive	Executive Director of Planning & Performance with support from relevant Directors	Area Director
Financial monitoring and reporting on all capital scheme expenditure including variations to contract	Executive Director of Strategy	Executive Director of Finance / Executive Director of Planning & Performance with support from relevant Directors.	N/A (issued via CPMT, shared with ALT via Area Director)
Issuing of guidance on management of capital schemes	Executive Director of Strategy	Executive Director of Finance / Executive Director of Planning & Performance	N/A (CPMT – shared by Area Director)
b) Contracting – Selection of 3 rd party developers, architects, quantity surveyors, consultant engineers and other professional advisors within EC regulations and LHB tender procedures	Chief Executive	Executive Director of Planning & Performance	Director of Estates / Capital (local coordination via Area CFO)
c) Private Finance – Demonstrate that the use of private finance represents best value for money and transfers risk to the private sector	Chief Executive	Executive Director of Finance	N/A
d) Leases – Granting and termination of leases	Chief Executive	Executive Director of Planning & Performance / Executive Director of Finance	Area Director
e) Financial control and audit- Arrangements are in place to review building and engineering contracts and property transactions comply with Welsh Government guidance.	Chief Executive	Executive Director of Finance with Executive Director of Planning & Performance responsible for the technical audit of the contracts.	Area Director / Area CFO
9. Quotations, Tendering & Contract Procedures For details of Delegated Limits, please refer to Table B – Quotations/Tenders.			
a) Services:			
Best value for money is demonstrated for all services provided under contract or in-house	Chief Executive	Directors	Area CFO

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	<i>Role responsible for implementing the delegated matter within the corporate function/ Area / Secondary Care</i>
Nominate officers to oversee and manage the contract on behalf of the LHB	Chief Executive	Directors	Area Director
b) Quotations – Total value of the contract over its entire period:			
Seeking quotations up to £5,000 in value	Executive Director of Finance (per SFI 11.7.1)	For details of delegated limits, please refer to Table B	Area Director / Area CFO (see Table B)
Obtaining minimum of 3 written quotations for goods/services of value between £5,000 and £25,000	Chief Executive (per SFI 11.1.2)	For details of delegated limits. Please refer to Table B	Area Director / Area CFO (see Table B)
c) Competitive Tenders – Total value of the contract over its entire period:			
Obtaining a minimum of 4 written competitive tenders for goods/services of value between £25,000 and the OJEU threshold (in compliance with EC Directives as appropriate)	Chief Executive	For details of delegated limits, please refer to Table B	Area Director / Area CFO (see Table B)
Obtaining a minimum of 5 written competitive tenders for goods/services of a value in excess of the OJEU threshold (in compliance with EC Directives as appropriate)	Chief Executive	For details of delegated limits, please refer to Table B	Area Director / Area CFO (see Table B)
Receipt and custody of tenders prior to opening	Chief Executive	Executive Director of Finance	Area CFO (see Table B)
Opening Tenders and Quotations	Chief Executive	Executive Director of Finance	Area CFO (see Table B)
Decide if late tenders should be considered	Chief Executive	Executive Director of Finance	Area CFO (see Table B)
d) Waiving the requirement to request quotes or tenders – subject to SFI Schedule 1 Para. 4.2 & 4.3 – Formally reported to the Audit Committee	Chief Executive	Chief Executive /nominated deputy (Board Secretary or Executive Director of Finance). Where the budget holder requesting waiver is the Chief Executive /Board Secretary /Executive Director of Finance, they cannot approve their own waiver and must seek approval from one of the other two delegated officers.	Area Director

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	<i>Role responsible for implementing the delegated matter within the corporate function/ Area / Secondary Care</i>
10. Fixed Assets			
a) Maintenance of asset register	Chief Executive	Executive Director of Finance supported by relevant Director	Area Director where relevant
b) Calculate and pay capital charges in accordance with Welsh Government requirements	Executive Director of Finance	Executive Director of Finance	N/A (DoF)
c) Responsibility for fixed assets – Land & Buildings	Chief Executive	Executive Director of Planning & Performance	Director of Estates / Area Director
d) Responsibility for all other fixed assets (Plant, Machinery, Transport, IT assets including software, Furniture & Fittings)	Chief Executive	Directors	Director of Estates / Area Director
e) Responsibility for security of LHB assets including notifying discrepancies to the Director of Finance and reporting losses in accordance with LHB procedures	Chief Executive	Directors	Director of Estates / Area Director
11. Personnel & Pay			
a) Nominate officers to enter into contracts of employment regarding staff, agency staff or consultancy service contracts in accordance with the “Policy for the Safe Recruitment and Selection Practices” together with accompanying guidance, particularly the need for pre-employment checks.	Chief Executive	Executive Director of Workforce & OD	Area Director/ Relevant Assistant Area Director (AAD) in line with Table B
b) Approve the commencement of employment prior to all pre-employment checks being completed.	Executive Director of Workforce & OD	Executive Director of Workforce & OD	Area Director/ Relevant AAD in line with Table B
c) Authority to fill funded post on the establishment with permanent staff.	Executive Director of Workforce & OD	Directors	Area Director/ Relevant AAD in line with Table B
d) Authority to extend Locum appointments	Chief Executive	Interim Managing Directors, Mental Health Director and Area Directors for appointments over 12 months to 24 months. Relevant Executive Director for appointments over 24 months to 36 months only.	Area Director/ Relevant AAD in line with Table B

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	<i>Role responsible for implementing the delegated matter within the corporate function/ Area / Secondary Care</i>
e) The granting of additional increments to staff within budget in accordance with Terms & Conditions of Service	Executive Director of Workforce & OD	Directors with advice from Executive Director of Workforce & OD	Area Director/ Relevant AAD in line with Table B
f) All requests for upgrading/ regrading/ major skill mix changes shall be dealt with in accordance with LHB Procedure	Executive Director of Workforce & OD	Directors with advice from Executive Director of Workforce & OD	Area Director/ Relevant AAD in line with Table B
g) Authority to agree acting up salaries for staff other than Executive Directors (Approval of acting up salaries for interim Executive Directors to be retained by Remuneration & Terms of Service Committee)	Chief Executive to agree acting up of Band 9 and above (Excluding Executive Directors)	Directors lead for acting up salaries up to Band 8d or equivalent.	Area Director/ Relevant AAD in line with Table B
h) Establishments:			
Additional staff to the agreed establishment with specifically allocated finance	Chief Executive	Directors with approval from Executive Director of Finance	Area Director/ Relevant AAD in line with Table B
Additional staff to the agreed establishment without specifically allocated finance.	Chief Executive	Executive Director of Finance	Area Director/ Relevant AAD in line with Table B
Variation to the funded establishment	Chief Executive	Directors with approval from Executive Director of Finance	Area Director/ Relevant AAD in line with Table B
i) Pay			
Authority to complete standing data forms effecting pay, new starters, changes and leavers	Executive Director of Workforce & OD	Directors	Area Director/ Relevant AAD in line with Table B
Authority to complete and authorise timesheets and payroll returns	Executive Director of Workforce & OD	Directors	Area Director/ Relevant AAD in line with Table B
Authority to authorise overtime	Executive Director of Workforce & OD	Directors	Area Director/ Relevant AAD in line with Table B
Authority to authorise travel & subsistence expenses	Executive Director of Workforce & OD	Directors	Area Director/ Relevant AAD in line with Table B
Maintenance of a list of managers authorised to sign payroll and travel expense documentation.	Executive Director of Workforce & OD	Directors	Area CFO/ Relevant AAD in line with Table B

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	<i>Role responsible for implementing the delegated matter within the corporate function/ Area / Secondary Care</i>
j) Leave			
Approval of annual leave in accordance with LHB policy	Executive Director of Workforce & OD	Executive Director of Finance	Area Director/ Relevant AAD in line with Table B
Carry over of annual leave in exceptional circumstances up to a maximum of 5 days	Executive Director of Workforce & OD	Directors	Area Director/ Relevant AAD in line with Table B
Compassionate leave	Executive Director of Workforce & OD	Directors	Area Director/ Relevant AAD in line with Table B
Special leave arrangements (to be applied in accordance with LHB Policy)	Executive Director of Workforce & OD	Directors	Area Director/ Relevant AAD in line with Table B
Leave without pay	Executive Director of Workforce & OD	Directors	Area Director/ Relevant AAD in line with Table B
Medical Staff Leave of Absence – paid and unpaid	Executive Director of Workforce & OD	Directors	Area Medical Director / Area Director
Consultants Special Leave	Executive Medical Director	Directors	Area Medical Director / Area Director
Time off in lieu	Executive Director of Workforce	Directors	Area Medical Director / Area Director
Maternity Leave – paid and unpaid	Executive Director of Workforce & OD	Directors	Area Director/ Relevant AAD in line with Table B
k) Annualised hours/flexible working hours system-maintenance of adequate records	Executive Director of WFOD	Directors	Area Director/ Relevant AAD in line with Table B
l) Sick Leave			
Extension of sick leave on half pay up to three months	Executive Director of WFOD	Directors in conjunction with Executive Director of Workforce & OD	Area Director/ Relevant AAD in line with Table B
Return to work part-time on full pay to assist recovery	Executive Director of WFOD	Directors in conjunction with Executive Director of Workforce & OD	Area Director/ Relevant AAD in line with Table B
Extension of sick leave on full pay	Executive Director of WFOD	Directors in conjunction with Executive Director of Workforce & OD	Area Director/ Relevant AAD in line with Table B

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	<i>Role responsible for implementing the delegated matter within the corporate function/ Area / Secondary Care</i>
m) Study Leave			Area Director/ Relevant AAD in line with Table B
Study leave outside the UK (non-medical staff excluding clinical staff)	Executive Director of WFOD	Directors	Area Director/ Relevant AAD in line with Table B
Medical staff study leave (UK)	Executive Medical Director /Executive Director of WFOD Executive Director of Primary & Community Care	Directors	Area Medical Director / Area Director
Consultant Medical Staff Leave (UK)	Executive Medical Director	Directors	Area Medical Director / Area Director
All Medical and non-Medical Clinical Staff study leave outside the UK	Relevant Executive Director	Directors	Area Medical Director / Area Director
All other study leave (UK)	Executive Director of Workforce & OD	Directors	Area Director/ Relevant AAD in line with Table B
n) Removal Expenses			
Authorisation of payment of removal expenses incurred by officers taking up new appointments (providing consideration was promised at interview)	Executive Director of Workforce & OD	Directors in accordance with BCU HB policy/approval from the Executive Director of WFOD	Area Director/ Relevant AAD in line with Table B
o) Grievance Procedure	Executive Director of WFOD	Directors	Area Director
p) Professional Misconduct/Competence-Medical and Dental Staff	Executive Medical Director /Executive Director of WFOD	Assistant Medical Directors supported by Workforce & OD	Area Medical Director / Area Director
q) Suspension of Doctors employed directly by the LHB	Chief Executive	Executive Medical Director supported by Executive Director of Workforce & OD	Area Medical Director / Area Director

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	<i>Role responsible for implementing the delegated matter within the corporate function/ Area / Secondary Care</i>
r) Removal of Practitioner from the Performers List	Chief Executive	Executive Medical Director supported by Executive Director of WFOD and Executive Director of Primary & Community Care	Area Medical Director / Area Director
s) Requests for new posts to be authorised as car users	Executive Director of Finance	Directors	Area Director/ Relevant AAD in line with Table B
t) Renewal of Fixed Term Contract	Executive Director of WFOD	Directors	Area Director/ Relevant AAD in line with Table B
u) Voluntary Early Release Scheme	Executive Director of WFOD	Executive Director of Workforce & OD, with Executive Director of Finance for sign off of financial viability	Area Director
v) Settlement on termination of employment	Executive Director of WFOD	Executive Director of Workforce & OD with approval from Welsh Government where the payment is Ex-gratia and exceeds the delegated limit of £50,000	Area Director/ Relevant AAD in line with Table B
w) Ill Health Retirement Decision to pursue retirement on the grounds of ill-health following advice from Workforce & OD Department	Executive Director of Workforce & OD	Executive Director of Workforce & OD	Area Director/ Relevant AAD in line with Table B
x) Disciplinary Procedure(excluding Executive Directors)	Executive Director of WFOD	Directors	Area Director/ Relevant AAD in line with Table B
12. Engagement of Staff Not On the Establishment			
For details of Delegated Limits, please refer to Table B			
a) Non clinical Consultancy Staff	Executive Director of Finance	Director accountable for relevant service	Area Director/ Relevant AAD in line with Table B
b) Medical Locum staff	Executive Medical Director	Director accountable for relevant service.	Area Director / Area Medical Director
c) Booking of Agency Nursing Staff	Executive Director of Nursing & Midwifery	Director accountable for relevant service	Area Director/ Relevant AAD in line with Table B

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	<i>Role responsible for implementing the delegated matter within the corporate function/ Area / Secondary Care</i>
d) Booking of Bank Staff:			
Nursing	Executive Director of Nursing & Midwifery	Director accountable for relevant service	Area Director/ Relevant AAD in line with Table B
Other	Executive Director of Workforce & OD	Director accountable for relevant service	Area Director/ Relevant AAD in line with Table B
13. Charitable Funds Held on Trust			
<i>For details of Delegated Limits, Please refer to Table B</i>			
a) Management: Funds held on Trust are managed appropriately	Executive Director of Finance	Directors	Area Director/ Relevant AAD in line with Table B
b) Maintenance of authorised signatory list of Authorised Fund Holders	Executive Director of Finance	Executive Director of Finance	Area CFO / Relevant AAD in line with Table B
c) Expenditure	Refer to Table B - Delegated Limits		Area Director/ Relevant AAD in line with Table B
d) Fundraising Appeals – Preparation/Monitoring/Reporting progress and performance	Executive Director of Finance	Executive Director of Finance	Area Director/ Relevant AAD in line with Table B
e) Operation of Bank Accounts:			
Managing banking arrangements and operation of bank accounts	Executive Director of Finance in conjunction with Corporate Trustees	Executive Director of Finance	N/A
Opening bank accounts	Board	Executive Director of Finance	N/A
f) Investments – Policy and Arrangements	Executive Director of Finance in conjunction with Corporate Trustees	Executive Director of Finance	N/A
g) Authority to accept the discharge of a donor's estate	Executive Director of Finance	Executive Director of Finance	N/A

DELEGATED MATTER	<i>DELEGATED TO</i>	<i>OPERATIONAL RESPONSIBILITY</i>	<i>Role responsible for implementing the delegated matter within the corporate function/ Area / Secondary Care</i>
14. Primary Care Patient Services/ Healthcare Agreements	<i>For details of Delegated Limits, please refer to Table B – Healthcare Agreements</i>		
a) Contract negotiation and provision of service agreements	<i>Executive Director of Finance / Executive Director of Primary & Community Care</i>	<i>Executive Director of Planning & Performance</i>	<i>Area Director / Area CFO</i>
b) Reporting actual and forecast contract income	<i>Executive Director of Finance</i>	<i>Executive Director of Finance</i>	<i>Area CFO</i>
c) Pricing of all contracts and SLAs	<i>Executive Director of Finance</i>	<i>Executive Director of Finance with relevant Director</i>	<i>Area Director / Area CFO</i>
d) Signing agreements	<i>Chief Executive</i>	<i>Chief Executive or Executive Director of Finance in Chief Executive's absence Executive Director of Primary & Community Care for all primary care related agreements</i>	<i>Area Director</i>
15. Income Systems, Fees and Charges			
a) Private Patients, Overseas Visitors, Income Generation and other patient related services	<i>Executive Director of Finance</i>	<i>Executive Director of Finance</i>	<i>Area CFO</i>
b) Pricing of NHS agreements	<i>Executive Director of Finance</i>	<i>Assistant Directors of Finance</i>	<i>Area CFO</i>
c) Informing the Director of Finance of monies due to the LHB	<i>Executive Director of Finance</i>	<i>Directors</i>	<i>Area CFO</i>
d) Recovery of debt	<i>Executive Director of Finance</i>	<i>Executive Director of Finance</i>	<i>Area CFO – Via Financial Services</i>
e) Security of cash and other negotiable instruments	<i>Executive Director of Finance</i>	<i>Executive Director of Finance and all Directors</i>	<i>Area CFO – Via Financial Services</i>
f) Designing, maintaining and ensuring compliance with systems for the proper recording, invoicing, collection and coding of all monies due	<i>Executive Director of Finance</i>	<i>Director of Finance (Operational)</i>	<i>Area CFO – Via Financial Services</i>
g) Non patient care income	<i>Executive Director of Finance</i>	<i>Executive Director of Finance</i>	<i>Area CFO</i>

DELEGATED MATTER	<i>DELEGATED TO</i>	<i>OPERATIONAL RESPONSIBILITY</i>	<i>Role responsible for implementing the delegated matter within the corporate function/ Area / Secondary Care</i>
16. Disposal and Condemnations	Disposal of all property and land require formal approval by the Cabinet Secretary for Health, Well-Being & Sport		
a) Issuing procedure for the disposal of assets obsolete, obsolescent, redundant, irreparable or cannot be repaired cost effectively	Executive Director of Finance	Executive Director of Finance / Executive Director of Planning & Performance	Area CFO
b) Notification to Director of Finance prior to disposal	Executive Director of Finance	Directors	Area CFO
17. Losses, Write-offs & Compensation			
a) Prepare procedures for recording and accounting for losses and special payments including preparation of a fraud response plan and informing Counter Fraud Operational Services of frauds.	Chief Executive	Executive Director of Finance	Area CFO
b) Losses of cash due to theft, fraud, overpayment of salaries, fees, allowances & other causes up to £50,000	Chief Executive	Executive Director of Finance	Area Director
c) Fruitless payments (including abandoned Capital Schemes) up to £250,000	Chief Executive	Executive Director of Finance	Area Director
d) Bad debts and claims abandoned: Private patients; overseas visitors & other cases up to £50,000	Chief Executive	Executive Director of Finance	Area Director
e) Damage to buildings, their fittings, furniture and equipment and loss of equipment and property in stores and in use due to: culpable causes (e.g. fraud, theft, arson) or other up to £50,000	Chief Executive	Executive Director of Finance	Area Director
f) For personal and public liability claims, under the Legal & Risk scheme, authorisation from Legal & Risk is required before admissions may be made and monetary compensation offered. (Ex-gratia settlements offered by the LHB are by definition not payments based upon legal liability and as such are not reimbursable via WRP scheme)	Chief Executive	Executive Director of Nursing & Midwifery supported by the relevant Director after seeking appropriate legal advice, up to a max £150,000	Area Director

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	<i>Role responsible for implementing the delegated matter within the corporate function/ Area / Secondary Care</i>
g) Compensation payments made under legal obligation:	Chief Executive	Chief Executive, Executive Director of Finance or Executive Director of Nursing & Midwifery	Area Director
h) Extra contractual payments to contractors – Up to £50,000 as specified within the Losses and Special Payments Manual of Guidance	Chief Executive	Executive Director of Finance with reporting to the Audit Committee	Area Director
17.1 Ex-Gratia Payments:			
a) Patients and staff for loss of personal effects up to £50,000	Chief Executive	Executive Director of Finance- Refer to Finance Policy on Losses and Special Payments	Area Director
b) For clinical negligence up to £250,000 (negotiated settlements)*. Report to Board > £50,000 (see also table B para.15)	Chief Executive	Executive Director of Finance/Executive Director of Nursing & Midwifery	Area Director
c) For clinical negligence over £250,000 and up to £1,000,000* (negotiated settlements). Report to Board > £50,000 (see also table B para.15)	Chairman	Chief Executive/ Executive Director of Finance/Executive Director of Nursing & Midwifery	Area Director
d) For personal injury claims involving negligence where legal advice has been obtained and guidance applied up to £250,000 (including plaintiff's costs) Report to Board > £50,000	Chief Executive	Chief Executive/ Executive Director of Finance/Executive Director of Workforce & OD/ Executive Director of Nursing & Midwifery	Area Director
e) For personal injury claims involving negligence where legal advice has been obtained and guidance applied up to £1,000,000 Report to Board > £50,000*	Board	Chief Executive/Executive Director of Finance/Executive Director of Nursing & Midwifery	Area Director
f) Other, except cases for maladministration where there was no financial loss by claimant, up to £50,000	Chief Executive	Executive Director of Finance/Executive Director of Nursing & Midwifery	Area Director
* For all clinical negligence and personal injury cases(including Court cases) the use of structured settlements should be considered involving costs to the NHS of £250,000 or more – All structured settlements require approval from the Welsh Government			

DELEGATED MATTER	<i>DELEGATED TO</i>	<i>OPERATIONAL RESPONSIBILITY</i>	<i>Role responsible for implementing the delegated matter within the corporate function/ Area / Secondary Care</i>
18. Reporting of Incidents to the Police			
a) Where a criminal offence is suspected			
Criminal offence of a sexual or violent nature	Chief Executive	Executive Director of Workforce & OD	Area Director
Arson or theft	Executive Director of Planning & Performance	Director of Estates & Facilities	Area Director
Other	Executive Director of Planning & Performance	Director of Estates & Facilities	Area Director
19. Financial Procedures			
a) Maintenance & Update of LHB Financial Procedures	Executive Director of Finance	Executive Director of Finance	Area CFO
20. Audit Arrangements			
a) Review, appraise and support in accordance with Internal Audit standards for NHS Wales and best practice	Chair of the Audit Committee	Board Secretary/Head of Internal Audit	Area Director
b) Provide an independent and objective view on internal control and probity	Chief Executive	Head of Internal Audit/Wales Audit Office	Area Director
c) Ensure Cost-effective external audit	Chair of Audit Committee	Executive Director of Finance	N/A – DoF
d) Ensure an adequate internal audit service	Chief Executive	Board Secretary	N/A – Board Secretary
e) Implement recommendations	Chief Executive	All relevant Directors	Area Director
21. Legal Proceedings			
a) Engagement of LHB's Solicitors	Chief Executive	Board Secretary for all Board related matters/Executive Director of Workforce & OD for all employment related matters/Executive Director of Planning & Performance for all estate related matters/Executive Director of Primary & Community Care for all Primary Care related matters.	Area Director

DELEGATED MATTER	<i>DELEGATED TO</i>	<i>OPERATIONAL RESPONSIBILITY</i>	<i>Role responsible for implementing the delegated matter within the corporate function/ Area / Secondary Care</i>
b) Approve and sign all documents which will be necessary in legal proceedings	Chief Executive	Any Director of the Board or an officer formally nominated by the Chief Executive	Area Director
c) Sign on behalf of the LHB any agreement or document not requested to be executed as a deed	Chief Executive	Any Director of the Board or an officer formally nominated by the Chief Executive	Area Director
22. Insurance Policies and Risk Management	Chief Executive	Executive Director of Finance/Board Secretary	Area Director - Where relevant
23. Clinical Audit	Chief Executive	Executive Director of Therapies & Health Science	Area Medical Director
24. Patients' Property (in conjunction with financial advice)			
For details of Delegated Limits, please refer to Table B – Petty Cash/Patients Monies			
a) Ensuring patients and guardians are informed about patients' monies and property procedures on admission	Executive Director of Nursing & Midwifery	Directors	Area Director/ Relevant AAD in line with Table B
b) Prepare detailed written instructions for the administration of patients' property	Executive Director of Nursing & Midwifery	Executive Director of Finance	Area Director/ Relevant AAD in line with Table B
c) Informing staff of their duties in respect of patients' property	Executive Director of Nursing & Midwifery	Directors	Area Director/ Relevant AAD in line with Table B
d) Issuing property valued >£5,000 only on production of a probate letter of administration	Executive Director of Finance	Executive Director of Finance	Area Director/ Relevant AAD in line with Table B
25. Patients & Relatives Complaints			
a) Overall responsibility for ensuring that all complaints are dealt with effectively	Chief Executive	Executive Director of Nursing & Midwifery	Area Director / Area Nurse Director
b) Responsibility for ensuring complaints are investigated thoroughly	Chief Executive	Executive Director of Nursing & Midwifery	Area Director / Area Nurse Director
c) Medical – Legal Complaints Co-ordination of their management	Chief Executive	Executive Director of Nursing & Midwifery	Area Director / Area Medical Director

DELEGATED MATTER	<i>DELEGATED TO</i>	<i>OPERATIONAL RESPONSIBILITY</i>	<i>Role responsible for implementing the delegated matter within the corporate function/ Area / Secondary Care</i>
26. Seal			
a) The keeping of a register of seal and safekeeping of the seal	Chief Executive	Board Secretary	N/A
b) Attestation of seal in accordance with Standing Orders	Chief Executive/ Chairman	Board Secretary	N/A
27. Gifts and Hospitality			
a) Keeping of gifts and hospitality register	Chief Executive	Board members to be responsibility of Board Secretary, all other areas responsibility of Directors	Area CFO
28. Declaration of Interests			
a) Maintaining a register	Chief Executive	Board members to be responsibility of Board Secretary, all other areas responsibility of Directors	Area CFO
29. Informatics and the Data Protection Act			
a) Review of LHB's compliance with the Data Protection Act	Chief Executive	Board Secretary	Area Director to ensure Compliance
b) Responsibility for Informatics policy and strategy	Executive Medical Director	Assistant Director of Informatics	N/A
c) Responsibility for ensuring that adequate management (audit) trails exist in Informatics systems	Executive Medical Director	Assistant Director of Informatics	N/A
30. Records			
a) Review LHB's compliance with the Retention of Records Act and guidance	Chief Executive	Board Secretary / Executive Medical Director	Area Director
b) Approval for the destruction of records	Chief Executive	Board Secretary / Executive Medical Director	Area Director
c) Ensuring the form and adequacy of the financial records of all departments	Executive Director of Finance	Executive Director of Finance	Area Director
31. Authorisation of New Drugs	Chief Executive	Executive Medical Director on the advice of the appropriate professional bodies	Area Director

DELEGATED MATTER	<i>DELEGATED TO</i>	<i>OPERATIONAL RESPONSIBILITY</i>	<i>Role responsible for implementing the delegated matter within the corporate function/ Area / Secondary Care</i>
32. Authorisation of Research Projects	Executive Medical Director	Director of Research & Development	Area Medical Director
33. Authorisation of Clinical Trials	Chief Executive	Executive Medical Director	Area Medical Director
34. Infectious Diseases & Notifiable Outbreaks	Chief Executive	Executive Director of Public Health	Area Medical Director
35. Review of Fire Precautions	Chief Executive	Executive Director of Planning & Performance	
36. Health & Safety			
Review of all statutory compliance legislation and Health and Safety requirements including control of Substances Hazardous to Health Regulations	Chief Executive	Executive Director of Workforce & OD	Area Director to implement Corporate Review, Policy, Procedure, etc
37. Medicines Inspectorate Regulations			
<i>Review Regulations compliance</i>	Chief Executive	Executive Medical Director supported by Chief Pharmacist	Area Medical Director
38. Environmental Regulations			
Review of compliance with environmental regulations, for example those relating to clean air and waste disposal	Chief Executive	Executive Director of Planning & Performance	N/A Director of Estates
39. Legal & Risk Payments	Chief Executive	Executive Director of Nursing & Midwifery / Executive Director of Finance	Area Director
40. Investigation of Fraud/Corruption or Financial Irregularities	Executive Director of Finance	Lead Local Counter Fraud Specialist	Area Director
41. Commercial Sponsorship			
Agreement to proposal in accordance with BCU HB procedures	Chief Executive	Executive Director of Finance	Area CFO / Area Director

DELEGATED MATTER	<i>DELEGATED TO</i>	<i>OPERATIONAL RESPONSIBILITY</i>	<i>Role responsible for implementing the delegated matter within the corporate function/ Area / Secondary Care</i>
42. Cost/Notional Rent/Third Party Developer/Improvement Grants			
Approval of all schedules of payments	Chief Executive	Executive Director of Primary & Community care	Area Director
Submission to Welsh Government for all new GP premises or major extensions in accordance with BCU HB Primary Care Estates Strategy	Chief Executive	Executive Director of Primary & Community Care	Area Director
43. Freedom of Information	Chief Executive	Board Secretary	Area Director
44. Compliance Lead Roles			
a) Caldicott Guardian	Executive Medical Director	Senior Associate Medical Director	Area Medical Director
b) Data Protection Officer	Chief Executive	Assistant Director of Information, Governance & Assurance	
c) Senior Information Risk Owner	Chief Executive	Board Secretary	
45. Emergency Planning & Major Incidents – Civil Contingencies Act (Category 1 Responder)	Chief Executive	Executive Director of Planning & Performance	Area Director
46. National Health Services (Wales) Act 2006 Section 33 Agreements: Arrangements between NHS Bodies and Local Authorities	Chief Executive	Executive Director of Planning & Performance	Area Director
47. Statutory compliance with respective Legislation	Chief Executive	Board Secretary	Area Director
48. National Health Service (Appointment of Consultants) (Wales) (Amendment) Regulations 2005 (Statutory Instrument 2005: 3039) Appointment of all Medical and Dental Consultant posts. Consultant posts within Public Health that are open to both medically qualified and those qualified in other disciplines other than medicine should follow this process, even though they fall outside of the requirements of the Statutory Instrument.	Chief Executive	Board level Directors	Area Medical Director

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	<i>Role responsible for implementing the delegated matter within the corporate function/ Area / Secondary Care</i>
49. All Wales Policy: Making Decisions on Individual Patient Funding Requests (IPFR)	Chief Executive	WHSSC IPFR Panel £300,000 to £1million Chief Executive up to £299,999; Chair and Vice Chair of Health Board IPFR Panel together sign up to £125,000	Area Medical Director
* The IPFR Panel cannot make policy decisions for the health board. Any policy proposals arising from their considerations and decisions must be reported to the Health Board Quality, Safety & Experience Committee			
50. Carbon Reduction Commitment Order (Phase 2) Agency Registration	Chief Executive	Executive Director of Planning & Performance	NA Director of Estates
51. Human Tissue Act 20014	Chief Executive	Executive Director of Therapies & Health Sciences	Area Director
52. Ionising Radiation (Medical Exposure) Regulations 2017	Chief Executive	Executive Director of Therapies & Health Sciences	Area Director
53. Nurse Staffing Levels Act (Wales) 2016	Chief Executive	Executive Director of Nursing & Midwifery	Area Director / Area Nurse Director

Table B – Scheme of Financial Delegation

Financial limits are subject to funding available within relevant budget(s) and are inclusive of VAT irrespective of recovery arrangements.

All purchases must ensure compliance with Standing Financial Instruction Schedule 1 - Procurement of Works, Goods and Services with regard to the required quotation or tendering exercise.

	Budget changes	General expenditure	Healthcare agreements	Capital (Business Case and Contractual Commitment approvals)			Specialist				Charitable Funds		Procurement waivers	Staffing	
		Any expenditure approval must be within funding limits of approved budgets. Approval limits are cumulative, and therefore higher level approval limits must be supported by lower level approvals. Executive Directors, Area Directors, Secondary Care Director and Hospital Care Directors to determine scheme of delegation within their structures.													
	Budget transfers between Corporate Departments, Area Teams or Hospital Teams(Virements)	Individual orders / requisitions / annual order value or total contract value (unless otherwise noted)	Healthcare agreements (NHS and Private sector)(annual value) (Primary Care contracts approved by Board)	Building and engineering orders; related consultancy support(individual contractual commitment)	Medical devices; plant; machinery; related consultancy support(individual contractual commitment)	IM&T; telecoms systems; software; related consultancy (individual contractual commitment)	Property or equipment leases(granting or termination of leases; annual value)	External consultancy support (total contract value for duration of service)	Losses / Special Payments (Termination s approved by Director of W&OD; VERS by RATS C'ttee)	New drugs (value based on annual costs)	Locally held funds(total funding bid value)	General funds(total funding bid value)	All values	New posts (additional establishm't)	Agency and Waiting List Initiatives (all values)
WG (In advance of contract planning)	No requirement	£1m plus	£1m plus (Private sector)	£1m plus	£1m plus	£1m plus	No requirement	£1m plus	See Manual of Guidance for losses and SFIs, as special rules apply for certain losses and ex gratia payments.	No requirement	No requirement	No requirement	No requirement	No requirement	No requirement
Board following Chief Executive approval	£1m plus	£1m plus	Over £10m approved in advance, below £10m retrospectively reported. Over £1m for Private sector.	£1m plus	£1m plus	£1m plus	£0.5m plus or any which need signing under seal (Reservation of Power, Number 33)	£0.5m plus		£1m plus	No requirement	No requirement	No requirement	No requirement	No requirement
Audit Committee													Retrospective reporting		
Charitable Funds Committee											Over £5k (Up to £25k scrutinised by Bid Cttee)	Over £5k (Up to £25k scrutinised by Bid Cttee)			
CEO through Corporate Directors' Group	£0.5m to £1m	£0.5m to £1m	New or contract variation to £10.0m.	£0.5m to £1m	£0.5m to £1m	£0.5m to £1m	£250k to £0.5m	£250k to £0.5m	£0.5m to £1.0m	£0.5m to £1.0m	Up to £5k	Up to £5k	As escalated by DoF	Can approve new posts across LHB	No requirement
Any 2 of CEO, Director of P&P and DoF (must include DoF)		Up to £0.5m	New or contract variation to £5.0m (to £1m for Private sector).					Up to £250k		Up to £0.5m			As escalated by DoF		
Executive Director of Finance	Up to £0.5m	Up to £250k		Up to £0.5m	Up to £0.5m	Up to £0.5m	Up to £250k	Up to £100k	Up to £0.5m		Up to £5k	Up to £5k	As escalated by FD: OF		
Executive Directors and Board Secretary (unless noted below)		Up to £250k						Up to £100k					Waivers must be approved by FD: OF and Director of Finance or Chief Executive if escalated by FD: OF	Can approve new posts within own structure.	Must approve in advance in own structure.
Executive Director of Primary & Community care		Up to £250k		Up to £0.5m	Up to £0.5m			Up to £100k						Can approve new posts within own structure.	Must approve in advance in own structure.
Executive Director of Planning & Performance		Up to £250k		Up to £0.5m	Up to £0.5m		Up to £250k	Up to £100k						Can approve new posts within own structure.	Must approve in advance in own structure.
Medical Director		Up to £250k				Up to £0.5m		Up to £100k						Can approve new posts within own structure.	Must approve in advance in own structure.
Director of W&OD		Up to £250k						Up to £100k	Termination s up to £50k (over this to WG)					Can approve new posts within own structure.	Must approve in advance in own structure.
Executive Director of Nursing & Midwifery		Up to £250k						Up to £100k	Up to £150k					Can approve new posts within own structure.	Must approve in advance in own structure.
Area Directors and Director of Mental Health Services		Up to £250k	New or contract variation to £1.5m		Up to £250k			Up to £100k		Up to £100k, following Med Mgt Group	Up to £5k			Can approve new posts within own team.	As escalated by Direct Reports*
Area Medical Director															Medical staff*
Area Nurse Directors															Nurse or other staff*
Secondary Care Medical Director		Up to £150k			Up to £150k			Up to £140k			Up to £5k			Can approve new posts within own team.	Medical staff*
Secondary Care Nurse Director		Up to £150k			Up to £150k			Up to £140k			Up to £5k			Can approve new posts within own team.	Nurse or other staff*
Interim Managing Directors		Up to £150k		Up to £150k	Up to £150k			Up to £50k			Up to £5k			Can approve new posts within own team.	As escalated by Direct Reports*
Hospital: Assistant Medical Director															Medical staff*
Hospital: Assistant Nurse Director															Nurse or other staff*
Procurement (NWSSP)													All signed off by Procurement		
Assistant Director Concerns		Up to £75k							Up to £75k						
Deputy / Assistant Director Board Secretary		Up to £75k													
Assistant Director Primary Care		Up to £75k	Up to £75k		Up to £75k			Up to £75k			Up to £5k				
Assistant Director Secondary Care		Up to £75k	Up to £75k		Up to £75k			Up to £75k			Up to £5k				
Assistant Director Community Hospital Services		Up to £75k	Up to £75k		Up to £75k			Up to £75k			Up to £5k				

Head of Investigations and Redress									Up to £20k						
Claims Managers									Up to £5k						
Authorised fund holder (Charitable Funds)											Up to £5k				
Medicines Management Group										All new drugs, unless cheaper than existing					
* Agency and Waiting List Initiatives must generally be approved in advance. However, in exceptional circumstances when staff are required out of hours, they can be approved retrospectively.															

Central Area Updated Operational SoRD v0.01 Draft

AREA MANAGEMENT TEAM SECTION

	Budget changes	General expenditure	Healthcare agreements	Capital (Business Case and Contractual Commitment approvals)			Specialist				Charitable Funds		Procurement waivers	Staffing	
		Any expenditure approval must be within funding limits of approved budgets. Approval limits are cumulative, and therefore higher level approval limits must be supported by lower level approvals. Executive Directors, Area Directors, Secondary Care Director and Hospital Care Directors to determine scheme of delegation within their structures.													
	Budget transfers between Corporate Departments , Area Teams or Hospital Teams(Virements)	Individual orders / requisitions / annual order value or total contract value (unless otherwise noted)	Healthcare agreements (NHS and Private sector)(annual value) (Primary Care contracts approved by Board)	Building and engineering orders; related consultancy support(individual contractual commitment)	Medical devices; plant; machinery; related consultancy support(individual contractual commitment)	IM&T; telecoms systems; software; related consultancy (individual contractual commitment)	Property or equipment leases(granting or termination of leases; annual value)	External consultancy support (total contract value for duration of service)	Losses / Special Payments (Terminations approved by Director of W&OD; VERS by RATS C'ttee)	New drugs (value based on annual costs)	Locally held funds(total funding bid value)	General funds(total funding bid value)	All values	New posts (additional establishm't)	Agency and Waiting List Initiatives (all values)
Area Directors	Co-sign all budget changes In /Out of Area bottom line	Up to £250k	New or contract variation to £1.5m		Up to £250k			Up to £100k		Up to £100k, following Med Mgt Group	Up to £5k			Can approve new posts within own Area	As escalated by Direct Reports*
Area Medical Director															Medical staff*

AREA MANAGEMENT TEAM SECTION

	Budget changes	General expenditure	Healthcare agreements	Capital (Business Case and Contractual Commitment approvals)			Specialist				Charitable Funds		Procurement waivers	Staffing	
		Any expenditure approval must be within funding limits of approved budgets. Approval limits are cumulative, and therefore higher level approval limits must be supported by lower level approvals. Executive Directors, Area Directors, Secondary Care Director and Hospital Care Directors to determine scheme of delegation within their structures.													
	Budget transfers between Corporate Departments , Area Teams or Hospital Teams(Virements)	Individual orders / requisitions / annual order value or total contract value (unless otherwise noted)	Healthcare agreements (NHS and Private sector)(annual value) (Primary Care contracts approved by Board)	Building and engineering orders; related consultancy support(individual contractual commitment)	Medical devices; plant; machinery; related consultancy support(individual contractual commitment)	IM&T; telecoms systems; software; related consultancy (individual contractual commitment)	Property or equipment leases(granting or termination of leases; annual value)	External consultancy support (total contract value for duration of service)	Losses / Special Payments (Terminations approved by Director of W&OD; VERS by RATS C'ttee)	New drugs (value based on annual costs)	Locally held funds(total funding bid value)	General funds(total funding bid value)	All values	New posts (additional establishm't)	Agency and Waiting List Initiatives (all values)
Area Nurse Director	Changes within own delegated budget	Up to £150k	Up to £150k		Up to £150k			Up to £50k			Up to £5k			Can approve new posts within own Area.	As escalated by Direct Reports*
Area CFO	Co-sign all budget changes In /Out of Area bottom line	Up to £100k	Up to £100k		Up to £100k			Up to £25k			Up to £5k			Can approve new posts within own Area.	
Clinical Director of Therapies	Changes within Therapies budgets	Up to £100k	Up to £100k		Up to £100k			Up to £25k			Up to £5k			Can approve new posts within own Area.	
Head of Therapies	Changes within own delegated budget	Up to £50k	Up to £50k		Up to £50k			Up to £15k			Up to £5k			Can approve new posts within own Service.	Within own Service Area – up to £5k per individual item
Head of Medicines Management	Changes within own delegated budget	Up to £100k	Up to £100k		Up to £50k			Up to £15k			Up to £5k			Can approve new posts within own Service.	Within own Service Area – up to £5k per individual item
Head of Primary Care	Changes within own delegated budget	Up to £50k	Up to £50k		Up to £50k			Up to £15k			Up to £5k			Can approve new posts within own Service.	Within own Service Area – up to £5k per individual item
Head of Community Services	Changes within own delegated budget	Up to £50k	Up to £50k		Up to £50k			Up to £15k			Up to £5k			Can approve new posts within own Service.	Within own Service Area – up to £5k per individual item
Head of Children's Services	Changes within own delegated budget	Up to £50k	Up to £50k		Up to £50k			Up to £15k			Up to £5k			Can approve new posts within own Service.	Within own Service Area – up to £5k per individual item
Head of Dental Services	Changes within own delegated budget	Up to £50k	Up to £50k		Up to £50k			Up to £15k			Up to £5k			Can approve new posts within own Service.	Within own Service Area – up to £5k per individual item

Individual Heads of Service within each of the Portfolios of the Assistant Area Director to follow the same principles and limits.

For example the Head of Physiotherapy cannot have an approval limit of greater than £50,000 (limit of the Assistant Director: Therapies).

Likewise the Head of Community Nursing cannot have an approval limit of greater than £50,000 (limit of the Assistant Director: Community)

ALL limits for requisitions and purchase orders with be managed within the Oracle Financials System.

Recruitment and Staffing to be managed within ESR and TRAC – both of which will be aligned to match the above limits and those set within the lowest level of Budget Manager detail within Oracle Financials.

Section 33 Agreements to be signed by the Area Director.

Grace Lewis-Parry

Grace Lewis-Parry
Board Secretary
18 July 2019

SECTION 2: SCHEME OF DELEGATION TO EXECUTIVE DIRECTORS, OTHER DIRECTORS AND OFFICERS

The LHB Standing Orders and Standing Financial Instructions specify certain key responsibilities of the Chief Executive, the Executive Director of Finance and other officers. The Chief Executive's Job Description, together with their Accountable Officer Memorandum sets out their specific responsibilities, and the individual job descriptions determined for Executive Director level posts also define in detail the specific responsibilities assigned to those post holders. These documents, together with the schedule of additional delegations below and the associated financial delegations set out in the Standing Financial Instructions form the basis of the LHB's Scheme of Delegation to Officers.

Delegated Matter	Table Reference No.
STANDING ORDERS/STANDING FINANCIAL INSTRUCTIONS	1
MEETINGS	2
FINANCIAL PLANNING/BUDGETARY RESPONSIBILITY	3
BANK/PGO ACCOUNTS (EXCLUDING CHARITABLE FUND ACCOUNTS)	4
EXTERNAL BORROWING	5
NON PAY EXPENDITURE	6
STORES AND RECEIPT OF GOODS	7
CAPITAL INVESTMENT MANAGEMENT	8
QUOTATIONS, TENDERING & CONTRACT PROCEDURES	9
FIXED ASSETS	10
PERSONNEL & PAY	11
ENGAGEMENT OF STAFF (NOT ON THE ESTABLISHMENT)	12
CHARITABLE FUNDS HELD ON LHB	13
PRIMARY CARE PATIENT SERVICES/HEALTHCARE AGREEMENTS	14
INCOME SYSTEMS, FEES & CHARGES	15
DISPOSAL AND CONDEMNATIONS	16
LOSSES, WRITE-OFFS & COMPENSATION AND EX-GRATIA PAYMENTS	17
REPORTING INCIDENTS TO THE POLICE	18
FINANCIAL PROCEDURES	19
AUDIT ARRANGEMENTS	20
LEGAL PROCEEDINGS	21
INSURANCE POLICIES AND RISK MANAGEMENT	22
CLINICAL AUDIT	23
PATIENTS' PROPERTY	24
PATIENTS & RELATIVES COMPLAINTS	25
SEAL	26
GIFTS & HOSPITALITY	27
DECLARATION OF INTERESTS	28
INFORMATICS AND THE DATA PROTECTION ACT	29
RECORDS	30
AUTHORISATION OF NEW DRUGS	31
AUTHORISATION OF RESEARCH PROJECTS	32
AUTHORISATION OF CLINICAL TRIALS	33
INFECTIOUS DISEASES & NOTIFIABLE OUTBREAKS	34

Delegated Matter	Table Reference No.
REVIEW OF FIRE PRECAUTIONS	35
HEALTH & SAFETY	36
MEDICINES INSPECTORATE REGULATIONS	37
ENVIRONMENTAL REGULATIONS	38
LEGAL & RISK PAYMENTS	39
INVESTIGATION OF FRAUD/CORRUPTION OR FINANCIAL IRREGULARITIES	40
COMMERCIAL SPONSORSHIP	41
COSTS/NOTIONAL RENT/THIRD PARTY DEVELOPER/IMPROVEMENT GRANTS	42
FREEDOM OF INFORMATION	43
COMPLIANCE LEAD ROLES: CALDICOTT GUARDIAN, DPO, SIRO	44
EMERGENCY PLANNING	45
NHS ACT 2006 (WALES) SECTION 33 AGREEMENTS	46
STATUTORY COMPLIANCE WITH RESPECTIVE LEGISLATION	47
APPOINTMENT OF MEDICAL & DENTAL CONSULTANT POSTS	48
INDIVIDUAL PATIENT FUNDING REQUESTS	49
CARBON REDUCTION COMMITMENT ORDER	50
HUMAN TISSUE ACT 2004	51
IONISING RADIATION (MEDICAL EXPOSURE) REGULATIONS 2017 [IR(ME)R]	52
NURSE STAFFING LEVELS (WALES) ACT 2016	53

Schedule 1

SCHEME OF RESERVATION AND DELEGATION OF POWERS EAST AREA

Table A – Scheme of Delegation to Officers

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
1. Standing Orders / Standing Financial Instructions			
a) Final authority in interpretation of Standing Orders	Chair	Chair	Area Director
b) Notifying Directors, employees and agents of their responsibilities within the Standing Orders and Standing Financial Instructions and ensuring that they understand the responsibilities	Executive Director of Finance/Board Secretary	Directors	Area Director
c) Responsibility for the security of the LHB's property, avoiding loss, exercising economy and efficiency in using resources and conforming with Standing Orders, Financial Instructions and financial procedures	Executive Director of Finance	Directors	Area Director
d) Ensuring Standing Orders are compatible with Welsh Government requirements re building and engineering contracts	Chief Executive	Executive Director of Planning & Performance	Area Director
2. Meetings			
a) Calling meetings of the LHB	Chair	Board Secretary	N/A
b) Chair all LHB Board meetings and associated responsibilities	Chair or Vice Chair in Chair's absence	Chair or Vice Chair in Chair's absence	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
3. Financial Planning/Budgetary Responsibility			
a) Setting: Submit Three Year Plan and Annual Operating Plan to the LHB Board	Chief Executive	Executive Director of Planning & Performance	Area Director
Submit budgets to the LHB Board	Chief Executive	Executive Director of Finance	Area CFO
Submit to Board financial estimates and forecasts	Chief Executive	Executive Director of Finance	Area CFO
b) Implementing financial policies, plans and procedures, providing advice and co-ordinating any corrective action necessary	Executive Director of Finance	Finance Director (Operational)	Area CFO
c) Issuing Budgets	Executive Director of Finance	Finance Director (Operational)	Area CFO
d) Monitoring: Monitor performance against budget	Executive Director of Finance	Directors	Area Directors
Submit monitoring returns	Chief Executive	Executive Director of Finance	Area CFO
Effective budgetary control and a balanced budget	Executive Director of Finance	Directors	Area Director
Preparation of annual accounts and returns	Executive Director of Finance	Executive Director of Finance	N/A
Identifying and implementing cost improvements and income generation initiatives	Executive Director of Finance	Directors	Area Director
e) Authorisation of Virement It is not possible for any officer other than the Executive Director of Finance to vire from non-recurring headings to recurring budgets <u>or</u> from capital to revenue/revenue to capital. Virement <u>between</u> different budget holders (Directors) requires the agreement of <u>both</u> parties <u>and</u> the Executive Director of Finance	Please refer to Table B – Delegated Limits		

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
f) Maintaining an effective system of internal financial control	Chief Executive	Executive Director of Finance	Area CFO
g) Delivery of financial training to budget holders (Directors)	Executive Director of Finance	Finance Director (Operational)	N/A
4. Bank/PGO Accounts (Excluding Charitable Fund Accounts)			
a) Operation: Managing banking arrangements and operation of bank accounts	Executive Director of Finance	Finance Director (Operational)	N/A
Opening bank accounts	Executive Director of Finance	Finance Director (Operational)	N/A
Authorisation of transfers between LHB bank accounts	Executive Director of Finance	Finance Director (Operational)	N/A
Authorisation of: -PGO/GBS Schedules -BACS Schedules -Automated cheque schedules -Manual cheques	Executive Director of Finance	Finance Director (Operational)	N/A
b) Investments: Investment of surplus funds in accordance with the LHB's investment policy	Executive Director of Finance	Finance Director (Operational)	N/A
5. External Borrowing			
a) Advise LHB Board of the requirements to meet payment of interest and originating capital debt	Executive Director of Finance	Finance Director (Operational)	N/A
b) Application for loan(s) and overdrafts	Executive Director of Finance	Finance Director (Operational)	N/A
c) Preparation of procedural instructions	Executive Director of Finance	Finance Director (Operational)	N/A
6. Non Pay Expenditure			
For details of Delegated Limits please refer			

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
to Table B			
a) Completion of an Operational Scheme of Delegation and Authorisation by each Budget Holder ensuring maintenance of a list of officers authorised to place requisitions/orders (including emergency verbal orders) and record receipts within the E-Financials Business Suite.	Executive Director of Finance	Directors	Area Director
b) Obtain the best value for money when requisitioning goods/services	Executive Director of Finance	Directors	Area CFO
c) Ensuring expenditure is within budget	Chief Executive	Directors	Area CFO
d) Non-Pay Expenditure for which no specific budget has been set up and which is not subject to funding under delegated powers of virement	Chief Executive	Executive Director of Finance	Area CFO
e) Orders exceeding 12 month period	Executive Director of Finance	Finance Director (Operational)	Area CFO
f) Prompt payment of accounts	Executive Director of Finance	Executive Director of Finance	Area CFO
g) Financial Limits	Please refer to Table B – Delegated Limits		See table B
h) Maintenance of sufficient records to explain the LHB's transactions and report on the LHB's financial position	Executive Director of Finance	Executive Director of Finance	Area CFO
i) Approval of visits at a supplier's expense	Executive Director of Finance	Executive Directors	Area CFO
j) Provision of electronic signatures within the E-Financials Business Suite in accordance with each Budget Holder's Operational Scheme of Delegation and Authorisation	Executive Director of Finance	Finance Director (Operational)	Area CFO
7. Stores and Receipt of Goods			

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
a) Responsibility for the systems of financial control over all stores including receipt of goods and returns	Executive Director of Finance	Directors	Area CFO
b) Responsibility for the control of stores and receipt of goods, issues and returns: All stores (excluding pharmaceutical, fuel, oil and coal – see following)	Executive Director of Finance	Directors	Area CFO
Pharmaceutical Stores	Executive Medical Director	Chief Pharmacist	Head of Medicines Management
Fuel, oil and coal stocks	Executive Director of Planning & Performance	Director of Estates & Facilities	Director of Estates & Facilities
c) Stocktaking arrangements	Executive Director of Finance	Directors	Area CFO
8. Capital Investment Management			
For details of Delegated Limits for Delegated Matter 8d, please refer to Table B – Leases. In accordance with Welsh Government guidance:			
a) Programme:			
Preparation of Capital Investment Programme	Chief Executive	Executive Director of Planning & Performance	Area Director
Completion and signing off of a business case for approval	Chief Executive/ Executive Director of Finance	Executive Director of Planning & Performance	Area Director
Appointment of Project Directors	Chief Executive	Executive Director of Planning & Performance with support from relevant Directors	Area Director
Financial monitoring and reporting on all capital scheme expenditure	Executive Director of	Executive Director of	N/A (DoF)

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
including variations to contract	Planning & Performance	Finance/Executive Director of Planning & Performance with support from relevant Directors.	
Issuing of guidance on management of capital schemes	Executive Director of Planning & Performance	Executive Director of Finance/Executive Director of Planning & Performance	N/A (DoF)
b) Contracting – Selection of 3 rd party developers, architects, quantity surveyors, consultant engineers and other professional advisors within EC regulations and LHB tender procedures	Chief Executive	Executive Director of Planning & Performance	Area CFO
c) Private Finance – Demonstrate that the use of private finance represents best value for money and transfers risk to the private sector	Chief Executive	Executive Director of Finance	N/A
d) Leases – Granting and termination of leases	Chief Executive	Executive Director of Planning & Performance/Executive Director of Finance	Area Director
e) Financial control and audit- Arrangements are in place to review building and engineering contracts and property transactions comply with Welsh Government guidance.	Chief Executive	Executive Director of Finance with Executive Director of Planning & Performance responsible for the technical audit of the contracts.	Area CFO, in conjunction with Director of Estates – would this be estates?
9. Quotations, Tendering & Contract Procedures For details of Delegated Limits, please refer to Table B – Quotations/Tenders.			
a) Services:			

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
Best value for money is demonstrated for all services provided under contract or in-house	Chief Executive	Directors	Area CFO in conjunction with NWSSP procurement
Nominate officers to oversee and manage the contract on behalf of the LHB	Chief Executive	Directors	Area Director
b) Quotations – Total value of the contract over its entire period:			
Seeking quotations up to £5,000 in value	Executive Director of Finance (per SFI 11.7.1)	For details of delegated limits, please refer to Table B	Area CFO
Obtaining minimum of 3 written quotations for goods/services of value between £5,000 and £25,000	Chief Executive (per SFI 11.1.2)	For details of delegated limits. Please refer to Table B	Area CFO
c) Competitive Tenders – Total value of the contract over its entire period:			
Obtaining a minimum of 4 written competitive tenders for goods/services of value between £25,000 and the OJEU threshold (in compliance with EC Directives as appropriate)	Chief Executive	For details of delegated limits, please refer to Table B	Area CFO
Obtaining a minimum of 5 written competitive tenders for goods/services of a value in excess of the OJEU threshold (in compliance with EC Directives as appropriate)	Chief Executive	For details of delegated limits, please refer to Table B	Area CFO
Receipt and custody of tenders prior to opening	Chief Executive	Executive Director of Finance	Area CFO
Opening Tenders and Quotations	Chief Executive	Executive Director of Finance	Area CFO
Decide if late tenders should be considered	Chief Executive	Executive Director of Finance	Area CFO
d) Waiving the requirement to request quotes or tenders – subject to SFI Schedule 1 Para.	Chief Executive	Chief Executive/nominated deputy	Area Director

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
4.2 & 4.3 – Formally reported to the Audit Committee		(Board Secretary or Executive Director of Finance). Where the budget holder requesting the waiver is the Chief Executive/Board Secretary/Executive Director of Finance, they cannot approve their own waiver and must seek approval from one of the other two delegated officers.	
10. Fixed Assets			
a) Maintenance of asset register	Chief Executive	Executive Director of Finance supported by relevant Director	Area Director where relevant
b) Calculate and pay capital charges in accordance with Welsh Government requirements	Executive Director of Finance	Executive Director of Finance	N/A (DoF)
c) Responsibility for fixed assets – Land & Buildings	Chief Executive	Executive Director of Planning & Performance	Director of Estates & Facilities
d) Responsibility for all other fixed assets (Plant, Machinery, Transport, IT assets including software, Furniture & Fittings)	Chief Executive	Directors	Director of Estates & Facilities
e) Responsibility for security of LHB assets including notifying discrepancies to the Director of Finance and reporting losses in accordance with LHB procedures	Chief Executive	Directors	Director of Estates & Facilities

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
11. Personnel & Pay			
a) Nominate officers to enter into contracts of employment regarding staff, agency staff or consultancy service contracts in accordance with the "Policy for the Safe Recruitment and Selection Practices" together with accompanying guidance, particularly the need for pre-employment checks.	Chief Executive	Executive Director of Workforce & OD	Area Director
b) Approve the commencement of employment prior to all pre-employment checks being completed.	Executive Director of Workforce & OD	Executive Director of Workforce & OD	Area Director
c) Authority to fill funded post on the establishment with permanent staff.	Executive Director of Workforce & OD	Directors	Area Director
d) Authority to extend Locum appointments	Chief Executive	Interim Managing Directors, Mental Health Director and Area Directors for appointments over 12 months to 24 months. Executive Director of Nursing & Midwifery, Executive Director of Primary & Community Care, Executive Director of Therapies & Health Sciences and Executive Director of Workforce & OD/Director of MHL D for appointments over 24 months to 36	Area Director

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
		months only.	
e) The granting of additional increments to staff within budget in accordance with Terms & Conditions of Service	Executive Director of Workforce & OD	Directors with advice from Executive Director of Workforce & OD	Area Director
f) All requests for upgrading/ regrading/ major skill mix changes shall be dealt with in accordance with LHB Procedure	Executive Director of Workforce & OD	Directors with advice from Executive Director of Workforce & OD	Area Director
g) Authority to agree acting up salaries for staff other than Executive Directors (Approval of acting up salaries for interim Executive Directors to be retained by Remuneration & Terms of Service Committee)	Chief Executive to agree acting up arrangements of Band 9 and above (Excluding Executive Directors)	Directors lead for acting up salaries up to Band 8d or equivalent.	Area Director
h) Establishments:			
Additional staff to the agreed establishment with specifically allocated finance	Chief Executive	Directors with approval from Executive Director of Finance	Area Director
Additional staff to the agreed establishment without specifically allocated finance.	Chief Executive	Executive Director of Finance	Area Director
Variation to the funded establishment	Chief Executive	Directors with approval from Executive Director of Finance	Area Director
i) Pay			
Authority to complete standing data forms effecting pay, new starters, changes and leavers	Executive Director of Workforce & OD	Directors	Area Director
Authority to complete and authorise timesheets and payroll returns	Executive Director of Workforce & OD	Directors	Area Director

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
Authority to authorise overtime	Executive Director of Workforce & OD	Directors	Area Director
Authority to authorise travel & subsistence expenses	Executive Director of Workforce & OD	Directors	Area Director
Maintenance of a list of managers authorised to sign payroll and travel expense documentation.	Executive Director of Workforce & OD	Directors	Area Director
j) Leave			
Approval of annual leave in accordance with LHB policy	Executive Director of Workforce & OD	Executive Director of Finance	Area Director
Carry over of annual leave in exceptional circumstances up to a maximum of 5 days	Executive Director of Workforce & OD	Directors	Area Director
Compassionate leave	Executive Director of Workforce & OD	Directors	Area Director
Special leave arrangements (to be applied in accordance with All Wales Policy)	Executive Director of Workforce & OD	Directors	Area Director
Leave without pay	Executive Director of Workforce & OD	Directors	Area Director
Medical Staff Leave of Absence – paid and unpaid	Executive Director of Workforce & OD	Directors	Area Director
Consultants Special Leave	Executive Medical Director	Directors	Area Director
Time off in lieu	Executive Director of Workforce and OD	Directors	Area Director
Maternity / Paternity Leave – paid and unpaid	Executive Director of Workforce & OD	Directors	Area Director

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
k) Annualised hours/flexible working hours system- maintenance of adequate records	Executive Director of Workforce & OD	Directors	Area Director
l) Sick Leave			
Extension of sick leave on half pay up to three months	Executive Director of Workforce & OD	Directors in conjunction with Executive Director of Workforce & OD	Area Director
Return to work part-time on full pay to assist recovery	Executive Director of Workforce & OD	Directors in conjunction with Executive Director of Workforce & OD	Area Director
Extension of sick leave on full pay	Executive Director of Workforce & OD	Directors in conjunction with Executive Director of Workforce & OD	Area Director
m) Study Leave			
Study leave outside the UK (non-medical staff excluding clinical staff)	Executive Director of Workforce & OD	Directors	Area Director
Medical staff study leave (UK)	Executive Medical Director/Executive Director of Workforce & OD/ Executive Director of Primary & Community Care	Directors	Area Medical Director
Consultant Medical Staff Leave (UK)	Executive Medical Director	Directors	Area Medical Director
All Medical and non-Medical Clinical Staff study leave outside the UK	Executive Medical Director/Executive	Directors	Area Director

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
	Director of Nursing & Midwifery/ Executive Director of Therapies & Health Science/ Executive Director of Primary & Community Care		
All other study leave (UK)	Executive Director of Workforce & OD	Directors	Area Director
n) Removal Expenses			
Authorisation of payment of removal expenses incurred by officers taking up new appointments (providing consideration was promised at interview)	Executive Director of Workforce & OD	Directors in accordance with BCU HB policy/approval from the Executive Director of Workforce & OD	Area Director
o) Grievance Procedure	Executive Director of Workforce & OD	Directors	Area Director
p) Professional Misconduct/Competence-Medical and Dental Staff	Executive Medical Director/Executive Director of Workforce & OD	Assistant Medical Directors supported by Workforce & OD	Area Medical Director
q) Suspension of Doctors employed directly by the LHB	Chief Executive	Executive Medical Director supported by Executive Director of Workforce & OD	Area Medical Director
r) Removal of Practitioner from the	Chief	Executive	Area Medical Director

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
Performers List	Executive	Medical Director supported by Executive Director of Workforce & OD and Executive Director of Primary & Community Care	
s) Requests for new posts to be authorised as car users	Executive Director of Finance	Directors	Area Director
t) Renewal of Fixed Term Contract	Executive Director of Workforce & OD	Directors	Area Director
u) Voluntary Early Release Scheme	Executive Director of Workforce & OD	Executive Director of Workforce & OD, with Executive Director of Finance for sign off of financial viability	Area Director
v) Settlement on termination of employment	Executive Director of Workforce & OD	Executive Director of Workforce & OD with approval from Welsh Government where the payment is Ex-gratia and exceeds the delegated limit of £50,000	Area Director
w) Ill Health Retirement Decision to pursue retirement on the grounds of ill-health following advice from Workforce & OD Department	Executive Director of Workforce & OD	Executive Director of Workforce & OD	Area Director
x) Disciplinary Procedure(excluding Executive Directors)	Executive Director of	Directors	Area Director

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
	Workforce & OD		
12. Engagement of Staff Not On the Establishment			
For details of Delegated Limits, please refer to Table B			
a) Non clinical Consultancy Staff	Executive Director of Finance	Director accountable for relevant service	Area Director
b) Medical Locum staff	Executive Medical Director	Director accountable for relevant service.	Area Medical Director
c) Booking of Agency Nursing Staff	Executive Director of Nursing & Midwifery	Director accountable for relevant service	Area Nurse Director
d) Booking of Bank Staff:			
Nursing	Executive Director of Nursing & Midwifery	Director accountable for relevant service	Area Nurse Director
Other	Executive Director of Workforce & OD	Director accountable for relevant service	Area Nurse Director
13. Charitable Funds Held on Trust			
For details of Delegated Limits, Please refer to Table B			
a) Management: Funds held on Trust are managed appropriately	Executive Director of Finance	Directors	Area Director
b) Maintenance of authorised signatory list of Authorised Fund Holders	Executive Director of Finance	Executive Director of Finance	Area Director
c) Expenditure	Refer to Table B - Delegated Limits		Area Director
d) Fundraising Appeals –	Executive	Executive	Area CFO

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
Preparation/Monitoring/Reporting progress and performance	Director of Finance	Director of Finance	
e) Operation of Bank Accounts:			
Managing banking arrangements and operation of bank accounts	Executive Director of Finance in conjunction with Corporate Trustees	Executive Director of Finance	N/A
Opening bank accounts	Board	Executive Director of Finance	N/A
f) Investments – Policy and Arrangements	Executive Director of Finance in conjunction with Corporate Trustees	Executive Director of Finance	N/A
g) Authority to accept the discharge of a donor's estate	Executive Director of Finance	Executive Director of Finance	N/A
14. Primary Care Patient Services/ Healthcare Agreements			
For details of Delegated Limits, please refer to Table B – Healthcare Agreements			
a) Contract negotiation and provision of service agreements	Executive Director of Finance / Executive Director of Primary & Community Care	Executive Director of Planning & Performance	Area CFO
b) Reporting actual and forecast contract income	Executive Director of Finance	Executive Director of Finance	Area CFO
c) Pricing of all contracts and SLAs	Executive Director of Finance	Executive Director of Finance with relevant Director	Area Director

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
d) Signing agreements	Chief Executive	Chief Executive or Executive Director of Finance in Chief Executive's absence/Executive Director of Primary & Community Care for all primary care related agreements	Area Director
15. Income Systems, Fees and Charges			
a) Private Patients, Overseas Visitors, Income Generation and other patient related services	Executive Director of Finance	Executive Director of Finance	Area CFO
b) Pricing of NHS agreements	Executive Director of Finance	Assistant Directors of Finance	Area CFO
c) Informing the Director of Finance of monies due to the LHB	Executive Director of Finance	Directors	Area CFO
d) Recovery of debt	Executive Director of Finance	Executive Director of Finance	Area CFO
e) Security of cash and other negotiable instruments	Executive Director of Finance	Executive Director of Finance and all Directors	Area CFO
f) Designing, maintaining and ensuring compliance with systems for the proper recording, invoicing, collection and coding of all monies due	Executive Director of Finance	Director of Finance (Operational)	Area CFO
g) Non patient care income	Executive Director of Finance	Executive Director of Finance	Area CFO
16. Disposal and Condemnations			
Disposal of all property and land require formal approval by the			

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
Cabinet Secretary for Health, Well-Being & Sport			
a) Issuing procedure for the disposal of assets obsolete, obsolescent, redundant, irreparable or cannot be repaired cost effectively	Executive Director of Finance	Executive Director of Finance/Executive Director of Planning & Performance	Area CFO
b) Notification to Director of Finance prior to disposal	Executive Director of Finance	Directors	Area CFO
17. Losses, Write-offs & Compensation			
a) Prepare procedures for recording and accounting for losses and special payments including preparation of a fraud response plan and informing Counter Fraud Operational Services of frauds.	Chief Executive	Executive Director of Finance	Area CFO
b) Losses of cash due to theft, fraud, overpayment of salaries, fees, allowances & other causes up to £50,000	Chief Executive	Executive Director of Finance	Area CFO
c) Fruitless payments (including abandoned Capital Schemes) up to £250,000	Chief Executive	Executive Director of Finance	Area Director
d) Bad debts and claims abandoned: Private patients; overseas visitors & other cases up to £50,000	Chief Executive	Executive Director of Finance	Area CFO
e) Damage to buildings, their fittings, furniture and equipment and loss of equipment and property in stores and in use due to: Culpable causes (e.g. fraud, theft, arson) or other up to £50,000	Chief Executive	Executive Director of Finance	Area CFO
f) For personal and public liability claims, under the Legal & Risk scheme, authorisation from Legal & Risk is required before admissions may be made and monetary compensation offered. (Ex-gratia settlements offered by the LHB are by definition not payments based upon legal liability and are, therefore, not	Chief Executive	Executive Director of Nursing & Midwifery supported by the relevant Director after seeking appropriate legal advice,	Area Director

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
reimbursable under the WRP scheme)		up to a max £150,000	
g) Compensation payments made under legal obligation:	Chief Executive	Chief Executive, Executive Director of Finance or Executive Director of Nursing & Midwifery	Area Director
h) Extra contractual payments to contractors – Up to £50,000 as specified within the Losses and Special Payments Manual of Guidance	Chief Executive	Executive Director of Finance with reporting to the Audit Committee	Area CFO
17.1 Ex-Gratia Payments:			
a) Patients and staff for loss of personal effects up to £50,000	Chief Executive	Executive Director of Finance- Refer to Finance Policy on Losses and Special Payments	Area Director
b) For clinical negligence up to £250,000 (negotiated settlements)*. Report to Board > £50,000 (see also table B para.15)	Chief Executive	Executive Director of Finance/Executive Director of Nursing & Midwifery	Area Director
c) For clinical negligence over £250,000 and up to £1,000,000* (negotiated settlements). Report to Board > £50,000 (see also table B para.15)	Chair	Chief Executive/ Executive Director of Finance/Executive Director of Nursing & Midwifery	Area Director
d) For personal injury claims involving negligence where legal advice has been obtained and guidance applied up to £250,000 (including plaintiff's costs) Report to Board > £50,000	Chief Executive	Chief Executive/ Executive Director of Finance/Executive Director of Workforce & OD/ Executive Director of	Area Director

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
		Nursing & Midwifery	
e) For personal injury claims involving negligence where legal advice has been obtained and guidance applied up to £1,000,000 Report to Board > £50,000*	Board	Chief Executive/Executive Director of Finance/Executive Director of Nursing & Midwifery	Area Director
f) Other, except cases for maladministration where there was no financial loss by claimant, up to £50,000	Chief Executive	Executive Director of Finance/Executive Director of Nursing & Midwifery	Area Director
* For all clinical negligence and personal injury cases(including Court cases) the use of structured settlements should be considered involving costs to the NHS of £250,000 or more – All structured settlements require approval from the Welsh Government			
18. Reporting of Incidents to the Police			
a) Where a criminal offence is suspected			
Criminal offence of a sexual or violent nature	Chief Executive	Executive Director of Workforce & OD	Area Director
Arson or theft	Executive Director of Planning & Performance	Director of Estates & Facilities	Area Director
Other	Executive Director of Planning & Performance	Director of Estates & Facilities	Area Director
19. Financial Procedures			
a) Maintenance & Update of LHB Financial Procedures	Executive Director of Finance	Executive Director of Finance	Area CFO
20. Audit Arrangements			

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
a) Review, appraise and support in accordance with Internal Audit standards for NHS Wales and best practice	Chair of the Audit Committee	Board Secretary/Head of Internal Audit	Area Director
b) Provide an independent and objective view on internal control and probity	Chief Executive	Head of Internal Audit/Wales Audit Office	Area Director
c) Ensure Cost-effective external audit	Chair of Audit Committee	Executive Director of Finance	N/A
d) Ensure an adequate internal audit service	Chief Executive	Board Secretary	N/A
e) Implement recommendations	Chief Executive	All relevant Directors	Area Director
21. Legal Proceedings			
a) Engagement of LHB's Solicitors	Chief Executive	Board Secretary for all Board related matters/Executive Director of Workforce & OD for all employment related matters/Executive Director of Planning & Performance for all estate related matters/Executive Director of Primary & Community Care for all Primary Care related matters.	Area Director
b) Approve and sign all documents which will be necessary in legal proceedings	Chief Executive	Any Director of the Board or an officer formally nominated by the Chief Executive	Area Director

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
c) Sign on behalf of the LHB any agreement or document not requested to be executed as a deed	Chief Executive	Any Director of the Board or an officer formally nominated by the Chief Executive	Area Director
22. Insurance Policies and Risk Management	Chief Executive	Executive Director of Finance/Board Secretary	Area Director where relevant
23. Clinical Audit	Chief Executive	Executive Director of Therapies & Health Science	Area Medical Director
24. Patients' Property (in conjunction with financial advice)			
For details of Delegated Limits, please refer to Table B – Petty Cash/Patients Monies			
a) Ensuring patients and guardians are informed about patients' monies and property procedures on admission	Executive Director of Nursing & Midwifery	Directors	Area Director (delegated to budget managers as per table B)
b) Prepare detailed written instructions for the administration of patients' property	Executive Director of Nursing & Midwifery	Executive Director of Finance	Area Director (per table B)
c) Informing staff of their duties in respect of patients' property	Executive Director of Nursing & Midwifery	Directors	Area Director (per table B)
d) Issuing property valued >£5,000 only on production of a probate letter of administration	Executive Director of Finance	Executive Director of Finance	Area Director (per table B)
25. Patients & Relatives Complaints			
a) Overall responsibility for ensuring that all complaints are dealt with effectively	Chief Executive	Executive Director of Nursing & Midwifery	Area Director
b) Responsibility for ensuring	Chief	Executive	Area Director

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
complaints are investigated thoroughly	Executive	Director of Nursing & Midwifery	
c) Medical – Legal Complaints Co-ordination of their management	Chief Executive	Executive Director of Nursing & Midwifery	Area Director
26. Seal			
a) The keeping of a register of seal and safekeeping of the seal	Chief Executive	Board Secretary	N/A
b) Attestation of seal in accordance with Standing Orders	Chief Executive/Chair	Board Secretary	N/A
27. Gifts and Hospitality			
a) Keeping of gifts and hospitality register	Chief Executive	Board Secretary	N/A
28. Declaration of Interests			
a) Maintaining a register	Chief Executive	Board Secretary	Area Director
29. Informatics and the Data Protection Act			
a) Review of LHB's compliance with the Data Protection Act	Chief Executive	Board Secretary	Area Director to ensure local compliance
b) Responsibility for Informatics policy and strategy	Executive Medical Director	Chief Information Officer	N/A
c) Responsibility for ensuring that adequate management (audit) trails exist in Informatics systems	Executive Medical Director	Chief Information Officer	N/A
30. Records			
a) Review LHB's compliance with the Retention of Records Act and guidance	Chief Executive	Board Secretary / Executive Medical Director	Area Director
b) Approval for the destruction of records	Chief Executive	Board Secretary / Executive Medical	Area Director

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
		Director	
c) Ensuring the form and adequacy of the financial records of all departments	Executive Director of Finance	Executive Director of Finance	Area Director
31. Authorisation of New Drugs	Chief Executive	Executive Medical Director on the advice of the appropriate professional bodies	Head of Medicines Management
32. Authorisation of Research Projects	Executive Medical Director	Director of Research & Development	Area Medical Director
33. Authorisation of Clinical Trials	Chief Executive	Executive Medical Director	Area Medical Director
34. Infectious Diseases & Notifiable Outbreaks	Chief Executive	Executive Director of Public Health	Area Medical Director
35. Review of Fire Precautions	Chief Executive	Executive Director of Planning & Performance	Director of Estates & Facilities
36. Health & Safety			
Review of all statutory compliance legislation and Health and Safety requirements including control of Substances Hazardous to Health Regulations	Chief Executive	Executive Director of Workforce & OD	Director of Estates & Facilities – corporate department to review legislation and advise Area Director re local implementation actions
37. Medicines Inspectorate Regulations			
Review Regulations Compliance	Chief Executive	Executive Medical Director supported by	Area Medical Director

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
		Chief Pharmacist	
38. Environmental Regulations			
Review of compliance with environmental regulations, for example those relating to clean air and waste disposal	Chief Executive	Executive Director of Planning & Performance	Director of Estates & Facilities
39. Legal & Risk Payments	Chief Executive	Executive Director of Nursing & Midwifery/Executive Director of Finance	Area Director
40. Investigation of Fraud/Corruption or Financial Irregularities	Executive Director of Finance	Lead Local Counter Fraud Specialist	Area Director
41. Commercial Sponsorship			
Agreement to proposal in accordance with BCU HB procedures	Chief Executive	Executive Director of Finance	Area CFO
42. Cost/Notional Rent/Third Party Developer/Improvement Grants			
Approval of all schedules of payments	Chief Executive	Executive Director of Primary & Community Care	Area Director
Submission to Welsh Government for all new GP premises or major extensions in accordance with BCU HB Primary Care Estates Strategy	Chief Executive	Executive Director of Primary & Community Care	Area Director
43. Freedom of Information	Chief Executive	Board Secretary	Area Director
44. Compliance Lead Roles:			
a) Caldicott Guardian	Executive Medical Director	Senior Associate Medical	Area Medical Director

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
b) Data Protection Officer c) Senior Information Risk Owner	Chief Executive Chief Executive	Director Assistant Director of Information Governance and Assurance Board Secretary	
45. Emergency Planning & Major Incidents – Civil Contingencies Act (Category 1 Responder)	Chief Executive	Executive Director of Planning & Performance	Area Director
46. National Health Services (Wales) Act 2006 Section 33 Agreements: Arrangements between NHS Bodies and Local Authorities	Chief Executive	Executive Director of Finance	Area Director
47. Statutory compliance with respective Legislation	Chief Executive	Board Secretary	Area Director
48. National Health Service (Appointment of Consultants) (Wales) (Amendment) Regulations 2005 (Statutory Instrument 2005: 3039) Appointment of all Medical and Dental Consultant posts. Consultant posts within Public Health that are open to both medically qualified and those qualified in other disciplines other than medicine should follow this process, even though they fall outside of the requirements of the Statutory Instrument.	Chief Executive	Board level directors	Area Medical Director
49. All Wales Policy: Making Decisions on Individual Patient Funding Requests (IPFR)	Chief Executive	WHSSC IPFR Panel £300,000 to £1,000,000; Chief Executive up to £299,999; Chair and Vice Chair of Health Board IPFR Panel together sign up to	IPFR panel

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
		£125,000	
* The IPFR Panel cannot make policy decisions for the health board. Any policy proposals arising from their considerations and decisions must be reported to the Health Board Quality, Safety & Experience Committee			
50. Carbon Reduction Commitment Order (Phase 2) Agency Registration	Chief Executive	Executive Director of Planning and Performance	Director of Estates & Facilities
51. Human Tissue Act 20014	Chief Executive	Executive Director of Therapies & Health Sciences	Area Director
52. Ionising Radiation (Medical Exposure) Regulations 2017	Chief Executive	Executive Director of Therapies & Health Sciences	Area Director
53. Nurse Staffing Levels Act (Wales) 2016	Chief Executive	Executive Director of Nursing & Midwifery	Area Director

Table B – Scheme of Financial Delegation

Financial Limits are subject to funding available within relevant budget(s) and are inclusive of VAT irrespective of recovery arrangements.

All purchases must ensure compliance with Standing Financial Instruction Schedule 1 -

Procurement of Works, Goods and Services with regard to the required quotation or Tendering exercise.

	Budget changes	General expenditure	Healthcare agreements	Capital (Business Case and Contractual Commitment approvals)			Specialist				Charitable Funds		Procurement waivers	Staffing	
		Any expenditure approval must be within funding limits of approved budgets. Approval limits are cumulative, and therefore higher level approval limits must be supported by lower level approvals. Executive Directors and Directors, Area Directors, and Hospital Care Directors to determine scheme of delegation within their structures.													
	Budget transfers between Corporate Departments, Area Teams or Hospital Teams(Virements)	Individual orders / requisitions / annual order value or total contract value (unless otherwise noted)	Healthcare agreements (NHS and Private sector)(annual value) (Primary Care contracts approved by Board)	Building and engineering orders; related consultancy support(individual contractual commitment)	Medical devices; plant; machinery; related consultancy support(individual contractual commitment)	IM&T; telecoms systems; software; related consultancy (individual contractual commitment)	Property or equipment leases(granting or termination of leases; annual value)	External consultancy support (total contract value for duration of service)	Losses / Special Payments (Terminations approved by Exec.Director of W&OD; VERS by RATS C'ttee)	New drugs (value based on annual costs)	Locally held funds(total funding bid value)	General funds(total funding bid value)	All values	New posts (additional establishm't)	Agency and Waiting List Initiatives (all values)
WG (In advance of contract planning)	No requirement	£1m plus	£1m plus (Private sector)	£1m plus	£1m plus	£1m plus	No requirement	£1m plus	See Manual of Guidance for losses and SFIs, as special rules apply for certain losses and ex gratia payments.	No requirement	No requirement	No requirement	No requirement	No requirement	No requirement
Board following Chief Executive approval	£1m plus	£1m plus	Over £10m approved in advance, below £10m retrospectively reported. Over £1m for Private sector.	£1m plus	£1m plus	£1m plus	£0.5m plus or any which need signing under seal (Reservation of Power, Number 33)	£0.5m plus		£1m plus	No requirement	No requirement	No requirement	No requirement	No requirement
Audit Committee													Retrospective reporting		
Charitable Funds Committee (all Executives can authorise use of charitable funds up to £5k)											Over £5k (Up to £25k scrutinised by CF Advisory Group)	Over £5k (Up to £25k scrutinised by CF Advisory group)			
CEO through Executive Team	£0.5m to £1m	£0.5m to £1m	New or contract variation to £10.0m.	£0.5m to £1m	£0.5m to £1m	£0.5m to £1m	£250k to £0.5m	£250k to £0.5m	£0.5m to £1.0m	£0.5m to £1.0m	Up to £5k	Up to £5k	As escalated by DoF	Can approve new posts across LHB	No requirement
Any 2 of CEO, Director of P&P and DoF (must include DoF)		Up to £0.5m	New or contract variation to £5.0m (to £1m for Private sector).					Up to £250k		Up to £0.5m			As escalated by DoF		
Executive Director of Finance	Up to £0.5m	Up to £250k		Up to £0.5m	Up to £0.5m	Up to £0.5m	Up to £250k	Up to £100k	Up to £0.5m		Up to £5k	Up to £5k	As escalated by FD: OF	Can approve new posts within own structure.	Must approve in advance in own structure.

	Budget changes	General expenditure	Healthcare agreements	Capital (Business Case and Contractual Commitment approvals)			Specialist				Charitable Funds		Procurement waivers	Staffing	
		Any expenditure approval must be within funding limits of approved budgets. Approval limits are cumulative, and therefore higher level approval limits must be supported by lower level approvals. Executive Directors and Directors, Area Directors, and Hospital Care Directors to determine scheme of delegation within their structures.													
	Budget transfers between Corporate Departments, Area Teams or Hospital Teams(Virements)	Individual orders / requisitions / annual order value or total contract value (unless otherwise noted)	Healthcare agreements (NHS and Private sector)(annual value) (Primary Care contracts approved by Board)	Building and engineering orders; related consultancy support(individual contractual commitment)	Medical devices; plant; machinery; related consultancy support(individual contractual commitment)	IM&T; telecoms systems; software; related consultancy (individual contractual commitment)	Property or equipment leases(granting or termination of leases; annual value)	External consultancy support (total contract value for duration of service)	Losses / Special Payments (Terminations approved by Exec.Director of W&OD; VERS by RATS C'ttee)	New drugs (value based on annual costs)	Locally held funds(total funding bid value)	General funds(total funding bid value)	All values	New posts (additional establishm't)	Agency and Waiting List Initiatives (all values)
Executive Directors, Board Secretary, Director of Mental Health and Learning Disabilities (unless noted below)		Up to £250k						Up to £100k					Waivers must be approved by FD: OF and Exec.Director of Finance or Chief Executive if escalated by FD: OF	Can approve new posts within own structure.	Must approve in advance in own structure.
Executive Director of Primary Cty Care		Up to £250k						Up to £100k						Can approve new posts within own structure.	Must approve in advance in own structure.
Executive Director of Planning & Performance		Up to £250k		Up to £0.5m	Up to £0.5m		Up to £250k	Up to £100k						Can approve new posts within own structure.	Must approve in advance in own structure.
Executive Medical Director		Up to £250k				Up to £0.5m		Up to £100k						Can approve new posts within own structure.	Must approve in advance in own structure.
Executive Director of W&OD		Up to £250k						Up to £100k	Terminations up to £50k (over this to WG)					Can approve new posts within own structure.	Must approve in advance in own structure.
Executive Director of Nursing & Midwifery		Up to £250k						Up to £100k	Up to £150k					Can approve new posts within own structure.	Must approve in advance in own structure.

	Budget changes	General expenditure	Healthcare agreements	Capital			Specialist				Charitable Funds		Procurement waivers	Staffing	
		Any expenditure approval must be within funding limits of approved budgets. Approval limits are cumulative, and therefore higher level approval limits must be supported by lower level approvals. Executive Directors and Directors, Area Directors, and Hospital Care Directors to determine scheme of delegation within their structures.													
	Budget transfers between Corporate Departments, Area Teams or Hospital Teams(Virements)	Individual orders / requisitions / annual order value or total contract value (unless otherwise noted)	Healthcare agreements (NHS and Private sector)(annual value) (Primary Care contracts approved by Board)	Building and engineering orders; related consultancy support(individual contractual commitment)	Medical devices; plant; machinery; related consultancy support(individual contractual commitment)	IM&T; telecoms systems; software; related consultancy (individual contractual commitment)	Property or equipment leases(granting or termination of leases; annual value)	External consultancy support (total contract value for duration of service)	Losses / Special Payments (Terminations only approved by Exec Director of W&OD; VERS require RATS Committee)	New drugs (value based on annual costs)	Locally held funds(total funding bid value)	General funds(total funding bid value)	All values	New posts (additional establishm't)	Agency and Waiting List Initiatives (all values)
Area Directors and Director of Mental Health & Learning Disabilities		Up to £250k	New or contract variation to £1.5m		Up to £250k			Up to £100k		Up to £100k, following Med Mgt Group	Up to £5k			Can approve new posts within own team.	As escalated by Direct Reports*
Area Medical Director															Medical staff*
Area Nurse Directors															Nurse or other staff*
Secondary Care Medical Director		Up to £150k			Up to £150k			Up to £150k			Up to £5k				Medical staff*
Secondary Care Nurse Director		Up to £150k			Up to £150k			Up to £150k			Up to £5k				Nurse or other staff*
Interim Managing Directors		Up to £150k			Up to £150k			Up to £50k			Up to £5k			Can approve new posts within own team.	As escalated by Direct Reports*
Director of Estates & Facilities		Up to £150K		Up to £150K	Up to £150K			Up to £50K							
Hospital: Assistant Medical Director															Medical staff*
Hospital: Assistant Nurse Director															Nurse or other staff*
Procurement (NWSSP)													All signed off by Procurement		

	Budget changes	General expenditure	Healthcare agreements	Capital	Specialist	Charitable Funds	Procurement waivers	Staffing							
		Any expenditure approval must be within funding limits of approved budgets. Approval limits are cumulative, and therefore higher level approval limits must be supported by lower level approvals. Executive Directors and Directors, Area Directors, and Hospital Care Directors to determine scheme of delegation within their structures.													
	Budget transfers between Corporate Departments, Area Teams or Hospital Teams(Virements)	Individual orders / requisitions / annual order value or total contract value (unless otherwise noted)	Healthcare agreements (NHS and Private sector)(annual value) (Primary Care contracts approved by Board)	Building and engineering orders; related consultancy support(individual contractual commitment)	Medical devices; plant; machinery; related consultancy support(individual contractual commitment)	IM&T; telecoms systems; software; related consultancy (individual contractual commitment)	Property or equipment leases(granting or termination of leases; annual value)	External consultancy support (total contract value for duration of service)	Losses / Special Payments (Terminations only approved by Exec Director of W&OD; VERS require RATS Committee)	New drugs (value based on annual costs)	Locally held funds(total funding bid value)	General funds(total funding bid value)	All values	New posts (additional establishm't)	Agency and Waiting List Initiatives (all values)
Deouty Director (Concerns)		Up to £75k							Up to £75k						
Deputy / Assistant Director Board Secretary		Up to £75k													
Assistant Director Primary Care		Up to £75k	Up to £75k		Up to £75k			Up to £75k			Up to £5k				
Assistant Director Community Hospital Services		Up to £75k	Up to £75k		Up to £75k			Up to £75k			Up to £5k				
Assistant Director Secondary Care		Up to £75k	Up to £75k		Up to £75k			Up to £75k			Up to £5k				
Head of Investigations and Redress									Up to £20k						
Claims Managers									Up to £5k						
Authorised fund holder (Charitable Funds)											Up to £5k				

	Budget changes	General expenditure	Healthcare agreements	Capital			Specialist			Charitable Funds		Procurement waivers	Staffing		
		Any expenditure approval must be within funding limits of approved budgets. Approval limits are cumulative, and therefore higher level approval limits must be supported by lower level approvals. Executive Directors and Directors, Area Directors, and Hospital Care Directors to determine scheme of delegation within their structures.													
	Budget transfers between Corporate Departments, Area Teams or Hospital Teams(Virements)	Individual orders / requisitions / annual order value or total contract value (unless otherwise noted)	Healthcare agreements (NHS and Private sector)(annual value) (Primary Care contracts approved by Board)	Building and engineering orders; related consultancy support(individual contractual commitment)	Medical devices; plant; machinery; related consultancy support(individual contractual commitment)	IM&T; telecoms systems; software; related consultancy (individual contractual commitment)	Property or equipment leases(granting or termination of leases; annual value)	External consultancy support (total contract value for duration of service)	Losses / Special Payments (Terminations only approved by Exec Director of W&OD; VERS require RATS Committee)	New drugs (value based on annual costs)	Locally held funds(total funding bid value)	General funds(total funding bid value)	All values	New posts (additional establishments)	Agency and Waiting List Initiatives (all values)
Medicines Management Group										All new drugs, unless cheaper than existing					
* Agency and Waiting List Initiatives must generally be approved in advance. However, in exceptional circumstances when staff are required out of hours, they can be approved retrospectively.															

This scheme only relates to matters delegated by the Board to the Chief Executive and Directors, together with certain other specific matters referred to in Standing Financial Instructions. Each Director is responsible for delegation within their department. They should produce an Operational Scheme of Delegation and Authorisation for matters within their department, which should also set out how departmental budget and procedures for approval of expenditure are delegated.

East Area Updated Operational SoRD 2019 v0.01 Draft

Grace Lewis-Parry

Grace Lewis-Parry

Board Secretary

18 July 2019

SECTION 2: SCHEME OF DELEGATION TO EXECUTIVE DIRECTORS, OTHER DIRECTORS AND OFFICERS

The LHB Standing Orders and Standing Financial Instructions specify certain key responsibilities of the Chief Executive, the Executive Director of Finance and other officers. The Chief Executive's Job Description, together with their Accountable Officer Memorandum sets out their specific responsibilities, and the individual job descriptions determined for Executive Director level posts also define in detail the specific responsibilities assigned to those post holders. These documents, together with the schedule of additional delegations below and the associated financial delegations set out in the Standing Financial Instructions form the basis of the LHB's Scheme of Delegation to Officers.

Delegated Matter	Table Reference No.
STANDING ORDERS/STANDING FINANCIAL INSTRUCTIONS	1
MEETINGS	2
FINANCIAL PLANNING/BUDGETARY RESPONSIBILITY	3
BANK/PGO ACCOUNTS (EXCLUDING CHARITABLE FUND ACCOUNTS)	4
EXTERNAL BORROWING	5
NON PAY EXPENDITURE	6
STORES AND RECEIPT OF GOODS	7
CAPITAL INVESTMENT MANAGEMENT	8
QUOTATIONS, TENDERING & CONTRACT PROCEDURES	9
FIXED ASSETS	10
PERSONNEL & PAY	11
ENGAGEMENT OF STAFF (NOT ON THE ESTABLISHMENT)	12
CHARITABLE FUNDS HELD ON LHB	13
PRIMARY CARE PATIENT SERVICES/HEALTHCARE AGREEMENTS	14
INCOME SYSTEMS, FEES & CHARGES	15
DISPOSAL AND CONDEMNATIONS	16
LOSSES, WRITE-OFFS & COMPENSATION AND EX-GRATIA PAYMENTS	17
REPORTING INCIDENTS TO THE POLICE	18
FINANCIAL PROCEDURES	19
AUDIT ARRANGEMENTS	20
LEGAL PROCEEDINGS	21
INSURANCE POLICIES AND RISK MANAGEMENT	22
CLINICAL AUDIT	23
PATIENTS' PROPERTY	24
PATIENTS & RELATIVES COMPLAINTS	25
SEAL	26
GIFTS & HOSPITALITY	27
DECLARATION OF INTERESTS	28
INFORMATICS AND THE DATA PROTECTION ACT	29
RECORDS	30
AUTHORISATION OF NEW DRUGS	31
AUTHORISATION OF RESEARCH PROJECTS	32
AUTHORISATION OF CLINICAL TRIALS	33
INFECTIOUS DISEASES & NOTIFIABLE OUTBREAKS	34

Delegated Matter	Table Reference No.
REVIEW OF FIRE PRECAUTIONS	35
HEALTH & SAFETY	36
MEDICINES INSPECTORATE REGULATIONS	37
ENVIRONMENTAL REGULATIONS	38
LEGAL & RISK PAYMENTS	39
INVESTIGATION OF FRAUD/CORRUPTION OR FINANCIAL IRREGULARITIES	40
COMMERCIAL SPONSORSHIP	41
COSTS/NOTIONAL RENT/THIRD PARTY DEVELOPER/IMPROVEMENT GRANTS	42
FREEDOM OF INFORMATION	43
COMPLIANCE LEAD ROLES: CALDICOTT GUARDIAN, DPO, SIRO	44
EMERGENCY PLANNING	45
NHS ACT 2006 (WALES) SECTION 33 AGREEMENTS	46
STATUTORY COMPLIANCE WITH RESPECTIVE LEGISLATION	47
APPOINTMENT OF MEDICAL & DENTAL CONSULTANT POSTS	48
INDIVIDUAL PATIENT FUNDING REQUESTS	49
CARBON REDUCTION COMMITMENT ORDER	50
HUMAN TISSUE ACT 2004	51
IONISING RADIATION (MEDICAL EXPOSURE) REGULATIONS 2017 [IR(ME)R]	52
NURSE STAFFING LEVELS (WALES) ACT 2016	53

Schedule 1

SCHEME OF RESERVATION AND DELEGATION OF POWERS

Executive Director of Workforce & OD

Table A – Scheme of Delegation to Officers

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
1. Standing Orders / Standing Financial Instructions			
a) Final authority in interpretation of Standing Orders	Chair	Chair	N/A
b) Notifying Directors, employees and agents of their responsibilities within the Standing Orders and Standing Financial Instructions and ensuring that they understand the responsibilities	Executive Director of Finance/Board Secretary	Directors	Associate Directors of W&OD
c) Responsibility for the security of the LHB's property, avoiding loss, exercising economy and efficiency in using resources and conforming with Standing Orders, Financial Instructions and financial procedures	Executive Director of Finance	Directors	Associate Directors of W&OD
d) Ensuring Standing Orders are compatible with Welsh Government requirements re building and engineering contracts	Chief Executive	Executive Director of Planning & Performance	N/A
2. Meetings			
a) Calling meetings of the LHB	Chair	Board Secretary	N/A
b) Chair all LHB Board meetings and associated responsibilities	Chair or Vice Chair in Chair's absence	Chair or Vice Chair in Chair's absence	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
3. Financial Planning/Budgetary Responsibility			
a) Setting: Submit Three Year Plan and Annual Operating Plan to the LHB Board	Chief Executive	Executive Director of Planning & Performance	N/A
Submit budgets to the LHB Board	Chief Executive	Executive Director of Finance	N/A
Submit to Board financial estimates and forecasts	Chief Executive	Executive Director of Finance	N/A
b) Implementing financial policies, plans and procedures, providing advice and co-ordinating any corrective action necessary	Executive Director of Finance	Finance Director (Operational)	
c) Issuing Budgets	Executive Director of Finance	Finance Director (Operational)	N/A
d) Monitoring: Monitor performance against budget	Executive Director of Finance	Directors	Associate Directors of W&OD
Submit monitoring returns	Chief Executive	Executive Director of Finance	N/A
Effective budgetary control and a balanced budget	Executive Director of Finance	Directors	Associate Directors of W&OD
Preparation of annual accounts and returns	Executive Director of Finance	Executive Director of Finance	N/A
Identifying and implementing cost improvements and income generation initiatives	Executive Director of Finance	Directors	Associate Directors of W&OD
e) Authorisation of Virement It is not possible for any officer other than the Executive Director of Finance to vire from non-recurring headings to recurring budgets <u>or</u> from capital to revenue/revenue to capital. Virement <u>between</u> different budget holders (Directors) requires the agreement of <u>both</u> parties <u>and</u> the Executive Director of Finance	Please refer to Table B – Delegated Limits		Executive Director of W&OD

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
f) Maintaining an effective system of internal financial control	Chief Executive	Executive Director of Finance	N/A
g) Delivery of financial training to budget holders (Directors)	Executive Director of Finance	Finance Director (Operational)	N/A
4. Bank/PGO Accounts (Excluding Charitable Fund Accounts)			N/A
a) Operation: Managing banking arrangements and operation of bank accounts	Executive Director of Finance	Finance Director (Operational)	
Opening bank accounts	Executive Director of Finance	Finance Director (Operational)	N/A
Authorisation of transfers between LHB bank accounts	Executive Director of Finance	Finance Director (Operational)	Associate Directors of W&OD
Authorisation of: -PGO/GBS Schedules -BACS Schedules -Automated cheque schedules -Manual cheques	Executive Director of Finance	Finance Director (Operational)	N/A
b) Investments: Investment of surplus funds in accordance with the LHB's investment policy	Executive Director of Finance	Finance Director (Operational)	Associate Directors of W&OD
			N/A
5. External Borrowing			Associate Directors of W&OD
a) Advise LHB Board of the requirements to meet payment of interest and originating capital debt	Executive Director of Finance	Finance Director (Operational)	Executive Director of W&OD
b) Application for loan(s) and overdrafts	Executive Director of Finance	Finance Director (Operational)	N/A
c) Preparation of procedural instructions	Executive Director of Finance	Finance Director (Operational)	N/A
6. Non Pay Expenditure			
For details of Delegated Limits please refer			

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
to Table B			
a) Completion of an Operational Scheme of Delegation and Authorisation by each Budget Holder ensuring maintenance of a list of officers authorised to place requisitions/orders (including emergency verbal orders) and record receipts within the E-Financials Business Suite.	Executive Director of Finance	Directors	N/A
b) Obtain the best value for money when requisitioning goods/services	Executive Director of Finance	Directors	N/A
c) Ensuring expenditure is within budget	Chief Executive	Directors	N/A
d) Non-Pay Expenditure for which no specific budget has been set up and which is not subject to funding under delegated powers of virement	Chief Executive	Executive Director of Finance	
e) Orders exceeding 12 month period	Executive Director of Finance	Finance Director (Operational)	N/A
f) Prompt payment of accounts	Executive Director of Finance	Executive Director of Finance	Associate Directors of W&OD
g) Financial Limits	Please refer to Table B – Delegated Limits		N/A
h) Maintenance of sufficient records to explain the LHB's transactions and report on the LHB's financial position	Executive Director of Finance	Executive Director of Finance	Associate Directors of W&OD
i) Approval of visits at a supplier's expense	Executive Director of Finance	Executive Directors	N/A
j) Provision of electronic signatures within the E-Financials Business Suite in accordance with each Budget Holder's Operational Scheme of Delegation and Authorisation	Executive Director of Finance	Finance Director (Operational)	N/A
7. Stores and Receipt of Goods			

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
a) Responsibility for the systems of financial control over all stores including receipt of goods and returns	Executive Director of Finance	Directors	Associate Directors of Workforce & OD
b) Responsibility for the control of stores and receipt of goods, issues and returns: All stores (excluding pharmaceutical, fuel, oil and coal – see following)	Executive Director of Finance	Directors	Associate Directors of Workforce & OD
Pharmaceutical Stores	Executive Medical Director	Chief Pharmacist	N/A
Fuel, oil and coal stocks	Executive Director of Planning & Performance	Director of Estates & Facilities	N/A
c) Stocktaking arrangements	Executive Director of Finance	Directors	N/A
8. Capital Investment Management For details of Delegated Limits for Delegated Matter 8d, please refer to Table B – Leases. In accordance with Welsh Government guidance:			N/A
a) Programme:			
Preparation of Capital Investment Programme	Chief Executive	Executive Director of Planning & Performance	N/A
Completion and signing off of a business case for approval	Chief Executive/ Executive Director of Finance	Executive Director of Planning & Performance	N/A
Appointment of Project Directors	Chief Executive	Executive Director of Planning & Performance with support from relevant Directors	N/A
Financial monitoring and reporting on all capital scheme expenditure	Executive Director of	Executive Director of	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
including variations to contract	Planning & Performance	Finance/Executive Director of Planning & Performance with support from relevant Directors.	
Issuing of guidance on management of capital schemes	Executive Director of Planning & Performance	Executive Director of Finance/Executive Director of Planning & Performance	N/A
b) Contracting – Selection of 3 rd party developers, architects, quantity surveyors, consultant engineers and other professional advisors within EC regulations and LHB tender procedures	Chief Executive	Executive Director of Planning & Performance	N/A
c) Private Finance – Demonstrate that the use of private finance represents best value for money and transfers risk to the private sector	Chief Executive	Executive Director of Finance	N/A
d) Leases – Granting and termination of leases	Chief Executive	Executive Director of Planning & Performance/Executive Director of Finance	N/A
e) Financial control and audit- Arrangements are in place to review building and engineering contracts and property transactions comply with Welsh Government guidance.	Chief Executive	Executive Director of Finance with Executive Director of Planning & Performance responsible for the technical audit of the contracts.	N/A
9. Quotations, Tendering & Contract Procedures For details of Delegated Limits, please refer to Table B – Quotations/Tenders.			
a) Services:			

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
Best value for money is demonstrated for all services provided under contract or in-house	Chief Executive	Directors	Associate Directors of Workforce and OD
Nominate officers to oversee and manage the contract on behalf of the LHB	Chief Executive	Directors	Associate Directors of Workforce and OD
b) Quotations – Total value of the contract over its entire period:			
Seeking quotations up to £5,000 in value	Executive Director of Finance (per SFI 11.7.1)	For details of delegated limits, please refer to Table B	Associate Directors of Workforce & OD
Obtaining minimum of 3 written quotations for goods/services of value between £5,000 and £25,000	Chief Executive (per SFI 11.1.2)	For details of delegated limits. Please refer to Table B	Executive Director of Workforce & OD
c) Competitive Tenders – Total value of the contract over its entire period:			
Obtaining a minimum of 4 written competitive tenders for goods/services of value between £25,000 and the OJEU threshold (in compliance with EC Directives as appropriate)	Chief Executive	For details of delegated limits, please refer to Table B	N/A
Obtaining a minimum of 5 written competitive tenders for goods/services of a value in excess of the OJEU threshold (in compliance with EC Directives as appropriate)	Chief Executive	For details of delegated limits, please refer to Table B	N/A
Receipt and custody of tenders prior to opening	Chief Executive	Executive Director of Finance	N/A
Opening Tenders and Quotations	Chief Executive	Executive Director of Finance	N/A
Decide if late tenders should be considered	Chief Executive	Executive Director of Finance	N/A
d) Waiving the requirement to request quotes or tenders – subject to SFI Schedule 1 Para.	Chief Executive	Chief Executive/nominated deputy	Executive Director of Workforce and OD

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
4.2 & 4.3 – Formally reported to the Audit Committee		(Board Secretary or Executive Director of Finance). Where the budget holder requesting the waiver is the Chief Executive/Board Secretary/Executive Director of Finance, they cannot approve their own waiver and must seek approval from one of the other two delegated officers.	
10. Fixed Assets			
a) Maintenance of asset register	Chief Executive	Executive Director of Finance supported by relevant Director	N/A
b) Calculate and pay capital charges in accordance with Welsh Government requirements	Executive Director of Finance	Executive Director of Finance	N/A
c) Responsibility for fixed assets – Land & Buildings	Chief Executive	Executive Director of Planning & Performance	N/A
d) Responsibility for all other fixed assets (Plant, Machinery, Transport, IT assets including software, Furniture & Fittings)	Chief Executive	Directors	Associate Directors of Workforce and OD
e) Responsibility for security of LHB assets including notifying discrepancies to the Director of Finance and reporting losses in accordance with LHB procedures	Chief Executive	Directors	Associate Directors of Workforce and OD

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
11. Personnel & Pay			
a) Nominate officers to enter into contracts of employment regarding staff, agency staff or consultancy service contracts in accordance with the "Policy for the Safe Recruitment and Selection Practices" together with accompanying guidance, particularly the need for pre-employment checks.	Chief Executive	Executive Director of Workforce & OD	Associate Directors of Workforce and OD
b) Approve the commencement of employment prior to all pre-employment checks being completed.	Executive Director of Workforce & OD	Executive Director of Workforce & OD	Associate Directors of Workforce and OD
c) Authority to fill funded post on the establishment with permanent staff.	Executive Director of Workforce & OD	Directors	Associate Directors of Workforce and OD
d) Authority to extend Locum appointments	Chief Executive	Interim Managing Directors, Mental Health Director and Area Directors for appointments over 12 months to 24 months. Executive Director of Nursing & Midwifery, Executive Director of Primary & Community Care, Executive Director of Therapies & Health Sciences and Executive Director of Workforce & OD/Director of MHL D for appointments over 24 months to 36	Executive Director of Workforce and OD

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
		months only.	
e) The granting of additional increments to staff within budget in accordance with Terms & Conditions of Service	Executive Director of Workforce & OD	Directors with advice from Executive Director of Workforce & OD	Associate Directors of Workforce and OD
f) All requests for upgrading/ regrading/ major skill mix changes shall be dealt with in accordance with LHB Procedure	Executive Director of Workforce & OD	Directors with advice from Executive Director of Workforce & OD	Associate Directors of Workforce and OD
g) Authority to agree acting up salaries for staff other than Executive Directors (Approval of acting up salaries for interim Executive Directors to be retained by Remuneration & Terms of Service Committee)	Chief Executive to agree acting up arrangements of Band 9 and above (Excluding Executive Directors)	Directors lead for acting up salaries up to Band 8d or equivalent.	Associate Directors of Workforce and OD
h) Establishments:			
Additional staff to the agreed establishment with specifically allocated finance	Chief Executive	Directors with approval from Executive Director of Finance	Executive Director of Workforce and OD
Additional staff to the agreed establishment without specifically allocated finance.	Chief Executive	Executive Director of Finance	Executive Director of Workforce and OD
Variation to the funded establishment	Chief Executive	Directors with approval from Executive Director of Finance	Executive Director of Workforce and OD
i) Pay			
Authority to complete standing data forms effecting pay, new starters, changes and leavers	Executive Director of Workforce & OD	Directors	Associate Directors of Workforce and OD
Authority to complete and authorise timesheets and payroll returns	Executive Director of Workforce & OD	Directors	Associate Directors of Workforce and OD

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
Authority to authorise overtime	Executive Director of Workforce & OD	Directors	Associate Directors of Workforce and OD
Authority to authorise travel & subsistence expenses	Executive Director of Workforce & OD	Directors	Associate Directors of Workforce and OD
Maintenance of a list of managers authorised to sign payroll and travel expense documentation.	Executive Director of Workforce & OD	Directors	Associate Directors of Workforce and OD
j) Leave			
Approval of annual leave in accordance with LHB policy	Executive Director of Workforce & OD	Executive Director of Finance	N/A
Carry over of annual leave in exceptional circumstances up to a maximum of 5 days	Executive Director of Workforce & OD	Directors	Associate Directors of Workforce and OD
Compassionate leave	Executive Director of Workforce & OD	Directors	Associate Directors of Workforce and OD
Special leave arrangements (to be applied in accordance with All Wales Policy)	Executive Director of Workforce & OD	Directors	Associate Directors of Workforce and OD
Leave without pay	Executive Director of Workforce & OD	Directors	Associate Directors of Workforce and OD
Medical Staff Leave of Absence – paid and unpaid	Executive Director of Workforce & OD	Directors	Associate Directors of Workforce and OD
Consultants Special Leave	Executive Medical Director	Directors	Executive Director of Workforce and OD
Time off in lieu	Executive Director of Workforce and OD	Directors	Associate Directors of Workforce and OD
Maternity / Paternity Leave – paid and unpaid	Executive Director of Workforce & OD	Directors	Associate Directors of Workforce and OD

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
k) Annualised hours/flexible working hours system- maintenance of adequate records	Executive Director of Workforce & OD	Directors	Executive Director of Workforce and OD
l) Sick Leave			
Extension of sick leave on half pay up to three months	Executive Director of Workforce & OD	Directors in conjunction with Executive Director of Workforce & OD	Executive Director of Workforce and OD
Return to work part-time on full pay to assist recovery	Executive Director of Workforce & OD	Directors in conjunction with Executive Director of Workforce & OD	Assistant Directors of Workforce and OD
Extension of sick leave on full pay	Executive Director of Workforce & OD	Directors in conjunction with Executive Director of Workforce & OD	Executive Director of Workforce and OD
m) Study Leave			
Study leave outside the UK (non-medical staff excluding clinical staff)	Executive Director of Workforce & OD	Directors	Associate Directors of Workforce and OD
Medical staff study leave (UK)	Executive Medical Director/Executive Director of Workforce & OD/ Executive Director of Primary & Community Care	Directors	Associate Directors of Workforce and OD
Consultant Medical Staff Leave (UK)	Executive Medical Director	Directors	Associate Directors of Workforce and OD
All Medical and non-Medical Clinical Staff study leave outside the UK	Executive Medical Director/Executive	Directors	Associate Directors of Workforce and OD

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
	Director of Nursing & Midwifery/ Executive Director of Therapies & Health Science/ Executive Director of Primary & Community Care		
All other study leave (UK)	Executive Director of Workforce & OD	Directors	Associate Directors of Workforce and OD
n) Removal Expenses			
Authorisation of payment of removal expenses incurred by officers taking up new appointments (providing consideration was promised at interview)	Executive Director of Workforce & OD	Directors in accordance with BCU HB policy/approval from the Executive Director of Workforce & OD	Executive Director of Workforce and OD
o) Grievance Procedure	Executive Director of Workforce & OD	Directors	Associate Directors of Workforce and OD
p) Professional Misconduct/Competence-Medical and Dental Staff	Executive Medical Director/Executive Director of Workforce & OD	Assistant Medical Directors supported by Workforce & OD	N/A
q) Suspension of Doctors employed directly by the LHB	Chief Executive	Executive Medical Director supported by Executive Director of Workforce & OD	N/A
r) Removal of Practitioner from the	Chief	Executive	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
Performers List	Executive	Medical Director supported by Executive Director of Workforce & OD and Executive Director of Primary & Community Care	
s) Requests for new posts to be authorised as car users	Executive Director of Finance	Directors	Associate Directors of Workforce and OD
t) Renewal of Fixed Term Contract	Executive Director of Workforce & OD	Directors	Associate Directors of Workforce and OD
u) Voluntary Early Release Scheme	Executive Director of Workforce & OD	Executive Director of Workforce & OD, with Executive Director of Finance for sign off of financial viability	Associate Directors of Workforce and OD
v) Settlement on termination of employment	Executive Director of Workforce & OD	Executive Director of Workforce & OD with approval from Welsh Government where the payment is Ex-gratia and exceeds the delegated limit of £50,000	Executive Director of Workforce and OD
w) Ill Health Retirement Decision to pursue retirement on the grounds of ill-health following advice from Workforce & OD Department	Executive Director of Workforce & OD	Executive Director of Workforce & OD	Associate Directors of Workforce and OD
x) Disciplinary Procedure(excluding Executive Directors)	Executive Director of	Directors	Associate Directors of Workforce and OD

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
	Workforce & OD		
12. Engagement of Staff Not On the Establishment			
For details of Delegated Limits, please refer to Table B			
a) Non clinical Consultancy Staff	Executive Director of Finance	Director accountable for relevant service	Executive Director of Workforce and OD
b) Medical Locum staff	Executive Medical Director	Director accountable for relevant service.	Associate Director of Workforce and OD – for Occupational Health
c) Booking of Agency Nursing Staff	Executive Director of Nursing & Midwifery	Director accountable for relevant service	Associate Director of Workforce and OD – for Occupational Health
d) Booking of Bank Staff:			
Nursing	Executive Director of Nursing & Midwifery	Director accountable for relevant service	Associate Director of Workforce and OD – for Occupational Health
Other	Executive Director of Workforce & OD	Director accountable for relevant service	Associate Directors of Workforce and OD
13. Charitable Funds Held on Trust			
For details of Delegated Limits, Please refer to Table B			
a) Management: Funds held on Trust are managed appropriately	Executive Director of Finance	Directors	N/A
b) Maintenance of authorised signatory list of Authorised Fund Holders	Executive Director of Finance	Executive Director of Finance	N/A
c) Expenditure	Refer to Table B - Delegated Limits		N/A
d) Fundraising Appeals –	Executive	Executive	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
Preparation/Monitoring/Reporting progress and performance	Director of Finance	Director of Finance	
e) Operation of Bank Accounts:			
Managing banking arrangements and operation of bank accounts	Executive Director of Finance in conjunction with Corporate Trustees	Executive Director of Finance	N/A
Opening bank accounts	Board	Executive Director of Finance	N/A
f) Investments – Policy and Arrangements	Executive Director of Finance in conjunction with Corporate Trustees	Executive Director of Finance	N/A
g) Authority to accept the discharge of a donor's estate	Executive Director of Finance	Executive Director of Finance	N/A
14. Primary Care Patient Services/ Healthcare Agreements			
For details of Delegated Limits, please refer to Table B – Healthcare Agreements			
a) Contract negotiation and provision of service agreements	Executive Director of Finance / Executive Director of Primary & Community Care	Executive Director of Planning & Performance	N/A
b) Reporting actual and forecast contract income	Executive Director of Finance	Executive Director of Finance	N/A
c) Pricing of all contracts and SLAs	Executive Director of Finance	Executive Director of Finance with relevant Director	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
d) Signing agreements	Chief Executive	Chief Executive or Executive Director of Finance in Chief Executive's absence/Executive Director of Primary & Community Care for all primary care related agreements	N/A
15. Income Systems, Fees and Charges			
a) Private Patients, Overseas Visitors, Income Generation and other patient related services	Executive Director of Finance	Executive Director of Finance	N/A
b) Pricing of NHS agreements	Executive Director of Finance	Assistant Directors of Finance	N/A
c) Informing the Director of Finance of monies due to the LHB	Executive Director of Finance	Directors	N/A
d) Recovery of debt	Executive Director of Finance	Executive Director of Finance	N/A
e) Security of cash and other negotiable instruments	Executive Director of Finance	Executive Director of Finance and all Directors	N/A
f) Designing, maintaining and ensuring compliance with systems for the proper recording, invoicing, collection and coding of all monies due	Executive Director of Finance	Director of Finance (Operational)	N/A
g) Non patient care income	Executive Director of Finance	Executive Director of Finance	N/A
16. Disposal and Condemnations			
Disposal of all property and land require formal approval by the			

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
Cabinet Secretary for Health, Well-Being & Sport			
a) Issuing procedure for the disposal of assets obsolete, obsolescent, redundant, irreparable or cannot be repaired cost effectively	Executive Director of Finance	Executive Director of Finance/Executive Director of Planning & Performance	N/A
b) Notification to Director of Finance prior to disposal	Executive Director of Finance	Directors	Executive Director of Workforce and OD
17. Losses, Write-offs & Compensation			
a) Prepare procedures for recording and accounting for losses and special payments including preparation of a fraud response plan and informing Counter Fraud Operational Services of frauds.	Chief Executive	Executive Director of Finance	N/A
b) Losses of cash due to theft, fraud, overpayment of salaries, fees, allowances & other causes up to £50,000	Chief Executive	Executive Director of Finance	N/A
c) Fruitless payments (including abandoned Capital Schemes) up to £250,000	Chief Executive	Executive Director of Finance	N/A
d) Bad debts and claims abandoned: Private patients; overseas visitors & other cases up to £50,000	Chief Executive	Executive Director of Finance	N/A
e) Damage to buildings, their fittings, furniture and equipment and loss of equipment and property in stores and in use due to: Culpable causes (e.g. fraud, theft, arson) or other up to £50,000	Chief Executive	Executive Director of Finance	N/A
f) For personal and public liability claims, under the Legal & Risk scheme, authorisation from Legal & Risk is required before admissions may be made and monetary compensation offered. (Ex-gratia settlements offered by the LHB are by definition not payments based upon legal liability and are, therefore, not	Chief Executive	Executive Director of Nursing & Midwifery supported by the relevant Director after seeking appropriate legal advice,	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
reimbursable under the WRP scheme)		up to a max £150,000	
g) Compensation payments made under legal obligation:	Chief Executive	Chief Executive, Executive Director of Finance or Executive Director of Nursing & Midwifery	N/A
h) Extra contractual payments to contractors – Up to £50,000 as specified within the Losses and Special Payments Manual of Guidance	Chief Executive	Executive Director of Finance with reporting to the Audit Committee	N/A
17.1 Ex-Gratia Payments:			
a) Patients and staff for loss of personal effects up to £50,000	Chief Executive	Executive Director of Finance- Refer to Finance Policy on Losses and Special Payments	N/A
b) For clinical negligence up to £250,000 (negotiated settlements)*. Report to Board > £50,000 (see also table B para.15)	Chief Executive	Executive Director of Finance/Executive Director of Nursing & Midwifery	N/A
c) For clinical negligence over £250,000 and up to £1,000,000* (negotiated settlements). Report to Board > £50,000 (see also table B para.15)	Chair	Chief Executive/ Executive Director of Finance/Executive Director of Nursing & Midwifery	N/A
d) For personal injury claims involving negligence where legal advice has been obtained and guidance applied up to £250,000 (including plaintiff's costs) Report to Board > £50,000	Chief Executive	Chief Executive/ Executive Director of Finance/Executive Director of Workforce & OD/ Executive Director of	Executive Director of Workforce and OD

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
		Nursing & Midwifery	
e) For personal injury claims involving negligence where legal advice has been obtained and guidance applied up to £1,000,000 Report to Board > £50,000*	Board	Chief Executive/Executive Director of Finance/Executive Director of Nursing & Midwifery	N/A
f) Other, except cases for maladministration where there was no financial loss by claimant, up to £50,000	Chief Executive	Executive Director of Finance/Executive Director of Nursing & Midwifery	N/A
* For all clinical negligence and personal injury cases(including Court cases) the use of structured settlements should be considered involving costs to the NHS of £250,000 or more – All structured settlements require approval from the Welsh Government			
18. Reporting of Incidents to the Police			
a) Where a criminal offence is suspected			N/A
Criminal offence of a sexual or violent nature	Chief Executive	Executive Director of Workforce & OD	N/A
Arson or theft	Executive Director of Planning & Performance	Director of Estates & Facilities	N/A
Other	Executive Director of Planning & Performance	Director of Estates & Facilities	N/A
19. Financial Procedures			
a) Maintenance & Update of LHB Financial Procedures	Executive Director of Finance	Executive Director of Finance	N/A
20. Audit Arrangements			

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
a) Review, appraise and support in accordance with Internal Audit standards for NHS Wales and best practice	Chair of the Audit Committee	Board Secretary/Head of Internal Audit	N/A
b) Provide an independent and objective view on internal control and probity	Chief Executive	Head of Internal Audit/Wales Audit Office	N/A
c) Ensure Cost-effective external audit	Chair of Audit Committee	Executive Director of Finance	N/A
d) Ensure an adequate internal audit service	Chief Executive	Board Secretary	N/A
e) Implement recommendations	Chief Executive	All relevant Directors	Associate Directors of Workforce and OD
21. Legal Proceedings			
a) Engagement of LHB's Solicitors	Chief Executive	Board Secretary for all Board related matters/Executive Director of Workforce & OD for all employment related matters/Executive Director of Planning & Performance for all estate related matters/Executive Director of Primary & Community Care for all Primary Care related matters.	Associate Directors of Workforce and OD
b) Approve and sign all documents which will be necessary in legal proceedings	Chief Executive	Any Director of the Board or an officer formally nominated by the Chief Executive	Associate Directors of Workforce and OD

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
c) Sign on behalf of the LHB any agreement or document not requested to be executed as a deed	Chief Executive	Any Director of the Board or an officer formally nominated by the Chief Executive	Associate Directors of Workforce and OD
22. Insurance Policies and Risk Management	Chief Executive	Executive Director of Finance/Board Secretary	N/A
23. Clinical Audit	Chief Executive	Executive Director of Therapies & Health Science	N/A
24. Patients' Property (in conjunction with financial advice)			
For details of Delegated Limits, please refer to Table B – Petty Cash/Patients Monies			
a) Ensuring patients and guardians are informed about patients' monies and property procedures on admission	Executive Director of Nursing & Midwifery	Directors	N/A
b) Prepare detailed written instructions for the administration of patients' property	Executive Director of Nursing & Midwifery	Executive Director of Finance	N/A
c) Informing staff of their duties in respect of patients' property	Executive Director of Nursing & Midwifery	Directors	N/A
d) Issuing property valued >£5,000 only on production of a probate letter of administration	Executive Director of Finance	Executive Director of Finance	N/A
25. Patients & Relatives Complaints			
a) Overall responsibility for ensuring that all complaints are dealt with effectively	Chief Executive	Executive Director of Nursing & Midwifery	N/A
b) Responsibility for ensuring	Chief	Executive	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
complaints are investigated thoroughly	Executive	Director of Nursing & Midwifery	
c) Medical – Legal Complaints Co-ordination of their management	Chief Executive	Executive Director of Nursing & Midwifery	N/A
26. Seal			
a) The keeping of a register of seal and safekeeping of the seal	Chief Executive	Board Secretary	N/A
b) Attestation of seal in accordance with Standing Orders	Chief Executive/ Chair	Board Secretary	N/A
27. Gifts and Hospitality			
a) Keeping of gifts and hospitality register	Chief Executive	Board Secretary	Associate Directors of Workforce and OD
28. Declaration of Interests			
a) Maintaining a register	Chief Executive	Board Secretary	Associate Directors of Workforce and OD
29. Informatics and the Data Protection Act			
a) Review of LHB's compliance with the Data Protection Act	Chief Executive	Board Secretary	N/A
b) Responsibility for Informatics policy and strategy	Executive Medical Director	Chief Information Officer	N/A
c) Responsibility for ensuring that adequate management (audit) trails exist in Informatics systems	Executive Medical Director	Chief Information Officer	N/A
30. Records			
a) Review LHB's compliance with the Retention of Records Act and guidance	Chief Executive	Board Secretary / Executive Medical Director	N/A
b) Approval for the destruction of records	Chief Executive	Board Secretary / Executive Medical Director	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
c) Ensuring the form and adequacy of the financial records of all departments	Executive Director of Finance	Executive Director of Finance	N/A
31. Authorisation of New Drugs	Chief Executive	Executive Medical Director on the advice of the appropriate professional bodies	N/A
32. Authorisation of Research Projects	Executive Medical Director	Director of Research & Development	N/A
33. Authorisation of Clinical Trials	Chief Executive	Executive Medical Director	N/A
34. Infectious Diseases & Notifiable Outbreaks	Chief Executive	Executive Director of Public Health	N/A
35. Review of Fire Precautions	Chief Executive	Executive Director of Planning & Performance	N/A
36. Health & Safety			
Review of all statutory compliance legislation and Health and Safety requirements including control of Substances Hazardous to Health Regulations	Chief Executive	Executive Director of Workforce & OD	Associate Director – Health Safety & Equality
37. Medicines Inspectorate Regulations			
Review Regulations Compliance	Chief Executive	Executive Medical Director supported by Chief Pharmacist	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
38. Environmental Regulations			
Review of compliance with environmental regulations, for example those relating to clean air and waste disposal	Chief Executive	Executive Director of Planning & Performance	N/A
39. Legal & Risk Payments	Chief Executive	Executive Director of Nursing & Midwifery/Executive Director of Finance	N/A
40. Investigation of Fraud/Corruption or Financial Irregularities	Executive Director of Finance	Lead Local Counter Fraud Specialist	N/A
41. Commercial Sponsorship			N/A
Agreement to proposal in accordance with BCU HB procedures	Chief Executive	Executive Director of Finance	
42. Cost/Notional Rent/Third Party Developer/Improvement Grants			
Approval of all schedules of payments	Chief Executive	Executive Director of Primary & Community Care	N/A
Submission to Welsh Government for all new GP premises or major extensions in accordance with BCU HB Primary Care Estates Strategy	Chief Executive	Executive Director of Primary & Community Care	N/A
43. Freedom of Information	Chief Executive	Board Secretary	Executive Director of Workforce and OD
44. Compliance Lead Roles:			N/A
a) Caldicott Guardian	Executive Medical Director	Senior Associate Medical Director	
b) Data Protection Officer	Chief		

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
c) Senior Information Risk Owner	Executive Chief Executive	Assistant Director of Information Governance and Assurance Board Secretary	
45. Emergency Planning & Major Incidents – Civil Contingencies Act (Category 1 Responder)	Chief Executive	Executive Director of Planning & Performance	N/A
46. National Health Services (Wales) Act 2006 Section 33 Agreements: Arrangements between NHS Bodies and Local Authorities	Chief Executive	Executive Director of Finance	N/A
47. Statutory compliance with respective Legislation	Chief Executive	Board Secretary	N/A
48. National Health Service (Appointment of Consultants) (Wales) (Amendment) Regulations 2005 (Statutory Instrument 2005: 3039) Appointment of all Medical and Dental Consultant posts. Consultant posts within Public Health that are open to both medically qualified and those qualified in other disciplines other than medicine should follow this process, even though they fall outside of the requirements of the Statutory Instrument.	Chief Executive	Board level directors	N/A
49. All Wales Policy: Making Decisions on Individual Patient Funding Requests (IPFR)	Chief Executive	WHSSC IPFR Panel £300,000 to £1,000,000; Chief Executive up to £299,999; Chair and Vice Chair of Health Board IPFR Panel together sign up to £125,000	N/A
* The IPFR Panel cannot make			

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
policy decisions for the health board. Any policy proposals arising from their considerations and decisions must be reported to the Health Board Quality, Safety & Experience Committee			
50. Carbon Reduction Commitment Order (Phase 2) Agency Registration	Chief Executive	Executive Director of Planning and Performance	N/A
51. Human Tissue Act 20014	Chief Executive	Executive Director of Therapies & Health Sciences	N/A
52. Ionising Radiation (Medical Exposure) Regulations 2017	Chief Executive	Executive Director of Therapies & Health Sciences	N/A
53. Nurse Staffing Levels Act (Wales) 2016	Chief Executive	Executive Director of Nursing & Midwifery	N/A

Table B – Scheme of Financial Delegation

Financial Limits are subject to funding available within relevant budget(s) and are inclusive of VAT irrespective of recovery arrangements.

All purchases must ensure compliance with Standing Financial Instruction Schedule 1 -

Procurement of Works, Goods and Services with regard to the required quotation or Tendering exercise.

	Budget changes	General expenditure	Healthcare agreements	Capital (Business Case and Contractual Commitment approvals)			Specialist				Charitable Funds		Procurement waivers	Staffing	
		Any expenditure approval must be within funding limits of approved budgets. Approval limits are cumulative, and therefore higher level approval limits must be supported by lower level approvals. Executive Directors and Directors, Area Directors, and Hospital Care Directors to determine scheme of delegation within their structures.													
	Budget transfers between Corporate Departments, Area Teams or Hospital Teams(Virements)	Individual orders / requisitions / annual order value or total contract value (unless otherwise noted)	Healthcare agreements (NHS and Private sector)(annual value) (Primary Care contracts approved by Board)	Building and engineering orders; related consultancy support(individual contractual commitment)	Medical devices; plant; machinery; related consultancy support(individual contractual commitment)	IM&T; telecoms systems; software; related consultancy (individual contractual commitment)	Property or equipment leases(granting or termination of leases; annual value)	External consultancy support (total contract value for duration of service)	Losses / Special Payments (Terminations approved by Exec.Director of W&OD; VERS by RATS C'ttee)	New drugs (value based on annual costs)	Locally held funds(total funding bid value)	General funds(total funding bid value)	All values	New posts (additional establishm't)	Agency and Waiting List Initiatives (all values)
WG (In advance of contract planning)	No requirement	£1m plus	£1m plus (Private sector)	£1m plus	£1m plus	£1m plus	No requirement	£1m plus	See Manual of Guidance for losses and SFIs, as special rules apply for certain losses and ex gratia payments.	No requirement	No requirement	No requirement	No requirement	No requirement	No requirement
Board following Chief Executive approval	£1m plus	£1m plus	Over £10m approved in advance, below £10m retrospectively reported. Over £1m for Private sector.	£1m plus	£1m plus	£1m plus	£0.5m plus or any which need signing under seal (Reservation of Power, Number 33)	£0.5m plus		£1m plus	No requirement	No requirement	No requirement	No requirement	No requirement
Audit Committee													Retrospective reporting		
Charitable Funds Committee (all Executives can authorise use of charitable funds up to £5k)											Over £5k (Up to £25k scrutinised by CF Advisory Group)	Over £5k (Up to £25k scrutinised by CF Advisory group)			
CEO through Executive Team	£0.5m to £1m	£0.5m to £1m	New or contract variation to £10.0m.	£0.5m to £1m	£0.5m to £1m	£0.5m to £1m	£250k to £0.5m	£250k to £0.5m	£0.5m to £1.0m	£0.5m to £1.0m	Up to £5k	Up to £5k	As escalated by DoF	Can approve new posts across LHB	No requirement
Any 2 of CEO, Director of P&P and DoF (must include DoF)		Up to £0.5m	New or contract variation to £5.0m (to £1m for Private sector).					Up to £250k		Up to £0.5m			As escalated by DoF		
Executive Director of Finance	Up to £0.5m	Up to £250k		Up to £0.5m	Up to £0.5m	Up to £0.5m	Up to £250k	Up to £100k	Up to £0.5m		Up to £5k	Up to £5k	As escalated by FD: OF	Can approve new posts within own structure.	Must approve in advance in own structure.

	Budget changes	General expenditure	Healthcare agreements	Capital (Business Case and Contractual Commitment approvals)			Specialist				Charitable Funds		Procurement waivers	Staffing	
		Any expenditure approval must be within funding limits of approved budgets. Approval limits are cumulative, and therefore higher level approval limits must be supported by lower level approvals. Executive Directors and Directors, Area Directors, and Hospital Care Directors to determine scheme of delegation within their structures.													
	Budget transfers between Corporate Departments, Area Teams or Hospital Teams(Virements)	Individual orders / requisitions / annual order value or total contract value (unless otherwise noted)	Healthcare agreements (NHS and Private sector)(annual value) (Primary Care contracts approved by Board)	Building and engineering orders; related consultancy support(individual contractual commitment)	Medical devices; plant; machinery; related consultancy support(individual contractual commitment)	IM&T; telecoms systems; software; related consultancy (individual contractual commitment)	Property or equipment leases(granting or termination of leases; annual value)	External consultancy support (total contract value for duration of service)	Losses / Special Payments (Terminations approved by Exec.Director of W&OD; VERS by RATS C'ttee)	New drugs (value based on annual costs)	Locally held funds(total funding bid value)	General funds(total funding bid value)	All values	New posts (additional establishm't)	Agency and Waiting List Initiatives (all values)
Executive Directors, Board Secretary, Director of Mental Health and Learning Disabilities (unless noted below)		Up to £250k						Up to £100k					Waivers must be approved by FD: OF and Exec.Director of Finance or Chief Executive if escalated by FD: OF	Can approve new posts within own structure.	Must approve in advance in own structure.
Executive Director of Primary Cty Care		Up to £250k						Up to £100k						Can approve new posts within own structure.	Must approve in advance in own structure.
Executive Director of Planning & Performance		Up to £250k		Up to £0.5m	Up to £0.5m		Up to £250k	Up to £100k						Can approve new posts within own structure.	Must approve in advance in own structure.
Executive Medical Director		Up to £250k				Up to £0.5m		Up to £100k						Can approve new posts within own structure.	Must approve in advance in own structure.
Executive Director of W&OD		Up to £250k						Up to £100k	Terminations up to £50k (over this to WG)					Can approve new posts within own structure.	Must approve in advance in own structure.
Executive Director of Nursing & Midwifery		Up to £250k						Up to £100k	Up to £150k					Can approve new posts within own structure.	Must approve in advance in own structure.

	Budget changes	General expenditure	Healthcare agreements	Capital			Specialist				Charitable Funds		Procurement waivers	Staffing	
		Any expenditure approval must be within funding limits of approved budgets. Approval limits are cumulative, and therefore higher level approval limits must be supported by lower level approvals. Executive Directors and Directors, Area Directors, and Hospital Care Directors to determine scheme of delegation within their structures.													
	Budget transfers between Corporate Departments, Area Teams or Hospital Teams(Virements)	Individual orders / requisitions / annual order value or total contract value (unless otherwise noted)	Healthcare agreements (NHS and Private sector)(annual value) (Primary Care contracts approved by Board)	Building and engineering orders; related consultancy support(individual contractual commitment)	Medical devices; plant; machinery; related consultancy support(individual contractual commitment)	IM&T; telecoms systems; software; related consultancy (individual contractual commitment)	Property or equipment leases(granting or termination of leases; annual value)	External consultancy support (total contract value for duration of service)	Losses / Special Payments (Terminations only approved by Exec Director of W&OD; VERS require RATS Committee)	New drugs (value based on annual costs)	Locally held funds(total funding bid value)	General funds(total funding bid value)	All values	New posts (additional establishm't)	Agency and Waiting List Initiatives (all values)
Area Directors and Director of Mental Health & Learning Disabilities		Up to £250k	New or contract variation to £1.5m		Up to £250k			Up to £100k		Up to £100k, following Med Mgt Group	Up to £5k			Can approve new posts within own team.	As escalated by Direct Reports*
Area Medical Director															Medical staff*
Area Nurse Directors															Nurse or other staff*
Secondary Care Medical Director		Up to £150k			Up to £150k			Up to £150k			Up to £5k				Medical staff*
Secondary Care Nurse Director		Up to £150k			Up to £150k			Up to £150k			Up to £5k				Nurse or other staff*
Interim Managing Directors		Up to £150k			Up to £150k			Up to £50k			Up to £5k			Can approve new posts within own team.	As escalated by Direct Reports*
Director of Estates & Facilities		Up to £150K		Up to £150K	Up to £150K			Up to £50K							
Hospital: Assistant Medical Director															Medical staff*
Hospital: Assistant Nurse Director															Nurse or other staff*
Procurement (NWSSP)													All signed off by Procurement		

	Budget changes	General expenditure	Healthcare agreements	Capital			Specialist				Charitable Funds		Procurement waivers	Staffing	
		Any expenditure approval must be within funding limits of approved budgets. Approval limits are cumulative, and therefore higher level approval limits must be supported by lower level approvals. Executive Directors and Directors, Area Directors, and Hospital Care Directors to determine scheme of delegation within their structures.													
	Budget transfers between Corporate Departments, Area Teams or Hospital Teams(Virements)	Individual orders / requisitions / annual order value or total contract value (unless otherwise noted)	Healthcare agreements (NHS and Private sector)(annual value) (Primary Care contracts approved by Board)	Building and engineering orders; related consultancy support(individual contractual commitment)	Medical devices; plant; machinery; related consultancy support(individual contractual commitment)	IM&T; telecoms systems; software; related consultancy (individual contractual commitment)	Property or equipment leases(granting or termination of leases; annual value)	External consultancy support (total contract value for duration of service)	Losses / Special Payments (Terminations only approved by Exec Director of W&OD; VERS require RATS Committee)	New drugs (value based on annual costs)	Locally held funds(total funding bid value)	General funds(total funding bid value)	All values	New posts (additional establishm't)	Agency and Waiting List Initiatives (all values)
Deouty Director (Concerns)		Up to £75k							Up to £75k						
Deputy / Assistant Director Board Secretary		Up to £75k													
Assistant Director Primary Care		Up to £75k	Up to £75k		Up to £75k			Up to £75k			Up to £5k				
Assistant Director Community Hospital Services		Up to £75k	Up to £75k		Up to £75k			Up to £75k			Up to £5k				
Assistant Director Secondary Care		Up to £75k	Up to £75k		Up to £75k			Up to £75k			Up to £5k				
Head of Investigations and Redress									Up to £20k						
Claims Managers									Up to £5k						
Authorised fund holder (Charitable Funds)											Up to £5k				

	Budget changes	General expenditure	Healthcare agreements	Capital			Specialist			Charitable Funds		Procurement waivers	Staffing		
		Any expenditure approval must be within funding limits of approved budgets. Approval limits are cumulative, and therefore higher level approval limits must be supported by lower level approvals. Executive Directors and Directors, Area Directors, and Hospital Care Directors to determine scheme of delegation within their structures.													
	Budget transfers between Corporate Departments, Area Teams or Hospital Teams(Virements)	Individual orders / requisitions / annual order value or total contract value (unless otherwise noted)	Healthcare agreements (NHS and Private sector)(annual value) (Primary Care contracts approved by Board)	Building and engineering orders; related consultancy support(individual contractual commitment)	Medical devices; plant; machinery; related consultancy support(individual contractual commitment)	IM&T; telecoms systems; software; related consultancy (individual contractual commitment)	Property or equipment leases(granting or termination of leases; annual value)	External consultancy support (total contract value for duration of service)	Losses / Special Payments (Terminations only approved by Exec Director of W&OD; VERS require RATS Committee)	New drugs (value based on annual costs)	Locally held funds(total funding bid value)	General funds(total funding bid value)	All values	New posts (additional establishments)	Agency and Waiting List Initiatives (all values)
Medicines Management Group										All new drugs, unless cheaper than existing					
* Agency and Waiting List Initiatives must generally be approved in advance. However, in exceptional circumstances when staff are required out of hours, they can be approved retrospectively.															

This scheme only relates to matters delegated by the Board to the Chief Executive and Directors, together with certain other specific matters referred to in Standing Financial Instructions. Each Director is responsible for delegation within their department. They should produce an Operational Scheme of Delegation and Authorisation for matters within their department, which should also set out how departmental budget and procedures for approval of expenditure are delegated.

Grace Lewis-Parry

Grace Lewis-Parry

Board Secretary

18 July 2019

Workforce and OD Updated Operational SoRD 2019 v0.01 Draft

SECTION 2: SCHEME OF DELEGATION TO EXECUTIVE DIRECTORS, OTHER DIRECTORS AND OFFICERS

The LHB Standing Orders and Standing Financial Instructions specify certain key responsibilities of the Chief Executive, the Executive Director of Finance and other officers. The Chief Executive's Job Description, together with their Accountable Officer Memorandum sets out their specific responsibilities, and the individual job descriptions determined for Executive Director level posts also define in detail the specific responsibilities assigned to those post holders. These documents, together with the schedule of additional delegations below and the associated financial delegations set out in the Standing Financial Instructions form the basis of the LHB's Scheme of Delegation to Officers.

Delegated Matter	Table Reference No.
STANDING ORDERS/STANDING FINANCIAL INSTRUCTIONS	1
MEETINGS	2
FINANCIAL PLANNING/BUDGETARY RESPONSIBILITY	3
BANK/PGO ACCOUNTS (EXCLUDING CHARITABLE FUND ACCOUNTS)	4
EXTERNAL BORROWING	5
NON PAY EXPENDITURE	6
STORES AND RECEIPT OF GOODS	7
CAPITAL INVESTMENT MANAGEMENT	8
QUOTATIONS, TENDERING & CONTRACT PROCEDURES	9
FIXED ASSETS	10
PERSONNEL & PAY	11
ENGAGEMENT OF STAFF (NOT ON THE ESTABLISHMENT)	12
CHARITABLE FUNDS HELD ON LHB	13
PRIMARY CARE PATIENT SERVICES/HEALTHCARE AGREEMENTS	14
INCOME SYSTEMS, FEES & CHARGES	15
DISPOSAL AND CONDEMNATIONS	16
LOSSES, WRITE-OFFS & COMPENSATION AND EX-GRATIA PAYMENTS	17
REPORTING INCIDENTS TO THE POLICE	18
FINANCIAL PROCEDURES	19
AUDIT ARRANGEMENTS	20
LEGAL PROCEEDINGS	21
INSURANCE POLICIES AND RISK MANAGEMENT	22
CLINICAL AUDIT	23
PATIENTS' PROPERTY	24
PATIENTS & RELATIVES COMPLAINTS	25
SEAL	26
GIFTS & HOSPITALITY	27
DECLARATION OF INTERESTS	28
INFORMATICS AND THE DATA PROTECTION ACT	29
RECORDS	30
AUTHORISATION OF NEW DRUGS	31
AUTHORISATION OF RESEARCH PROJECTS	32
AUTHORISATION OF CLINICAL TRIALS	33
INFECTIOUS DISEASES & NOTIFIABLE OUTBREAKS	34

Delegated Matter	Table Reference No.
REVIEW OF FIRE PRECAUTIONS	35
HEALTH & SAFETY	36
MEDICINES INSPECTORATE REGULATIONS	37
ENVIRONMENTAL REGULATIONS	38
LEGAL & RISK PAYMENTS	39
INVESTIGATION OF FRAUD/CORRUPTION OR FINANCIAL IRREGULARITIES	40
COMMERCIAL SPONSORSHIP	41
COSTS/NOTIONAL RENT/THIRD PARTY DEVELOPER/IMPROVEMENT GRANTS	42
FREEDOM OF INFORMATION	43
COMPLIANCE LEAD ROLES: CALDICOTT GUARDIAN, DPO, SIRO	44
EMERGENCY PLANNING	45
NHS ACT 2006 (WALES) SECTION 33 AGREEMENTS	46
STATUTORY COMPLIANCE WITH RESPECTIVE LEGISLATION	47
APPOINTMENT OF MEDICAL & DENTAL CONSULTANT POSTS	48
INDIVIDUAL PATIENT FUNDING REQUESTS	49
CARBON REDUCTION COMMITMENT ORDER	50
HUMAN TISSUE ACT 2004	51
IONISING RADIATION (MEDICAL EXPOSURE) REGULATIONS 2017 [IR(ME)R]	52
NURSE STAFFING LEVELS (WALES) ACT 2016	53

Schedule 1

SCHEME OF RESERVATION AND DELEGATION OF POWERS Ysbyty Gwynedd Site

Table A – Scheme of Delegation to Officers

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
1. Standing Orders / Standing Financial Instructions			
a) Final authority in interpretation of Standing Orders	Chair	Chair	N/A
b) Notifying Directors, employees and agents of their responsibilities within the Standing Orders and Standing Financial Instructions and ensuring that they understand the responsibilities	Executive Director of Finance/Board Secretary	Directors	Managing Director
c) Responsibility for the security of the LHB's property, avoiding loss, exercising economy and efficiency in using resources and conforming with Standing Orders, Financial Instructions and financial procedures	Executive Director of Finance	Directors	Managing Director
d) Ensuring Standing Orders are compatible with Welsh Government requirements re building and engineering contracts	Chief Executive	Executive Director of Planning & Performance	N/A
2. Meetings			
a) Calling meetings of the LHB	Chair	Board Secretary	N/A
b) Chair all LHB Board meetings and associated responsibilities	Chair or Vice Chair in Chair's absence	Chair or Vice Chair in Chair's absence	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
3. Financial Planning/Budgetary Responsibility			
a) Setting: Submit Three Year Plan and Annual Operating Plan to the LHB Board	Chief Executive	Executive Director of Planning & Performance	Managing Director
Submit budgets to the LHB Board	Chief Executive	Executive Director of Finance	Finance Director - Provider Services
Submit to Board financial estimates and forecasts	Chief Executive	Executive Director of Finance	Finance Director - Provider Services
b) Implementing financial policies, plans and procedures, providing advice and co-ordinating any corrective action necessary	Executive Director of Finance	Finance Director (Operational)	Chief Finance Officer (CFO)
c) Issuing Budgets	Executive Director of Finance	Finance Director (Operational)	CFO
d) Monitoring: Monitor performance against budget	Executive Director of Finance	Directors	CFO
Submit monitoring returns	Chief Executive	Executive Director of Finance	CFO
Effective budgetary control and a balanced budget	Executive Director of Finance	Directors	CFO
Preparation of annual accounts and returns	Executive Director of Finance	Executive Director of Finance	CFO
Identifying and implementing cost improvements and income generation initiatives	Executive Director of Finance	Directors	CFO
e) Authorisation of Virement It is not possible for any officer other than the Executive Director of Finance to vire from non-recurring headings to recurring budgets <u>or</u> from capital to revenue/revenue to capital. Virement <u>between</u> different budget holders (Directors) requires the agreement of <u>both</u> parties <u>and</u> the Executive Director of Finance	Please refer to Table B – Delegated Limits		

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
f) Maintaining an effective system of internal financial control	Chief Executive	Executive Director of Finance	Finance Director - Provider Services
g) Delivery of financial training to budget holders (Directors)	Executive Director of Finance	Finance Director (Operational)	CFO
4. Bank/PGO Accounts (Excluding Charitable Fund Accounts)			
a) Operation:			
Managing banking arrangements and operation of bank accounts	Executive Director of Finance	Finance Director (Operational)	N/A
Opening bank accounts	Executive Director of Finance	Finance Director (Operational)	N/A
Authorisation of transfers between LHB bank accounts	Executive Director of Finance	Finance Director (Operational)	N/A
Authorisation of: -PGO/GBS Schedules -BACS Schedules -Automated cheque schedules -Manual cheques	Executive Director of Finance	Finance Director (Operational)	N/A
b) Investments:			
Investment of surplus funds in accordance with the LHB's investment policy	Executive Director of Finance	Finance Director (Operational)	N/A
5. External Borrowing			
a) Advise LHB Board of the requirements to meet payment of interest and originating capital debt	Executive Director of Finance	Finance Director (Operational)	N/A
b) Application for loan(s) and overdrafts	Executive Director of Finance	Finance Director (Operational)	N/A
c) Preparation of procedural instructions	Executive Director of Finance	Finance Director (Operational)	N/A
6. Non Pay Expenditure			
For details of Delegated Limits please refer			

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
to Table B			
a) Completion of an Operational Scheme of Delegation and Authorisation by each Budget Holder ensuring maintenance of a list of officers authorised to place requisitions/orders (including emergency verbal orders) and record receipts within the E-Financials Business Suite.	Executive Director of Finance	Directors	Finance Director - Provider Services
b) Obtain the best value for money when requisitioning goods/services	Executive Director of Finance	Directors	Managing Director
c) Ensuring expenditure is within budget	Chief Executive	Directors	Managing Director
d) Non-Pay Expenditure for which no specific budget has been set up and which is not subject to funding under delegated powers of virement	Chief Executive	Executive Director of Finance	CFO
e) Orders exceeding 12 month period	Executive Director of Finance	Finance Director (Operational)	CFO
f) Prompt payment of accounts	Executive Director of Finance	Executive Director of Finance	Managing Director
g) Financial Limits	Please refer to Table B – Delegated Limits		
h) Maintenance of sufficient records to explain the LHB's transactions and report on the LHB's financial position	Executive Director of Finance	Executive Director of Finance	CFO
i) Approval of visits at a supplier's expense	Executive Director of Finance	Executive Directors	CFO
j) Provision of electronic signatures within the E-Financials Business Suite in accordance with each Budget Holder's Operational Scheme of Delegation and Authorisation	Executive Director of Finance	Finance Director (Operational)	CFO
7. Stores and Receipt of Goods			

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
a) Responsibility for the systems of financial control over all stores including receipt of goods and returns	Executive Director of Finance	Directors	CFO
b) Responsibility for the control of stores and receipt of goods, issues and returns: All stores (excluding pharmaceutical, fuel, oil and coal – see following)	Executive Director of Finance	Directors	CFO
Pharmaceutical Stores	Executive Medical Director	Chief Pharmacist	N/A
Fuel, oil and coal stocks	Executive Director of Planning & Performance	Director of Estates & Facilities	N/A
c) Stocktaking arrangements	Executive Director of Finance	Directors	CFO
8. Capital Investment Management			
For details of Delegated Limits for Delegated Matter 8d, please refer to Table B – Leases. In accordance with Welsh Government guidance:			
a) Programme:			
Preparation of Capital Investment Programme	Chief Executive	Executive Director of Planning & Performance	N/A
Completion and signing off of a business case for approval	Chief Executive/ Executive Director of Finance	Executive Director of Planning & Performance	Managing Director
Appointment of Project Directors	Chief Executive	Executive Director of Planning & Performance with support from relevant Directors	N/A
Financial monitoring and reporting on all capital scheme expenditure	Executive Director of	Executive Director of	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
including variations to contract	Planning & Performance	Finance/Executive Director of Planning & Performance with support from relevant Directors.	
Issuing of guidance on management of capital schemes	Executive Director of Planning & Performance	Executive Director of Finance/Executive Director of Planning & Performance	N/A
b) Contracting – Selection of 3 rd party developers, architects, quantity surveyors, consultant engineers and other professional advisors within EC regulations and LHB tender procedures	Chief Executive	Executive Director of Planning & Performance	N/A
c) Private Finance – Demonstrate that the use of private finance represents best value for money and transfers risk to the private sector	Chief Executive	Executive Director of Finance	N/A
d) Leases – Granting and termination of leases	Chief Executive	Executive Director of Planning & Performance/Executive Director of Finance	Finance Director – Provider Services
e) Financial control and audit- Arrangements are in place to review building and engineering contracts and property transactions comply with Welsh Government guidance.	Chief Executive	Executive Director of Finance with Executive Director of Planning & Performance responsible for the technical audit of the contracts.	N/A
9. Quotations, Tendering & Contract Procedures For details of Delegated Limits, please refer to Table B – Quotations/Tenders.			
a) Services:			

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
Best value for money is demonstrated for all services provided under contract or in-house	Chief Executive	Directors	Managing Director
Nominate officers to oversee and manage the contract on behalf of the LHB	Chief Executive	Directors	Managing Director
b) Quotations – Total value of the contract over its entire period:			
Seeking quotations up to £5,000 in value	Executive Director of Finance (per SFI 11.7.1)	For details of delegated limits, please refer to Table B	
Obtaining minimum of 3 written quotations for goods/services of value between £5,000 and £25,000	Chief Executive (per SFI 11.1.2)	For details of delegated limits. Please refer to Table B	
c) Competitive Tenders – Total value of the contract over its entire period:			
Obtaining a minimum of 4 written competitive tenders for goods/services of value between £25,000 and the OJEU threshold (in compliance with EC Directives as appropriate)	Chief Executive	For details of delegated limits, please refer to Table B	
Obtaining a minimum of 5 written competitive tenders for goods/services of a value in excess of the OJEU threshold (in compliance with EC Directives as appropriate)	Chief Executive	For details of delegated limits, please refer to Table B	
Receipt and custody of tenders prior to opening	Chief Executive	Executive Director of Finance	Finance Director – Provider Services
Opening Tenders and Quotations	Chief Executive	Executive Director of Finance	Finance Director – Provider Services
Decide if late tenders should be considered	Chief Executive	Executive Director of Finance	Finance Director – Provider Services
d) Waiving the requirement to request quotes or tenders – subject to SFI Schedule 1 Para.	Chief Executive	Chief Executive/nominated deputy	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
4.2 & 4.3 – Formally reported to the Audit Committee		(Board Secretary or Executive Director of Finance). Where the budget holder requesting the waiver is the Chief Executive/Board Secretary/Executive Director of Finance, they cannot approve their own waiver and must seek approval from one of the other two delegated officers.	
10. Fixed Assets			
a) Maintenance of asset register	Chief Executive	Executive Director of Finance supported by relevant Director	N/A
b) Calculate and pay capital charges in accordance with Welsh Government requirements	Executive Director of Finance	Executive Director of Finance	N/A
c) Responsibility for fixed assets – Land & Buildings	Chief Executive	Executive Director of Planning & Performance	Managing Director
d) Responsibility for all other fixed assets (Plant, Machinery, Transport, IT assets including software, Furniture & Fittings)	Chief Executive	Directors	Managing Director
e) Responsibility for security of LHB assets including notifying discrepancies to the Director of Finance and reporting losses in accordance with LHB procedures	Chief Executive	Directors	Managing Director

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
11. Personnel & Pay			
a) Nominate officers to enter into contracts of employment regarding staff, agency staff or consultancy service contracts in accordance with the "Policy for the Safe Recruitment and Selection Practices" together with accompanying guidance, particularly the need for pre-employment checks.	Chief Executive	Executive Director of Workforce & OD	Managing Director
b) Approve the commencement of employment prior to all pre-employment checks being completed.	Executive Director of Workforce & OD	Executive Director of Workforce & OD	Managing Director
c) Authority to fill funded post on the establishment with permanent staff.	Executive Director of Workforce & OD	Directors	Managing Director
d) Authority to extend Locum appointments	Chief Executive	Interim Managing Directors, Mental Health Director and Area Directors for appointments over 12 months to 24 months. Executive Director of Nursing & Midwifery, Executive Director of Primary & Community Care, Executive Director of Therapies & Health Sciences and Executive Director of Workforce & OD/Director of MHL for appointments over 24 months to 36	Managing Director

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
		months only.	
e) The granting of additional increments to staff within budget in accordance with Terms & Conditions of Service	Executive Director of Workforce & OD	Directors with advice from Executive Director of Workforce & OD	Managing Director
f) All requests for upgrading/ regrading/ major skill mix changes shall be dealt with in accordance with LHB Procedure	Executive Director of Workforce & OD	Directors with advice from Executive Director of Workforce & OD	Managing Director
g) Authority to agree acting up salaries for staff other than Executive Directors (Approval of acting up salaries for interim Executive Directors to be retained by Remuneration & Terms of Service Committee)	Chief Executive to agree acting up arrangements of Band 9 and above (Excluding Executive Directors)	Directors lead for acting up salaries up to Band 8d or equivalent.	Managing Director
h) Establishments:			
Additional staff to the agreed establishment with specifically allocated finance	Chief Executive	Directors with approval from Executive Director of Finance	Managing Director
Additional staff to the agreed establishment without specifically allocated finance.	Chief Executive	Executive Director of Finance	Managing Director
Variation to the funded establishment	Chief Executive	Directors with approval from Executive Director of Finance	Managing Director
i) Pay			
Authority to complete standing data forms effecting pay, new starters, changes and leavers	Executive Director of Workforce & OD	Directors	Managing Director
Authority to complete and authorise timesheets and payroll returns	Executive Director of Workforce & OD	Directors	Managing Director
Authority to authorise overtime	Executive Director of	Directors	Managing Director

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
	Workforce & OD		
Authority to authorise travel & subsistence expenses	Executive Director of Workforce & OD	Directors	Managing Director
Maintenance of a list of managers authorised to sign payroll and travel expense documentation.	Executive Director of Workforce & OD	Directors	CFO
j) Leave			
Approval of annual leave in accordance with LHB policy	Executive Director of Workforce & OD	Executive Director of Finance	Managing Director
Carry over of annual leave in exceptional circumstances up to a maximum of 5 days	Executive Director of Workforce & OD	Directors	Managing Director
Compassionate leave	Executive Director of Workforce & OD	Directors	Managing Director
Special leave arrangements (to be applied in accordance with All Wales Policy)	Executive Director of Workforce & OD	Directors	Managing Director
Leave without pay	Executive Director of Workforce & OD	Directors	Managing Director
Medical Staff Leave of Absence – paid and unpaid	Executive Director of Workforce & OD	Directors	Site Medical Director
Consultants Special Leave	Executive Medical Director	Directors	Managing Director
Time off in lieu	Executive Director of Workforce and OD	Directors	Managing Director
Maternity / Paternity Leave – paid and unpaid	Executive Director of Workforce & OD	Directors	Managing Director
k) Annualised hours/flexible working	Executive	Directors	Managing Director

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
hours system- maintenance of adequate records	Director of Workforce & OD		
l) Sick Leave			
Extension of sick leave on half pay up to three months	Executive Director of Workforce & OD	Directors in conjunction with Executive Director of Workforce & OD	Managing Director
Return to work part-time on full pay to assist recovery	Executive Director of Workforce & OD	Directors in conjunction with Executive Director of Workforce & OD	Managing Director
Extension of sick leave on full pay	Executive Director of Workforce & OD	Directors in conjunction with Executive Director of Workforce & OD	Managing Director
m) Study Leave			
Study leave outside the UK (non-medical staff excluding clinical staff)	Executive Director of Workforce & OD	Directors	Managing Director
Medical staff study leave (UK)	Executive Medical Director/Executive Director of Workforce & OD/ Executive Director of Primary & Community Care	Directors	Site Medical Director
Consultant Medical Staff Leave (UK)	Executive Medical Director	Directors	Site Medical Director
All Medical and non-Medical Clinical Staff study leave outside the UK	Executive Medical Director/Executive Director of	Directors	Managing Director

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
	Nursing & Midwifery/ Executive Director of Therapies & Health Science/ Executive Director of Primary & Community Care		
All other study leave (UK)	Executive Director of Workforce & OD	Directors	Managing Director
n) Removal Expenses			
Authorisation of payment of removal expenses incurred by officers taking up new appointments (providing consideration was promised at interview)	Executive Director of Workforce & OD	Directors in accordance with BCU HB policy/approval from the Executive Director of Workforce & OD	Managing Director
o) Grievance Procedure	Executive Director of Workforce & OD	Directors	Managing Director
p) Professional Misconduct/Competence-Medical and Dental Staff	Executive Medical Director/Executive Director of Workforce & OD	Assistant Medical Directors supported by Workforce & OD	Site Medical Director
q) Suspension of Doctors employed directly by the LHB	Chief Executive	Executive Medical Director supported by Executive Director of Workforce & OD	Secondary Care Medical Director
r) Removal of Practitioner from the Performers List	Chief Executive	Executive Medical	Secondary Care Medical Director

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
		Director supported by Executive Director of Workforce & OD and Executive Director of Primary & Community Care	
s) Requests for new posts to be authorised as car users	Executive Director of Finance	Directors	Managing Director
t) Renewal of Fixed Term Contract	Executive Director of Workforce & OD	Directors	Managing Director
u) Voluntary Early Release Scheme	Executive Director of Workforce & OD	Executive Director of Workforce & OD, with Executive Director of Finance for sign off of financial viability	Managing Director
v) Settlement on termination of employment	Executive Director of Workforce & OD	Executive Director of Workforce & OD with approval from Welsh Government where the payment is Ex-gratia and exceeds the delegated limit of £50,000	Managing Director
w) Ill Health Retirement Decision to pursue retirement on the grounds of ill-health following advice from Workforce & OD Department	Executive Director of Workforce & OD	Executive Director of Workforce & OD	Managing Director
x) Disciplinary Procedure (excluding Executive Directors)	Executive Director of Workforce	Directors	Managing Director

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
	& OD		
12. Engagement of Staff Not On the Establishment			
For details of Delegated Limits, please refer to Table B			
a) Non clinical Consultancy Staff	Executive Director of Finance	Director accountable for relevant service	Managing Director
b) Medical Locum staff	Executive Medical Director	Director accountable for relevant service.	Site Medical Director
c) Booking of Agency Nursing Staff	Executive Director of Nursing & Midwifery	Director accountable for relevant service	Site Director of Nursing
d) Booking of Bank Staff:			
Nursing	Executive Director of Nursing & Midwifery	Director accountable for relevant service	Site Director of Nursing
Other	Executive Director of Workforce & OD	Director accountable for relevant service	Managing Director
13. Charitable Funds Held on Trust			
For details of Delegated Limits, Please refer to Table B			
a) Management: Funds held on Trust are managed appropriately	Executive Director of Finance	Directors	Managing Director
b) Maintenance of authorised signatory list of Authorised Fund Holders	Executive Director of Finance	Executive Director of Finance	CFO
c) Expenditure	Refer to Table B - Delegated Limits		N/A
d) Fundraising Appeals – Preparation/Monitoring/Reporting	Executive Director of	Executive Director of	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
progress and performance	Finance	Finance	
e) Operation of Bank Accounts:			
Managing banking arrangements and operation of bank accounts	Executive Director of Finance in conjunction with Corporate Trustees	Executive Director of Finance	N/A
Opening bank accounts	Board	Executive Director of Finance	N/A
f) Investments – Policy and Arrangements	Executive Director of Finance in conjunction with Corporate Trustees	Executive Director of Finance	N/A
g) Authority to accept the discharge of a donor's estate	Executive Director of Finance	Executive Director of Finance	N/A
14. Primary Care Patient Services/ Healthcare Agreements			
For details of Delegated Limits, please refer to Table B – Healthcare Agreements			
a) Contract negotiation and provision of service agreements	Executive Director of Finance / Executive Director of Primary & Community Care	Executive Director of Planning & Performance	Managing Director / Finance Director - Provider Services
b) Reporting actual and forecast contract income	Executive Director of Finance	Executive Director of Finance	Finance Director - Provider Services
c) Pricing of all contracts and SLAs	Executive Director of Finance	Executive Director of Finance with relevant Director	Finance Director - Provider Services
d) Signing agreements	Chief	Chief	Managing Director /

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
	Executive	Executive or Executive Director of Finance in Chief Executive's absence/Executive Director of Primary & Community Care for all primary care related agreements	Finance Director - Provider Services
15. Income Systems, Fees and Charges			
a) Private Patients, Overseas Visitors, Income Generation and other patient related services	Executive Director of Finance	Executive Director of Finance	Finance Director - Provider Services
b) Pricing of NHS agreements	Executive Director of Finance	Assistant Directors of Finance	CFO
c) Informing the Director of Finance of monies due to the LHB	Executive Director of Finance	Directors	Managing Director
d) Recovery of debt	Executive Director of Finance	Executive Director of Finance	Finance Director - Provider Services
e) Security of cash and other negotiable instruments	Executive Director of Finance	Executive Director of Finance and all Directors	N/A
f) Designing, maintaining and ensuring compliance with systems for the proper recording, invoicing, collection and coding of all monies due	Executive Director of Finance	Director of Finance (Operational)	N/A
g) Non patient care income	Executive Director of Finance	Executive Director of Finance	Finance Director - Provider Services
16. Disposal and Condemnations			
Disposal of all property and land require formal approval by the Cabinet Secretary for Health, Well-			

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
Being & Sport			
a) Issuing procedure for the disposal of assets obsolete, obsolescent, redundant, irreparable or cannot be repaired cost effectively	Executive Director of Finance	Executive Director of Finance/Executive Director of Planning & Performance	N/A
b) Notification to Director of Finance prior to disposal	Executive Director of Finance	Directors	N/A
17. Losses, Write-offs & Compensation			
a) Prepare procedures for recording and accounting for losses and special payments including preparation of a fraud response plan and informing Counter Fraud Operational Services of frauds.	Chief Executive	Executive Director of Finance	N/A
b) Losses of cash due to theft, fraud, overpayment of salaries, fees, allowances & other causes up to £50,000	Chief Executive	Executive Director of Finance	N/A
c) Fruitless payments (including abandoned Capital Schemes) up to £250,000	Chief Executive	Executive Director of Finance	N/A
d) Bad debts and claims abandoned: Private patients; overseas visitors & other cases up to £50,000	Chief Executive	Executive Director of Finance	N/A
e) Damage to buildings, their fittings, furniture and equipment and loss of equipment and property in stores and in use due to: Culpable causes (e.g. fraud, theft, arson) or other up to £50,000	Chief Executive	Executive Director of Finance	N/A
f) For personal and public liability claims, under the Legal & Risk scheme, authorisation from Legal & Risk is required before admissions may be made and monetary compensation offered. (Ex-gratia settlements offered by the LHB are by definition not payments based upon legal liability and are, therefore, not reimbursable under the WRP	Chief Executive	Executive Director of Nursing & Midwifery supported by the relevant Director after seeking appropriate legal advice, up to a max	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
scheme)		£150,000	
g) Compensation payments made under legal obligation:	Chief Executive	Chief Executive, Executive Director of Finance or Executive Director of Nursing & Midwifery	N/A
h) Extra contractual payments to contractors – Up to £50,000 as specified within the Losses and Special Payments Manual of Guidance	Chief Executive	Executive Director of Finance with reporting to the Audit Committee	N/A
17.1 Ex-Gratia Payments:			
a) Patients and staff for loss of personal effects up to £50,000	Chief Executive	Executive Director of Finance- Refer to Finance Policy on Losses and Special Payments	N/A
b) For clinical negligence up to £250,000 (negotiated settlements)*. Report to Board > £50,000 (see also table B para.15)	Chief Executive	Executive Director of Finance/Executive Director of Nursing & Midwifery	N/A
c) For clinical negligence over £250,000 and up to £1,000,000* (negotiated settlements). Report to Board > £50,000 (see also table B para.15)	Chair	Chief Executive/ Executive Director of Finance/Executive Director of Nursing & Midwifery	N/A
d) For personal injury claims involving negligence where legal advice has been obtained and guidance applied up to £250,000 (including plaintiff's costs) Report to Board > £50,000	Chief Executive	Chief Executive/ Executive Director of Finance/Executive Director of Workforce & OD/ Executive Director of Nursing &	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
		Midwifery	
e) For personal injury claims involving negligence where legal advice has been obtained and guidance applied up to £1,000,000 Report to Board > £50,000*	Board	Chief Executive/Executive Director of Finance/Executive Director of Nursing & Midwifery	N/A
f) Other, except cases for maladministration where there was no financial loss by claimant, up to £50,000	Chief Executive	Executive Director of Finance/Executive Director of Nursing & Midwifery	N/A
* For all clinical negligence and personal injury cases(including Court cases) the use of structured settlements should be considered involving costs to the NHS of £250,000 or more – All structured settlements require approval from the Welsh Government			N/A
18. Reporting of Incidents to the Police			
a) Where a criminal offence is suspected			Managing Director
Criminal offence of a sexual or violent nature	Chief Executive	Executive Director of Workforce & OD	Managing Director
Arson or theft	Executive Director of Planning & Performance	Director of Estates & Facilities	Managing Director
Other	Executive Director of Planning & Performance	Director of Estates & Facilities	Managing Director
19. Financial Procedures			
a) Maintenance & Update of LHB Financial Procedures	Executive Director of Finance	Executive Director of Finance	Finance Director – Provider Services
20. Audit Arrangements			

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
a) Review, appraise and support in accordance with Internal Audit standards for NHS Wales and best practice	Chair of the Audit Committee	Board Secretary/Head of Internal Audit	N/A
b) Provide an independent and objective view on internal control and probity	Chief Executive	Head of Internal Audit/Wales Audit Office	N/A
c) Ensure Cost-effective external audit	Chair of Audit Committee	Executive Director of Finance	N/A
d) Ensure an adequate internal audit service	Chief Executive	Board Secretary	N/A
e) Implement recommendations	Chief Executive	All relevant Directors	Managing Director
21. Legal Proceedings			
a) Engagement of LHB's Solicitors	Chief Executive	Board Secretary for all Board related matters/Executive Director of Workforce & OD for all employment related matters/Executive Director of Planning & Performance for all estate related matters/Executive Director of Primary & Community Care for all Primary Care related matters.	Managing Director
b) Approve and sign all documents which will be necessary in legal proceedings	Chief Executive	Any Director of the Board or an officer formally nominated by the Chief Executive	Managing Director

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
c) Sign on behalf of the LHB any agreement or document not requested to be executed as a deed	Chief Executive	Any Director of the Board or an officer formally nominated by the Chief Executive	Managing Director
22. Insurance Policies and Risk Management	Chief Executive	Executive Director of Finance/Board Secretary	Managing Director
23. Clinical Audit	Chief Executive	Executive Director of Therapies & Health Science	Site Medical Director
24. Patients' Property (in conjunction with financial advice)			
For details of Delegated Limits, please refer to Table B – Petty Cash/Patients Monies			
a) Ensuring patients and guardians are informed about patients' monies and property procedures on admission	Executive Director of Nursing & Midwifery	Directors	Site Director of Nursing
b) Prepare detailed written instructions for the administration of patients' property	Executive Director of Nursing & Midwifery	Executive Director of Finance	Site Director of Nursing
c) Informing staff of their duties in respect of patients' property	Executive Director of Nursing & Midwifery	Directors	Site Director of Nursing
d) Issuing property valued >£5,000 only on production of a probate letter of administration	Executive Director of Finance	Executive Director of Finance	N/A
25. Patients & Relatives Complaints			
a) Overall responsibility for ensuring that all complaints are dealt with effectively	Chief Executive	Executive Director of Nursing & Midwifery	Site Director of Nursing
b) Responsibility for ensuring complaints are investigated	Chief Executive	Executive Director of	Site Director of Nursing

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
thoroughly		Nursing & Midwifery	
c) Medical – Legal Complaints Co-ordination of their management	Chief Executive	Executive Director of Nursing & Midwifery	Site Director of Nursing
26. Seal			
a) The keeping of a register of seal and safekeeping of the seal	Chief Executive	Board Secretary	N/A
b) Attestation of seal in accordance with Standing Orders	Chief Executive/ Chair	Board Secretary	N/A
27. Gifts and Hospitality			
a) Keeping of gifts and hospitality register	Chief Executive	Board Secretary	Managing Director
28. Declaration of Interests			
a) Maintaining a register	Chief Executive	Board Secretary	Managing Director
29. Informatics and the Data Protection Act			
a) Review of LHB's compliance with the Data Protection Act	Chief Executive	Board Secretary	Managing Director
b) Responsibility for Informatics policy and strategy	Executive Medical Director	Chief Information Officer	N/A
c) Responsibility for ensuring that adequate management (audit) trails exist in Informatics systems	Executive Medical Director	Chief Information Officer	N/A
30. Records			
a) Review LHB's compliance with the Retention of Records Act and guidance	Chief Executive	Board Secretary / Executive Medical Director	Managing Director
b) Approval for the destruction of records	Chief Executive	Board Secretary / Executive Medical Director	Managing Director

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
c) Ensuring the form and adequacy of the financial records of all departments	Executive Director of Finance	Executive Director of Finance	Finance Director - Provider Services
31. Authorisation of New Drugs	Chief Executive	Executive Medical Director on the advice of the appropriate professional bodies	Site Medical Director
32. Authorisation of Research Projects	Executive Medical Director	Director of Research & Development	Site Medical Director
33. Authorisation of Clinical Trials	Chief Executive	Executive Medical Director	Site Medical Director
34. Infectious Diseases & Notifiable Outbreaks	Chief Executive	Executive Director of Public Health	Site Medical Director
35. Review of Fire Precautions	Chief Executive	Executive Director of Planning & Performance	Managing Director
36. Health & Safety			
Review of all statutory compliance legislation and Health and Safety requirements including control of Substances Hazardous to Health Regulations	Chief Executive	Executive Director of Workforce & OD	Managing Director
37. Medicines Inspectorate Regulations			
Review Regulations Compliance	Chief Executive	Executive Medical Director supported by Chief Pharmacist	Site Medical Director
38. Environmental Regulations			

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
Review of compliance with environmental regulations, for example those relating to clean air and waste disposal	Chief Executive	Executive Director of Planning & Performance	Managing Director
39. Legal & Risk Payments	Chief Executive	Executive Director of Nursing & Midwifery/Executive Director of Finance	Managing Director
40. Investigation of Fraud/Corruption or Financial Irregularities	Executive Director of Finance	Lead Local Counter Fraud Specialist	N/A
41. Commercial Sponsorship			
Agreement to proposal in accordance with BCU HB procedures	Chief Executive	Executive Director of Finance	Finance Director - Provider Services
42. Cost/Notional Rent/Third Party Developer/Improvement Grants			
Approval of all schedules of payments	Chief Executive	Executive Director of Primary & Community Care	N/A
Submission to Welsh Government for all new GP premises or major extensions in accordance with BCU HB Primary Care Estates Strategy	Chief Executive	Executive Director of Primary & Community Care	N/A
43. Freedom of Information	Chief Executive	Board Secretary	Managing Director
44. Compliance Lead Roles:			
a) Caldicott Guardian	Executive Medical Director	Senior Associate Medical Director	Secondary Care - Medical Director
b) Data Protection Officer	Chief	Assistant	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
c) Senior Information Risk Owner	Executive Chief Executive	Director of Information Governance and Assurance Board Secretary	N/A
45. Emergency Planning & Major Incidents – Civil Contingencies Act (Category 1 Responder)	Chief Executive	Executive Director of Planning & Performance	Managing Director
46. National Health Services (Wales) Act 2006 Section 33 Agreements: Arrangements between NHS Bodies and Local Authorities	Chief Executive	Executive Director of Finance	Managing Director
47. Statutory compliance with respective Legislation	Chief Executive	Board Secretary	Managing Director
48. National Health Service (Appointment of Consultants) (Wales) (Amendment) Regulations 2005 (Statutory Instrument 2005: 3039) Appointment of all Medical and Dental Consultant posts. Consultant posts within Public Health that are open to both medically qualified and those qualified in other disciplines other than medicine should follow this process, even though they fall outside of the requirements of the Statutory Instrument.	Chief Executive	Board level directors	Managing Director
49. All Wales Policy: Making Decisions on Individual Patient Funding Requests (IPFR)	Chief Executive	WHSSC IPFR Panel £300,000 to £1,000,000; Chief Executive up to £299,999; Chair and Vice Chair of Health Board IPFR Panel together sign up to £125,000	Managing Director
* The IPFR Panel cannot make			

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
policy decisions for the health board. Any policy proposals arising from their considerations and decisions must be reported to the Health Board Quality, Safety & Experience Committee			
50. Carbon Reduction Commitment Order (Phase 2) Agency Registration	Chief Executive	Executive Director of Planning and Performance	Managing Director
51. Human Tissue Act 20014	Chief Executive	Executive Director of Therapies & Health Sciences	Managing Director
52. Ionising Radiation (Medical Exposure) Regulations 2017	Chief Executive	Executive Director of Therapies & Health Sciences	Managing Director
53. Nurse Staffing Levels Act (Wales) 2016	Chief Executive	Executive Director of Nursing & Midwifery	Secondary Care Nurse Director

Table B – Scheme of Financial Delegation

Financial Limits are subject to funding available within relevant budget(s) and are inclusive of VAT irrespective of recovery arrangements.

All purchases must ensure compliance with Standing Financial Instruction Schedule 1 -

Procurement of Works, Goods and Services with regard to the required quotation or Tendering exercise.

	Budget changes	General expenditure	Healthcare agreements	Capital (Business Case and Contractual Commitment approvals)			Specialist				Charitable Funds		Procurement waivers	Staffing	
		Any expenditure approval must be within funding limits of approved budgets. Approval limits are cumulative, and therefore higher level approval limits must be supported by lower level approvals. Executive Directors and Directors, Area Directors, and Hospital Care Directors to determine scheme of delegation within their structures.													
	Budget transfers between Corporate Departments, Area Teams or Hospital Teams(Virements)	Individual orders / requisitions / annual order value or total contract value (unless otherwise noted)	Healthcare agreements (NHS and Private sector)(annual value) (Primary Care contracts approved by Board)	Building and engineering orders; related consultancy support(individual contractual commitment)	Medical devices; plant; machinery; related consultancy support(individual contractual commitment)	IM&T; telecoms systems; software; related consultancy (individual contractual commitment)	Property or equipment leases(granting or termination of leases; annual value)	External consultancy support (total contract value for duration of service)	Losses / Special Payments (Terminations approved by Exec.Director of W&OD; VERS by RATS C'ttee)	New drugs (value based on annual costs)	Locally held funds(total funding bid value)	General funds(total funding bid value)	All values	New posts (additional establishm't)	Agency and Waiting List Initiatives (all values)
WG (In advance of contract planning)	No requirement	£1m plus	£1m plus (Private sector)	£1m plus	£1m plus	£1m plus	No requirement	£1m plus	See Manual of Guidance for losses and SFIs, as special rules apply for certain losses and ex gratia payments.	No requirement	No requirement	No requirement	No requirement	No requirement	No requirement
Board following Chief Executive approval	£1m plus	£1m plus	Over £10m approved in advance, below £10m retrospectively reported. Over £1m for Private sector.	£1m plus	£1m plus	£1m plus	£0.5m plus or any which need signing under seal (Reservation of Power, Number 33)	£0.5m plus		£1m plus	No requirement	No requirement	No requirement	No requirement	No requirement
Audit Committee													Retrospective reporting		
Charitable Funds Committee (all Executives can authorise use of charitable funds up to £5k)											Over £5k (Up to £25k scrutinised by CF Advisory Group)	Over £5k (Up to £25k scrutinised by CF Advisory group)			
CEO through Executive Team	£0.5m to £1m	£0.5m to £1m	New or contract variation to £10.0m.	£0.5m to £1m	£0.5m to £1m	£0.5m to £1m	£250k to £0.5m	£250k to £0.5m	£0.5m to £1.0m	£0.5m to £1.0m	Up to £5k	Up to £5k	As escalated by DoF	Can approve new posts across LHB	No requirement
Any 2 of CEO, Director of P&P and DoF (must include DoF)		Up to £0.5m	New or contract variation to £5.0m (to £1m for Private sector).					Up to £250k		Up to £0.5m			As escalated by DoF		
Executive Director of Finance	Up to £0.5m	Up to £250k		Up to £0.5m	Up to £0.5m	Up to £0.5m	Up to £250k	Up to £100k	Up to £0.5m		Up to £5k	Up to £5k	As escalated by FD: OF	Can approve new posts within own structure.	Must approve in advance in own structure.

	Budget changes	General expenditure	Healthcare agreements	Capital (Business Case and Contractual Commitment approvals)			Specialist				Charitable Funds		Procurement waivers	Staffing	
		Any expenditure approval must be within funding limits of approved budgets. Approval limits are cumulative, and therefore higher level approval limits must be supported by lower level approvals. Executive Directors and Directors, Area Directors, and Hospital Care Directors to determine scheme of delegation within their structures.													
	Budget transfers between Corporate Departments, Area Teams or Hospital Teams(Virements)	Individual orders / requisitions / annual order value or total contract value (unless otherwise noted)	Healthcare agreements (NHS and Private sector)(annual value) (Primary Care contracts approved by Board)	Building and engineering orders; related consultancy support(individual contractual commitment)	Medical devices; plant; machinery; related consultancy support(individual contractual commitment)	IM&T; telecoms systems; software; related consultancy (individual contractual commitment)	Property or equipment leases(granting or termination of leases; annual value)	External consultancy support (total contract value for duration of service)	Losses / Special Payments (Terminations approved by Exec.Director of W&OD; VERS by RATS C'ttee)	New drugs (value based on annual costs)	Locally held funds(total funding bid value)	General funds(total funding bid value)	All values	New posts (additional establishm't)	Agency and Waiting List Initiatives (all values)
Executive Directors, Board Secretary, Director of Mental Health and Learning Disabilities (unless noted below)		Up to £250k						Up to £100k					Waivers must be approved by FD: OF and Exec.Director of Finance or Chief Executive if escalated by FD: OF	Can approve new posts within own structure.	Must approve in advance in own structure.
Executive Director of Primary Cty Care		Up to £250k						Up to £100k						Can approve new posts within own structure.	Must approve in advance in own structure.
Executive Director of Planning & Performance		Up to £250k		Up to £0.5m	Up to £0.5m		Up to £250k	Up to £100k						Can approve new posts within own structure.	Must approve in advance in own structure.
Executive Medical Director		Up to £250k				Up to £0.5m		Up to £100k						Can approve new posts within own structure.	Must approve in advance in own structure.
Executive Director of W&OD		Up to £250k						Up to £100k	Terminations up to £50k (over this to WG)					Can approve new posts within own structure.	Must approve in advance in own structure.
Executive Director of Nursing & Midwifery		Up to £250k						Up to £100k	Up to £150k					Can approve new posts within own structure.	Must approve in advance in own structure.

	Budget changes	General expenditure	Healthcare agreements	Capital			Specialist				Charitable Funds		Procurement waivers	Staffing	
		Any expenditure approval must be within funding limits of approved budgets. Approval limits are cumulative, and therefore higher level approval limits must be supported by lower level approvals. Executive Directors and Directors, Area Directors, and Hospital Care Directors to determine scheme of delegation within their structures.													
	Budget transfers between Corporate Departments, Area Teams or Hospital Teams(Virements)	Individual orders / requisitions / annual order value or total contract value (unless otherwise noted)	Healthcare agreements (NHS and Private sector)(annual value) (Primary Care contracts approved by Board)	Building and engineering orders; related consultancy support(individual contractual commitment)	Medical devices; plant; machinery; related consultancy support(individual contractual commitment)	IM&T; telecoms systems; software; related consultancy (individual contractual commitment)	Property or equipment leases(granting or termination of leases; annual value)	External consultancy support (total contract value for duration of service)	Losses / Special Payments (Terminations only approved by Exec Director of W&OD; VERS require RATS Committee)	New drugs (value based on annual costs)	Locally held funds(total funding bid value)	General funds(total funding bid value)	All values	New posts (additional establishm't)	Agency and Waiting List Initiatives (all values)
Area Directors and Director of Mental Health & Learning Disabilities		Up to £250k	New or contract variation to £1.5m		Up to £250k			Up to £100k		Up to £100k, following Med Mgt Group	Up to £5k			Can approve new posts within own team.	As escalated by Direct Reports*
Area Medical Director															Medical staff*
Area Nurse Directors															Nurse or other staff*
Secondary Care Medical Director		Up to £150k			Up to £150k			Up to £150k			Up to £5k				Medical staff*
Secondary Care Nurse Director		Up to £150k			Up to £150k			Up to £150k			Up to £5k				Nurse or other staff*
Interim Managing Directors		Up to £150k			Up to £150k			Up to £50k			Up to £5k			Can approve new posts within own team.	As escalated by Direct Reports*
Director of Estates & Facilities		Up to £150K		Up to £150K	Up to £150K			Up to £50K							
Hospital: Assistant Medical Director															Medical staff*
Hospital: Assistant Nurse Director															Nurse or other staff*
Procurement (NWSSP)													All signed off by Procurement		

	Budget changes	General expenditure	Healthcare agreements	Capital			Specialist				Charitable Funds		Procurement waivers	Staffing	
		Any expenditure approval must be within funding limits of approved budgets. Approval limits are cumulative, and therefore higher level approval limits must be supported by lower level approvals. Executive Directors and Directors, Area Directors, and Hospital Care Directors to determine scheme of delegation within their structures.													
	Budget transfers between Corporate Departments, Area Teams or Hospital Teams(Virements)	Individual orders / requisitions / annual order value or total contract value (unless otherwise noted)	Healthcare agreements (NHS and Private sector)(annual value) (Primary Care contracts approved by Board)	Building and engineering orders; related consultancy support(individual contractual commitment)	Medical devices; plant; machinery; related consultancy support(individual contractual commitment)	IM&T; telecoms systems; software; related consultancy (individual contractual commitment)	Property or equipment leases(granting or termination of leases; annual value)	External consultancy support (total contract value for duration of service)	Losses / Special Payments (Terminations only approved by Exec Director of W&OD; VERS require RATS Committee)	New drugs (value based on annual costs)	Locally held funds(total funding bid value)	General funds(total funding bid value)	All values	New posts (additional establishm't)	Agency and Waiting List Initiatives (all values)
Deouty Director (Concerns)		Up to £75k							Up to £75k						
Deputy / Assistant Director Board Secretary		Up to £75k													
Assistant Director Primary Care		Up to £75k	Up to £75k		Up to £75k			Up to £75k			Up to £5k				
Assistant Director Community Hospital Services		Up to £75k	Up to £75k		Up to £75k			Up to £75k			Up to £5k				
Assistant Director Secondary Care		Up to £75k	Up to £75k		Up to £75k			Up to £75k			Up to £5k				
Head of Investigations and Redress									Up to £20k						
Claims Managers									Up to £5k						
Authorised fund holder (Charitable Funds)											Up to £5k				

	Budget changes	General expenditure	Healthcare agreements	Capital			Specialist			Charitable Funds		Procurement waivers	Staffing		
		Any expenditure approval must be within funding limits of approved budgets. Approval limits are cumulative, and therefore higher level approval limits must be supported by lower level approvals. Executive Directors and Directors, Area Directors, and Hospital Care Directors to determine scheme of delegation within their structures.													
	Budget transfers between Corporate Departments, Area Teams or Hospital Teams(Virements)	Individual orders / requisitions / annual order value or total contract value (unless otherwise noted)	Healthcare agreements (NHS and Private sector)(annual value) (Primary Care contracts approved by Board)	Building and engineering orders; related consultancy support(individual contractual commitment)	Medical devices; plant; machinery; related consultancy support(individual contractual commitment)	IM&T; telecoms systems; software; related consultancy (individual contractual commitment)	Property or equipment leases(granting or termination of leases; annual value)	External consultancy support (total contract value for duration of service)	Losses / Special Payments (Terminations only approved by Exec Director of W&OD; VERS require RATS Committee)	New drugs (value based on annual costs)	Locally held funds(total funding bid value)	General funds(total funding bid value)	All values	New posts (additional establishments)	Agency and Waiting List Initiatives (all values)
Medicines Management Group										All new drugs, unless cheaper than existing					
* Agency and Waiting List Initiatives must generally be approved in advance. However, in exceptional circumstances when staff are required out of hours, they can be approved retrospectively.															

This scheme only relates to matters delegated by the Board to the Chief Executive and Directors, together with certain other specific matters referred to in Standing Financial Instructions. Each Director is responsible for delegation within their department. They should produce an Operational Scheme of Delegation and Authorisation for matters within their department, which should also set out how departmental budget and procedures for approval of expenditure are delegated.

Ysbyty Gwynedd, Management Team Section

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	Budget changes	General expenditure	Healthcare agreements	Capital (Business Case and Contractual Commitment approvals)			Specialist				Charitable Funds		Procurement waivers	Staffing	
		Any expenditure approval must be within funding limits of approved budgets. Approval limits are cumulative, and therefore higher level approval limits must be supported by lower level approvals. Executive Directors, Area Directors, Secondary Care Director and Hospital Care Directors to determine scheme of delegation within their structures.													
	Budget transfers between Corporate Departments, Area Teams or Hospital Teams(Virements)	Individual orders / requisitions / annual order value or total contract value (unless otherwise noted)	Healthcare agreements (NHS and Private sector)(annual value) (Primary Care contracts approved by Board)	Building and engineering orders; related consultancy support(individual contractual commitment)	Medical devices; plant; machinery; related consultancy support(individual contractual commitment)	IM&T; telecoms systems; software; related consultancy (individual contractual commitment)	Property or equipment leases(granting or termination of leases; annual value)	External consultancy support (total contract value for duration of service)	Losses / Special Payments (Terminations approved by Director of W&OD; VERS by RATS C'ttee)	New drugs (value based on annual costs)	Locally held funds(total funding bid value)	General funds(total funding bid value)	All values	New posts (additional establishm't)	Agency and Waiting List Initiatives (all values)
Managing Director		Up to £150k	New or contract variation to £1.5m		Up to £150k			Up to £50k		Up to £100k, following Med Mgt Group	Up to £5k			Can approve new posts within own Area	As escalated by Direct Reports*
Hospital Director		Up to £100k			Up to £100k			Up to £50k			Up to £5k			Can approve new posts within own Area	As escalated by Direct Reports*
Hospital Medical Director		Up to £100k			Up to £100k									Can approve new posts within own team.	As escalated by Direct Reports*
Hospital Nurse Director		Up to £100k			Up to £100k									Can approve new posts within own team.	As escalated by Direct Reports*
Surgery, Anaesthetics & Critical Care General Manager		Up to £75k			Up to £75k			Up to £25k			Up to £5k			Can approve new posts within own Area.	As escalated by Direct Reports*
Medicine General Manager		Up to £75k			Up to £75k			Up to £25k			Up to £5k			Can approve new posts within own Area.	As escalated by Direct Reports*
Emergency Care General Manager		Up to £75k			Up to £75k			Up to £25k			Up to £5k			Can approve new posts within own Area.	As escalated by Direct Reports*
Hospital CFO		Up to £50k			Up to £50k			Up to £15k			Up to £5k			Can approve new posts within own Service.	Within own Service Area – up to £5k per individual item

Grace Lewis-Parry.

Grace Lewis-Parry

Board Secretary

18 July 2019

SECTION 2: SCHEME OF DELEGATION TO EXECUTIVE DIRECTORS, OTHER DIRECTORS AND OFFICERS

The LHB Standing Orders and Standing Financial Instructions specify certain key responsibilities of the Chief Executive, the Executive Director of Finance and other officers. The Chief Executive's Job Description, together with their Accountable Officer Memorandum sets out their specific responsibilities, and the individual job descriptions determined for Executive Director level posts also define in detail the specific responsibilities assigned to those post holders. These documents, together with the schedule of additional delegations below and the associated financial delegations set out in the Standing Financial Instructions form the basis of the LHB's Scheme of Delegation to Officers.

Delegated Matter	Table Reference No.
STANDING ORDERS/STANDING FINANCIAL INSTRUCTIONS	1
MEETINGS	2
FINANCIAL PLANNING/BUDGETARY RESPONSIBILITY	3
BANK/PGO ACCOUNTS (EXCLUDING CHARITABLE FUND ACCOUNTS)	4
EXTERNAL BORROWING	5
NON PAY EXPENDITURE	6
STORES AND RECEIPT OF GOODS	7
CAPITAL INVESTMENT MANAGEMENT	8
QUOTATIONS, TENDERING & CONTRACT PROCEDURES	9
FIXED ASSETS	10
PERSONNEL & PAY	11
ENGAGEMENT OF STAFF (NOT ON THE ESTABLISHMENT)	12
CHARITABLE FUNDS HELD ON LHB	13
PRIMARY CARE PATIENT SERVICES/HEALTHCARE AGREEMENTS	14
INCOME SYSTEMS, FEES & CHARGES	15
DISPOSAL AND CONDEMNATIONS	16
LOSSES, WRITE-OFFS & COMPENSATION AND EX-GRATIA PAYMENTS	17
REPORTING INCIDENTS TO THE POLICE	18
FINANCIAL PROCEDURES	19
AUDIT ARRANGEMENTS	20
LEGAL PROCEEDINGS	21
INSURANCE POLICIES AND RISK MANAGEMENT	22
CLINICAL AUDIT	23
PATIENTS' PROPERTY	24
PATIENTS & RELATIVES COMPLAINTS	25
SEAL	26
GIFTS & HOSPITALITY	27
DECLARATION OF INTERESTS	28
INFORMATICS AND THE DATA PROTECTION ACT	29
RECORDS	30
AUTHORISATION OF NEW DRUGS	31
AUTHORISATION OF RESEARCH PROJECTS	32
AUTHORISATION OF CLINICAL TRIALS	33
INFECTIOUS DISEASES & NOTIFIABLE OUTBREAKS	34

Delegated Matter	Table Reference No.
REVIEW OF FIRE PRECAUTIONS	35
HEALTH & SAFETY	36
MEDICINES INSPECTORATE REGULATIONS	37
ENVIRONMENTAL REGULATIONS	38
LEGAL & RISK PAYMENTS	39
INVESTIGATION OF FRAUD/CORRUPTION OR FINANCIAL IRREGULARITIES	40
COMMERCIAL SPONSORSHIP	41
COSTS/NOTIONAL RENT/THIRD PARTY DEVELOPER/IMPROVEMENT GRANTS	42
FREEDOM OF INFORMATION	43
COMPLIANCE LEAD ROLES: CALDICOTT GUARDIAN, DPO, SIRO	44
EMERGENCY PLANNING	45
NHS ACT 2006 (WALES) SECTION 33 AGREEMENTS	46
STATUTORY COMPLIANCE WITH RESPECTIVE LEGISLATION	47
APPOINTMENT OF MEDICAL & DENTAL CONSULTANT POSTS	48
INDIVIDUAL PATIENT FUNDING REQUESTS	49
CARBON REDUCTION COMMITMENT ORDER	50
HUMAN TISSUE ACT 2004	51
IONISING RADIATION (MEDICAL EXPOSURE) REGULATIONS 2017 [IR(ME)R]	52
NURSE STAFFING LEVELS (WALES) ACT 2016	53

Schedule 1

SCHEME OF RESERVATION AND DELEGATION OF POWERS Ysbyty Glan Clwyd Site

Table A – Scheme of Delegation to Officers

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
1. Standing Orders / Standing Financial Instructions			
a) Final authority in interpretation of Standing Orders	Chair	Chair	N/A
b) Notifying Directors, employees and agents of their responsibilities within the Standing Orders and Standing Financial Instructions and ensuring that they understand the responsibilities	Executive Director of Finance/Board Secretary	Directors	Managing Director
c) Responsibility for the security of the LHB's property, avoiding loss, exercising economy and efficiency in using resources and conforming with Standing Orders, Financial Instructions and financial procedures	Executive Director of Finance	Directors	Managing Director
d) Ensuring Standing Orders are compatible with Welsh Government requirements re building and engineering contracts	Chief Executive	Executive Director of Planning & Performance	N/A
2. Meetings			
a) Calling meetings of the LHB	Chair	Board Secretary	N/A
b) Chair all LHB Board meetings and associated responsibilities	Chair or Vice Chair in Chair's absence	Chair or Vice Chair in Chair's absence	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
3. Financial Planning/Budgetary Responsibility			
a) Setting: Submit Three Year Plan and Annual Operating Plan to the LHB Board	Chief Executive	Executive Director of Planning & Performance	Managing Director
Submit budgets to the LHB Board	Chief Executive	Executive Director of Finance	Finance Director - Provider Services
Submit to Board financial estimates and forecasts	Chief Executive	Executive Director of Finance	Finance Director - Provider Services
b) Implementing financial policies, plans and procedures, providing advice and co-ordinating any corrective action necessary	Executive Director of Finance	Finance Director (Operational)	Chief Finance Officer (CFO)
c) Issuing Budgets	Executive Director of Finance	Finance Director (Operational)	CFO
d) Monitoring: Monitor performance against budget	Executive Director of Finance	Directors	CFO
Submit monitoring returns	Chief Executive	Executive Director of Finance	CFO
Effective budgetary control and a balanced budget	Executive Director of Finance	Directors	CFO
Preparation of annual accounts and returns	Executive Director of Finance	Executive Director of Finance	CFO
Identifying and implementing cost improvements and income generation initiatives	Executive Director of Finance	Directors	CFO
e) Authorisation of Virement It is not possible for any officer other than the Executive Director of Finance to vire from non-recurring headings to recurring budgets <u>or</u> from capital to revenue/revenue to capital. Virement <u>between</u> different budget holders (Directors) requires the agreement of <u>both</u> parties <u>and</u> the Executive Director of Finance	Please refer to Table B – Delegated Limits		

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
f) Maintaining an effective system of internal financial control	Chief Executive	Executive Director of Finance	Finance Director - Provider Services
g) Delivery of financial training to budget holders (Directors)	Executive Director of Finance	Finance Director (Operational)	CFO
4. Bank/PGO Accounts (Excluding Charitable Fund Accounts)			
a) Operation:			
Managing banking arrangements and operation of bank accounts	Executive Director of Finance	Finance Director (Operational)	N/A
Opening bank accounts	Executive Director of Finance	Finance Director (Operational)	N/A
Authorisation of transfers between LHB bank accounts	Executive Director of Finance	Finance Director (Operational)	N/A
Authorisation of: -PGO/GBS Schedules -BACS Schedules -Automated cheque schedules -Manual cheques	Executive Director of Finance	Finance Director (Operational)	N/A
b) Investments:			
Investment of surplus funds in accordance with the LHB's investment policy	Executive Director of Finance	Finance Director (Operational)	N/A
5. External Borrowing			
a) Advise LHB Board of the requirements to meet payment of interest and originating capital debt	Executive Director of Finance	Finance Director (Operational)	N/A
b) Application for loan(s) and overdrafts	Executive Director of Finance	Finance Director (Operational)	N/A
c) Preparation of procedural instructions	Executive Director of Finance	Finance Director (Operational)	N/A
6. Non Pay Expenditure			
For details of Delegated Limits please refer			

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
to Table B			
a) Completion of an Operational Scheme of Delegation and Authorisation by each Budget Holder ensuring maintenance of a list of officers authorised to place requisitions/orders (including emergency verbal orders) and record receipts within the E-Financials Business Suite.	Executive Director of Finance	Directors	Finance Director - Provider Services
b) Obtain the best value for money when requisitioning goods/services	Executive Director of Finance	Directors	Managing Director
c) Ensuring expenditure is within budget	Chief Executive	Directors	Managing Director
d) Non-Pay Expenditure for which no specific budget has been set up and which is not subject to funding under delegated powers of virement	Chief Executive	Executive Director of Finance	CFO
e) Orders exceeding 12 month period	Executive Director of Finance	Finance Director (Operational)	CFO
f) Prompt payment of accounts	Executive Director of Finance	Executive Director of Finance	Managing Director
g) Financial Limits	Please refer to Table B – Delegated Limits		
h) Maintenance of sufficient records to explain the LHB's transactions and report on the LHB's financial position	Executive Director of Finance	Executive Director of Finance	CFO
i) Approval of visits at a supplier's expense	Executive Director of Finance	Executive Directors	CFO
j) Provision of electronic signatures within the E-Financials Business Suite in accordance with each Budget Holder's Operational Scheme of Delegation and Authorisation	Executive Director of Finance	Finance Director (Operational)	CFO
7. Stores and Receipt of Goods			

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
a) Responsibility for the systems of financial control over all stores including receipt of goods and returns	Executive Director of Finance	Directors	CFO
b) Responsibility for the control of stores and receipt of goods, issues and returns: All stores (excluding pharmaceutical, fuel, oil and coal – see following)	Executive Director of Finance	Directors	CFO
Pharmaceutical Stores	Executive Medical Director	Chief Pharmacist	N/A
Fuel, oil and coal stocks	Executive Director of Planning & Performance	Director of Estates & Facilities	N/A
c) Stocktaking arrangements	Executive Director of Finance	Directors	CFO
8. Capital Investment Management			
For details of Delegated Limits for Delegated Matter 8d, please refer to Table B – Leases. In accordance with Welsh Government guidance:			
a) Programme:			
Preparation of Capital Investment Programme	Chief Executive	Executive Director of Planning & Performance	N/A
Completion and signing off of a business case for approval	Chief Executive/ Executive Director of Finance	Executive Director of Planning & Performance	Managing Director
Appointment of Project Directors	Chief Executive	Executive Director of Planning & Performance with support from relevant Directors	N/A
Financial monitoring and reporting on all capital scheme expenditure	Executive Director of	Executive Director of	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
including variations to contract	Planning & Performance	Finance/Executive Director of Planning & Performance with support from relevant Directors.	
Issuing of guidance on management of capital schemes	Executive Director of Planning & Performance	Executive Director of Finance/Executive Director of Planning & Performance	N/A
b) Contracting – Selection of 3 rd party developers, architects, quantity surveyors, consultant engineers and other professional advisors within EC regulations and LHB tender procedures	Chief Executive	Executive Director of Planning & Performance	N/A
c) Private Finance – Demonstrate that the use of private finance represents best value for money and transfers risk to the private sector	Chief Executive	Executive Director of Finance	N/A
d) Leases – Granting and termination of leases	Chief Executive	Executive Director of Planning & Performance/Executive Director of Finance	Finance Director – Provider Services
e) Financial control and audit- Arrangements are in place to review building and engineering contracts and property transactions comply with Welsh Government guidance.	Chief Executive	Executive Director of Finance with Executive Director of Planning & Performance responsible for the technical audit of the contracts.	N/A
9. Quotations, Tendering & Contract Procedures For details of Delegated Limits, please refer to Table B – Quotations/Tenders.			
a) Services:			

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
Best value for money is demonstrated for all services provided under contract or in-house	Chief Executive	Directors	Managing Director
Nominate officers to oversee and manage the contract on behalf of the LHB	Chief Executive	Directors	Managing Director
b) Quotations – Total value of the contract over its entire period:			
Seeking quotations up to £5,000 in value	Executive Director of Finance (per SFI 11.7.1)	For details of delegated limits, please refer to Table B	
Obtaining minimum of 3 written quotations for goods/services of value between £5,000 and £25,000	Chief Executive (per SFI 11.1.2)	For details of delegated limits. Please refer to Table B	
c) Competitive Tenders – Total value of the contract over its entire period:			
Obtaining a minimum of 4 written competitive tenders for goods/services of value between £25,000 and the OJEU threshold (in compliance with EC Directives as appropriate)	Chief Executive	For details of delegated limits, please refer to Table B	
Obtaining a minimum of 5 written competitive tenders for goods/services of a value in excess of the OJEU threshold (in compliance with EC Directives as appropriate)	Chief Executive	For details of delegated limits, please refer to Table B	
Receipt and custody of tenders prior to opening	Chief Executive	Executive Director of Finance	Finance Director – Provider Services
Opening Tenders and Quotations	Chief Executive	Executive Director of Finance	Finance Director – Provider Services
Decide if late tenders should be considered	Chief Executive	Executive Director of Finance	Finance Director – Provider Services
d) Waiving the requirement to request quotes or tenders – subject to SFI Schedule 1 Para.	Chief Executive	Chief Executive/nominated deputy	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
4.2 & 4.3 – Formally reported to the Audit Committee		(Board Secretary or Executive Director of Finance). Where the budget holder requesting the waiver is the Chief Executive/Board Secretary/Executive Director of Finance, they cannot approve their own waiver and must seek approval from one of the other two delegated officers.	
10. Fixed Assets			
a) Maintenance of asset register	Chief Executive	Executive Director of Finance supported by relevant Director	N/A
b) Calculate and pay capital charges in accordance with Welsh Government requirements	Executive Director of Finance	Executive Director of Finance	N/A
c) Responsibility for fixed assets – Land & Buildings	Chief Executive	Executive Director of Planning & Performance	Managing Director
d) Responsibility for all other fixed assets (Plant, Machinery, Transport, IT assets including software, Furniture & Fittings)	Chief Executive	Directors	Managing Director
e) Responsibility for security of LHB assets including notifying discrepancies to the Director of Finance and reporting losses in accordance with LHB procedures	Chief Executive	Directors	Managing Director

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
11. Personnel & Pay			
a) Nominate officers to enter into contracts of employment regarding staff, agency staff or consultancy service contracts in accordance with the "Policy for the Safe Recruitment and Selection Practices" together with accompanying guidance, particularly the need for pre-employment checks.	Chief Executive	Executive Director of Workforce & OD	Managing Director
b) Approve the commencement of employment prior to all pre-employment checks being completed.	Executive Director of Workforce & OD	Executive Director of Workforce & OD	Managing Director
c) Authority to fill funded post on the establishment with permanent staff.	Executive Director of Workforce & OD	Directors	Managing Director
d) Authority to extend Locum appointments	Chief Executive	Interim Managing Directors, Mental Health Director and Area Directors for appointments over 12 months to 24 months. Executive Director of Nursing & Midwifery, Executive Director of Primary & Community Care, Executive Director of Therapies & Health Sciences and Executive Director of Workforce & OD/Director of MHL D for appointments over 24 months to 36	Managing Director

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
		months only.	
e) The granting of additional increments to staff within budget in accordance with Terms & Conditions of Service	Executive Director of Workforce & OD	Directors with advice from Executive Director of Workforce & OD	Managing Director
f) All requests for upgrading/ regrading/ major skill mix changes shall be dealt with in accordance with LHB Procedure	Executive Director of Workforce & OD	Directors with advice from Executive Director of Workforce & OD	Managing Director
g) Authority to agree acting up salaries for staff other than Executive Directors (Approval of acting up salaries for interim Executive Directors to be retained by Remuneration & Terms of Service Committee)	Chief Executive to agree acting up arrangements of Band 9 and above (Excluding Executive Directors)	Directors lead for acting up salaries up to Band 8d or equivalent.	Managing Director
h) Establishments:			
Additional staff to the agreed establishment with specifically allocated finance	Chief Executive	Directors with approval from Executive Director of Finance	Managing Director
Additional staff to the agreed establishment without specifically allocated finance.	Chief Executive	Executive Director of Finance	Managing Director
Variation to the funded establishment	Chief Executive	Directors with approval from Executive Director of Finance	Managing Director
i) Pay			
Authority to complete standing data forms effecting pay, new starters, changes and leavers	Executive Director of Workforce & OD	Directors	Managing Director
Authority to complete and authorise timesheets and payroll returns	Executive Director of Workforce & OD	Directors	Managing Director
Authority to authorise overtime	Executive Director of	Directors	Managing Director

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
	Workforce & OD		
Authority to authorise travel & subsistence expenses	Executive Director of Workforce & OD	Directors	Managing Director
Maintenance of a list of managers authorised to sign payroll and travel expense documentation.	Executive Director of Workforce & OD	Directors	CFO
j) Leave			
Approval of annual leave in accordance with LHB policy	Executive Director of Workforce & OD	Executive Director of Finance	Managing Director
Carry over of annual leave in exceptional circumstances up to a maximum of 5 days	Executive Director of Workforce & OD	Directors	Managing Director
Compassionate leave	Executive Director of Workforce & OD	Directors	Managing Director
Special leave arrangements (to be applied in accordance with All Wales Policy)	Executive Director of Workforce & OD	Directors	Managing Director
Leave without pay	Executive Director of Workforce & OD	Directors	Managing Director
Medical Staff Leave of Absence – paid and unpaid	Executive Director of Workforce & OD	Directors	Site Medical Director
Consultants Special Leave	Executive Medical Director	Directors	Managing Director
Time off in lieu	Executive Director of Workforce and OD	Directors	Managing Director
Maternity / Paternity Leave – paid and unpaid	Executive Director of Workforce & OD	Directors	Managing Director
k) Annualised hours/flexible working	Executive	Directors	Managing Director

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
hours system- maintenance of adequate records	Director of Workforce & OD		
l) Sick Leave			
Extension of sick leave on half pay up to three months	Executive Director of Workforce & OD	Directors in conjunction with Executive Director of Workforce & OD	Managing Director
Return to work part-time on full pay to assist recovery	Executive Director of Workforce & OD	Directors in conjunction with Executive Director of Workforce & OD	Managing Director
Extension of sick leave on full pay	Executive Director of Workforce & OD	Directors in conjunction with Executive Director of Workforce & OD	Managing Director
m) Study Leave			
Study leave outside the UK (non-medical staff excluding clinical staff)	Executive Director of Workforce & OD	Directors	Managing Director
Medical staff study leave (UK)	Executive Medical Director/Executive Director of Workforce & OD/ Executive Director of Primary & Community Care	Directors	Site Medical Director
Consultant Medical Staff Leave (UK)	Executive Medical Director	Directors	Site Medical Director
All Medical and non-Medical Clinical Staff study leave outside the UK	Executive Medical Director/Executive Director of	Directors	Managing Director

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
	Nursing & Midwifery/ Executive Director of Therapies & Health Science/Executive Director of Primary & Community Care		
All other study leave (UK)	Executive Director of Workforce & OD	Directors	Managing Director
n) Removal Expenses			
Authorisation of payment of removal expenses incurred by officers taking up new appointments (providing consideration was promised at interview)	Executive Director of Workforce & OD	Directors in accordance with BCU HB policy/approval from the Executive Director of Workforce & OD	Managing Director
o) Grievance Procedure	Executive Director of Workforce & OD	Directors	Managing Director
p) Professional Misconduct/Competence-Medical and Dental Staff	Executive Medical Director/Executive Director of Workforce & OD	Assistant Medical Directors supported by Workforce & OD	Site Medical Director
q) Suspension of Doctors employed directly by the LHB	Chief Executive	Executive Medical Director supported by Executive Director of Workforce & OD	Secondary Care Medical Director
r) Removal of Practitioner from the Performers List	Chief Executive	Executive Medical	Secondary Care Medical Director

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
		Director supported by Executive Director of Workforce & OD and Executive Director of Primary & Community Care	
s) Requests for new posts to be authorised as car users	Executive Director of Finance	Directors	Managing Director
t) Renewal of Fixed Term Contract	Executive Director of Workforce & OD	Directors	Managing Director
u) Voluntary Early Release Scheme	Executive Director of Workforce & OD	Executive Director of Workforce & OD, with Executive Director of Finance for sign off of financial viability	Managing Director
v) Settlement on termination of employment	Executive Director of Workforce & OD	Executive Director of Workforce & OD with approval from Welsh Government where the payment is Ex-gratia and exceeds the delegated limit of £50,000	Managing Director
w) Ill Health Retirement Decision to pursue retirement on the grounds of ill-health following advice from Workforce & OD Department	Executive Director of Workforce & OD	Executive Director of Workforce & OD	Managing Director
x) Disciplinary Procedure (excluding Executive Directors)	Executive Director of Workforce	Directors	Managing Director

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
	& OD		
12. Engagement of Staff Not On the Establishment			
For details of Delegated Limits, please refer to Table B			
a) Non clinical Consultancy Staff	Executive Director of Finance	Director accountable for relevant service	Managing Director
b) Medical Locum staff	Executive Medical Director	Director accountable for relevant service.	Site Medical Director
c) Booking of Agency Nursing Staff	Executive Director of Nursing & Midwifery	Director accountable for relevant service	Site Director of Nursing
d) Booking of Bank Staff:			
Nursing	Executive Director of Nursing & Midwifery	Director accountable for relevant service	Site Director of Nursing
Other	Executive Director of Workforce & OD	Director accountable for relevant service	Managing Director
13. Charitable Funds Held on Trust			
For details of Delegated Limits, Please refer to Table B			
a) Management: Funds held on Trust are managed appropriately	Executive Director of Finance	Directors	Managing Director
b) Maintenance of authorised signatory list of Authorised Fund Holders	Executive Director of Finance	Executive Director of Finance	CFO
c) Expenditure	Refer to Table B - Delegated Limits		N/A
d) Fundraising Appeals – Preparation/Monitoring/Reporting	Executive Director of	Executive Director of	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
progress and performance	Finance	Finance	
e) Operation of Bank Accounts:			
Managing banking arrangements and operation of bank accounts	Executive Director of Finance in conjunction with Corporate Trustees	Executive Director of Finance	N/A
Opening bank accounts	Board	Executive Director of Finance	N/A
f) Investments – Policy and Arrangements	Executive Director of Finance in conjunction with Corporate Trustees	Executive Director of Finance	N/A
g) Authority to accept the discharge of a donor's estate	Executive Director of Finance	Executive Director of Finance	N/A
14. Primary Care Patient Services/ Healthcare Agreements			
For details of Delegated Limits, please refer to Table B – Healthcare Agreements			
a) Contract negotiation and provision of service agreements	Executive Director of Finance / Executive Director of Primary & Community Care	Executive Director of Planning & Performance	Managing Director / Finance Director - Provider Services
b) Reporting actual and forecast contract income	Executive Director of Finance	Executive Director of Finance	Finance Director - Provider Services
c) Pricing of all contracts and SLAs	Executive Director of Finance	Executive Director of Finance with relevant Director	Finance Director - Provider Services
d) Signing agreements	Chief	Chief	Managing Director /

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
	Executive	Executive or Executive Director of Finance in Chief Executive's absence/Executive Director of Primary & Community Care for all primary care related agreements	Finance Director - Provider Services
15. Income Systems, Fees and Charges			
a) Private Patients, Overseas Visitors, Income Generation and other patient related services	Executive Director of Finance	Executive Director of Finance	Finance Director - Provider Services
b) Pricing of NHS agreements	Executive Director of Finance	Assistant Directors of Finance	CFO
c) Informing the Director of Finance of monies due to the LHB	Executive Director of Finance	Directors	Managing Director
d) Recovery of debt	Executive Director of Finance	Executive Director of Finance	Finance Director - Provider Services
e) Security of cash and other negotiable instruments	Executive Director of Finance	Executive Director of Finance and all Directors	N/A
f) Designing, maintaining and ensuring compliance with systems for the proper recording, invoicing, collection and coding of all monies due	Executive Director of Finance	Director of Finance (Operational)	N/A
g) Non patient care income	Executive Director of Finance	Executive Director of Finance	Finance Director - Provider Services
16. Disposal and Condemnations			
Disposal of all property and land require formal approval by the Cabinet Secretary for Health, Well-			

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
Being & Sport			
a) Issuing procedure for the disposal of assets obsolete, obsolescent, redundant, irreparable or cannot be repaired cost effectively	Executive Director of Finance	Executive Director of Finance/Executive Director of Planning & Performance	N/A
b) Notification to Director of Finance prior to disposal	Executive Director of Finance	Directors	N/A
17. Losses, Write-offs & Compensation			
a) Prepare procedures for recording and accounting for losses and special payments including preparation of a fraud response plan and informing Counter Fraud Operational Services of frauds.	Chief Executive	Executive Director of Finance	N/A
b) Losses of cash due to theft, fraud, overpayment of salaries, fees, allowances & other causes up to £50,000	Chief Executive	Executive Director of Finance	N/A
c) Fruitless payments (including abandoned Capital Schemes) up to £250,000	Chief Executive	Executive Director of Finance	N/A
d) Bad debts and claims abandoned: Private patients; overseas visitors & other cases up to £50,000	Chief Executive	Executive Director of Finance	N/A
e) Damage to buildings, their fittings, furniture and equipment and loss of equipment and property in stores and in use due to: Culpable causes (e.g. fraud, theft, arson) or other up to £50,000	Chief Executive	Executive Director of Finance	N/A
f) For personal and public liability claims, under the Legal & Risk scheme, authorisation from Legal & Risk is required before admissions may be made and monetary compensation offered. (Ex-gratia settlements offered by the LHB are by definition not payments based upon legal liability and are, therefore, not reimbursable under the WRP	Chief Executive	Executive Director of Nursing & Midwifery supported by the relevant Director after seeking appropriate legal advice, up to a max	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
scheme)		£150,000	
g) Compensation payments made under legal obligation:	Chief Executive	Chief Executive, Executive Director of Finance or Executive Director of Nursing & Midwifery	N/A
h) Extra contractual payments to contractors – Up to £50,000 as specified within the Losses and Special Payments Manual of Guidance	Chief Executive	Executive Director of Finance with reporting to the Audit Committee	N/A
17.1 Ex-Gratia Payments:			
a) Patients and staff for loss of personal effects up to £50,000	Chief Executive	Executive Director of Finance- Refer to Finance Policy on Losses and Special Payments	N/A
b) For clinical negligence up to £250,000 (negotiated settlements)*. Report to Board > £50,000 (see also table B para.15)	Chief Executive	Executive Director of Finance/Executive Director of Nursing & Midwifery	N/A
c) For clinical negligence over £250,000 and up to £1,000,000* (negotiated settlements). Report to Board > £50,000 (see also table B para.15)	Chair	Chief Executive/ Executive Director of Finance/Executive Director of Nursing & Midwifery	N/A
d) For personal injury claims involving negligence where legal advice has been obtained and guidance applied up to £250,000 (including plaintiff's costs) Report to Board > £50,000	Chief Executive	Chief Executive/ Executive Director of Finance/Executive Director of Workforce & OD/ Executive Director of Nursing &	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
		Midwifery	
e) For personal injury claims involving negligence where legal advice has been obtained and guidance applied up to £1,000,000 Report to Board > £50,000*	Board	Chief Executive/Executive Director of Finance/Executive Director of Nursing & Midwifery	N/A
f) Other, except cases for maladministration where there was no financial loss by claimant, up to £50,000	Chief Executive	Executive Director of Finance/Executive Director of Nursing & Midwifery	N/A
* For all clinical negligence and personal injury cases(including Court cases) the use of structured settlements should be considered involving costs to the NHS of £250,000 or more – All structured settlements require approval from the Welsh Government			N/A
18. Reporting of Incidents to the Police			
a) Where a criminal offence is suspected			Managing Director
Criminal offence of a sexual or violent nature	Chief Executive	Executive Director of Workforce & OD	Managing Director
Arson or theft	Executive Director of Planning & Performance	Director of Estates & Facilities	Managing Director
Other	Executive Director of Planning & Performance	Director of Estates & Facilities	Managing Director
19. Financial Procedures			
a) Maintenance & Update of LHB Financial Procedures	Executive Director of Finance	Executive Director of Finance	Finance Director – Provider Services
20. Audit Arrangements			

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
a) Review, appraise and support in accordance with Internal Audit standards for NHS Wales and best practice	Chair of the Audit Committee	Board Secretary/Head of Internal Audit	N/A
b) Provide an independent and objective view on internal control and probity	Chief Executive	Head of Internal Audit/Wales Audit Office	N/A
c) Ensure Cost-effective external audit	Chair of Audit Committee	Executive Director of Finance	N/A
d) Ensure an adequate internal audit service	Chief Executive	Board Secretary	N/A
e) Implement recommendations	Chief Executive	All relevant Directors	Managing Director
21. Legal Proceedings			
a) Engagement of LHB's Solicitors	Chief Executive	Board Secretary for all Board related matters/Executive Director of Workforce & OD for all employment related matters/Executive Director of Planning & Performance for all estate related matters/Executive Director of Primary & Community Care for all Primary Care related matters.	Managing Director
b) Approve and sign all documents which will be necessary in legal proceedings	Chief Executive	Any Director of the Board or an officer formally nominated by the Chief Executive	Managing Director

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
c) Sign on behalf of the LHB any agreement or document not requested to be executed as a deed	Chief Executive	Any Director of the Board or an officer formally nominated by the Chief Executive	Managing Director
22. Insurance Policies and Risk Management	Chief Executive	Executive Director of Finance/Board Secretary	Managing Director
23. Clinical Audit	Chief Executive	Executive Director of Therapies & Health Science	Site Medical Director
24. Patients' Property (in conjunction with financial advice)			
For details of Delegated Limits, please refer to Table B – Petty Cash/Patients Monies			
a) Ensuring patients and guardians are informed about patients' monies and property procedures on admission	Executive Director of Nursing & Midwifery	Directors	Site Director of Nursing
b) Prepare detailed written instructions for the administration of patients' property	Executive Director of Nursing & Midwifery	Executive Director of Finance	Site Director of Nursing
c) Informing staff of their duties in respect of patients' property	Executive Director of Nursing & Midwifery	Directors	Site Director of Nursing
d) Issuing property valued >£5,000 only on production of a probate letter of administration	Executive Director of Finance	Executive Director of Finance	N/A
25. Patients & Relatives Complaints			
a) Overall responsibility for ensuring that all complaints are dealt with effectively	Chief Executive	Executive Director of Nursing & Midwifery	Site Director of Nursing
b) Responsibility for ensuring complaints are investigated	Chief Executive	Executive Director of	Site Director of Nursing

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
thoroughly		Nursing & Midwifery	
c) Medical – Legal Complaints Co-ordination of their management	Chief Executive	Executive Director of Nursing & Midwifery	Site Director of Nursing
26. Seal			
a) The keeping of a register of seal and safekeeping of the seal	Chief Executive	Board Secretary	N/A
b) Attestation of seal in accordance with Standing Orders	Chief Executive/ Chair	Board Secretary	N/A
27. Gifts and Hospitality			
a) Keeping of gifts and hospitality register	Chief Executive	Board Secretary	Managing Director
28. Declaration of Interests			
a) Maintaining a register	Chief Executive	Board Secretary	Managing Director
29. Informatics and the Data Protection Act			
a) Review of LHB's compliance with the Data Protection Act	Chief Executive	Board Secretary	Managing Director
b) Responsibility for Informatics policy and strategy	Executive Medical Director	Chief Information Officer	N/A
c) Responsibility for ensuring that adequate management (audit) trails exist in Informatics systems	Executive Medical Director	Chief Information Officer	N/A
30. Records			
a) Review LHB's compliance with the Retention of Records Act and guidance	Chief Executive	Board Secretary / Executive Medical Director	Managing Director
b) Approval for the destruction of records	Chief Executive	Board Secretary / Executive Medical Director	Managing Director

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
c) Ensuring the form and adequacy of the financial records of all departments	Executive Director of Finance	Executive Director of Finance	Finance Director - Provider Services
31. Authorisation of New Drugs	Chief Executive	Executive Medical Director on the advice of the appropriate professional bodies	Site Medical Director
32. Authorisation of Research Projects	Executive Medical Director	Director of Research & Development	Site Medical Director
33. Authorisation of Clinical Trials	Chief Executive	Executive Medical Director	Site Medical Director
34. Infectious Diseases & Notifiable Outbreaks	Chief Executive	Executive Director of Public Health	Site Medical Director
35. Review of Fire Precautions	Chief Executive	Executive Director of Planning & Performance	Managing Director
36. Health & Safety			
Review of all statutory compliance legislation and Health and Safety requirements including control of Substances Hazardous to Health Regulations	Chief Executive	Executive Director of Workforce & OD	Managing Director
37. Medicines Inspectorate Regulations			
Review Regulations Compliance	Chief Executive	Executive Medical Director supported by Chief Pharmacist	Site Medical Director
38. Environmental Regulations			

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
Review of compliance with environmental regulations, for example those relating to clean air and waste disposal	Chief Executive	Executive Director of Planning & Performance	Managing Director
39. Legal & Risk Payments	Chief Executive	Executive Director of Nursing & Midwifery/Executive Director of Finance	Managing Director
40. Investigation of Fraud/Corruption or Financial Irregularities	Executive Director of Finance	Lead Local Counter Fraud Specialist	N/A
41. Commercial Sponsorship			
Agreement to proposal in accordance with BCU HB procedures	Chief Executive	Executive Director of Finance	Finance Director - Provider Services
42. Cost/Notional Rent/Third Party Developer/Improvement Grants			
Approval of all schedules of payments	Chief Executive	Executive Director of Primary & Community Care	N/A
Submission to Welsh Government for all new GP premises or major extensions in accordance with BCU HB Primary Care Estates Strategy	Chief Executive	Executive Director of Primary & Community Care	N/A
43. Freedom of Information	Chief Executive	Board Secretary	Managing Director
44. Compliance Lead Roles:			
a) Caldicott Guardian	Executive Medical Director	Senior Associate Medical Director	Secondary Care - Medical Director
b) Data Protection Officer	Chief	Assistant	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
c) Senior Information Risk Owner	Executive Chief Executive	Director of Information Governance and Assurance Board Secretary	N/A
45. Emergency Planning & Major Incidents – Civil Contingencies Act (Category 1 Responder)	Chief Executive	Executive Director of Planning & Performance	Managing Director
46. National Health Services (Wales) Act 2006 Section 33 Agreements: Arrangements between NHS Bodies and Local Authorities	Chief Executive	Executive Director of Finance	Managing Director
47. Statutory compliance with respective Legislation	Chief Executive	Board Secretary	Managing Director
48. National Health Service (Appointment of Consultants) (Wales) (Amendment) Regulations 2005 (Statutory Instrument 2005: 3039) Appointment of all Medical and Dental Consultant posts. Consultant posts within Public Health that are open to both medically qualified and those qualified in other disciplines other than medicine should follow this process, even though they fall outside of the requirements of the Statutory Instrument.	Chief Executive	Board level directors	Managing Director
49. All Wales Policy: Making Decisions on Individual Patient Funding Requests (IPFR)	Chief Executive	WHSSC IPFR Panel £300,000 to £1,000,000; Chief Executive up to £299,999; Chair and Vice Chair of Health Board IPFR Panel together sign up to £125,000	Managing Director
* The IPFR Panel cannot make			

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
policy decisions for the health board. Any policy proposals arising from their considerations and decisions must be reported to the Health Board Quality, Safety & Experience Committee			
50. Carbon Reduction Commitment Order (Phase 2) Agency Registration	Chief Executive	Executive Director of Planning and Performance	Managing Director
51. Human Tissue Act 20014	Chief Executive	Executive Director of Therapies & Health Sciences	Managing Director
52. Ionising Radiation (Medical Exposure) Regulations 2017	Chief Executive	Executive Director of Therapies & Health Sciences	Managing Director
53. Nurse Staffing Levels Act (Wales) 2016	Chief Executive	Executive Director of Nursing & Midwifery	Secondary Care Nurse Director

Table B – Scheme of Financial Delegation

Financial Limits are subject to funding available within relevant budget(s) and are inclusive of VAT irrespective of recovery arrangements.

All purchases must ensure compliance with Standing Financial Instruction Schedule 1 -

Procurement of Works, Goods and Services with regard to the required quotation or Tendering exercise.

	Budget changes	General expenditure	Healthcare agreements	Capital (Business Case and Contractual Commitment approvals)			Specialist				Charitable Funds		Procurement waivers	Staffing	
		Any expenditure approval must be within funding limits of approved budgets. Approval limits are cumulative, and therefore higher level approval limits must be supported by lower level approvals. Executive Directors and Directors, Area Directors, and Hospital Care Directors to determine scheme of delegation within their structures.													
	Budget transfers between Corporate Departments, Area Teams or Hospital Teams(Virements)	Individual orders / requisitions / annual order value or total contract value (unless otherwise noted)	Healthcare agreements (NHS and Private sector)(annual value) (Primary Care contracts approved by Board)	Building and engineering orders; related consultancy support(individual contractual commitment)	Medical devices; plant; machinery; related consultancy support(individual contractual commitment)	IM&T; telecoms systems; software; related consultancy (individual contractual commitment)	Property or equipment leases(granting or termination of leases; annual value)	External consultancy support (total contract value for duration of service)	Losses / Special Payments (Terminations approved by Exec.Director of W&OD; VERS by RATS C'ttee)	New drugs (value based on annual costs)	Locally held funds(total funding bid value)	General funds(total funding bid value)	All values	New posts (additional establishm't)	Agency and Waiting List Initiatives (all values)
WG (In advance of contract planning)	No requirement	£1m plus	£1m plus (Private sector)	£1m plus	£1m plus	£1m plus	No requirement	£1m plus	See Manual of Guidance for losses and SFIs, as special rules apply for certain losses and ex gratia payments.	No requirement	No requirement	No requirement	No requirement	No requirement	No requirement
Board following Chief Executive approval	£1m plus	£1m plus	Over £10m approved in advance, below £10m retrospectively reported. Over £1m for Private sector.	£1m plus	£1m plus	£1m plus	£0.5m plus or any which need signing under seal (Reservation of Power, Number 33)	£0.5m plus		£1m plus	No requirement	No requirement	No requirement	No requirement	No requirement
Audit Committee													Retrospective reporting		
Charitable Funds Committee (all Executives can authorise use of charitable funds up to £5k)											Over £5k (Up to £25k scrutinised by CF Advisory Group)	Over £5k (Up to £25k scrutinised by CF Advisory group)			
CEO through Executive Team	£0.5m to £1m	£0.5m to £1m	New or contract variation to £10.0m.	£0.5m to £1m	£0.5m to £1m	£0.5m to £1m	£250k to £0.5m	£250k to £0.5m	£0.5m to £1.0m	£0.5m to £1.0m	Up to £5k	Up to £5k	As escalated by DoF	Can approve new posts across LHB	No requirement
Any 2 of CEO, Director of P&P and DoF (must include DoF)		Up to £0.5m	New or contract variation to £5.0m (to £1m for Private sector).					Up to £250k		Up to £0.5m			As escalated by DoF		
Executive Director of Finance	Up to £0.5m	Up to £250k		Up to £0.5m	Up to £0.5m	Up to £0.5m	Up to £250k	Up to £100k	Up to £0.5m		Up to £5k	Up to £5k	As escalated by FD: OF	Can approve new posts within own structure.	Must approve in advance in own structure.

	Budget changes	General expenditure	Healthcare agreements	Capital (Business Case and Contractual Commitment approvals)			Specialist				Charitable Funds		Procurement waivers	Staffing	
		Any expenditure approval must be within funding limits of approved budgets. Approval limits are cumulative, and therefore higher level approval limits must be supported by lower level approvals. Executive Directors and Directors, Area Directors, and Hospital Care Directors to determine scheme of delegation within their structures.													
	Budget transfers between Corporate Departments, Area Teams or Hospital Teams(Virements)	Individual orders / requisitions / annual order value or total contract value (unless otherwise noted)	Healthcare agreements (NHS and Private sector)(annual value) (Primary Care contracts approved by Board)	Building and engineering orders; related consultancy support(individual contractual commitment)	Medical devices; plant; machinery; related consultancy support(individual contractual commitment)	IM&T; telecoms systems; software; related consultancy (individual contractual commitment)	Property or equipment leases(granting or termination of leases; annual value)	External consultancy support (total contract value for duration of service)	Losses / Special Payments (Terminations approved by Exec.Director of W&OD; VERS by RATS C'ttee)	New drugs (value based on annual costs)	Locally held funds(total funding bid value)	General funds(total funding bid value)	All values	New posts (additional establishm't)	Agency and Waiting List Initiatives (all values)
Executive Directors, Board Secretary, Director of Mental Health and Learning Disabilities (unless noted below)		Up to £250k						Up to £100k					Waivers must be approved by FD: OF and Exec.Director of Finance or Chief Executive if escalated by FD: OF	Can approve new posts within own structure.	Must approve in advance in own structure.
Executive Director of Primary Cty Care		Up to £250k						Up to £100k						Can approve new posts within own structure.	Must approve in advance in own structure.
Executive Director of Planning & Performance		Up to £250k		Up to £0.5m	Up to £0.5m		Up to £250k	Up to £100k						Can approve new posts within own structure.	Must approve in advance in own structure.
Executive Medical Director		Up to £250k				Up to £0.5m		Up to £100k						Can approve new posts within own structure.	Must approve in advance in own structure.
Executive Director of W&OD		Up to £250k						Up to £100k	Terminations up to £50k (over this to WG)					Can approve new posts within own structure.	Must approve in advance in own structure.
Executive Director of Nursing & Midwifery		Up to £250k						Up to £100k	Up to £150k					Can approve new posts within own structure.	Must approve in advance in own structure.

	Budget changes	General expenditure	Healthcare agreements	Capital			Specialist				Charitable Funds		Procurement waivers	Staffing	
		Any expenditure approval must be within funding limits of approved budgets. Approval limits are cumulative, and therefore higher level approval limits must be supported by lower level approvals. Executive Directors and Directors, Area Directors, and Hospital Care Directors to determine scheme of delegation within their structures.													
	Budget transfers between Corporate Departments, Area Teams or Hospital Teams(Virements)	Individual orders / requisitions / annual order value or total contract value (unless otherwise noted)	Healthcare agreements (NHS and Private sector)(annual value) (Primary Care contracts approved by Board)	Building and engineering orders; related consultancy support(individual contractual commitment)	Medical devices; plant; machinery; related consultancy support(individual contractual commitment)	IM&T; telecoms systems; software; related consultancy (individual contractual commitment)	Property or equipment leases(granting or termination of leases; annual value)	External consultancy support (total contract value for duration of service)	Losses / Special Payments (Terminations only approved by Exec Director of W&OD; VERS require RATS Committee)	New drugs (value based on annual costs)	Locally held funds(total funding bid value)	General funds(total funding bid value)	All values	New posts (additional establishm't)	Agency and Waiting List Initiatives (all values)
Area Directors and Director of Mental Health & Learning Disabilities		Up to £250k	New or contract variation to £1.5m		Up to £250k			Up to £100k		Up to £100k, following Med Mgt Group	Up to £5k			Can approve new posts within own team.	As escalated by Direct Reports*
Area Medical Director															Medical staff*
Area Nurse Directors															Nurse or other staff*
Secondary Care Medical Director		Up to £150k			Up to £150k			Up to £150k			Up to £5k				Medical staff*
Secondary Care Nurse Director		Up to £150k			Up to £150k			Up to £150k			Up to £5k				Nurse or other staff*
Interim Managing Directors		Up to £150k			Up to £150k			Up to £50k			Up to £5k			Can approve new posts within own team.	As escalated by Direct Reports*
Director of Estates & Facilities		Up to £150K		Up to £150K	Up to £150K			Up to £50K							
Hospital: Assistant Medical Director															Medical staff*
Hospital: Assistant Nurse Director															Nurse or other staff*
Procurement (NWSSP)													All signed off by Procurement		

	Budget changes	General expenditure	Healthcare agreements	Capital	Specialist	Charitable Funds	Procurement waivers	Staffing							
		Any expenditure approval must be within funding limits of approved budgets. Approval limits are cumulative, and therefore higher level approval limits must be supported by lower level approvals. Executive Directors and Directors, Area Directors, and Hospital Care Directors to determine scheme of delegation within their structures.													
	Budget transfers between Corporate Departments, Area Teams or Hospital Teams(Virements)	Individual orders / requisitions / annual order value or total contract value (unless otherwise noted)	Healthcare agreements (NHS and Private sector)(annual value) (Primary Care contracts approved by Board)	Building and engineering orders; related consultancy support(individual contractual commitment)	Medical devices; plant; machinery; related consultancy support(individual contractual commitment)	IM&T; telecoms systems; software; related consultancy (individual contractual commitment)	Property or equipment leases(granting or termination of leases; annual value)	External consultancy support (total contract value for duration of service)	Losses / Special Payments (Terminations only approved by Exec Director of W&OD; VERS require RATS Committee)	New drugs (value based on annual costs)	Locally held funds(total funding bid value)	General funds(total funding bid value)	All values	New posts (additional establishm't)	Agency and Waiting List Initiatives (all values)
Deouty Director (Concerns)		Up to £75k							Up to £75k						
Deputy / Assistant Director Board Secretary		Up to £75k													
Assistant Director Primary Care		Up to £75k	Up to £75k		Up to £75k			Up to £75k			Up to £5k				
Assistant Director Community Hospital Services		Up to £75k	Up to £75k		Up to £75k			Up to £75k			Up to £5k				
Assistant Director Secondary Care		Up to £75k	Up to £75k		Up to £75k			Up to £75k			Up to £5k				
Head of Investigations and Redress									Up to £20k						
Claims Managers									Up to £5k						
Authorised fund holder (Charitable Funds)											Up to £5k				

	Budget changes	General expenditure	Healthcare agreements	Capital			Specialist			Charitable Funds		Procurement waivers	Staffing		
		Any expenditure approval must be within funding limits of approved budgets. Approval limits are cumulative, and therefore higher level approval limits must be supported by lower level approvals. Executive Directors and Directors, Area Directors, and Hospital Care Directors to determine scheme of delegation within their structures.													
	Budget transfers between Corporate Departments, Area Teams or Hospital Teams(Virements)	Individual orders / requisitions / annual order value or total contract value (unless otherwise noted)	Healthcare agreements (NHS and Private sector)(annual value) (Primary Care contracts approved by Board)	Building and engineering orders; related consultancy support(individual contractual commitment)	Medical devices; plant; machinery; related consultancy support(individual contractual commitment)	IM&T; telecoms systems; software; related consultancy (individual contractual commitment)	Property or equipment leases(granting or termination of leases; annual value)	External consultancy support (total contract value for duration of service)	Losses / Special Payments (Terminations only approved by Exec Director of W&OD; VERS require RATS Committee)	New drugs (value based on annual costs)	Locally held funds(total funding bid value)	General funds(total funding bid value)	All values	New posts (additional establishments)	Agency and Waiting List Initiatives (all values)
Medicines Management Group										All new drugs, unless cheaper than existing					
* Agency and Waiting List Initiatives must generally be approved in advance. However, in exceptional circumstances when staff are required out of hours, they can be approved retrospectively.															

This scheme only relates to matters delegated by the Board to the Chief Executive and Directors, together with certain other specific matters referred to in Standing Financial Instructions. Each Director is responsible for delegation within their department. They should produce an Operational Scheme of Delegation and Authorisation for matters within their department, which should also set out how departmental budget and procedures for approval of expenditure are delegated.

	Budget changes	General expenditure	Healthcare agreements	Capital (Business Case and Contractual Commitment approvals)			Specialist				Charitable Funds		Procurement waivers	Staffing	
		Any expenditure approval must be within funding limits of approved budgets. Approval limits are cumulative, and therefore higher level approval limits must be supported by lower level approvals. Executive Directors, Area Directors, Secondary Care Director and Hospital Care Directors to determine scheme of delegation within their structures.													
	Budget transfers between Corporate Departments, Area Teams or Hospital Teams(Virements)	Individual orders / requisitions / annual order value or total contract value (unless otherwise noted)	Healthcare agreements (NHS and Private sector)(annual value) (Primary Care contracts approved by Board)	Building and engineering orders; related consultancy support(individual contractual commitment)	Medical devices; plant; machinery; related consultancy support(individual contractual commitment)	IM&T; telecoms systems; software; related consultancy (individual contractual commitment)	Property or equipment leases(granting or termination of leases; annual value)	External consultancy support (total contract value for duration of service)	Losses / Special Payments (Terminations approved by Director of W&OD; VERS by RATS C'ttee)	New drugs (value based on annual costs)	Locally held funds(total funding bid value)	General funds(total funding bid value)	All values	New posts (additional establishm't)	Agency and Waiting List Initiatives (all values)
Managing Director		Up to £150k	New or contract variation to £1.5m		Up to £150k			Up to £50k		Up to £100k, following Med Mgt Group	Up to £5k			Can approve new posts within own Area	As escalated by Direct Reports*
Hospital Director		Up to £100k			Up to £100k			Up to £50k			Up to £5k			Can approve new posts within own Area	As escalated by Direct Reports*
Hospital Medical Director		Up to £100k			Up to £100k									Can approve new posts within own team.	As escalated by Direct Reports*
Hospital Nurse Director		Up to £100k			Up to £100k									Can approve new posts within own team.	As escalated by Direct Reports*
Surgery, Anaesthetics & Critical Care General Manager		Up to £75k			Up to £75k			Up to £25k			Up to £5k			Can approve new posts within own Area.	As escalated by Direct Reports*
Medicine General Manager		Up to £75k			Up to £75k			Up to £25k			Up to £5k			Can approve new posts within own Area.	As escalated by Direct Reports*
Emergency Care General Manager		Up to £75k			Up to £75k			Up to £25k			Up to £5k			Can approve new posts within own Area.	As escalated by Direct Reports*
Hospital CFO		Up to £50k			Up to £50k			Up to £15k			Up to £5k			Can approve new posts within own Service.	Within own Service Area – up to £5k per individual item

Grace Lewis-Parry.

Grace Lewis-Parry

Board Secretary

18 July 2019

SECTION 2: SCHEME OF DELEGATION TO EXECUTIVE DIRECTORS, OTHER DIRECTORS AND OFFICERS

The LHB Standing Orders and Standing Financial Instructions specify certain key responsibilities of the Chief Executive, the Executive Director of Finance and other officers. The Chief Executive's Job Description, together with their Accountable Officer Memorandum sets out their specific responsibilities, and the individual job descriptions determined for Executive Director level posts also define in detail the specific responsibilities assigned to those post holders. These documents, together with the schedule of additional delegations below and the associated financial delegations set out in the Standing Financial Instructions form the basis of the LHB's Scheme of Delegation to Officers.

Delegated Matter	Table Reference No.
STANDING ORDERS/STANDING FINANCIAL INSTRUCTIONS	1
MEETINGS	2
FINANCIAL PLANNING/BUDGETARY RESPONSIBILITY	3
BANK/PGO ACCOUNTS (EXCLUDING CHARITABLE FUND ACCOUNTS)	4
EXTERNAL BORROWING	5
NON PAY EXPENDITURE	6
STORES AND RECEIPT OF GOODS	7
CAPITAL INVESTMENT MANAGEMENT	8
QUOTATIONS, TENDERING & CONTRACT PROCEDURES	9
FIXED ASSETS	10
PERSONNEL & PAY	11
ENGAGEMENT OF STAFF (NOT ON THE ESTABLISHMENT)	12
CHARITABLE FUNDS HELD ON LHB	13
PRIMARY CARE PATIENT SERVICES/HEALTHCARE AGREEMENTS	14
INCOME SYSTEMS, FEES & CHARGES	15
DISPOSAL AND CONDEMNATIONS	16
LOSSES, WRITE-OFFS & COMPENSATION AND EX-GRATIA PAYMENTS	17
REPORTING INCIDENTS TO THE POLICE	18
FINANCIAL PROCEDURES	19
AUDIT ARRANGEMENTS	20
LEGAL PROCEEDINGS	21
INSURANCE POLICIES AND RISK MANAGEMENT	22
CLINICAL AUDIT	23
PATIENTS' PROPERTY	24
PATIENTS & RELATIVES COMPLAINTS	25
SEAL	26
GIFTS & HOSPITALITY	27
DECLARATION OF INTERESTS	28
INFORMATICS AND THE DATA PROTECTION ACT	29
RECORDS	30
AUTHORISATION OF NEW DRUGS	31
AUTHORISATION OF RESEARCH PROJECTS	32
AUTHORISATION OF CLINICAL TRIALS	33
INFECTIOUS DISEASES & NOTIFIABLE OUTBREAKS	34

Delegated Matter	Table Reference No.
REVIEW OF FIRE PRECAUTIONS	35
HEALTH & SAFETY	36
MEDICINES INSPECTORATE REGULATIONS	37
ENVIRONMENTAL REGULATIONS	38
LEGAL & RISK PAYMENTS	39
INVESTIGATION OF FRAUD/CORRUPTION OR FINANCIAL IRREGULARITIES	40
COMMERCIAL SPONSORSHIP	41
COSTS/NOTIONAL RENT/THIRD PARTY DEVELOPER/IMPROVEMENT GRANTS	42
FREEDOM OF INFORMATION	43
COMPLIANCE LEAD ROLES: CALDICOTT GUARDIAN, DPO, SIRO	44
EMERGENCY PLANNING	45
NHS ACT 2006 (WALES) SECTION 33 AGREEMENTS	46
STATUTORY COMPLIANCE WITH RESPECTIVE LEGISLATION	47
APPOINTMENT OF MEDICAL & DENTAL CONSULTANT POSTS	48
INDIVIDUAL PATIENT FUNDING REQUESTS	49
CARBON REDUCTION COMMITMENT ORDER	50
HUMAN TISSUE ACT 2004	51
IONISING RADIATION (MEDICAL EXPOSURE) REGULATIONS 2017 [IR(ME)R]	52
NURSE STAFFING LEVELS (WALES) ACT 2016	53

Schedule 1

SCHEME OF RESERVATION AND DELEGATION OF POWERS Ysbyty Wrexham Maelor Site

Table A – Scheme of Delegation to Officers

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
1. Standing Orders / Standing Financial Instructions			
a) Final authority in interpretation of Standing Orders	Chair	Chair	N/A
b) Notifying Directors, employees and agents of their responsibilities within the Standing Orders and Standing Financial Instructions and ensuring that they understand the responsibilities	Executive Director of Finance/Board Secretary	Directors	Managing Director
c) Responsibility for the security of the LHB's property, avoiding loss, exercising economy and efficiency in using resources and conforming with Standing Orders, Financial Instructions and financial procedures	Executive Director of Finance	Directors	Managing Director
d) Ensuring Standing Orders are compatible with Welsh Government requirements re building and engineering contracts	Chief Executive	Executive Director of Planning & Performance	N/A
2. Meetings			
a) Calling meetings of the LHB	Chair	Board Secretary	N/A
b) Chair all LHB Board meetings and associated responsibilities	Chair or Vice Chair in Chair's absence	Chair or Vice Chair in Chair's absence	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
3. Financial Planning/Budgetary Responsibility			
a) Setting: Submit Three Year Plan and Annual Operating Plan to the LHB Board	Chief Executive	Executive Director of Planning & Performance	Managing Director
Submit budgets to the LHB Board	Chief Executive	Executive Director of Finance	Finance Director - Provider Services
Submit to Board financial estimates and forecasts	Chief Executive	Executive Director of Finance	Finance Director - Provider Services
b) Implementing financial policies, plans and procedures, providing advice and co-ordinating any corrective action necessary	Executive Director of Finance	Finance Director (Operational)	Chief Finance Officer (CFO)
c) Issuing Budgets	Executive Director of Finance	Finance Director (Operational)	CFO
d) Monitoring: Monitor performance against budget	Executive Director of Finance	Directors	CFO
Submit monitoring returns	Chief Executive	Executive Director of Finance	CFO
Effective budgetary control and a balanced budget	Executive Director of Finance	Directors	CFO
Preparation of annual accounts and returns	Executive Director of Finance	Executive Director of Finance	CFO
Identifying and implementing cost improvements and income generation initiatives	Executive Director of Finance	Directors	CFO
e) Authorisation of Virement It is not possible for any officer other than the Executive Director of Finance to vire from non-recurring headings to recurring budgets <u>or</u> from capital to revenue/revenue to capital. Virement <u>between</u> different budget holders (Directors) requires the agreement of <u>both</u> parties <u>and</u> the Executive Director of Finance	Please refer to Table B – Delegated Limits		

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
f) Maintaining an effective system of internal financial control	Chief Executive	Executive Director of Finance	Finance Director - Provider Services
g) Delivery of financial training to budget holders (Directors)	Executive Director of Finance	Finance Director (Operational)	CFO
4. Bank/PGO Accounts (Excluding Charitable Fund Accounts)			
a) Operation:			
Managing banking arrangements and operation of bank accounts	Executive Director of Finance	Finance Director (Operational)	N/A
Opening bank accounts	Executive Director of Finance	Finance Director (Operational)	N/A
Authorisation of transfers between LHB bank accounts	Executive Director of Finance	Finance Director (Operational)	N/A
Authorisation of: -PGO/GBS Schedules -BACS Schedules -Automated cheque schedules -Manual cheques	Executive Director of Finance	Finance Director (Operational)	N/A
b) Investments:			
Investment of surplus funds in accordance with the LHB's investment policy	Executive Director of Finance	Finance Director (Operational)	N/A
5. External Borrowing			
a) Advise LHB Board of the requirements to meet payment of interest and originating capital debt	Executive Director of Finance	Finance Director (Operational)	N/A
b) Application for loan(s) and overdrafts	Executive Director of Finance	Finance Director (Operational)	N/A
c) Preparation of procedural instructions	Executive Director of Finance	Finance Director (Operational)	N/A
6. Non Pay Expenditure			
For details of Delegated Limits please refer			

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
to Table B			
a) Completion of an Operational Scheme of Delegation and Authorisation by each Budget Holder ensuring maintenance of a list of officers authorised to place requisitions/orders (including emergency verbal orders) and record receipts within the E-Financials Business Suite.	Executive Director of Finance	Directors	Finance Director - Provider Services
b) Obtain the best value for money when requisitioning goods/services	Executive Director of Finance	Directors	Managing Director
c) Ensuring expenditure is within budget	Chief Executive	Directors	Managing Director
d) Non-Pay Expenditure for which no specific budget has been set up and which is not subject to funding under delegated powers of virement	Chief Executive	Executive Director of Finance	CFO
e) Orders exceeding 12 month period	Executive Director of Finance	Finance Director (Operational)	CFO
f) Prompt payment of accounts	Executive Director of Finance	Executive Director of Finance	Managing Director
g) Financial Limits	Please refer to Table B – Delegated Limits		
h) Maintenance of sufficient records to explain the LHB's transactions and report on the LHB's financial position	Executive Director of Finance	Executive Director of Finance	CFO
i) Approval of visits at a supplier's expense	Executive Director of Finance	Executive Directors	CFO
j) Provision of electronic signatures within the E-Financials Business Suite in accordance with each Budget Holder's Operational Scheme of Delegation and Authorisation	Executive Director of Finance	Finance Director (Operational)	CFO
7. Stores and Receipt of Goods			

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
a) Responsibility for the systems of financial control over all stores including receipt of goods and returns	Executive Director of Finance	Directors	CFO
b) Responsibility for the control of stores and receipt of goods, issues and returns: All stores (excluding pharmaceutical, fuel, oil and coal – see following)	Executive Director of Finance	Directors	CFO
Pharmaceutical Stores	Executive Medical Director	Chief Pharmacist	N/A
Fuel, oil and coal stocks	Executive Director of Planning & Performance	Director of Estates & Facilities	N/A
c) Stocktaking arrangements	Executive Director of Finance	Directors	CFO
8. Capital Investment Management For details of Delegated Limits for Delegated Matter 8d, please refer to Table B – Leases. In accordance with Welsh Government guidance:			
a) Programme:			
Preparation of Capital Investment Programme	Chief Executive	Executive Director of Planning & Performance	N/A
Completion and signing off of a business case for approval	Chief Executive/ Executive Director of Finance	Executive Director of Planning & Performance	Managing Director
Appointment of Project Directors	Chief Executive	Executive Director of Planning & Performance with support from relevant Directors	N/A
Financial monitoring and reporting on all capital scheme expenditure	Executive Director of	Executive Director of	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
including variations to contract	Planning & Performance	Finance/Executive Director of Planning & Performance with support from relevant Directors.	
Issuing of guidance on management of capital schemes	Executive Director of Planning & Performance	Executive Director of Finance/Executive Director of Planning & Performance	N/A
b) Contracting – Selection of 3 rd party developers, architects, quantity surveyors, consultant engineers and other professional advisors within EC regulations and LHB tender procedures	Chief Executive	Executive Director of Planning & Performance	N/A
c) Private Finance – Demonstrate that the use of private finance represents best value for money and transfers risk to the private sector	Chief Executive	Executive Director of Finance	N/A
d) Leases – Granting and termination of leases	Chief Executive	Executive Director of Planning & Performance/Executive Director of Finance	Finance Director – Provider Services
e) Financial control and audit- Arrangements are in place to review building and engineering contracts and property transactions comply with Welsh Government guidance.	Chief Executive	Executive Director of Finance with Executive Director of Planning & Performance responsible for the technical audit of the contracts.	N/A
9. Quotations, Tendering & Contract Procedures For details of Delegated Limits, please refer to Table B – Quotations/Tenders.			
a) Services:			

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
Best value for money is demonstrated for all services provided under contract or in-house	Chief Executive	Directors	Managing Director
Nominate officers to oversee and manage the contract on behalf of the LHB	Chief Executive	Directors	Managing Director
b) Quotations – Total value of the contract over its entire period:			
Seeking quotations up to £5,000 in value	Executive Director of Finance (per SFI 11.7.1)	For details of delegated limits, please refer to Table B	
Obtaining minimum of 3 written quotations for goods/services of value between £5,000 and £25,000	Chief Executive (per SFI 11.1.2)	For details of delegated limits. Please refer to Table B	
c) Competitive Tenders – Total value of the contract over its entire period:			
Obtaining a minimum of 4 written competitive tenders for goods/services of value between £25,000 and the OJEU threshold (in compliance with EC Directives as appropriate)	Chief Executive	For details of delegated limits, please refer to Table B	
Obtaining a minimum of 5 written competitive tenders for goods/services of a value in excess of the OJEU threshold (in compliance with EC Directives as appropriate)	Chief Executive	For details of delegated limits, please refer to Table B	
Receipt and custody of tenders prior to opening	Chief Executive	Executive Director of Finance	Finance Director – Provider Services
Opening Tenders and Quotations	Chief Executive	Executive Director of Finance	Finance Director – Provider Services
Decide if late tenders should be considered	Chief Executive	Executive Director of Finance	Finance Director – Provider Services
d) Waiving the requirement to request quotes or tenders – subject to SFI Schedule 1 Para.	Chief Executive	Chief Executive/nominated deputy	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
4.2 & 4.3 – Formally reported to the Audit Committee		(Board Secretary or Executive Director of Finance). Where the budget holder requesting the waiver is the Chief Executive/Board Secretary/Executive Director of Finance, they cannot approve their own waiver and must seek approval from one of the other two delegated officers.	
10. Fixed Assets			
a) Maintenance of asset register	Chief Executive	Executive Director of Finance supported by relevant Director	N/A
b) Calculate and pay capital charges in accordance with Welsh Government requirements	Executive Director of Finance	Executive Director of Finance	N/A
c) Responsibility for fixed assets – Land & Buildings	Chief Executive	Executive Director of Planning & Performance	Managing Director
d) Responsibility for all other fixed assets (Plant, Machinery, Transport, IT assets including software, Furniture & Fittings)	Chief Executive	Directors	Managing Director
e) Responsibility for security of LHB assets including notifying discrepancies to the Director of Finance and reporting losses in accordance with LHB procedures	Chief Executive	Directors	Managing Director

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
11. Personnel & Pay			
a) Nominate officers to enter into contracts of employment regarding staff, agency staff or consultancy service contracts in accordance with the "Policy for the Safe Recruitment and Selection Practices" together with accompanying guidance, particularly the need for pre-employment checks.	Chief Executive	Executive Director of Workforce & OD	Managing Director
b) Approve the commencement of employment prior to all pre-employment checks being completed.	Executive Director of Workforce & OD	Executive Director of Workforce & OD	Managing Director
c) Authority to fill funded post on the establishment with permanent staff.	Executive Director of Workforce & OD	Directors	Managing Director
d) Authority to extend Locum appointments	Chief Executive	Interim Managing Directors, Mental Health Director and Area Directors for appointments over 12 months to 24 months. Executive Director of Nursing & Midwifery, Executive Director of Primary & Community Care, Executive Director of Therapies & Health Sciences and Executive Director of Workforce & OD/Director of MHLA for appointments over 24 months to 36	Managing Director

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
		months only.	
e) The granting of additional increments to staff within budget in accordance with Terms & Conditions of Service	Executive Director of Workforce & OD	Directors with advice from Executive Director of Workforce & OD	Managing Director
f) All requests for upgrading/ regrading/ major skill mix changes shall be dealt with in accordance with LHB Procedure	Executive Director of Workforce & OD	Directors with advice from Executive Director of Workforce & OD	Managing Director
g) Authority to agree acting up salaries for staff other than Executive Directors (Approval of acting up salaries for interim Executive Directors to be retained by Remuneration & Terms of Service Committee)	Chief Executive to agree acting up arrangements of Band 9 and above (Excluding Executive Directors)	Directors lead for acting up salaries up to Band 8d or equivalent.	Managing Director
h) Establishments:			
Additional staff to the agreed establishment with specifically allocated finance	Chief Executive	Directors with approval from Executive Director of Finance	Managing Director
Additional staff to the agreed establishment without specifically allocated finance.	Chief Executive	Executive Director of Finance	Managing Director
Variation to the funded establishment	Chief Executive	Directors with approval from Executive Director of Finance	Managing Director
i) Pay			
Authority to complete standing data forms effecting pay, new starters, changes and leavers	Executive Director of Workforce & OD	Directors	Managing Director
Authority to complete and authorise timesheets and payroll returns	Executive Director of Workforce & OD	Directors	Managing Director
Authority to authorise overtime	Executive Director of	Directors	Managing Director

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
	Workforce & OD		
Authority to authorise travel & subsistence expenses	Executive Director of Workforce & OD	Directors	Managing Director
Maintenance of a list of managers authorised to sign payroll and travel expense documentation.	Executive Director of Workforce & OD	Directors	CFO
j) Leave			
Approval of annual leave in accordance with LHB policy	Executive Director of Workforce & OD	Executive Director of Finance	Managing Director
Carry over of annual leave in exceptional circumstances up to a maximum of 5 days	Executive Director of Workforce & OD	Directors	Managing Director
Compassionate leave	Executive Director of Workforce & OD	Directors	Managing Director
Special leave arrangements (to be applied in accordance with All Wales Policy)	Executive Director of Workforce & OD	Directors	Managing Director
Leave without pay	Executive Director of Workforce & OD	Directors	Managing Director
Medical Staff Leave of Absence – paid and unpaid	Executive Director of Workforce & OD	Directors	Site Medical Director
Consultants Special Leave	Executive Medical Director	Directors	Managing Director
Time off in lieu	Executive Director of Workforce and OD	Directors	Managing Director
Maternity / Paternity Leave – paid and unpaid	Executive Director of Workforce & OD	Directors	Managing Director
k) Annualised hours/flexible working	Executive	Directors	Managing Director

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
hours system- maintenance of adequate records	Director of Workforce & OD		
l) Sick Leave			
Extension of sick leave on half pay up to three months	Executive Director of Workforce & OD	Directors in conjunction with Executive Director of Workforce & OD	Managing Director
Return to work part-time on full pay to assist recovery	Executive Director of Workforce & OD	Directors in conjunction with Executive Director of Workforce & OD	Managing Director
Extension of sick leave on full pay	Executive Director of Workforce & OD	Directors in conjunction with Executive Director of Workforce & OD	Managing Director
m) Study Leave			
Study leave outside the UK (non-medical staff excluding clinical staff)	Executive Director of Workforce & OD	Directors	Managing Director
Medical staff study leave (UK)	Executive Medical Director/Executive Director of Workforce & OD/ Executive Director of Primary & Community Care	Directors	Site Medical Director
Consultant Medical Staff Leave (UK)	Executive Medical Director	Directors	Site Medical Director
All Medical and non-Medical Clinical Staff study leave outside the UK	Executive Medical Director/Executive Director of	Directors	Managing Director

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
	Nursing & Midwifery/ Executive Director of Therapies & Health Science/ Executive Director of Primary & Community Care		
All other study leave (UK)	Executive Director of Workforce & OD	Directors	Managing Director
n) Removal Expenses			
Authorisation of payment of removal expenses incurred by officers taking up new appointments (providing consideration was promised at interview)	Executive Director of Workforce & OD	Directors in accordance with BCU HB policy/approval from the Executive Director of Workforce & OD	Managing Director
o) Grievance Procedure	Executive Director of Workforce & OD	Directors	Managing Director
p) Professional Misconduct/Competence-Medical and Dental Staff	Executive Medical Director/Executive Director of Workforce & OD	Assistant Medical Directors supported by Workforce & OD	Site Medical Director
q) Suspension of Doctors employed directly by the LHB	Chief Executive	Executive Medical Director supported by Executive Director of Workforce & OD	Secondary Care Medical Director
r) Removal of Practitioner from the Performers List	Chief Executive	Executive Medical	Secondary Care Medical Director

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
		Director supported by Executive Director of Workforce & OD and Executive Director of Primary & Community Care	
s) Requests for new posts to be authorised as car users	Executive Director of Finance	Directors	Managing Director
t) Renewal of Fixed Term Contract	Executive Director of Workforce & OD	Directors	Managing Director
u) Voluntary Early Release Scheme	Executive Director of Workforce & OD	Executive Director of Workforce & OD, with Executive Director of Finance for sign off of financial viability	Managing Director
v) Settlement on termination of employment	Executive Director of Workforce & OD	Executive Director of Workforce & OD with approval from Welsh Government where the payment is Ex-gratia and exceeds the delegated limit of £50,000	Managing Director
w) Ill Health Retirement Decision to pursue retirement on the grounds of ill-health following advice from Workforce & OD Department	Executive Director of Workforce & OD	Executive Director of Workforce & OD	Managing Director
x) Disciplinary Procedure (excluding Executive Directors)	Executive Director of Workforce	Directors	Managing Director

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
	& OD		
12. Engagement of Staff Not On the Establishment			
For details of Delegated Limits, please refer to Table B			
a) Non clinical Consultancy Staff	Executive Director of Finance	Director accountable for relevant service	Managing Director
b) Medical Locum staff	Executive Medical Director	Director accountable for relevant service.	Site Medical Director
c) Booking of Agency Nursing Staff	Executive Director of Nursing & Midwifery	Director accountable for relevant service	Site Director of Nursing
d) Booking of Bank Staff:			
Nursing	Executive Director of Nursing & Midwifery	Director accountable for relevant service	Site Director of Nursing
Other	Executive Director of Workforce & OD	Director accountable for relevant service	Managing Director
13. Charitable Funds Held on Trust			
For details of Delegated Limits, Please refer to Table B			
a) Management: Funds held on Trust are managed appropriately	Executive Director of Finance	Directors	Managing Director
b) Maintenance of authorised signatory list of Authorised Fund Holders	Executive Director of Finance	Executive Director of Finance	CFO
c) Expenditure	Refer to Table B - Delegated Limits		N/A
d) Fundraising Appeals – Preparation/Monitoring/Reporting	Executive Director of	Executive Director of	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
progress and performance	Finance	Finance	
e) Operation of Bank Accounts:			
Managing banking arrangements and operation of bank accounts	Executive Director of Finance in conjunction with Corporate Trustees	Executive Director of Finance	N/A
Opening bank accounts	Board	Executive Director of Finance	N/A
f) Investments – Policy and Arrangements	Executive Director of Finance in conjunction with Corporate Trustees	Executive Director of Finance	N/A
g) Authority to accept the discharge of a donor's estate	Executive Director of Finance	Executive Director of Finance	N/A
14. Primary Care Patient Services/ Healthcare Agreements			
For details of Delegated Limits, please refer to Table B – Healthcare Agreements			
a) Contract negotiation and provision of service agreements	Executive Director of Finance / Executive Director of Primary & Community Care	Executive Director of Planning & Performance	Managing Director / Finance Director - Provider Services
b) Reporting actual and forecast contract income	Executive Director of Finance	Executive Director of Finance	Finance Director - Provider Services
c) Pricing of all contracts and SLAs	Executive Director of Finance	Executive Director of Finance with relevant Director	Finance Director - Provider Services
d) Signing agreements	Chief	Chief	Managing Director /

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
	Executive	Executive or Executive Director of Finance in Chief Executive's absence/Executive Director of Primary & Community Care for all primary care related agreements	Finance Director - Provider Services
15. Income Systems, Fees and Charges			
a) Private Patients, Overseas Visitors, Income Generation and other patient related services	Executive Director of Finance	Executive Director of Finance	Finance Director - Provider Services
b) Pricing of NHS agreements	Executive Director of Finance	Assistant Directors of Finance	CFO
c) Informing the Director of Finance of monies due to the LHB	Executive Director of Finance	Directors	Managing Director
d) Recovery of debt	Executive Director of Finance	Executive Director of Finance	Finance Director - Provider Services
e) Security of cash and other negotiable instruments	Executive Director of Finance	Executive Director of Finance and all Directors	N/A
f) Designing, maintaining and ensuring compliance with systems for the proper recording, invoicing, collection and coding of all monies due	Executive Director of Finance	Director of Finance (Operational)	N/A
g) Non patient care income	Executive Director of Finance	Executive Director of Finance	Finance Director - Provider Services
16. Disposal and Condemnations			
Disposal of all property and land require formal approval by the Cabinet Secretary for Health, Well-			

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
Being & Sport			
a) Issuing procedure for the disposal of assets obsolete, obsolescent, redundant, irreparable or cannot be repaired cost effectively	Executive Director of Finance	Executive Director of Finance/Executive Director of Planning & Performance	N/A
b) Notification to Director of Finance prior to disposal	Executive Director of Finance	Directors	N/A
17. Losses, Write-offs & Compensation			
a) Prepare procedures for recording and accounting for losses and special payments including preparation of a fraud response plan and informing Counter Fraud Operational Services of frauds.	Chief Executive	Executive Director of Finance	N/A
b) Losses of cash due to theft, fraud, overpayment of salaries, fees, allowances & other causes up to £50,000	Chief Executive	Executive Director of Finance	N/A
c) Fruitless payments (including abandoned Capital Schemes) up to £250,000	Chief Executive	Executive Director of Finance	N/A
d) Bad debts and claims abandoned: Private patients; overseas visitors & other cases up to £50,000	Chief Executive	Executive Director of Finance	N/A
e) Damage to buildings, their fittings, furniture and equipment and loss of equipment and property in stores and in use due to: Culpable causes (e.g. fraud, theft, arson) or other up to £50,000	Chief Executive	Executive Director of Finance	N/A
f) For personal and public liability claims, under the Legal & Risk scheme, authorisation from Legal & Risk is required before admissions may be made and monetary compensation offered. (Ex-gratia settlements offered by the LHB are by definition not payments based upon legal liability and are, therefore, not reimbursable under the WRP	Chief Executive	Executive Director of Nursing & Midwifery supported by the relevant Director after seeking appropriate legal advice, up to a max	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
scheme)		£150,000	
g) Compensation payments made under legal obligation:	Chief Executive	Chief Executive, Executive Director of Finance or Executive Director of Nursing & Midwifery	N/A
h) Extra contractual payments to contractors – Up to £50,000 as specified within the Losses and Special Payments Manual of Guidance	Chief Executive	Executive Director of Finance with reporting to the Audit Committee	N/A
17.1 Ex-Gratia Payments:			
a) Patients and staff for loss of personal effects up to £50,000	Chief Executive	Executive Director of Finance- Refer to Finance Policy on Losses and Special Payments	N/A
b) For clinical negligence up to £250,000 (negotiated settlements)*. Report to Board > £50,000 (see also table B para.15)	Chief Executive	Executive Director of Finance/Executive Director of Nursing & Midwifery	N/A
c) For clinical negligence over £250,000 and up to £1,000,000* (negotiated settlements). Report to Board > £50,000 (see also table B para.15)	Chair	Chief Executive/ Executive Director of Finance/Executive Director of Nursing & Midwifery	N/A
d) For personal injury claims involving negligence where legal advice has been obtained and guidance applied up to £250,000 (including plaintiff's costs) Report to Board > £50,000	Chief Executive	Chief Executive/ Executive Director of Finance/Executive Director of Workforce & OD/ Executive Director of Nursing &	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
		Midwifery	
e) For personal injury claims involving negligence where legal advice has been obtained and guidance applied up to £1,000,000 Report to Board > £50,000*	Board	Chief Executive/Executive Director of Finance/Executive Director of Nursing & Midwifery	N/A
f) Other, except cases for maladministration where there was no financial loss by claimant, up to £50,000	Chief Executive	Executive Director of Finance/Executive Director of Nursing & Midwifery	N/A
* For all clinical negligence and personal injury cases(including Court cases) the use of structured settlements should be considered involving costs to the NHS of £250,000 or more – All structured settlements require approval from the Welsh Government			N/A
18. Reporting of Incidents to the Police			
a) Where a criminal offence is suspected			Managing Director
Criminal offence of a sexual or violent nature	Chief Executive	Executive Director of Workforce & OD	Managing Director
Arson or theft	Executive Director of Planning & Performance	Director of Estates & Facilities	Managing Director
Other	Executive Director of Planning & Performance	Director of Estates & Facilities	Managing Director
19. Financial Procedures			
a) Maintenance & Update of LHB Financial Procedures	Executive Director of Finance	Executive Director of Finance	Finance Director – Provider Services
20. Audit Arrangements			

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
a) Review, appraise and support in accordance with Internal Audit standards for NHS Wales and best practice	Chair of the Audit Committee	Board Secretary/Head of Internal Audit	N/A
b) Provide an independent and objective view on internal control and probity	Chief Executive	Head of Internal Audit/Wales Audit Office	N/A
c) Ensure Cost-effective external audit	Chair of Audit Committee	Executive Director of Finance	N/A
d) Ensure an adequate internal audit service	Chief Executive	Board Secretary	N/A
e) Implement recommendations	Chief Executive	All relevant Directors	Managing Director
21. Legal Proceedings			
a) Engagement of LHB's Solicitors	Chief Executive	Board Secretary for all Board related matters/Executive Director of Workforce & OD for all employment related matters/Executive Director of Planning & Performance for all estate related matters/Executive Director of Primary & Community Care for all Primary Care related matters.	Managing Director
b) Approve and sign all documents which will be necessary in legal proceedings	Chief Executive	Any Director of the Board or an officer formally nominated by the Chief Executive	Managing Director

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
c) Sign on behalf of the LHB any agreement or document not requested to be executed as a deed	Chief Executive	Any Director of the Board or an officer formally nominated by the Chief Executive	Managing Director
22. Insurance Policies and Risk Management	Chief Executive	Executive Director of Finance/Board Secretary	Managing Director
23. Clinical Audit	Chief Executive	Executive Director of Therapies & Health Science	Site Medical Director
24. Patients' Property (in conjunction with financial advice)			
For details of Delegated Limits, please refer to Table B – Petty Cash/Patients Monies			
a) Ensuring patients and guardians are informed about patients' monies and property procedures on admission	Executive Director of Nursing & Midwifery	Directors	Site Director of Nursing
b) Prepare detailed written instructions for the administration of patients' property	Executive Director of Nursing & Midwifery	Executive Director of Finance	Site Director of Nursing
c) Informing staff of their duties in respect of patients' property	Executive Director of Nursing & Midwifery	Directors	Site Director of Nursing
d) Issuing property valued >£5,000 only on production of a probate letter of administration	Executive Director of Finance	Executive Director of Finance	N/A
25. Patients & Relatives Complaints			
a) Overall responsibility for ensuring that all complaints are dealt with effectively	Chief Executive	Executive Director of Nursing & Midwifery	Site Director of Nursing
b) Responsibility for ensuring complaints are investigated	Chief Executive	Executive Director of	Site Director of Nursing

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
thoroughly		Nursing & Midwifery	
c) Medical – Legal Complaints Co-ordination of their management	Chief Executive	Executive Director of Nursing & Midwifery	Site Director of Nursing
26. Seal			
a) The keeping of a register of seal and safekeeping of the seal	Chief Executive	Board Secretary	N/A
b) Attestation of seal in accordance with Standing Orders	Chief Executive/ Chair	Board Secretary	N/A
27. Gifts and Hospitality			
a) Keeping of gifts and hospitality register	Chief Executive	Board Secretary	Managing Director
28. Declaration of Interests			
a) Maintaining a register	Chief Executive	Board Secretary	Managing Director
29. Informatics and the Data Protection Act			
a) Review of LHB's compliance with the Data Protection Act	Chief Executive	Board Secretary	Managing Director
b) Responsibility for Informatics policy and strategy	Executive Medical Director	Chief Information Officer	N/A
c) Responsibility for ensuring that adequate management (audit) trails exist in Informatics systems	Executive Medical Director	Chief Information Officer	N/A
30. Records			
a) Review LHB's compliance with the Retention of Records Act and guidance	Chief Executive	Board Secretary / Executive Medical Director	Managing Director
b) Approval for the destruction of records	Chief Executive	Board Secretary / Executive Medical Director	Managing Director

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
c) Ensuring the form and adequacy of the financial records of all departments	Executive Director of Finance	Executive Director of Finance	Finance Director - Provider Services
31. Authorisation of New Drugs	Chief Executive	Executive Medical Director on the advice of the appropriate professional bodies	Site Medical Director
32. Authorisation of Research Projects	Executive Medical Director	Director of Research & Development	Site Medical Director
33. Authorisation of Clinical Trials	Chief Executive	Executive Medical Director	Site Medical Director
34. Infectious Diseases & Notifiable Outbreaks	Chief Executive	Executive Director of Public Health	Site Medical Director
35. Review of Fire Precautions	Chief Executive	Executive Director of Planning & Performance	Managing Director
36. Health & Safety			
Review of all statutory compliance legislation and Health and Safety requirements including control of Substances Hazardous to Health Regulations	Chief Executive	Executive Director of Workforce & OD	Managing Director
37. Medicines Inspectorate Regulations			
Review Regulations Compliance	Chief Executive	Executive Medical Director supported by Chief Pharmacist	Site Medical Director
38. Environmental Regulations			

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
Review of compliance with environmental regulations, for example those relating to clean air and waste disposal	Chief Executive	Executive Director of Planning & Performance	Managing Director
39. Legal & Risk Payments	Chief Executive	Executive Director of Nursing & Midwifery/Executive Director of Finance	Managing Director
40. Investigation of Fraud/Corruption or Financial Irregularities	Executive Director of Finance	Lead Local Counter Fraud Specialist	N/A
41. Commercial Sponsorship			
Agreement to proposal in accordance with BCU HB procedures	Chief Executive	Executive Director of Finance	Finance Director - Provider Services
42. Cost/Notional Rent/Third Party Developer/Improvement Grants			
Approval of all schedules of payments	Chief Executive	Executive Director of Primary & Community Care	N/A
Submission to Welsh Government for all new GP premises or major extensions in accordance with BCU HB Primary Care Estates Strategy	Chief Executive	Executive Director of Primary & Community Care	N/A
43. Freedom of Information	Chief Executive	Board Secretary	Managing Director
44. Compliance Lead Roles:			
a) Caldicott Guardian	Executive Medical Director	Senior Associate Medical Director	Secondary Care - Medical Director
b) Data Protection Officer	Chief	Assistant	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
c) Senior Information Risk Owner	Executive Chief Executive	Director of Information Governance and Assurance Board Secretary	N/A
45. Emergency Planning & Major Incidents – Civil Contingencies Act (Category 1 Responder)	Chief Executive	Executive Director of Planning & Performance	Managing Director
46. National Health Services (Wales) Act 2006 Section 33 Agreements: Arrangements between NHS Bodies and Local Authorities	Chief Executive	Executive Director of Finance	Managing Director
47. Statutory compliance with respective Legislation	Chief Executive	Board Secretary	Managing Director
48. National Health Service (Appointment of Consultants) (Wales) (Amendment) Regulations 2005 (Statutory Instrument 2005: 3039) Appointment of all Medical and Dental Consultant posts. Consultant posts within Public Health that are open to both medically qualified and those qualified in other disciplines other than medicine should follow this process, even though they fall outside of the requirements of the Statutory Instrument.	Chief Executive	Board level directors	Managing Director
49. All Wales Policy: Making Decisions on Individual Patient Funding Requests (IPFR)	Chief Executive	WHSSC IPFR Panel £300,000 to £1,000,000; Chief Executive up to £299,999; Chair and Vice Chair of Health Board IPFR Panel together sign up to £125,000	Managing Director
* The IPFR Panel cannot make			

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
policy decisions for the health board. Any policy proposals arising from their considerations and decisions must be reported to the Health Board Quality, Safety & Experience Committee			
50. Carbon Reduction Commitment Order (Phase 2) Agency Registration	Chief Executive	Executive Director of Planning and Performance	Managing Director
51. Human Tissue Act 20014	Chief Executive	Executive Director of Therapies & Health Sciences	Managing Director
52. Ionising Radiation (Medical Exposure) Regulations 2017	Chief Executive	Executive Director of Therapies & Health Sciences	Managing Director
53. Nurse Staffing Levels Act (Wales) 2016	Chief Executive	Executive Director of Nursing & Midwifery	Secondary Care Nurse Director

Table B – Scheme of Financial Delegation

Financial Limits are subject to funding available within relevant budget(s) and are inclusive of VAT irrespective of recovery arrangements.

All purchases must ensure compliance with Standing Financial Instruction Schedule 1 -

Procurement of Works, Goods and Services with regard to the required quotation or Tendering exercise.

	Budget changes	General expenditure	Healthcare agreements	Capital (Business Case and Contractual Commitment approvals)			Specialist				Charitable Funds		Procurement waivers	Staffing	
		Any expenditure approval must be within funding limits of approved budgets. Approval limits are cumulative, and therefore higher level approval limits must be supported by lower level approvals. Executive Directors and Directors, Area Directors, and Hospital Care Directors to determine scheme of delegation within their structures.													
	Budget transfers between Corporate Departments, Area Teams or Hospital Teams(Virements)	Individual orders / requisitions / annual order value or total contract value (unless otherwise noted)	Healthcare agreements (NHS and Private sector)(annual value) (Primary Care contracts approved by Board)	Building and engineering orders; related consultancy support(individual contractual commitment)	Medical devices; plant; machinery; related consultancy support(individual contractual commitment)	IM&T; telecoms systems; software; related consultancy (individual contractual commitment)	Property or equipment leases(granting or termination of leases; annual value)	External consultancy support (total contract value for duration of service)	Losses / Special Payments (Terminations approved by Exec.Director of W&OD; VERS by RATS C'ttee)	New drugs (value based on annual costs)	Locally held funds(total funding bid value)	General funds(total funding bid value)	All values	New posts (additional establishm't)	Agency and Waiting List Initiatives (all values)
WG (In advance of contract planning)	No requirement	£1m plus	£1m plus (Private sector)	£1m plus	£1m plus	£1m plus	No requirement	£1m plus	See Manual of Guidance for losses and SFIs, as special rules apply for certain losses and ex gratia payments.	No requirement	No requirement	No requirement	No requirement	No requirement	No requirement
Board following Chief Executive approval	£1m plus	£1m plus	Over £10m approved in advance, below £10m retrospectively reported. Over £1m for Private sector.	£1m plus	£1m plus	£1m plus	£0.5m plus or any which need signing under seal (Reservation of Power, Number 33)	£0.5m plus		£1m plus	No requirement	No requirement	No requirement	No requirement	No requirement
Audit Committee													Retrospective reporting		
Charitable Funds Committee (all Executives can authorise use of charitable funds up to £5k)											Over £5k (Up to £25k scrutinised by CF Advisory Group)	Over £5k (Up to £25k scrutinised by CF Advisory group)			
CEO through Executive Team	£0.5m to £1m	£0.5m to £1m	New or contract variation to £10.0m.	£0.5m to £1m	£0.5m to £1m	£0.5m to £1m	£250k to £0.5m	£250k to £0.5m	£0.5m to £1.0m	£0.5m to £1.0m	Up to £5k	Up to £5k	As escalated by DoF	Can approve new posts across LHB	No requirement
Any 2 of CEO, Director of P&P and DoF (must include DoF)		Up to £0.5m	New or contract variation to £5.0m (to £1m for Private sector).					Up to £250k		Up to £0.5m			As escalated by DoF		
Executive Director of Finance	Up to £0.5m	Up to £250k		Up to £0.5m	Up to £0.5m	Up to £0.5m	Up to £250k	Up to £100k	Up to £0.5m		Up to £5k	Up to £5k	As escalated by FD: OF	Can approve new posts within own structure.	Must approve in advance in own structure.

	Budget changes	General expenditure	Healthcare agreements	Capital (Business Case and Contractual Commitment approvals)			Specialist				Charitable Funds		Procurement waivers	Staffing	
		Any expenditure approval must be within funding limits of approved budgets. Approval limits are cumulative, and therefore higher level approval limits must be supported by lower level approvals. Executive Directors and Directors, Area Directors, and Hospital Care Directors to determine scheme of delegation within their structures.													
	Budget transfers between Corporate Departments, Area Teams or Hospital Teams(Virements)	Individual orders / requisitions / annual order value or total contract value (unless otherwise noted)	Healthcare agreements (NHS and Private sector)(annual value) (Primary Care contracts approved by Board)	Building and engineering orders; related consultancy support(individual contractual commitment)	Medical devices; plant; machinery; related consultancy support(individual contractual commitment)	IM&T; telecoms systems; software; related consultancy (individual contractual commitment)	Property or equipment leases(granting or termination of leases; annual value)	External consultancy support (total contract value for duration of service)	Losses / Special Payments (Terminations approved by Exec.Director of W&OD; VERS by RATS C'ttee)	New drugs (value based on annual costs)	Locally held funds(total funding bid value)	General funds(total funding bid value)	All values	New posts (additional establishm't)	Agency and Waiting List Initiatives (all values)
Executive Directors, Board Secretary, Director of Mental Health and Learning Disabilities (unless noted below)		Up to £250k						Up to £100k					Waivers must be approved by FD: OF and Exec.Director of Finance or Chief Executive if escalated by FD: OF	Can approve new posts within own structure.	Must approve in advance in own structure.
Executive Director of Primary Cty Care		Up to £250k						Up to £100k						Can approve new posts within own structure.	Must approve in advance in own structure.
Executive Director of Planning & Performance		Up to £250k		Up to £0.5m	Up to £0.5m		Up to £250k	Up to £100k						Can approve new posts within own structure.	Must approve in advance in own structure.
Executive Medical Director		Up to £250k				Up to £0.5m		Up to £100k						Can approve new posts within own structure.	Must approve in advance in own structure.
Executive Director of W&OD		Up to £250k						Up to £100k	Terminations up to £50k (over this to WG)					Can approve new posts within own structure.	Must approve in advance in own structure.
Executive Director of Nursing & Midwifery		Up to £250k						Up to £100k	Up to £150k					Can approve new posts within own structure.	Must approve in advance in own structure.

	Budget changes	General expenditure	Healthcare agreements	Capital			Specialist				Charitable Funds		Procurement waivers	Staffing	
		Any expenditure approval must be within funding limits of approved budgets. Approval limits are cumulative, and therefore higher level approval limits must be supported by lower level approvals. Executive Directors and Directors, Area Directors, and Hospital Care Directors to determine scheme of delegation within their structures.													
	Budget transfers between Corporate Departments, Area Teams or Hospital Teams(Virements)	Individual orders / requisitions / annual order value or total contract value (unless otherwise noted)	Healthcare agreements (NHS and Private sector)(annual value) (Primary Care contracts approved by Board)	Building and engineering orders; related consultancy support(individual contractual commitment)	Medical devices; plant; machinery; related consultancy support(individual contractual commitment)	IM&T; telecoms systems; software; related consultancy (individual contractual commitment)	Property or equipment leases(granting or termination of leases; annual value)	External consultancy support (total contract value for duration of service)	Losses / Special Payments (Terminations only approved by Exec Director of W&OD; VERS require RATS Committee)	New drugs (value based on annual costs)	Locally held funds(total funding bid value)	General funds(total funding bid value)	All values	New posts (additional establishm't)	Agency and Waiting List Initiatives (all values)
Area Directors and Director of Mental Health & Learning Disabilities		Up to £250k	New or contract variation to £1.5m		Up to £250k			Up to £100k		Up to £100k, following Med Mgt Group	Up to £5k			Can approve new posts within own team.	As escalated by Direct Reports*
Area Medical Director															Medical staff*
Area Nurse Directors															Nurse or other staff*
Secondary Care Medical Director		Up to £150k			Up to £150k			Up to £150k			Up to £5k				Medical staff*
Secondary Care Nurse Director		Up to £150k			Up to £150k			Up to £150k			Up to £5k				Nurse or other staff*
Interim Managing Directors		Up to £150k			Up to £150k			Up to £50k			Up to £5k			Can approve new posts within own team.	As escalated by Direct Reports*
Director of Estates & Facilities		Up to £150K		Up to £150K	Up to £150K			Up to £50K							
Hospital: Assistant Medical Director															Medical staff*
Hospital: Assistant Nurse Director															Nurse or other staff*
Procurement (NWSSP)													All signed off by Procurement		

	Budget changes	General expenditure	Healthcare agreements	Capital	Specialist	Charitable Funds	Procurement waivers	Staffing							
		Any expenditure approval must be within funding limits of approved budgets. Approval limits are cumulative, and therefore higher level approval limits must be supported by lower level approvals. Executive Directors and Directors, Area Directors, and Hospital Care Directors to determine scheme of delegation within their structures.													
	Budget transfers between Corporate Departments, Area Teams or Hospital Teams(Virements)	Individual orders / requisitions / annual order value or total contract value (unless otherwise noted)	Healthcare agreements (NHS and Private sector)(annual value) (Primary Care contracts approved by Board)	Building and engineering orders; related consultancy support(individual contractual commitment)	Medical devices; plant; machinery; related consultancy support(individual contractual commitment)	IM&T; telecoms systems; software; related consultancy (individual contractual commitment)	Property or equipment leases(granting or termination of leases; annual value)	External consultancy support (total contract value for duration of service)	Losses / Special Payments (Terminations only approved by Exec Director of W&OD; VERS require RATS Committee)	New drugs (value based on annual costs)	Locally held funds(total funding bid value)	General funds(total funding bid value)	All values	New posts (additional establishm't)	Agency and Waiting List Initiatives (all values)
Deouty Director (Concerns)		Up to £75k							Up to £75k						
Deputy / Assistant Director Board Secretary		Up to £75k													
Assistant Director Primary Care		Up to £75k	Up to £75k		Up to £75k			Up to £75k			Up to £5k				
Assistant Director Community Hospital Services		Up to £75k	Up to £75k		Up to £75k			Up to £75k			Up to £5k				
Assistant Director Secondary Care		Up to £75k	Up to £75k		Up to £75k			Up to £75k			Up to £5k				
Head of Investigations and Redress									Up to £20k						
Claims Managers									Up to £5k						
Authorised fund holder (Charitable Funds)											Up to £5k				

	Budget changes	General expenditure	Healthcare agreements	Capital			Specialist			Charitable Funds		Procurement waivers	Staffing		
		Any expenditure approval must be within funding limits of approved budgets. Approval limits are cumulative, and therefore higher level approval limits must be supported by lower level approvals. Executive Directors and Directors, Area Directors, and Hospital Care Directors to determine scheme of delegation within their structures.													
	Budget transfers between Corporate Departments, Area Teams or Hospital Teams(Virements)	Individual orders / requisitions / annual order value or total contract value (unless otherwise noted)	Healthcare agreements (NHS and Private sector)(annual value) (Primary Care contracts approved by Board)	Building and engineering orders; related consultancy support(individual contractual commitment)	Medical devices; plant; machinery; related consultancy support(individual contractual commitment)	IM&T; telecoms systems; software; related consultancy (individual contractual commitment)	Property or equipment leases(granting or termination of leases; annual value)	External consultancy support (total contract value for duration of service)	Losses / Special Payments (Terminations only approved by Exec Director of W&OD; VERS require RATS Committee)	New drugs (value based on annual costs)	Locally held funds(total funding bid value)	General funds(total funding bid value)	All values	New posts (additional establishm't)	Agency and Waiting List Initiatives (all values)
Medicines Management Group										All new drugs, unless cheaper than existing					
* Agency and Waiting List Initiatives must generally be approved in advance. However, in exceptional circumstances when staff are required out of hours, they can be approved retrospectively.															

This scheme only relates to matters delegated by the Board to the Chief Executive and Directors, together with certain other specific matters referred to in Standing Financial Instructions. Each Director is responsible for delegation within their department. They should produce an Operational Scheme of Delegation and Authorisation for matters within their department, which should also set out how departmental budget and procedures for approval of expenditure are delegated.

	Budget changes	General expenditure	Healthcare agreements	Capital (Business Case and Contractual Commitment approvals)			Specialist				Charitable Funds		Procurement waivers	Staffing	
		Any expenditure approval must be within funding limits of approved budgets. Approval limits are cumulative, and therefore higher level approval limits must be supported by lower level approvals. Executive Directors, Area Directors, Secondary Care Director and Hospital Care Directors to determine scheme of delegation within their structures.													
	Budget transfers between Corporate Departments, Area Teams or Hospital Teams(Virements)	Individual orders / requisitions / annual order value or total contract value (unless otherwise noted)	Healthcare agreements (NHS and Private sector)(annual value) (Primary Care contracts approved by Board)	Building and engineering orders; related consultancy support(individual contractual commitment)	Medical devices; plant; machinery; related consultancy support(individual contractual commitment)	IM&T; telecoms systems; software; related consultancy (individual contractual commitment)	Property or equipment leases(granting or termination of leases; annual value)	External consultancy support (total contract value for duration of service)	Losses / Special Payments (Terminations approved by Director of W&OD; VERS by RATS C'ttee)	New drugs (value based on annual costs)	Locally held funds(total funding bid value)	General funds(total funding bid value)	All values	New posts (additional establishm't)	Agency and Waiting List Initiatives (all values)
Managing Director		Up to £150k	New or contract variation to £1.5m		Up to £150k			Up to £50k		Up to £100k, following Med Mgt Group	Up to £5k			Can approve new posts within own Area	As escalated by Direct Reports*
Hospital Director		Up to £100k			Up to £100k			Up to £50k			Up to £5k			Can approve new posts within own Area	As escalated by Direct Reports*
Hospital Medical Director		Up to £100k			Up to £100k									Can approve new posts within own team.	As escalated by Direct Reports*
Hospital Nurse Director		Up to £100k			Up to £100k									Can approve new posts within own team.	As escalated by Direct Reports*
Surgery, Anaesthetics & Critical Care General Manager		Up to £75k			Up to £75k			Up to £25k			Up to £5k			Can approve new posts within own Area.	As escalated by Direct Reports*
Medicine General Manager		Up to £75k			Up to £75k			Up to £25k			Up to £5k			Can approve new posts within own Area.	As escalated by Direct Reports*
Emergency Care General Manager		Up to £75k			Up to £75k			Up to £25k			Up to £5k			Can approve new posts within own Area.	As escalated by Direct Reports*
Hospital CFO		Up to £50k			Up to £50k			Up to £15k			Up to £5k			Can approve new posts within own Service.	Within own Service Area – up to £5k per individual item

Grace Lewis-Parry.

Grace Lewis-Parry

Board Secretary

18 July 2019

SECTION 2: SCHEME OF DELEGATION TO EXECUTIVE DIRECTORS, OTHER DIRECTORS AND OFFICERS

The LHB Standing Orders and Standing Financial Instructions specify certain key responsibilities of the Chief Executive, the Executive Director of Finance and other officers. The Chief Executive's Job Description, together with their Accountable Officer Memorandum sets out their specific responsibilities, and the individual job descriptions determined for Executive Director level posts also define in detail the specific responsibilities assigned to those post holders. These documents, together with the schedule of additional delegations below and the associated financial delegations set out in the Standing Financial Instructions form the basis of the LHB's Scheme of Delegation to Officers.

Delegated Matter	Table Reference No.
STANDING ORDERS/STANDING FINANCIAL INSTRUCTIONS	1
MEETINGS	2
FINANCIAL PLANNING/BUDGETARY RESPONSIBILITY	3
BANK/PGO ACCOUNTS (EXCLUDING CHARITABLE FUND ACCOUNTS)	4
EXTERNAL BORROWING	5
NON PAY EXPENDITURE	6
STORES AND RECEIPT OF GOODS	7
CAPITAL INVESTMENT MANAGEMENT	8
QUOTATIONS, TENDERING & CONTRACT PROCEDURES	9
FIXED ASSETS	10
PERSONNEL & PAY	11
ENGAGEMENT OF STAFF (NOT ON THE ESTABLISHMENT)	12
CHARITABLE FUNDS HELD ON LHB	13
PRIMARY CARE PATIENT SERVICES/HEALTHCARE AGREEMENTS	14
INCOME SYSTEMS, FEES & CHARGES	15
DISPOSAL AND CONDEMNATIONS	16
LOSSES, WRITE-OFFS & COMPENSATION AND EX-GRATIA PAYMENTS	17
REPORTING INCIDENTS TO THE POLICE	18
FINANCIAL PROCEDURES	19
AUDIT ARRANGEMENTS	20
LEGAL PROCEEDINGS	21
INSURANCE POLICIES AND RISK MANAGEMENT	22
CLINICAL AUDIT	23
PATIENTS' PROPERTY	24
PATIENTS & RELATIVES COMPLAINTS	25
SEAL	26
GIFTS & HOSPITALITY	27
DECLARATION OF INTERESTS	28
INFORMATICS AND THE DATA PROTECTION ACT	29
RECORDS	30
AUTHORISATION OF NEW DRUGS	31
AUTHORISATION OF RESEARCH PROJECTS	32
AUTHORISATION OF CLINICAL TRIALS	33
INFECTIOUS DISEASES & NOTIFIABLE OUTBREAKS	34

Delegated Matter	Table Reference No.
REVIEW OF FIRE PRECAUTIONS	35
HEALTH & SAFETY	36
MEDICINES INSPECTORATE REGULATIONS	37
ENVIRONMENTAL REGULATIONS	38
LEGAL & RISK PAYMENTS	39
INVESTIGATION OF FRAUD/CORRUPTION OR FINANCIAL IRREGULARITIES	40
COMMERCIAL SPONSORSHIP	41
COSTS/NOTIONAL RENT/THIRD PARTY DEVELOPER/IMPROVEMENT GRANTS	42
FREEDOM OF INFORMATION	43
COMPLIANCE LEAD ROLES: CALDICOTT GUARDIAN, DPO, SIRO	44
EMERGENCY PLANNING	45
NHS ACT 2006 (WALES) SECTION 33 AGREEMENTS	46
STATUTORY COMPLIANCE WITH RESPECTIVE LEGISLATION	47
APPOINTMENT OF MEDICAL & DENTAL CONSULTANT POSTS	48
INDIVIDUAL PATIENT FUNDING REQUESTS	49
CARBON REDUCTION COMMITMENT ORDER	50
HUMAN TISSUE ACT 2004	51
IONISING RADIATION (MEDICAL EXPOSURE) REGULATIONS 2017 [IR(ME)R]	52
NURSE STAFFING LEVELS (WALES) ACT 2016	53

Schedule 1

SCHEME OF RESERVATION AND DELEGATION OF POWERS Estates and Facilities

Table A – Scheme of Delegation to Officers

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
1. Standing Orders / Standing Financial Instructions			
a) Final authority in interpretation of Standing Orders	Chair	Chair	N/A
b) Notifying Directors, employees and agents of their responsibilities within the Standing Orders and Standing Financial Instructions and ensuring that they understand the responsibilities	Executive Director of Finance/Board Secretary	Directors	N/A
c) Responsibility for the security of the LHB's property, avoiding loss, exercising economy and efficiency in using resources and conforming with Standing Orders, Financial Instructions and financial procedures	Executive Director of Finance	Directors	All Staff
d) Ensuring Standing Orders are compatible with Welsh Government requirements re building and engineering contracts	Chief Executive	Executive Director of Planning & Performance	N/A
2. Meetings			
a) Calling meetings of the LHB	Chair	Board Secretary	N/A
b) Chair all LHB Board meetings and associated responsibilities	Chair or Vice Chair in Chair's absence	Chair or Vice Chair in Chair's absence	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
3. Financial Planning/Budgetary Responsibility			
a) Setting: Submit Three Year Plan and Annual Operating Plan to the LHB Board	Chief Executive	Executive Director of Planning & Performance	N/A
Submit budgets to the LHB Board	Chief Executive	Executive Director of Finance	N/A
Submit to Board financial estimates and forecasts	Chief Executive	Executive Director of Finance	N/A
b) Implementing financial policies, plans and procedures, providing advice and co-ordinating any corrective action necessary	Executive Director of Finance	Finance Director (Operational)	N/A
c) Issuing Budgets	Executive Director of Finance	Finance Director (Operational)	N/A
d) Monitoring: Monitor performance against budget	Executive Director of Finance	Directors	Assistant Directors Estates & Facilities
Submit monitoring returns	Chief Executive	Executive Director of Finance	N/A
Effective budgetary control and a balanced budget	Executive Director of Finance	Directors	Assistant Directors Estates & Facilities
Preparation of annual accounts and returns	Executive Director of Finance	Executive Director of Finance	N/A
Identifying and implementing cost improvements and income generation initiatives	Executive Director of Finance	Directors	Assistant Directors Estates & Facilities
e) Authorisation of Virement It is not possible for any officer other than the Executive Director of Finance to vire from non-recurring headings to recurring budgets <u>or</u> from capital to revenue/revenue to capital. Virement <u>between</u> different budget holders (Directors) requires the agreement of <u>both</u> parties <u>and</u> the Executive Director of Finance	Please refer to Table B – Delegated Limits		Director of Estates & Facilities

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
f) Maintaining an effective system of internal financial control	Chief Executive	Executive Director of Finance	N/A
g) Delivery of financial training to budget holders (Directors)	Executive Director of Finance	Finance Director (Operational)	N/A
4. Bank/PGO Accounts (Excluding Charitable Fund Accounts)			
a) Operation: Managing banking arrangements and operation of bank accounts	Executive Director of Finance	Finance Director (Operational)	N/A
Opening bank accounts	Executive Director of Finance	Finance Director (Operational)	N/A
Authorisation of transfers between LHB bank accounts	Executive Director of Finance	Finance Director (Operational)	N/A
Authorisation of: -PGO/GBS Schedules -BACS Schedules -Automated cheque schedules -Manual cheques	Executive Director of Finance	Finance Director (Operational)	N/A
b) Investments: Investment of surplus funds in accordance with the LHB's investment policy	Executive Director of Finance	Finance Director (Operational)	N/A
5. External Borrowing			
a) Advise LHB Board of the requirements to meet payment of interest and originating capital debt	Executive Director of Finance	Finance Director (Operational)	N/A
b) Application for loan(s) and overdrafts	Executive Director of Finance	Finance Director (Operational)	N/A
c) Preparation of procedural instructions	Executive Director of Finance	Finance Director (Operational)	N/A
6. Non Pay Expenditure			
For details of Delegated Limits please refer			

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
to Table B			
a) Completion of an Operational Scheme of Delegation and Authorisation by each Budget Holder ensuring maintenance of a list of officers authorised to place requisitions/orders (including emergency verbal orders) and record receipts within the E-Financials Business Suite.	Executive Director of Finance	Directors	N/A
b) Obtain the best value for money when requisitioning goods/services	Executive Director of Finance	Directors	Director of Estates & Facilities
c) Ensuring expenditure is within budget	Chief Executive	Directors	Assistant Directors Estates & Facilities
d) Non-Pay Expenditure for which no specific budget has been set up and which is not subject to funding under delegated powers of virement	Chief Executive	Executive Director of Finance	N/A
e) Orders exceeding 12 month period	Executive Director of Finance	Finance Director (Operational)	Director of Estates & Facilities
f) Prompt payment of accounts	Executive Director of Finance	Executive Director of Finance	N/A
g) Financial Limits	Please refer to Table B – Delegated Limits		
h) Maintenance of sufficient records to explain the LHB's transactions and report on the LHB's financial position	Executive Director of Finance	Executive Director of Finance	N/A
i) Approval of visits at a supplier's expense	Executive Director of Finance	Executive Directors	N/A
j) Provision of electronic signatures within the E-Financials Business Suite in accordance with each Budget Holder's Operational Scheme of Delegation and Authorisation	Executive Director of Finance	Finance Director (Operational)	N/A
7. Stores and Receipt of Goods			

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
a) Responsibility for the systems of financial control over all stores including receipt of goods and returns	Executive Director of Finance	Directors	All Staff
b) Responsibility for the control of stores and receipt of goods, issues and returns: All stores (excluding pharmaceutical, fuel, oil and coal – see following)	Executive Director of Finance	Directors	Assistant Directors Estates & Facilities
Pharmaceutical Stores	Executive Medical Director	Chief Pharmacist	N/A
Fuel, oil and coal stocks	Executive Director of Planning & Performance	Director of Estates & Facilities	Director of Estates & Facilities
c) Stocktaking arrangements	Executive Director of Finance	Directors	N/A
8. Capital Investment Management			
For details of Delegated Limits for Delegated Matter 8d, please refer to Table B – Leases. In accordance with Welsh Government guidance:			
a) Programme:			
Preparation of Capital Investment Programme	Chief Executive	Executive Director of Planning & Performance	N/A
Completion and signing off of a business case for approval	Chief Executive/ Executive Director of Finance	Executive Director of Planning & Performance	N/A
Appointment of Project Directors	Chief Executive	Executive Director of Planning & Performance with support from relevant Directors	N/A
Financial monitoring and reporting on all capital scheme expenditure	Executive Director of	Executive Director of	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
including variations to contract	Planning & Performance	Finance/Executive Director of Planning & Performance with support from relevant Directors.	
Issuing of guidance on management of capital schemes	Executive Director of Planning & Performance	Executive Director of Finance/Executive Director of Planning & Performance	N/A
b) Contracting – Selection of 3 rd party developers, architects, quantity surveyors, consultant engineers and other professional advisors within EC regulations and LHB tender procedures	Chief Executive	Executive Director of Planning & Performance	N/A
c) Private Finance – Demonstrate that the use of private finance represents best value for money and transfers risk to the private sector	Chief Executive	Executive Director of Finance	N/A
d) Leases – Granting and termination of leases	Chief Executive	Executive Director of Planning & Performance/Executive Director of Finance	N/A
e) Financial control and audit- Arrangements are in place to review building and engineering contracts and property transactions comply with Welsh Government guidance.	Chief Executive	Executive Director of Finance with Executive Director of Planning & Performance responsible for the technical audit of the contracts.	Director of Estates & Facilities
9. Quotations, Tendering & Contract Procedures For details of Delegated Limits, please refer to Table B – Quotations/Tenders.			
a) Services:			

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
Best value for money is demonstrated for all services provided under contract or in-house	Chief Executive	Directors	Director of Estates & Facilities
Nominate officers to oversee and manage the contract on behalf of the LHB	Chief Executive	Directors	Director of Estates & Facilities
b) Quotations – Total value of the contract over its entire period:			
Seeking quotations up to £5,000 in value	Executive Director of Finance (per SFI 11.7.1)	For details of delegated limits, please refer to Table B	Director of Estates & Facilities
Obtaining minimum of 3 written quotations for goods/services of value between £5,000 and £25,000	Chief Executive (per SFI 11.1.2)	For details of delegated limits. Please refer to Table B	Director of Estates & Facilities
c) Competitive Tenders – Total value of the contract over its entire period:			
Obtaining a minimum of 4 written competitive tenders for goods/services of value between £25,000 and the OJEU threshold (in compliance with EC Directives as appropriate)	Chief Executive	For details of delegated limits, please refer to Table B	Director of Estates & Facilities
Obtaining a minimum of 5 written competitive tenders for goods/services of a value in excess of the OJEU threshold (in compliance with EC Directives as appropriate)	Chief Executive	For details of delegated limits, please refer to Table B	N/A
Receipt and custody of tenders prior to opening	Chief Executive	Executive Director of Finance	N/A
Opening Tenders and Quotations	Chief Executive	Executive Director of Finance	N/A
Decide if late tenders should be considered	Chief Executive	Executive Director of Finance	N/A
d) Waiving the requirement to request quotes or tenders – subject to SFI Schedule 1 Para.	Chief Executive	Chief Executive/nominated deputy	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
4.2 & 4.3 – Formally reported to the Audit Committee		(Board Secretary or Executive Director of Finance). Where the budget holder requesting the waiver is the Chief Executive/Board Secretary/Executive Director of Finance, they cannot approve their own waiver and must seek approval from one of the other two delegated officers.	
10. Fixed Assets			
a) Maintenance of asset register	Chief Executive	Executive Director of Finance supported by relevant Director	N/A
b) Calculate and pay capital charges in accordance with Welsh Government requirements	Executive Director of Finance	Executive Director of Finance	N/A
c) Responsibility for fixed assets – Land & Buildings	Chief Executive	Executive Director of Planning & Performance	Director of Estates & Facilities
d) Responsibility for all other fixed assets (Plant, Machinery, Transport, IT assets including software, Furniture & Fittings)	Chief Executive	Directors	All Staff
e) Responsibility for security of LHB assets including notifying discrepancies to the Director of Finance and reporting losses in accordance with LHB procedures	Chief Executive	Directors	All Staff

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
11. Personnel & Pay			
a) Nominate officers to enter into contracts of employment regarding staff, agency staff or consultancy service contracts in accordance with the "Policy for the Safe Recruitment and Selection Practices" together with accompanying guidance, particularly the need for pre-employment checks.	Chief Executive	Executive Director of Workforce & OD	N/A
b) Approve the commencement of employment prior to all pre-employment checks being completed.	Executive Director of Workforce & OD	Executive Director of Workforce & OD	N/A
c) Authority to fill funded post on the establishment with permanent staff.	Executive Director of Workforce & OD	Directors	N/A
d) Authority to extend Locum appointments	Chief Executive	Interim Managing Directors, Mental Health Director and Area Directors for appointments over 12 months to 24 months. Executive Director of Nursing & Midwifery, Executive Director of Primary & Community Care, Executive Director of Therapies & Health Sciences and Executive Director of Workforce & OD/Director of MHL D for appointments over 24 months to 36	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
		months only.	
e) The granting of additional increments to staff within budget in accordance with Terms & Conditions of Service	Executive Director of Workforce & OD	Directors with advice from Executive Director of Workforce & OD	N/A
f) All requests for upgrading/ regrading/ major skill mix changes shall be dealt with in accordance with LHB Procedure	Executive Director of Workforce & OD	Directors with advice from Executive Director of Workforce & OD	Director of Estates & Facilities
g) Authority to agree acting up salaries for staff other than Executive Directors (Approval of acting up salaries for interim Executive Directors to be retained by Remuneration & Terms of Service Committee)	Chief Executive to agree acting up arrangements of Band 9 and above (Excluding Executive Directors)	Directors lead for acting up salaries up to Band 8d or equivalent.	Director of Estates & Facilities
h) Establishments:			
Additional staff to the agreed establishment with specifically allocated finance	Chief Executive	Directors with approval from Executive Director of Finance	Director of Estates & Facilities
Additional staff to the agreed establishment without specifically allocated finance.	Chief Executive	Executive Director of Finance	Director of Estates & Facilities
Variation to the funded establishment	Chief Executive	Directors with approval from Executive Director of Finance	Director of Estates & Facilities
i) Pay			
Authority to complete standing data forms effecting pay, new starters, changes and leavers	Executive Director of Workforce & OD	Directors	Assistant Directors Estates & Facilities
Authority to complete and authorise timesheets and payroll returns	Executive Director of Workforce & OD	Directors	Assistant Directors Estates & Facilities

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
Authority to authorise overtime	Executive Director of Workforce & OD	Directors	Assistant Directors Estates & Facilities
Authority to authorise travel & subsistence expenses	Executive Director of Workforce & OD	Directors	Assistant Directors Estates & Facilities
Maintenance of a list of managers authorised to sign payroll and travel expense documentation.	Executive Director of Workforce & OD	Directors	Assistant Directors Estates & Facilities
j) Leave			
Approval of annual leave in accordance with LHB policy	Executive Director of Workforce & OD	Executive Director of Finance	Assistant Directors Estates & Facilities
Carry over of annual leave in exceptional circumstances up to a maximum of 5 days	Executive Director of Workforce & OD	Directors	Assistant Directors Estates & Facilities
Compassionate leave	Executive Director of Workforce & OD	Directors	Assistant Directors Estates & Facilities
Special leave arrangements (to be applied in accordance with All Wales Policy)	Executive Director of Workforce & OD	Directors	Assistant Directors Estates & Facilities
Leave without pay	Executive Director of Workforce & OD	Directors	N/A
Medical Staff Leave of Absence – paid and unpaid	Executive Director of Workforce & OD	Directors	N/A
Consultants Special Leave	Executive Medical Director	Directors	N/A
Time off in lieu	Executive Director of Workforce and OD	Directors	Assistant Directors Estates & Facilities
Maternity / Paternity Leave – paid and unpaid	Executive Director of Workforce & OD	Directors	Assistant Directors Estates & Facilities

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
k) Annualised hours/flexible working hours system- maintenance of adequate records	Executive Director of Workforce & OD	Directors	Assistant Directors Estates & Facilities
l) Sick Leave			
Extension of sick leave on half pay up to three months	Executive Director of Workforce & OD	Directors in conjunction with Executive Director of Workforce & OD	N/A
Return to work part-time on full pay to assist recovery	Executive Director of Workforce & OD	Directors in conjunction with Executive Director of Workforce & OD	N/A
Extension of sick leave on full pay	Executive Director of Workforce & OD	Directors in conjunction with Executive Director of Workforce & OD	Assistant Directors Estates & Facilities
m) Study Leave			
Study leave outside the UK (non-medical staff excluding clinical staff)	Executive Director of Workforce & OD	Directors	N/A
Medical staff study leave (UK)	Executive Medical Director/Executive Director of Workforce & OD/ Executive Director of Primary & Community Care	Directors	N/A
Consultant Medical Staff Leave (UK)	Executive Medical Director	Directors	N/A
All Medical and non-Medical Clinical Staff study leave outside the UK	Executive Medical Director/Executive	Directors	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
	Director of Nursing & Midwifery/ Executive Director of Therapies & Health Science/ Executive Director of Primary & Community Care		
All other study leave (UK)	Executive Director of Workforce & OD	Directors	Assistant Directors Estates & Facilities
n) Removal Expenses			
Authorisation of payment of removal expenses incurred by officers taking up new appointments (providing consideration was promised at interview)	Executive Director of Workforce & OD	Directors in accordance with BCU HB policy/approval from the Executive Director of Workforce & OD	Assistant Directors Estates & Facilities
o) Grievance Procedure	Executive Director of Workforce & OD	Directors	Assistant Directors Estates & Facilities
p) Professional Misconduct/Competence-Medical and Dental Staff	Executive Medical Director/Executive Director of Workforce & OD	Assistant Medical Directors supported by Workforce & OD	N/A
q) Suspension of Doctors employed directly by the LHB	Chief Executive	Executive Medical Director supported by Executive Director of Workforce & OD	N/A
r) Removal of Practitioner from the	Chief	Executive	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
Performers List	Executive	Medical Director supported by Executive Director of Workforce & OD and Executive Director of Primary & Community Care	
s) Requests for new posts to be authorised as car users	Executive Director of Finance	Directors	N/A
t) Renewal of Fixed Term Contract	Executive Director of Workforce & OD	Directors	Assistant Directors Estates & Facilities
u) Voluntary Early Release Scheme	Executive Director of Workforce & OD	Executive Director of Workforce & OD, with Executive Director of Finance for sign off of financial viability	M/A
v) Settlement on termination of employment	Executive Director of Workforce & OD	Executive Director of Workforce & OD with approval from Welsh Government where the payment is Ex-gratia and exceeds the delegated limit of £50,000	N/A
w) Ill Health Retirement Decision to pursue retirement on the grounds of ill-health following advice from Workforce & OD Department	Executive Director of Workforce & OD	Executive Director of Workforce & OD	N/A
x) Disciplinary Procedure(excluding Executive Directors)	Executive Director of	Directors	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
	Workforce & OD		
12. Engagement of Staff Not On the Establishment			
For details of Delegated Limits, please refer to Table B			
a) Non clinical Consultancy Staff	Executive Director of Finance	Director accountable for relevant service	N/A
b) Medical Locum staff	Executive Medical Director	Director accountable for relevant service.	N/A
c) Booking of Agency Nursing Staff	Executive Director of Nursing & Midwifery	Director accountable for relevant service	N/A
d) Booking of Bank Staff:			
Nursing	Executive Director of Nursing & Midwifery	Director accountable for relevant service	N/A
Other	Executive Director of Workforce & OD	Director accountable for relevant service	
13. Charitable Funds Held on Trust			
For details of Delegated Limits, Please refer to Table B			
a) Management: Funds held on Trust are managed appropriately	Executive Director of Finance	Directors	N/A
b) Maintenance of authorised signatory list of Authorised Fund Holders	Executive Director of Finance	Executive Director of Finance	N/A
c) Expenditure	Refer to Table B - Delegated Limits		N/A
d) Fundraising Appeals –	Executive	Executive	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
Preparation/Monitoring/Reporting progress and performance	Director of Finance	Director of Finance	
e) Operation of Bank Accounts:			
Managing banking arrangements and operation of bank accounts	Executive Director of Finance in conjunction with Corporate Trustees	Executive Director of Finance	N/A
Opening bank accounts	Board	Executive Director of Finance	N/A
f) Investments – Policy and Arrangements	Executive Director of Finance in conjunction with Corporate Trustees	Executive Director of Finance	N/A
g) Authority to accept the discharge of a donor's estate	Executive Director of Finance	Executive Director of Finance	N/A
14. Primary Care Patient Services/ Healthcare Agreements			
For details of Delegated Limits, please refer to Table B – Healthcare Agreements			
a) Contract negotiation and provision of service agreements	Executive Director of Finance / Executive Director of Primary & Community Care	Executive Director of Planning & Performance	N/A
b) Reporting actual and forecast contract income	Executive Director of Finance	Executive Director of Finance	N/A
c) Pricing of all contracts and SLAs	Executive Director of Finance	Executive Director of Finance with relevant Director	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
d) Signing agreements	Chief Executive	Chief Executive or Executive Director of Finance in Chief Executive's absence/Executive Director of Primary & Community Care for all primary care related agreements	N/A
15. Income Systems, Fees and Charges			
a) Private Patients, Overseas Visitors, Income Generation and other patient related services	Executive Director of Finance	Executive Director of Finance	N/A
b) Pricing of NHS agreements	Executive Director of Finance	Assistant Directors of Finance	N/A
c) Informing the Director of Finance of monies due to the LHB	Executive Director of Finance	Directors	N/A
d) Recovery of debt	Executive Director of Finance	Executive Director of Finance	N/A
e) Security of cash and other negotiable instruments	Executive Director of Finance	Executive Director of Finance and all Directors	N/A
f) Designing, maintaining and ensuring compliance with systems for the proper recording, invoicing, collection and coding of all monies due	Executive Director of Finance	Director of Finance (Operational)	N/A
g) Non patient care income	Executive Director of Finance	Executive Director of Finance	N/A
16. Disposal and Condemnations			
Disposal of all property and land require formal approval by the			

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
Cabinet Secretary for Health, Well-Being & Sport			
a) Issuing procedure for the disposal of assets obsolete, obsolescent, redundant, irreparable or cannot be repaired cost effectively	Executive Director of Finance	Executive Director of Finance/Executive Director of Planning & Performance	Director of Estates & Facilities
b) Notification to Director of Finance prior to disposal	Executive Director of Finance	Directors	Assistant Directors Estates & Facilities
17. Losses, Write-offs & Compensation			
a) Prepare procedures for recording and accounting for losses and special payments including preparation of a fraud response plan and informing Counter Fraud Operational Services of frauds.	Chief Executive	Executive Director of Finance	N/A
b) Losses of cash due to theft, fraud, overpayment of salaries, fees, allowances & other causes up to £50,000	Chief Executive	Executive Director of Finance	N/A
c) Fruitless payments (including abandoned Capital Schemes) up to £250,000	Chief Executive	Executive Director of Finance	N/A
d) Bad debts and claims abandoned: Private patients; overseas visitors & other cases up to £50,000	Chief Executive	Executive Director of Finance	N/A
e) Damage to buildings, their fittings, furniture and equipment and loss of equipment and property in stores and in use due to: Culpable causes (e.g. fraud, theft, arson) or other up to £50,000	Chief Executive	Executive Director of Finance	N/A
f) For personal and public liability claims, under the Legal & Risk scheme, authorisation from Legal & Risk is required before admissions may be made and monetary compensation offered. (Ex-gratia settlements offered by the LHB are by definition not payments based upon legal liability and are, therefore, not	Chief Executive	Executive Director of Nursing & Midwifery supported by the relevant Director after seeking appropriate legal advice,	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
reimbursable under the WRP scheme)		up to a max £150,000	
g) Compensation payments made under legal obligation:	Chief Executive	Chief Executive, Executive Director of Finance or Executive Director of Nursing & Midwifery	N/A
h) Extra contractual payments to contractors – Up to £50,000 as specified within the Losses and Special Payments Manual of Guidance	Chief Executive	Executive Director of Finance with reporting to the Audit Committee	N/A
17.1 Ex-Gratia Payments:			
a) Patients and staff for loss of personal effects up to £50,000	Chief Executive	Executive Director of Finance- Refer to Finance Policy on Losses and Special Payments	N/A
b) For clinical negligence up to £250,000 (negotiated settlements)*. Report to Board > £50,000 (see also table B para.15)	Chief Executive	Executive Director of Finance/Executive Director of Nursing & Midwifery	N/A
c) For clinical negligence over £250,000 and up to £1,000,000* (negotiated settlements). Report to Board > £50,000 (see also table B para.15)	Chair	Chief Executive/ Executive Director of Finance/Executive Director of Nursing & Midwifery	N/A
d) For personal injury claims involving negligence where legal advice has been obtained and guidance applied up to £250,000 (including plaintiff's costs) Report to Board > £50,000	Chief Executive	Chief Executive/ Executive Director of Finance/Executive Director of Workforce & OD/ Executive Director of	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
		Nursing & Midwifery	
e) For personal injury claims involving negligence where legal advice has been obtained and guidance applied up to £1,000,000 Report to Board > £50,000*	Board	Chief Executive/Executive Director of Finance/Executive Director of Nursing & Midwifery	N/A
f) Other, except cases for maladministration where there was no financial loss by claimant, up to £50,000	Chief Executive	Executive Director of Finance/Executive Director of Nursing & Midwifery	N/A
* For all clinical negligence and personal injury cases(including Court cases) the use of structured settlements should be considered involving costs to the NHS of £250,000 or more – All structured settlements require approval from the Welsh Government			
18. Reporting of Incidents to the Police			
a) Where a criminal offence is suspected			
Criminal offence of a sexual or violent nature	Chief Executive	Executive Director of Workforce & OD	Director of Estates & Facilities
Arson or theft	Executive Director of Planning & Performance	Director of Estates & Facilities	Assistant Directors Estates & Facilities
Other	Executive Director of Planning & Performance	Director of Estates & Facilities	N/A
19. Financial Procedures			
a) Maintenance & Update of LHB Financial Procedures	Executive Director of Finance	Executive Director of Finance	N/A
20. Audit Arrangements			

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
a) Review, appraise and support in accordance with Internal Audit standards for NHS Wales and best practice	Chair of the Audit Committee	Board Secretary/Head of Internal Audit	N/A
b) Provide an independent and objective view on internal control and probity	Chief Executive	Head of Internal Audit/Wales Audit Office	N/A
c) Ensure Cost-effective external audit	Chair of Audit Committee	Executive Director of Finance	N/A
d) Ensure an adequate internal audit service	Chief Executive	Board Secretary	N/A
e) Implement recommendations	Chief Executive	All relevant Directors	Assistant Directors Estates & Facilities
21. Legal Proceedings			
a) Engagement of LHB's Solicitors	Chief Executive	Board Secretary for all Board related matters/Executive Director of Workforce & OD for all employment related matters/Executive Director of Planning & Performance for all estate related matters/Executive Director of Primary & Community Care for all Primary Care related matters.	N/A
b) Approve and sign all documents which will be necessary in legal proceedings	Chief Executive	Any Director of the Board or an officer formally nominated by the Chief Executive	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
c) Sign on behalf of the LHB any agreement or document not requested to be executed as a deed	Chief Executive	Any Director of the Board or an officer formally nominated by the Chief Executive	N/A
22. Insurance Policies and Risk Management	Chief Executive	Executive Director of Finance/Board Secretary	N/A
23. Clinical Audit	Chief Executive	Executive Director of Therapies & Health Science	N/A
24. Patients' Property (in conjunction with financial advice)			
For details of Delegated Limits, please refer to Table B – Petty Cash/Patients Monies			
a) Ensuring patients and guardians are informed about patients' monies and property procedures on admission	Executive Director of Nursing & Midwifery	Directors	N/A
b) Prepare detailed written instructions for the administration of patients' property	Executive Director of Nursing & Midwifery	Executive Director of Finance	N/A
c) Informing staff of their duties in respect of patients' property	Executive Director of Nursing & Midwifery	Directors	All Staff
d) Issuing property valued >£5,000 only on production of a probate letter of administration	Executive Director of Finance	Executive Director of Finance	N/A
25. Patients & Relatives Complaints			
a) Overall responsibility for ensuring that all complaints are dealt with effectively	Chief Executive	Executive Director of Nursing & Midwifery	N/A
b) Responsibility for ensuring	Chief	Executive	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
complaints are investigated thoroughly	Executive	Director of Nursing & Midwifery	
c) Medical – Legal Complaints Co-ordination of their management	Chief Executive	Executive Director of Nursing & Midwifery	N/A
26. Seal			
a) The keeping of a register of seal and safekeeping of the seal	Chief Executive	Board Secretary	N/A
b) Attestation of seal in accordance with Standing Orders	Chief Executive/ Chair	Board Secretary	N/A
27. Gifts and Hospitality			
a) Keeping of gifts and hospitality register	Chief Executive	Board Secretary	N/A
28. Declaration of Interests			
a) Maintaining a register	Chief Executive	Board Secretary	N/A
29. Informatics and the Data Protection Act			
a) Review of LHB's compliance with the Data Protection Act	Chief Executive	Board Secretary	N/A
b) Responsibility for Informatics policy and strategy	Executive Medical Director	Chief Information Officer	N/A
c) Responsibility for ensuring that adequate management (audit) trails exist in Informatics systems	Executive Medical Director	Chief Information Officer	N/A
30. Records			
a) Review LHB's compliance with the Retention of Records Act and guidance	Chief Executive	Board Secretary / Executive Medical Director	N/A
b) Approval for the destruction of records	Chief Executive	Board Secretary / Executive Medical Director	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
c) Ensuring the form and adequacy of the financial records of all departments	Executive Director of Finance	Executive Director of Finance	N/A
31. Authorisation of New Drugs	Chief Executive	Executive Medical Director on the advice of the appropriate professional bodies	N/A
32. Authorisation of Research Projects	Executive Medical Director	Director of Research & Development	N/A
33. Authorisation of Clinical Trials	Chief Executive	Executive Medical Director	N/A
34. Infectious Diseases & Notifiable Outbreaks	Chief Executive	Executive Director of Public Health	N/A
35. Review of Fire Precautions	Chief Executive	Executive Director of Planning & Performance	Director of Estates & Facilities
36. Health & Safety			
Review of all statutory compliance legislation and Health and Safety requirements including control of Substances Hazardous to Health Regulations	Chief Executive	Executive Director of Workforce & OD	N/A
37. Medicines Inspectorate Regulations			
Review Regulations Compliance	Chief Executive	Executive Medical Director supported by Chief Pharmacist	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
38. Environmental Regulations			
Review of compliance with environmental regulations, for example those relating to clean air and waste disposal	Chief Executive	Executive Director of Planning & Performance	Director of Estates & Facilities
39. Legal & Risk Payments	Chief Executive	Executive Director of Nursing & Midwifery/Executive Director of Finance	N/A
40. Investigation of Fraud/Corruption or Financial Irregularities	Executive Director of Finance	Lead Local Counter Fraud Specialist	N/A
41. Commercial Sponsorship			
Agreement to proposal in accordance with BCU HB procedures	Chief Executive	Executive Director of Finance	N/A
42. Cost/Notional Rent/Third Party Developer/Improvement Grants			
Approval of all schedules of payments	Chief Executive	Executive Director of Primary & Community Care	N/A
Submission to Welsh Government for all new GP premises or major extensions in accordance with BCU HB Primary Care Estates Strategy	Chief Executive	Executive Director of Primary & Community Care	N/A
43. Freedom of Information	Chief Executive	Board Secretary	N/A
44. Compliance Lead Roles:			N/A
a) Caldicott Guardian	Executive Medical Director	Senior Associate Medical Director	
b) Data Protection Officer	Chief		

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
c) Senior Information Risk Owner	Executive Chief Executive	Assistant Director of Information Governance and Assurance Board Secretary	
45. Emergency Planning & Major Incidents – Civil Contingencies Act (Category 1 Responder)	Chief Executive	Executive Director of Planning & Performance	N/A
46. National Health Services (Wales) Act 2006 Section 33 Agreements: Arrangements between NHS Bodies and Local Authorities	Chief Executive	Executive Director of Finance	N/A
47. Statutory compliance with respective Legislation	Chief Executive	Board Secretary	N/A
48. National Health Service (Appointment of Consultants) (Wales) (Amendment) Regulations 2005 (Statutory Instrument 2005: 3039) Appointment of all Medical and Dental Consultant posts. Consultant posts within Public Health that are open to both medically qualified and those qualified in other disciplines other than medicine should follow this process, even though they fall outside of the requirements of the Statutory Instrument.	Chief Executive	Board level directors	N/A
49. All Wales Policy: Making Decisions on Individual Patient Funding Requests (IPFR)	Chief Executive	WHSSC IPFR Panel £300,000 to £1,000,000; Chief Executive up to £299,999; Chair and Vice Chair of Health Board IPFR Panel together sign up to £125,000	N/A
* The IPFR Panel cannot make			

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
policy decisions for the health board. Any policy proposals arising from their considerations and decisions must be reported to the Health Board Quality, Safety & Experience Committee			
50. Carbon Reduction Commitment Order (Phase 2) Agency Registration	Chief Executive	Executive Director of Planning and Performance	Director of Estates & Facilities
51. Human Tissue Act 20014	Chief Executive	Executive Director of Therapies & Health Sciences	N/A
52. Ionising Radiation (Medical Exposure) Regulations 2017	Chief Executive	Executive Director of Therapies & Health Sciences	N/A
53. Nurse Staffing Levels Act (Wales) 2016	Chief Executive	Executive Director of Nursing & Midwifery	N/A

Table B – Scheme of Financial Delegation

Financial Limits are subject to funding available within relevant budget(s) and are inclusive of VAT irrespective of recovery arrangements.

All purchases must ensure compliance with Standing Financial Instruction Schedule 1 -

Procurement of Works, Goods and Services with regard to the required quotation or Tendering exercise.

	Budget changes	General expenditure	Healthcare agreements	Capital (Business Case and Contractual Commitment approvals)			Specialist				Charitable Funds		Procurement waivers	Staffing	
		Any expenditure approval must be within funding limits of approved budgets. Approval limits are cumulative, and therefore higher level approval limits must be supported by lower level approvals. Executive Directors and Directors, Area Directors, and Hospital Care Directors to determine scheme of delegation within their structures.													
	Budget transfers between Corporate Departments, Area Teams or Hospital Teams(Virements)	Individual orders / requisitions / annual order value or total contract value (unless otherwise noted)	Healthcare agreements (NHS and Private sector)(annual value) (Primary Care contracts approved by Board)	Building and engineering orders; related consultancy support(individual contractual commitment)	Medical devices; plant; machinery; related consultancy support(individual contractual commitment)	IM&T; telecoms systems; software; related consultancy (individual contractual commitment)	Property or equipment leases(granting or termination of leases; annual value)	External consultancy support (total contract value for duration of service)	Losses / Special Payments (Terminations approved by Exec.Director of W&OD; VERS by RATS C'ttee)	New drugs (value based on annual costs)	Locally held funds(total funding bid value)	General funds(total funding bid value)	All values	New posts (additional establishm't)	Agency and Waiting List Initiatives (all values)
WG (In advance of contract planning)	No requirement	£1m plus	£1m plus (Private sector)	£1m plus	£1m plus	£1m plus	No requirement	£1m plus	See Manual of Guidance for losses and SFIs, as special rules apply for certain losses and ex gratia payments.	No requirement	No requirement	No requirement	No requirement	No requirement	No requirement
Board following Chief Executive approval	£1m plus	£1m plus	Over £10m approved in advance, below £10m retrospectively reported. Over £1m for Private sector.	£1m plus	£1m plus	£1m plus	£0.5m plus or any which need signing under seal (Reservation of Power, Number 33)	£0.5m plus		£1m plus	No requirement	No requirement	No requirement	No requirement	No requirement
Audit Committee													Retrospective reporting		
Charitable Funds Committee (all Executives can authorise use of charitable funds up to £5k)											Over £5k (Up to £25k scrutinised by CF Advisory Group)	Over £5k (Up to £25k scrutinised by CF Advisory group)			
CEO through Executive Team	£0.5m to £1m	£0.5m to £1m	New or contract variation to £10.0m.	£0.5m to £1m	£0.5m to £1m	£0.5m to £1m	£250k to £0.5m	£250k to £0.5m	£0.5m to £1.0m	£0.5m to £1.0m	Up to £5k	Up to £5k	As escalated by DoF	Can approve new posts across LHB	No requirement
Any 2 of CEO, Director of P&P and DoF (must include DoF)		Up to £0.5m	New or contract variation to £5.0m (to £1m for Private sector).					Up to £250k		Up to £0.5m			As escalated by DoF		
Executive Director of Finance	Up to £0.5m	Up to £250k		Up to £0.5m	Up to £0.5m	Up to £0.5m	Up to £250k	Up to £100k	Up to £0.5m		Up to £5k	Up to £5k	As escalated by FD: OF	Can approve new posts within own structure.	Must approve in advance in own structure.

	Budget changes	General expenditure	Healthcare agreements	Capital (Business Case and Contractual Commitment approvals)			Specialist				Charitable Funds		Procurement waivers	Staffing	
		Any expenditure approval must be within funding limits of approved budgets. Approval limits are cumulative, and therefore higher level approval limits must be supported by lower level approvals. Executive Directors and Directors, Area Directors, and Hospital Care Directors to determine scheme of delegation within their structures.													
	Budget transfers between Corporate Departments, Area Teams or Hospital Teams(Virements)	Individual orders / requisitions / annual order value or total contract value (unless otherwise noted)	Healthcare agreements (NHS and Private sector)(annual value) (Primary Care contracts approved by Board)	Building and engineering orders; related consultancy support(individual contractual commitment)	Medical devices; plant; machinery; related consultancy support(individual contractual commitment)	IM&T; telecoms systems; software; related consultancy (individual contractual commitment)	Property or equipment leases(granting or termination of leases; annual value)	External consultancy support (total contract value for duration of service)	Losses / Special Payments (Terminations approved by Exec.Director of W&OD; VERS by RATS C'ttee)	New drugs (value based on annual costs)	Locally held funds(total funding bid value)	General funds(total funding bid value)	All values	New posts (additional establishm't)	Agency and Waiting List Initiatives (all values)
Executive Directors, Board Secretary, Director of Mental Health and Learning Disabilities (unless noted below)		Up to £250k						Up to £100k					Waivers must be approved by FD: OF and Exec.Director of Finance or Chief Executive if escalated by FD: OF	Can approve new posts within own structure.	Must approve in advance in own structure.
Executive Director of Primary Cty Care		Up to £250k						Up to £100k						Can approve new posts within own structure.	Must approve in advance in own structure.
Executive Director of Planning & Performance		Up to £250k		Up to £0.5m	Up to £0.5m		Up to £250k	Up to £100k						Can approve new posts within own structure.	Must approve in advance in own structure.
Executive Medical Director		Up to £250k				Up to £0.5m		Up to £100k						Can approve new posts within own structure.	Must approve in advance in own structure.
Executive Director of W&OD		Up to £250k						Up to £100k	Terminations up to £50k (over this to WG)					Can approve new posts within own structure.	Must approve in advance in own structure.
Executive Director of Nursing & Midwifery		Up to £250k						Up to £100k	Up to £150k					Can approve new posts within own structure.	Must approve in advance in own structure.

	Budget changes	General expenditure	Healthcare agreements	Capital			Specialist				Charitable Funds		Procurement waivers	Staffing	
		Any expenditure approval must be within funding limits of approved budgets. Approval limits are cumulative, and therefore higher level approval limits must be supported by lower level approvals. Executive Directors and Directors, Area Directors, and Hospital Care Directors to determine scheme of delegation within their structures.													
	Budget transfers between Corporate Departments, Area Teams or Hospital Teams(Virements)	Individual orders / requisitions / annual order value or total contract value (unless otherwise noted)	Healthcare agreements (NHS and Private sector)(annual value) (Primary Care contracts approved by Board)	Building and engineering orders; related consultancy support(individual contractual commitment)	Medical devices; plant; machinery; related consultancy support(individual contractual commitment)	IM&T; telecoms systems; software; related consultancy (individual contractual commitment)	Property or equipment leases(granting or termination of leases; annual value)	External consultancy support (total contract value for duration of service)	Losses / Special Payments (Terminations only approved by Exec Director of W&OD; VERS require RATS Committee)	New drugs (value based on annual costs)	Locally held funds(total funding bid value)	General funds(total funding bid value)	All values	New posts (additional establishm't)	Agency and Waiting List Initiatives (all values)
Area Directors and Director of Mental Health & Learning Disabilities		Up to £250k	New or contract variation to £1.5m		Up to £250k			Up to £100k		Up to £100k, following Med Mgt Group	Up to £5k			Can approve new posts within own team.	As escalated by Direct Reports*
Area Medical Director															Medical staff*
Area Nurse Directors															Nurse or other staff*
Secondary Care Medical Director		Up to £150k			Up to £150k			Up to £150k			Up to £5k				Medical staff*
Secondary Care Nurse Director		Up to £150k			Up to £150k			Up to £150k			Up to £5k				Nurse or other staff*
Interim Managing Directors		Up to £150k			Up to £150k			Up to £50k			Up to £5k			Can approve new posts within own team.	As escalated by Direct Reports*
Director of Estates & Facilities		Up to £150K		Up to £150K				Up to £50K			Up to £5k			Can approve new posts within own team.	As escalated by Direct Reports
Hospital: Assistant Medical Director															Medical staff*
Hospital: Assistant Nurse Director															Nurse or other staff*
Procurement (NWSSP)													All signed off by Procurement		

	Budget changes	General expenditure	Healthcare agreements	Capital			Specialist				Charitable Funds		Procurement waivers	Staffing	
		Any expenditure approval must be within funding limits of approved budgets. Approval limits are cumulative, and therefore higher level approval limits must be supported by lower level approvals. Executive Directors and Directors, Area Directors, and Hospital Care Directors to determine scheme of delegation within their structures.													
	Budget transfers between Corporate Departments, Area Teams or Hospital Teams(Virements)	Individual orders / requisitions / annual order value or total contract value (unless otherwise noted)	Healthcare agreements (NHS and Private sector)(annual value) (Primary Care contracts approved by Board)	Building and engineering orders; related consultancy support(individual contractual commitment)	Medical devices; plant; machinery; related consultancy support(individual contractual commitment)	IM&T; telecoms systems; software; related consultancy (individual contractual commitment)	Property or equipment leases(granting or termination of leases; annual value)	External consultancy support (total contract value for duration of service)	Losses / Special Payments (Terminations only approved by Exec Director of W&OD; VERS require RATS Committee)	New drugs (value based on annual costs)	Locally held funds(total funding bid value)	General funds(total funding bid value)	All values	New posts (additional establishm't)	Agency and Waiting List Initiatives (all values)
Deouty Director (Concerns)		Up to £75k							Up to £75k						
Deputy / Assistant Director Board Secretary		Up to £75k													
Assistant Director Primary Care		Up to £75k	Up to £75k		Up to £75k			Up to £75k			Up to £5k				
Assistant Director Community Hospital Services		Up to £75k	Up to £75k		Up to £75k			Up to £75k			Up to £5k				
Assistant Director Secondary Care		Up to £75k	Up to £75k		Up to £75k			Up to £75k			Up to £5k				
Head of Investigations and Redress									Up to £20k						
Claims Managers									Up to £5k						
Authorised fund holder (Charitable Funds)											Up to £5k				

	Budget changes	General expenditure	Healthcare agreements	Capital	Specialist	Charitable Funds	Procurement waivers	Staffing							
		Any expenditure approval must be within funding limits of approved budgets. Approval limits are cumulative, and therefore higher level approval limits must be supported by lower level approvals. Executive Directors and Directors, Area Directors, and Hospital Care Directors to determine scheme of delegation within their structures.													
	Budget transfers between Corporate Departments, Area Teams or Hospital Teams(Virements)	Individual orders / requisitions / annual order value or total contract value (unless otherwise noted)	Healthcare agreements (NHS and Private sector)(annual value) (Primary Care contracts approved by Board)	Building and engineering orders; related consultancy support(individual contractual commitment)	Medical devices; plant; machinery; related consultancy support(individual contractual commitment)	IM&T; telecoms systems; software; related consultancy (individual contractual commitment)	Property or equipment leases(granting or termination of leases; annual value)	External consultancy support (total contract value for duration of service)	Losses / Special Payments (Terminations only approved by Exec Director of W&OD; VERS require RATS Committee)	New drugs (value based on annual costs)	Locally held funds(total funding bid value)	General funds(total funding bid value)	All values	New posts (additional establishments)	Agency and Waiting List Initiatives (all values)
Medicines Management Group										All new drugs, unless cheaper than existing					
* Agency and Waiting List Initiatives must generally be approved in advance. However, in exceptional circumstances when staff are required out of hours, they can be approved retrospectively.															

This scheme only relates to matters delegated by the Board to the Chief Executive and Directors, together with certain other specific matters referred to in Standing Financial Instructions. Each Director is responsible for delegation within their department. They should produce an Operational Scheme of Delegation and Authorisation for matters within their department, which should also set out how departmental budget and procedures for approval of expenditure are delegated.

TABLE C: Scheme of Financial Delegation for: Estates and Facilities Division

Job title	General Expenditure	Capital (Business Cases and Contracted Commitment approvals)		Specialist
	Individual orders/requisitions/annual order value or total contract value (unless otherwise noted)	Building and engineering orders; related consultancy support (individual contractual commitment)	Medical devices; plant; machinery; related consultancy support (individual contractual commitment)	External consultancy support (total contract value for duration of service)
Executive Director of Planning and Performance	Up to £250k	Up to £0.5m	Up to £0.5m	Up to £100k
Director of Estates and Facilities	Up to £150k	Up to £150k	Up to £100k	Up to £50k
Assistant Directors – Estates and Facilities	Up to £75k	Up to £75k	Up to £25k	Up to £25k
Estates Operations Managers	Up to £25k	Up to £25k	Up to £25k	Up to £10k
Head of Hotel Services	Up to £25k	Up to £25k	Up to £25k	Up to £10k
Senior Estates Officers	Up to £5k	Up to £5k	Up to £5k	Up to £10k
Property Manager	Up to £25k	Up to £25k	Up to £25k	Up to £10k
Rev 1.1 26.04.19				

Grace Lewis-Parry.

Grace Lewis-Parry
Board Secretary
18 July 2019

SECTION 2: SCHEME OF DELEGATION TO EXECUTIVE DIRECTORS, OTHER DIRECTORS AND OFFICERS

The LHB Standing Orders and Standing Financial Instructions specify certain key responsibilities of the Chief Executive, the Executive Director of Finance and other officers. The Chief Executive's Job Description, together with their Accountable Officer Memorandum sets out their specific responsibilities, and the individual job descriptions determined for Executive Director level posts also define in detail the specific responsibilities assigned to those post holders. These documents, together with the schedule of additional delegations below and the associated financial delegations set out in the Standing Financial Instructions form the basis of the LHB's Scheme of Delegation to Officers.

Delegated Matter	Table Reference No.
STANDING ORDERS/STANDING FINANCIAL INSTRUCTIONS	1
MEETINGS	2
FINANCIAL PLANNING/BUDGETARY RESPONSIBILITY	3
BANK/PGO ACCOUNTS (EXCLUDING CHARITABLE FUND ACCOUNTS)	4
EXTERNAL BORROWING	5
NON PAY EXPENDITURE	6
STORES AND RECEIPT OF GOODS	7
CAPITAL INVESTMENT MANAGEMENT	8
QUOTATIONS, TENDERING & CONTRACT PROCEDURES	9
FIXED ASSETS	10
PERSONNEL & PAY	11
ENGAGEMENT OF STAFF (NOT ON THE ESTABLISHMENT)	12
CHARITABLE FUNDS HELD ON LHB	13
PRIMARY CARE PATIENT SERVICES/HEALTHCARE AGREEMENTS	14
INCOME SYSTEMS, FEES & CHARGES	15
DISPOSAL AND CONDEMNATIONS	16
LOSSES, WRITE-OFFS & COMPENSATION AND EX-GRATIA PAYMENTS	17
REPORTING INCIDENTS TO THE POLICE	18
FINANCIAL PROCEDURES	19
AUDIT ARRANGEMENTS	20
LEGAL PROCEEDINGS	21
INSURANCE POLICIES AND RISK MANAGEMENT	22
CLINICAL AUDIT	23
PATIENTS' PROPERTY	24
PATIENTS & RELATIVES COMPLAINTS	25
SEAL	26
GIFTS & HOSPITALITY	27
DECLARATION OF INTERESTS	28
INFORMATICS AND THE DATA PROTECTION ACT	29
RECORDS	30
AUTHORISATION OF NEW DRUGS	31
AUTHORISATION OF RESEARCH PROJECTS	32
AUTHORISATION OF CLINICAL TRIALS	33
INFECTIOUS DISEASES & NOTIFIABLE OUTBREAKS	34

Delegated Matter	Table Reference No.
REVIEW OF FIRE PRECAUTIONS	35
HEALTH & SAFETY	36
MEDICINES INSPECTORATE REGULATIONS	37
ENVIRONMENTAL REGULATIONS	38
LEGAL & RISK PAYMENTS	39
INVESTIGATION OF FRAUD/CORRUPTION OR FINANCIAL IRREGULARITIES	40
COMMERCIAL SPONSORSHIP	41
COSTS/NOTIONAL RENT/THIRD PARTY DEVELOPER/IMPROVEMENT GRANTS	42
FREEDOM OF INFORMATION	43
COMPLIANCE LEAD ROLES: CALDICOTT GUARDIAN, DPO, SIRO	44
EMERGENCY PLANNING	45
NHS ACT 2006 (WALES) SECTION 33 AGREEMENTS	46
STATUTORY COMPLIANCE WITH RESPECTIVE LEGISLATION	47
APPOINTMENT OF MEDICAL & DENTAL CONSULTANT POSTS	48
INDIVIDUAL PATIENT FUNDING REQUESTS	49
CARBON REDUCTION COMMITMENT ORDER	50
HUMAN TISSUE ACT 2004	51
IONISING RADIATION (MEDICAL EXPOSURE) REGULATIONS 2017 [IR(ME)R]	52
NURSE STAFFING LEVELS (WALES) ACT 2016	53

Schedule 1

SCHEME OF RESERVATION AND DELEGATION OF POWERS Executive Director of Nursing and Midwifery

Table A – Scheme of Delegation to Officers

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
1. Standing Orders / Standing Financial Instructions			
a) Final authority in interpretation of Standing Orders	Chair	Chair	Executive Director of Nursing & Midwifery
b) Notifying Directors, employees and agents of their responsibilities within the Standing Orders and Standing Financial Instructions and ensuring that they understand the responsibilities	Executive Director of Finance/Board Secretary	Directors	Executive Director of Nursing & Midwifery Deputy Director of Nursing & Midwifery Associate Director of Quality Assurance
c) Responsibility for the security of the LHB's property, avoiding loss, exercising economy and efficiency in using resources and conforming with Standing Orders, Financial Instructions and financial procedures	Executive Director of Finance	Directors	All Staff
d) Ensuring Standing Orders are compatible with Welsh Government requirements re building and engineering contracts	Chief Executive	Executive Director of Planning & Performance	N/A
2. Meetings			
a) Calling meetings of the LHB	Chair	Board Secretary	N/A
b) Chair all LHB Board meetings and associated responsibilities	Chair or Vice Chair in Chair's absence	Chair or Vice Chair in Chair's absence	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
3. Financial Planning/Budgetary Responsibility			
a) Setting: Submit Three Year Plan and Annual Operating Plan to the LHB Board	Chief Executive	Executive Director of Planning & Performance	N/A
Submit budgets to the LHB Board	Chief Executive	Executive Director of Finance	N/A
Submit to Board financial estimates and forecasts	Chief Executive	Executive Director of Finance	N/A
b) Implementing financial policies, plans and procedures, providing advice and co-ordinating any corrective action necessary	Executive Director of Finance	Finance Director (Operational)	N/A
c) Issuing Budgets	Executive Director of Finance	Finance Director (Operational)	N/A
d) Monitoring: Monitor performance against budget	Executive Director of Finance	Directors	Executive Director of Nursing & Midwifery Deputy Director of Nursing & Midwifery Associate Director of Quality Assurance
Submit monitoring returns	Chief Executive	Executive Director of Finance	N/A
Effective budgetary control and a balanced budget	Executive Director of Finance	Directors	Executive Director of Nursing & Midwifery Deputy Director of Nursing & Midwifery Associate Director of Quality Assurance
Preparation of annual accounts and returns	Executive Director of Finance	Executive Director of Finance	N/A
Identifying and implementing cost improvements and income generation initiatives	Executive Director of Finance	Directors	Executive Director of Nursing & Midwifery Deputy Director of Nursing & Midwifery Associate Director of Quality Assurance
e) Authorisation of Virement It is not possible for any officer other than the Executive Director of Finance to vire	Please refer to Table B – Delegated		

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
from non-recurring headings to recurring budgets <u>or</u> from capital to revenue/revenue to capital. Virement <u>between</u> different budget holders (Directors) requires the agreement of <u>both</u> parties <u>and</u> the Executive Director of Finance	Limits		
f) Maintaining an effective system of internal financial control	Chief Executive	Executive Director of Finance	N/A
g) Delivery of financial training to budget holders (Directors)	Executive Director of Finance	Finance Director (Operational)	N/A
4. Bank/PGO Accounts (Excluding Charitable Fund Accounts)			
a) Operation: Managing banking arrangements and operation of bank accounts	Executive Director of Finance	Finance Director (Operational)	N/A
Opening bank accounts	Executive Director of Finance	Finance Director (Operational)	N/A
Authorisation of transfers between LHB bank accounts	Executive Director of Finance	Finance Director (Operational)	N/A
Authorisation of: -PGO/GBS Schedules -BACS Schedules -Automated cheque schedules -Manual cheques	Executive Director of Finance	Finance Director (Operational)	N/A
b) Investments: Investment of surplus funds in accordance with the LHB's investment policy	Executive Director of Finance	Finance Director (Operational)	N/A
5. External Borrowing			
a) Advise LHB Board of the requirements to meet payment of interest and originating capital debt	Executive Director of Finance	Finance Director (Operational)	N/A
b) Application for loan(s) and overdrafts	Executive Director of Finance	Finance Director (Operational)	N/A
c) Preparation of procedural	Executive	Finance	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
instructions	Director of Finance	Director (Operational)	
6. Non Pay Expenditure			
For details of Delegated Limits please refer to Table B			
a) Completion of an Operational Scheme of Delegation and Authorisation by each Budget Holder ensuring maintenance of a list of officers authorised to place requisitions/orders (including emergency verbal orders) and record receipts within the E-Financials Business Suite.	Executive Director of Finance	Directors	Executive Director of Nursing & Midwifery
b) Obtain the best value for money when requisitioning goods/services	Executive Director of Finance	Directors	Executive Director of Nursing & Midwifery Deputy Director of Nursing & Midwifery Associate Director of Quality Assurance
c) Ensuring expenditure is within budget	Chief Executive	Directors	Executive Director of Nursing & Midwifery Deputy Director of Nursing & Midwifery Associate Director of Quality Assurance
d) Non-Pay Expenditure for which no specific budget has been set up and which is not subject to funding under delegated powers of virement	Chief Executive	Executive Director of Finance	N/A
e) Orders exceeding 12 month period	Executive Director of Finance	Finance Director (Operational)	N/A
f) Prompt payment of accounts	Executive Director of Finance	Executive Director of Finance	N/A
g) Financial Limits	Please refer to Table B – Delegated Limits		N/A
h) Maintenance of sufficient records to explain the LHB's transactions and report on the LHB's financial position	Executive Director of Finance	Executive Director of Finance	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
i) Approval of visits at a supplier's expense	Executive Director of Finance	Executive Directors	N/A
j) Provision of electronic signatures within the E-Financials Business Suite in accordance with each Budget Holder's Operational Scheme of Delegation and Authorisation	Executive Director of Finance	Finance Director (Operational)	N/A
7. Stores and Receipt of Goods			
a) Responsibility for the systems of financial control over all stores including receipt of goods and returns	Executive Director of Finance	Directors	All staff
b) Responsibility for the control of stores and receipt of goods, issues and returns: All stores (excluding pharmaceutical, fuel, oil and coal – see following)	Executive Director of Finance	Directors	All Staff
Pharmaceutical Stores	Executive Medical Director	Chief Pharmacist	N/A
Fuel, oil and coal stocks	Executive Director of Planning & Performance	Director of Estates & Facilities	N/A
c) Stocktaking arrangements	Executive Director of Finance	Directors	N/A
8. Capital Investment Management			
For details of Delegated Limits for Delegated Matter 8d, please refer to Table B – Leases. In accordance with Welsh Government guidance:			
a) Programme:			
Preparation of Capital Investment Programme	Chief Executive	Executive Director of Planning & Performance	N/A
Completion and signing off of a business case for approval	Chief Executive/ Executive	Executive Director of Planning &	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
	Director of Finance	Performance	
Appointment of Project Directors	Chief Executive	Executive Director of Planning & Performance with support from relevant Directors	N/A
Financial monitoring and reporting on all capital scheme expenditure including variations to contract	Executive Director of Planning & Performance	Executive Director of Finance/Executive Director of Planning & Performance with support from relevant Directors.	N/A
Issuing of guidance on management of capital schemes	Executive Director of Planning & Performance	Executive Director of Finance/Executive Director of Planning & Performance	N/A
b) Contracting – Selection of 3 rd party developers, architects, quantity surveyors, consultant engineers and other professional advisors within EC regulations and LHB tender procedures	Chief Executive	Executive Director of Planning & Performance	N/A
c) Private Finance – Demonstrate that the use of private finance represents best value for money and transfers risk to the private sector	Chief Executive	Executive Director of Finance	N/A
d) Leases – Granting and termination of leases	Chief Executive	Executive Director of Planning & Performance/Executive Director of Finance	N/A
e) Financial control and audit- Arrangements are in place to review building and engineering contracts and property transactions comply with Welsh Government guidance.	Chief Executive	Executive Director of Finance with Executive Director of Planning & Performance	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
		responsible for the technical audit of the contracts.	
9. Quotations, Tendering & Contract Procedures For details of Delegated Limits, please refer to Table B – Quotations/Tenders.			
a) Services:			
Best value for money is demonstrated for all services provided under contract or in-house	Chief Executive	Directors	Executive Director of Nursing & Midwifery Deputy Director of Nursing & Midwifery Associate Director of Quality Assurance
Nominate officers to oversee and manage the contract on behalf of the LHB	Chief Executive	Directors	Executive Director of Nursing & Midwifery Deputy Director of Nursing & Midwifery Associate Director of Quality Assurance
b) Quotations – Total value of the contract over its entire period:			
Seeking quotations up to £5,000 in value	Executive Director of Finance (per SFI 11.7.1)	For details of delegated limits, please refer to Table B	Executive Director of Nursing & Midwifery Deputy Director of Nursing & Midwifery Associate Director of Quality Assurance
Obtaining minimum of 3 written quotations for goods/services of value between £5,000 and £25,000	Chief Executive (per SFI 11.1.2)	For details of delegated limits. Please refer to Table B	Executive Director of Nursing & Midwifery Deputy Director of Nursing & Midwifery Associate Director of Quality Assurance
c) Competitive Tenders – Total value of the contract over its entire period:			
Obtaining a minimum of 4 written competitive tenders for goods/services of value between £25,000 and the OJEU threshold (in compliance with EC Directives as appropriate)	Chief Executive	For details of delegated limits, please refer to Table B	Executive Director of Nursing & Midwifery Deputy Director of Nursing & Midwifery Associate Director of Quality Assurance
Obtaining a minimum of 5 written competitive tenders for goods/services of a value in excess of the OJEU threshold (in	Chief Executive	For details of delegated limits, please refer to Table	Executive Director of Nursing & Midwifery Deputy Director of Nursing & Midwifery

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
compliance with EC Directives as appropriate)		B	Associate Director of Quality Assurance
Receipt and custody of tenders prior to opening	Chief Executive	Executive Director of Finance	N/A
Opening Tenders and Quotations	Chief Executive	Executive Director of Finance	N/A
Decide if late tenders should be considered	Chief Executive	Executive Director of Finance	N/A
d) Waiving the requirement to request quotes or tenders – subject to SFI Schedule 1 Para. 4.2 & 4.3 – Formally reported to the Audit Committee	Chief Executive	Chief Executive/nominated deputy (Board Secretary or Executive Director of Finance). Where the budget holder requesting the waiver is the Chief Executive/Board Secretary/Executive Director of Finance, they cannot approve their own waiver and must seek approval from one of the other two delegated officers.	N/A
10. Fixed Assets			
a) Maintenance of asset register	Chief Executive	Executive Director of Finance supported by relevant Director	Executive Director of Nursing & Midwifery
b) Calculate and pay capital charges in accordance with Welsh Government requirements	Executive Director of Finance	Executive Director of Finance	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
c) Responsibility for fixed assets – Land & Buildings	Chief Executive	Executive Director of Planning & Performance	N/A
d) Responsibility for all other fixed assets (Plant, Machinery, Transport, IT assets including software, Furniture & Fittings)	Chief Executive	Directors	All Staff
e) Responsibility for security of LHB assets including notifying discrepancies to the Director of Finance and reporting losses in accordance with LHB procedures	Chief Executive	Directors	All Staff
11. Personnel & Pay			
a) Nominate officers to enter into contracts of employment regarding staff, agency staff or consultancy service contracts in accordance with the “Policy for the Safe Recruitment and Selection Practices” together with accompanying guidance, particularly the need for pre-employment checks.	Chief Executive	Executive Director of Workforce & OD	Executive Director of Nursing & Midwifery Deputy Director of Nursing & Midwifery Associate Director of Quality Assurance
b) Approve the commencement of employment prior to all pre-employment checks being completed.	Executive Director of Workforce & OD	Executive Director of Workforce & OD	Executive Director of Nursing & Midwifery
c) Authority to fill funded post on the establishment with permanent staff.	Executive Director of Workforce & OD	Directors	Executive Director of Nursing & Midwifery Deputy Director of Nursing & Midwifery Associate Director of Quality Assurance
d) Authority to extend Locum appointments	Chief Executive	Interim Managing Directors, Mental Health Director and Area Directors for appointments over 12 months to 24 months. Executive Director of Nursing &	Executive Director of Nursing & Midwifery Deputy Director of Nursing & Midwifery Associate Director of Quality Assurance

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
		Midwifery, Executive Director of Primary & Community Care, Executive Director of Therapies & Health Sciences and Executive Director of Workforce & OD/Director of MHL for appointments over 24 months to 36 months only.	
e) The granting of additional increments to staff within budget in accordance with Terms & Conditions of Service	Executive Director of Workforce & OD	Directors with advice from Executive Director of Workforce & OD	Executive Director of Nursing & Midwifery
f) All requests for upgrading/ regrading/ major skill mix changes shall be dealt with in accordance with LHB Procedure	Executive Director of Workforce & OD	Directors with advice from Executive Director of Workforce & OD	Executive Director of Nursing & Midwifery
g) Authority to agree acting up salaries for staff other than Executive Directors (Approval of acting up salaries for interim Executive Directors to be retained by Remuneration & Terms of Service Committee)	Chief Executive to agree acting up arrangements of Band 9 and above (Excluding Executive Directors)	Directors lead for acting up salaries up to Band 8d or equivalent.	Executive Director of Nursing & Midwifery
h) Establishments:			
Additional staff to the agreed establishment with specifically allocated finance	Chief Executive	Directors with approval from Executive Director of Finance	Executive Director of Nursing & Midwifery
Additional staff to the agreed	Chief	Executive	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
establishment without specifically allocated finance.	Executive	Director of Finance	
Variation to the funded establishment	Chief Executive	Directors with approval from Executive Director of Finance	Executive Director of Nursing & Midwifery
i) Pay			
Authority to complete standing data forms effecting pay, new starters, changes and leavers	Executive Director of Workforce & OD	Directors	Executive Director of Nursing & Midwifery Deputy Director of Nursing & Midwifery Associate Director of Quality Assurance
Authority to complete and authorise timesheets and payroll returns	Executive Director of Workforce & OD	Directors	Executive Director of Nursing & Midwifery Deputy Director of Nursing & Midwifery Associate Director of Quality Assurance
Authority to authorise overtime	Executive Director of Workforce & OD	Directors	Executive Director of Nursing & Midwifery Deputy Director of Nursing & Midwifery Associate Director of Quality Assurance
Authority to authorise travel & subsistence expenses	Executive Director of Workforce & OD	Directors	Executive Director of Nursing & Midwifery Deputy Director of Nursing & Midwifery Associate Director of Quality Assurance
Maintenance of a list of managers authorised to sign payroll and travel expense documentation.	Executive Director of Workforce & OD	Directors	N/A
j) Leave			
Approval of annual leave in accordance with LHB policy	Executive Director of Workforce & OD	Executive Director of Finance	Executive Director of Nursing & Midwifery Deputy Director of Nursing & Midwifery Associate Director of Quality Assurance
Carry over of annual leave in exceptional circumstances up to a maximum of 5 days	Executive Director of Workforce & OD	Directors	Executive Director of Nursing & Midwifery Deputy Director of Nursing & Midwifery Associate Director of Quality Assurance
Compassionate leave	Executive Director of	Directors	Executive Director of Nursing & Midwifery

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
	Workforce & OD		Deputy Director of Nursing & Midwifery Associate Director of Quality Assurance
Special leave arrangements (to be applied in accordance with All Wales Policy)	Executive Director of Workforce & OD	Directors	Executive Director of Nursing & Midwifery Deputy Director of Nursing & Midwifery Associate Director of Quality Assurance
Leave without pay	Executive Director of Workforce & OD	Directors	Executive Director of Nursing & Midwifery Deputy Director of Nursing & Midwifery Associate Director of Quality Assurance
Medical Staff Leave of Absence – paid and unpaid	Executive Director of Workforce & OD	Directors	N/A
Consultants Special Leave	Executive Medical Director	Directors	N/A
Time off in lieu	Executive Director of Workforce and OD	Directors	Executive Director of Nursing & Midwifery Deputy Director of Nursing & Midwifery Associate Director of Quality Assurance
Maternity / Paternity Leave – paid and unpaid	Executive Director of Workforce & OD	Directors	Executive Director of Nursing & Midwifery Deputy Director of Nursing & Midwifery Associate Director of Quality Assurance
k) Annualised hours/flexible working hours system- maintenance of adequate records	Executive Director of Workforce & OD	Directors	Executive Director of Nursing & Midwifery Deputy Director of Nursing & Midwifery Associate Director of Quality Assurance
l) Sick Leave			
Extension of sick leave on half pay up to three months	Executive Director of Workforce & OD	Directors in conjunction with Executive Director of Workforce & OD	Executive Director of Nursing & Midwifery
Return to work part-time on full pay to assist recovery	Executive Director of Workforce & OD	Directors in conjunction with Executive Director of	Executive Director of Nursing & Midwifery

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
		Workforce & OD	
Extension of sick leave on full pay	Executive Director of Workforce & OD	Directors in conjunction with Executive Director of Workforce & OD	Executive Director of Nursing & Midwifery
m) Study Leave			
Study leave outside the UK (non-medical staff excluding clinical staff)	Executive Director of Workforce & OD	Directors	Executive Director of Nursing & Midwifery
Medical staff study leave (UK)	Executive Medical Director/Executive Director of Workforce & OD/ Executive Director of Primary & Community Care	Directors	N/A
Consultant Medical Staff Leave (UK)	Executive Medical Director	Directors	N/A
All Medical and non-Medical Clinical Staff study leave outside the UK	Executive Medical Director/Executive Director of Nursing & Midwifery/ Executive Director of Therapies & Health Science/Executive Director of Primary & Community Care	Directors	Executive Director of Nursing & Midwifery
All other study leave (UK)	Executive Director of Workforce	Directors	Executive Director of Nursing & Midwifery

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
	& OD		
n) Removal Expenses			
Authorisation of payment of removal expenses incurred by officers taking up new appointments (providing consideration was promised at interview)	Executive Director of Workforce & OD	Directors in accordance with BCU HB policy/approval from the Executive Director of Workforce & OD	Executive Director of Nursing & Midwifery
o) Grievance Procedure	Executive Director of Workforce & OD	Directors	Executive Director of Nursing & Midwifery Deputy Director of Nursing & Midwifery Associate Director of Quality Assurance
p) Professional Misconduct/Competence-Medical and Dental Staff	Executive Medical Director/Executive Director of Workforce & OD	Assistant Medical Directors supported by Workforce & OD	N/A
q) Suspension of Doctors employed directly by the LHB	Chief Executive	Executive Medical Director supported by Executive Director of Workforce & OD	N/A
r) Removal of Practitioner from the Performers List	Chief Executive	Executive Medical Director supported by Executive Director of Workforce & OD and Executive Director of Primary & Community Care	N/A
s) Requests for new posts to be authorised as car users	Executive Director of Finance	Directors	Executive Director of Nursing & Midwifery Deputy Director of

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
			Nursing & Midwifery Associate Director of Quality Assurance
t) Renewal of Fixed Term Contract	Executive Director of Workforce & OD	Directors	Executive Director of Nursing & Midwifery Deputy Director of Nursing & Midwifery Associate Director of Quality Assurance
u) Voluntary Early Release Scheme	Executive Director of Workforce & OD	Executive Director of Workforce & OD, with Executive Director of Finance for sign off of financial viability	Executive Director of Nursing & Midwifery
v) Settlement on termination of employment	Executive Director of Workforce & OD	Executive Director of Workforce & OD with approval from Welsh Government where the payment is Ex-gratia and exceeds the delegated limit of £50,000	Executive Director of Nursing & Midwifery
w) Ill Health Retirement Decision to pursue retirement on the grounds of ill-health following advice from Workforce & OD Department	Executive Director of Workforce & OD	Executive Director of Workforce & OD	N/A
x) Disciplinary Procedure(excluding Executive Directors)	Executive Director of Workforce & OD	Directors	Executive Director of Nursing & Midwifery Deputy Director of Nursing & Midwifery Associate Director of Quality Assurance
12. Engagement of Staff Not On the Establishment			
For details of Delegated Limits, please refer to Table B			

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
a) Non clinical Consultancy Staff	Executive Director of Finance	Director accountable for relevant service	Executive Director of Nursing & Midwifery
b) Medical Locum staff	Executive Medical Director	Director accountable for relevant service.	N/A
c) Booking of Agency Nursing Staff	Executive Director of Nursing & Midwifery	Director accountable for relevant service	N/A
d) Booking of Bank Staff:			
Nursing	Executive Director of Nursing & Midwifery	Director accountable for relevant service	Executive Director of Nursing & Midwifery
Other	Executive Director of Workforce & OD	Director accountable for relevant service	Executive Director of Nursing & Midwifery Deputy Director of Nursing & Midwifery Associate Director of Quality Assurance
13. Charitable Funds Held on Trust			
For details of Delegated Limits, Please refer to Table B			
a) Management: Funds held on Trust are managed appropriately	Executive Director of Finance	Directors	Executive Director of Nursing & Midwifery Deputy Director of Nursing & Midwifery Associate Director of Quality Assurance
b) Maintenance of authorised signatory list of Authorised Fund Holders	Executive Director of Finance	Executive Director of Finance	N/A
c) Expenditure	Refer to Table B - Delegated Limits		
d) Fundraising Appeals – Preparation/Monitoring/Reporting progress and performance	Executive Director of Finance	Executive Director of Finance	N/A
e) Operation of Bank Accounts:			
Managing banking arrangements	Executive	Executive	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
and operation of bank accounts	Director of Finance in conjunction with Corporate Trustees	Director of Finance	
Opening bank accounts	Board	Executive Director of Finance	N/A
f) Investments – Policy and Arrangements	Executive Director of Finance in conjunction with Corporate Trustees	Executive Director of Finance	N/A
g) Authority to accept the discharge of a donor's estate	Executive Director of Finance	Executive Director of Finance	N/A
14. Primary Care Patient Services/ Healthcare Agreements For details of Delegated Limits, please refer to Table B – Healthcare Agreements			
a) Contract negotiation and provision of service agreements	Executive Director of Finance / Executive Director of Primary & Community Care	Executive Director of Planning & Performance	N/A
b) Reporting actual and forecast contract income	Executive Director of Finance	Executive Director of Finance	N/A
c) Pricing of all contracts and SLAs	Executive Director of Finance	Executive Director of Finance with relevant Director	Executive Director of Nursing & Midwifery
d) Signing agreements	Chief Executive	Chief Executive or Executive Director of Finance in Chief	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
		Executive's absence/Executive Director of Primary & Community Care for all primary care related agreements	
15. Income Systems, Fees and Charges			
a) Private Patients, Overseas Visitors, Income Generation and other patient related services	Executive Director of Finance	Executive Director of Finance	N/A
b) Pricing of NHS agreements	Executive Director of Finance	Assistant Directors of Finance	N/A
c) Informing the Director of Finance of monies due to the LHB	Executive Director of Finance	Directors	Executive Director of Nursing & Midwifery Deputy Director of Nursing & Midwifery Associate Director of Quality Assurance
d) Recovery of debt	Executive Director of Finance	Executive Director of Finance	N/A
e) Security of cash and other negotiable instruments	Executive Director of Finance	Executive Director of Finance and all Directors	N/A
f) Designing, maintaining and ensuring compliance with systems for the proper recording, invoicing, collection and coding of all monies due	Executive Director of Finance	Director of Finance (Operational)	N/A
g) Non patient care income	Executive Director of Finance	Executive Director of Finance	N/A
16. Disposal and Condemnations			
Disposal of all property and land require formal approval by the Cabinet Secretary for Health, Well-Being & Sport			
a) Issuing procedure for the disposal	Executive	Executive	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
of assets obsolete, obsolescent, redundant, irreparable or cannot be repaired cost effectively	Director of Finance	Director of Finance/Executive Director of Planning & Performance	
b) Notification to Director of Finance prior to disposal	Executive Director of Finance	Directors	Executive Director of Nursing & Midwifery Deputy Director of Nursing & Midwifery Associate Director of Quality Assurance
17. Losses, Write-offs & Compensation			
a) Prepare procedures for recording and accounting for losses and special payments including preparation of a fraud response plan and informing Counter Fraud Operational Services of frauds.	Chief Executive	Executive Director of Finance	N/A
b) Losses of cash due to theft, fraud, overpayment of salaries, fees, allowances & other causes up to £50,000	Chief Executive	Executive Director of Finance	N/A
c) Fruitless payments (including abandoned Capital Schemes) up to £250,000	Chief Executive	Executive Director of Finance	N/A
d) Bad debts and claims abandoned: Private patients; overseas visitors & other cases up to £50,000	Chief Executive	Executive Director of Finance	N/A
e) Damage to buildings, their fittings, furniture and equipment and loss of equipment and property in stores and in use due to: Culpable causes (e.g. fraud, theft, arson) or other up to £50,000	Chief Executive	Executive Director of Finance	N/A
f) For personal and public liability claims, under the Legal & Risk scheme, authorisation from Legal & Risk is required before admissions may be made and monetary compensation offered. (Ex-gratia settlements offered by the LHB are by definition not payments based upon legal liability and are, therefore, not reimbursable under the WRP	Chief Executive	Executive Director of Nursing & Midwifery supported by the relevant Director after seeking appropriate legal advice, up to a max	Executive Director of Nursing & Midwifery

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
scheme)		£150,000	
g) Compensation payments made under legal obligation:	Chief Executive	Chief Executive, Executive Director of Finance or Executive Director of Nursing & Midwifery	Executive Director of Nursing & Midwifery
h) Extra contractual payments to contractors – Up to £50,000 as specified within the Losses and Special Payments Manual of Guidance	Chief Executive	Executive Director of Finance with reporting to the Audit Committee	N/A
17.1 Ex-Gratia Payments:			
a) Patients and staff for loss of personal effects up to £50,000	Chief Executive	Executive Director of Finance- Refer to Finance Policy on Losses and Special Payments	N/A
b) For clinical negligence up to £250,000 (negotiated settlements)*. Report to Board > £50,000 (see also table B para.15)	Chief Executive	Executive Director of Finance/Executive Director of Nursing & Midwifery	Executive Director of Nursing & Midwifery
c) For clinical negligence over £250,000 and up to £1,000,000* (negotiated settlements). Report to Board > £50,000 (see also table B para.15)	Chair	Chief Executive/ Executive Director of Finance/Executive Director of Nursing & Midwifery	Executive Director of Nursing & Midwifery
d) For personal injury claims involving negligence where legal advice has been obtained and guidance applied up to £250,000 (including plaintiff's costs) Report to Board > £50,000	Chief Executive	Chief Executive/ Executive Director of Finance/Executive Director of Workforce & OD/ Executive Director of Nursing &	Executive Director of Nursing & Midwifery

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
		Midwifery	
e) For personal injury claims involving negligence where legal advice has been obtained and guidance applied up to £1,000,000 Report to Board > £50,000*	Board	Chief Executive/Executive Director of Finance/Executive Director of Nursing & Midwifery	Executive Director of Nursing & Midwifery
f) Other, except cases for maladministration where there was no financial loss by claimant, up to £50,000	Chief Executive	Executive Director of Finance/Executive Director of Nursing & Midwifery	Executive Director of Nursing & Midwifery
* For all clinical negligence and personal injury cases(including Court cases) the use of structured settlements should be considered involving costs to the NHS of £250,000 or more – All structured settlements require approval from the Welsh Government			
18. Reporting of Incidents to the Police			
a) Where a criminal offence is suspected			
Criminal offence of a sexual or violent nature	Chief Executive	Executive Director of Workforce & OD	Executive Director of Nursing & Midwifery Deputy Director of Nursing & Midwifery Associate Director of Quality Assurance
Arson or theft	Executive Director of Planning & Performance	Director of Estates & Facilities	Executive Director of Nursing & Midwifery Deputy Director of Nursing & Midwifery Associate Director of Quality Assurance
Other	Executive Director of Planning & Performance	Director of Estates & Facilities	Executive Director of Nursing & Midwifery Deputy Director of Nursing & Midwifery Associate Director of Quality Assurance
19. Financial Procedures			
a) Maintenance & Update of LHB Financial Procedures	Executive Director of Finance	Executive Director of Finance	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
20. Audit Arrangements			
a) Review, appraise and support in accordance with Internal Audit standards for NHS Wales and best practice	Chair of the Audit Committee	Board Secretary/Head of Internal Audit	N/A
b) Provide an independent and objective view on internal control and probity	Chief Executive	Head of Internal Audit/Wales Audit Office	N/A
c) Ensure Cost-effective external audit	Chair of Audit Committee	Executive Director of Finance	N/A
d) Ensure an adequate internal audit service	Chief Executive	Board Secretary	N/A
e) Implement recommendations	Chief Executive	All relevant Directors	Executive Director of Nursing & Midwifery Deputy Director of Nursing & Midwifery Associate Director of Quality Assurance
21. Legal Proceedings			
a) Engagement of LHB's Solicitors	Chief Executive	Board Secretary for all Board related matters/Executive Director of Workforce & OD for all employment related matters/Executive Director of Planning & Performance for all estate related matters/Executive Director of Primary & Community Care for all Primary Care related matters.	Executive Director of Nursing & Midwifery Deputy Director of Nursing & Midwifery Associate Director of Quality Assurance
b) Approve and sign all documents	Chief	Any Director of	Executive Director of

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
which will be necessary in legal proceedings	Executive	the Board or an officer formally nominated by the Chief Executive	Nursing & Midwifery
c) Sign on behalf of the LHB any agreement or document not requested to be executed as a deed	Chief Executive	Any Director of the Board or an officer formally nominated by the Chief Executive	Executive Director of Nursing & Midwifery
22. Insurance Policies and Risk Management	Chief Executive	Executive Director of Finance/Board Secretary	N/A
23. Clinical Audit	Chief Executive	Executive Director of Therapies & Health Science	Executive Director of Nursing & Midwifery Deputy Director of Nursing & Midwifery Associate Director of Quality Assurance
24. Patients' Property (in conjunction with financial advice)			
For details of Delegated Limits, please refer to Table B – Petty Cash/Patients Monies			
a) Ensuring patients and guardians are informed about patients' monies and property procedures on admission	Executive Director of Nursing & Midwifery	Directors	Executive Director of Nursing & Midwifery
b) Prepare detailed written instructions for the administration of patients' property	Executive Director of Nursing & Midwifery	Executive Director of Finance	Executive Director of Nursing & Midwifery
c) Informing staff of their duties in respect of patients' property	Executive Director of Nursing & Midwifery	Directors	Executive Director of Nursing & Midwifery
d) Issuing property valued >£5,000 only on production of a probate letter of administration	Executive Director of Finance	Executive Director of Finance	N/A
25. Patients & Relatives Complaints			

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
a) Overall responsibility for ensuring that all complaints are dealt with effectively	Chief Executive	Executive Director of Nursing & Midwifery	Executive Director of Nursing & Midwifery
b) Responsibility for ensuring complaints are investigated thoroughly	Chief Executive	Executive Director of Nursing & Midwifery	Executive Director of Nursing & Midwifery
c) Medical – Legal Complaints Co-ordination of their management	Chief Executive	Executive Director of Nursing & Midwifery	Executive Director of Nursing & Midwifery
26. Seal			
a) The keeping of a register of seal and safekeeping of the seal	Chief Executive	Board Secretary	N/A
b) Attestation of seal in accordance with Standing Orders	Chief Executive/ Chair	Board Secretary	N/A
27. Gifts and Hospitality			
a) Keeping of gifts and hospitality register	Chief Executive	Board Secretary	N/A
28. Declaration of Interests			
a) Maintaining a register	Chief Executive	Board Secretary	N/A
29. Informatics and the Data Protection Act			
a) Review of LHB's compliance with the Data Protection Act	Chief Executive	Board Secretary	N/A
b) Responsibility for Informatics policy and strategy	Executive Medical Director	Chief Information Officer	N/A
c) Responsibility for ensuring that adequate management (audit) trails exist in Informatics systems	Executive Medical Director	Chief Information Officer	N/A
30. Records			
a) Review LHB's compliance with the Retention of Records Act and guidance	Chief Executive	Board Secretary / Executive Medical Director	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
b) Approval for the destruction of records	Chief Executive	Board Secretary / Executive Medical Director	N/A
c) Ensuring the form and adequacy of the financial records of all departments	Executive Director of Finance	Executive Director of Finance	N/A
31. Authorisation of New Drugs	Chief Executive	Executive Medical Director on the advice of the appropriate professional bodies	N/A
32. Authorisation of Research Projects	Executive Medical Director	Director of Research & Development	N/A
33. Authorisation of Clinical Trials	Chief Executive	Executive Medical Director	N/A
34. Infectious Diseases & Notifiable Outbreaks	Chief Executive	Executive Director of Public Health	N/A
35. Review of Fire Precautions	Chief Executive	Executive Director of Planning & Performance	N/A
36. Health & Safety			
Review of all statutory compliance legislation and Health and Safety requirements including control of Substances Hazardous to Health Regulations	Chief Executive	Executive Director of Workforce & OD	N/A
37. Medicines Inspectorate Regulations			

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
Review Regulations Compliance	Chief Executive	Executive Medical Director supported by Chief Pharmacist	N/A
38. Environmental Regulations			
Review of compliance with environmental regulations, for example those relating to clean air and waste disposal	Chief Executive	Executive Director of Planning & Performance	N/A
39. Legal & Risk Payments	Chief Executive	Executive Director of Nursing & Midwifery/Executive Director of Finance	N/A
40. Investigation of Fraud/Corruption or Financial Irregularities	Executive Director of Finance	Lead Local Counter Fraud Specialist	N/A
41. Commercial Sponsorship			
Agreement to proposal in accordance with BCU HB procedures	Chief Executive	Executive Director of Finance	N/A
42. Cost/Notional Rent/Third Party Developer/Improvement Grants			
Approval of all schedules of payments	Chief Executive	Executive Director of Primary & Community Care	N/A
Submission to Welsh Government for all new GP premises or major extensions in accordance with BCU HB Primary Care Estates Strategy	Chief Executive	Executive Director of Primary & Community Care	N/A
43. Freedom of Information	Chief Executive	Board Secretary	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
44. Compliance Lead Roles: a) Caldicott Guardian b) Data Protection Officer c) Senior Information Risk Owner	Executive Medical Director Chief Executive Chief Executive	Senior Associate Medical Director Assistant Director of Information Governance and Assurance Board Secretary	N/A
45. Emergency Planning & Major Incidents – Civil Contingencies Act (Category 1 Responder)	Chief Executive	Executive Director of Planning & Performance	N/A
46. National Health Services (Wales) Act 2006 Section 33 Agreements: Arrangements between NHS Bodies and Local Authorities	Chief Executive	Executive Director of Finance	N/A
47. Statutory compliance with respective Legislation	Chief Executive	Board Secretary	N/A
48. National Health Service (Appointment of Consultants) (Wales) (Amendment) Regulations 2005 (Statutory Instrument 2005: 3039) Appointment of all Medical and Dental Consultant posts. Consultant posts within Public Health that are open to both medically qualified and those qualified in other disciplines other than medicine should follow this process, even though they fall outside of the requirements of the Statutory Instrument.	Chief Executive	Board level directors	N/A
49. All Wales Policy: Making Decisions on Individual Patient Funding Requests (IPFR)	Chief Executive	WHSSC IPFR Panel £300,000 to £1,000,000; Chief Executive up to £299,999; Chair and Vice	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
		Chair of Health Board IPFR Panel together sign up to £125,000	
* The IPFR Panel cannot make policy decisions for the health board. Any policy proposals arising from their considerations and decisions must be reported to the Health Board Quality, Safety & Experience Committee			
50. Carbon Reduction Commitment Order (Phase 2) Agency Registration	Chief Executive	Executive Director of Planning and Performance	N/A
51. Human Tissue Act 20014	Chief Executive	Executive Director of Therapies & Health Sciences	N/A
52. Ionising Radiation (Medical Exposure) Regulations 2017	Chief Executive	Executive Director of Therapies & Health Sciences	N/A
53. Nurse Staffing Levels Act (Wales) 2016	Chief Executive	Executive Director of Nursing & Midwifery	Executive Director of Nursing & Midwifery Deputy Director of Nursing & Midwifery Associate Director of Quality Assurance

Table B – Scheme of Financial Delegation

Financial Limits are subject to funding available within relevant budget(s) and are inclusive of VAT irrespective of recovery arrangements.

All purchases must ensure compliance with Standing Financial Instruction Schedule 1 -

Procurement of Works, Goods and Services with regard to the required quotation or Tendering exercise.

	Budget changes	General expenditure	Healthcare agreements	Capital (Business Case and Contractual Commitment approvals)			Specialist				Charitable Funds		Procurement waivers	Staffing	
		Any expenditure approval must be within funding limits of approved budgets. Approval limits are cumulative, and therefore higher level approval limits must be supported by lower level approvals. Executive Directors and Directors, Area Directors, and Hospital Care Directors to determine scheme of delegation within their structures.													
	Budget transfers between Corporate Departments, Area Teams or Hospital Teams(Virements)	Individual orders / requisitions / annual order value or total contract value (unless otherwise noted)	Healthcare agreements (NHS and Private sector)(annual value) (Primary Care contracts approved by Board)	Building and engineering orders; related consultancy support(individual contractual commitment)	Medical devices; plant; machinery; related consultancy support(individual contractual commitment)	IM&T; telecoms systems; software; related consultancy (individual contractual commitment)	Property or equipment leases(granting or termination of leases; annual value)	External consultancy support (total contract value for duration of service)	Losses / Special Payments (Terminations approved by Exec.Director of W&OD; VERS by RATS C'ttee)	New drugs (value based on annual costs)	Locally held funds(total funding bid value)	General funds(total funding bid value)	All values	New posts (additional establishm't)	Agency and Waiting List Initiatives (all values)
WG (In advance of contract planning)	No requirement	£1m plus	£1m plus (Private sector)	£1m plus	£1m plus	£1m plus	No requirement	£1m plus	See Manual of Guidance for losses and SFIs, as special rules apply for certain losses and ex gratia payments.	No requirement	No requirement	No requirement	No requirement	No requirement	No requirement
Board following Chief Executive approval	£1m plus	£1m plus	Over £10m approved in advance, below £10m retrospectively reported. Over £1m for Private sector.	£1m plus	£1m plus	£1m plus	£0.5m plus or any which need signing under seal (Reservation of Power, Number 33)	£0.5m plus		£1m plus	No requirement	No requirement	No requirement	No requirement	No requirement
Audit Committee													Retrospective reporting		
Charitable Funds Committee (all Executives can authorise use of charitable funds up to £5k)											Over £5k (Up to £25k scrutinised by CF Advisory Group)	Over £5k (Up to £25k scrutinised by CF Advisory group)			
CEO through Executive Team	£0.5m to £1m	£0.5m to £1m	New or contract variation to £10.0m.	£0.5m to £1m	£0.5m to £1m	£0.5m to £1m	£250k to £0.5m	£250k to £0.5m	£0.5m to £1.0m	£0.5m to £1.0m	Up to £5k	Up to £5k	As escalated by DoF	Can approve new posts across LHB	No requirement
Any 2 of CEO, Director of P&P and DoF (must include DoF)		Up to £0.5m	New or contract variation to £5.0m (to £1m for Private sector).					Up to £250k		Up to £0.5m			As escalated by DoF		
Executive Director of Finance	Up to £0.5m	Up to £250k		Up to £0.5m	Up to £0.5m	Up to £0.5m	Up to £250k	Up to £100k	Up to £0.5m		Up to £5k	Up to £5k	As escalated by FD: OF	Can approve new posts within own structure.	Must approve in advance in own structure.

	Budget changes	General expenditure	Healthcare agreements	Capital (Business Case and Contractual Commitment approvals)			Specialist				Charitable Funds		Procurement waivers	Staffing	
		Any expenditure approval must be within funding limits of approved budgets. Approval limits are cumulative, and therefore higher level approval limits must be supported by lower level approvals. Executive Directors and Directors, Area Directors, and Hospital Care Directors to determine scheme of delegation within their structures.													
	Budget transfers between Corporate Departments, Area Teams or Hospital Teams(Virements)	Individual orders / requisitions / annual order value or total contract value (unless otherwise noted)	Healthcare agreements (NHS and Private sector)(annual value) (Primary Care contracts approved by Board)	Building and engineering orders; related consultancy support(individual contractual commitment)	Medical devices; plant; machinery; related consultancy support(individual contractual commitment)	IM&T; telecoms systems; software; related consultancy (individual contractual commitment)	Property or equipment leases(granting or termination of leases; annual value)	External consultancy support (total contract value for duration of service)	Losses / Special Payments (Terminations approved by Exec.Director of W&OD; VERS by RATS C'ttee)	New drugs (value based on annual costs)	Locally held funds(total funding bid value)	General funds(total funding bid value)	All values	New posts (additional establishm't)	Agency and Waiting List Initiatives (all values)
Executive Directors, Board Secretary, Director of Mental Health and Learning Disabilities (unless noted below)		Up to £250k						Up to £100k					Waivers must be approved by FD: OF and Exec.Director of Finance or Chief Executive if escalated by FD: OF	Can approve new posts within own structure.	Must approve in advance in own structure.
Executive Director of Primary Cty Care		Up to £250k						Up to £100k						Can approve new posts within own structure.	Must approve in advance in own structure.
Executive Director of Planning & Performance		Up to £250k		Up to £0.5m	Up to £0.5m		Up to £250k	Up to £100k						Can approve new posts within own structure.	Must approve in advance in own structure.
Executive Medical Director		Up to £250k				Up to £0.5m		Up to £100k						Can approve new posts within own structure.	Must approve in advance in own structure.
Executive Director of W&OD		Up to £250k						Up to £100k	Terminations up to £50k (over this to WG)					Can approve new posts within own structure.	Must approve in advance in own structure.
Executive Director of Nursing & Midwifery		Up to £250k						Up to £100k	Up to £150k					Can approve new posts within own structure.	Must approve in advance in own structure.

	Budget changes	General expenditure	Healthcare agreements	Capital			Specialist				Charitable Funds		Procurement waivers	Staffing	
		Any expenditure approval must be within funding limits of approved budgets. Approval limits are cumulative, and therefore higher level approval limits must be supported by lower level approvals. Executive Directors and Directors, Area Directors, and Hospital Care Directors to determine scheme of delegation within their structures.													
	Budget transfers between Corporate Departments, Area Teams or Hospital Teams(Virements)	Individual orders / requisitions / annual order value or total contract value (unless otherwise noted)	Healthcare agreements (NHS and Private sector)(annual value) (Primary Care contracts approved by Board)	Building and engineering orders; related consultancy support(individual contractual commitment)	Medical devices; plant; machinery; related consultancy support(individual contractual commitment)	IM&T; telecoms systems; software; related consultancy (individual contractual commitment)	Property or equipment leases(granting or termination of leases; annual value)	External consultancy support (total contract value for duration of service)	Losses / Special Payments (Terminations only approved by Exec Director of W&OD; VERS require RATS Committee)	New drugs (value based on annual costs)	Locally held funds(total funding bid value)	General funds(total funding bid value)	All values	New posts (additional establishm't)	Agency and Waiting List Initiatives (all values)
Area Directors and Director of Mental Health & Learning Disabilities		Up to £250k	New or contract variation to £1.5m		Up to £250k			Up to £100k		Up to £100k, following Med Mgt Group	Up to £5k			Can approve new posts within own team.	As escalated by Direct Reports*
Area Medical Director															Medical staff*
Area Nurse Directors															Nurse or other staff*
Secondary Care Medical Director		Up to £150k			Up to £150k			Up to £150k			Up to £5k				Medical staff*
Secondary Care Nurse Director		Up to £150k			Up to £150k			Up to £150k			Up to £5k				Nurse or other staff*
Interim Managing Directors		Up to £150k			Up to £150k			Up to £50k			Up to £5k			Can approve new posts within own team.	As escalated by Direct Reports*
Director of Estates & Facilities		Up to £150K		Up to £150K	Up to £150K			Up to £50K							
Hospital: Assistant Medical Director															Medical staff*
Hospital: Assistant Nurse Director															Nurse or other staff*
Procurement (NWSSP)													All signed off by Procurement		

	Budget changes	General expenditure	Healthcare agreements	Capital			Specialist				Charitable Funds		Procurement waivers	Staffing	
		Any expenditure approval must be within funding limits of approved budgets. Approval limits are cumulative, and therefore higher level approval limits must be supported by lower level approvals. Executive Directors and Directors, Area Directors, and Hospital Care Directors to determine scheme of delegation within their structures.													
	Budget transfers between Corporate Departments, Area Teams or Hospital Teams(Virements)	Individual orders / requisitions / annual order value or total contract value (unless otherwise noted)	Healthcare agreements (NHS and Private sector)(annual value) (Primary Care contracts approved by Board)	Building and engineering orders; related consultancy support(individual contractual commitment)	Medical devices; plant; machinery; related consultancy support(individual contractual commitment)	IM&T; telecoms systems; software; related consultancy (individual contractual commitment)	Property or equipment leases(granting or termination of leases; annual value)	External consultancy support (total contract value for duration of service)	Losses / Special Payments (Terminations only approved by Exec Director of W&OD; VERS require RATS Committee)	New drugs (value based on annual costs)	Locally held funds(total funding bid value)	General funds(total funding bid value)	All values	New posts (additional establishm't)	Agency and Waiting List Initiatives (all values)
Deouty Director (Concerns)		Up to £75k							Up to £75k						
Deputy / Assistant Director Board Secretary		Up to £75k													
Assistant Director Primary Care		Up to £75k	Up to £75k		Up to £75k			Up to £75k			Up to £5k				
Assistant Director Community Hospital Services		Up to £75k	Up to £75k		Up to £75k			Up to £75k			Up to £5k				
Assistant Director Secondary Care		Up to £75k	Up to £75k		Up to £75k			Up to £75k			Up to £5k				
Head of Investigations and Redress									Up to £20k						
Claims Managers									Up to £5k						
Authorised fund holder (Charitable Funds)											Up to £5k				

	Budget changes	General expenditure	Healthcare agreements	Capital			Specialist			Charitable Funds		Procurement waivers	Staffing		
		Any expenditure approval must be within funding limits of approved budgets. Approval limits are cumulative, and therefore higher level approval limits must be supported by lower level approvals. Executive Directors and Directors, Area Directors, and Hospital Care Directors to determine scheme of delegation within their structures.													
	Budget transfers between Corporate Departments, Area Teams or Hospital Teams(Virements)	Individual orders / requisitions / annual order value or total contract value (unless otherwise noted)	Healthcare agreements (NHS and Private sector)(annual value) (Primary Care contracts approved by Board)	Building and engineering orders; related consultancy support(individual contractual commitment)	Medical devices; plant; machinery; related consultancy support(individual contractual commitment)	IM&T; telecoms systems; software; related consultancy (individual contractual commitment)	Property or equipment leases(granting or termination of leases; annual value)	External consultancy support (total contract value for duration of service)	Losses / Special Payments (Terminations only approved by Exec Director of W&OD; VERS require RATS Committee)	New drugs (value based on annual costs)	Locally held funds(total funding bid value)	General funds(total funding bid value)	All values	New posts (additional establishments)	Agency and Waiting List Initiatives (all values)
Medicines Management Group										All new drugs, unless cheaper than existing					
* Agency and Waiting List Initiatives must generally be approved in advance. However, in exceptional circumstances when staff are required out of hours, they can be approved retrospectively.															

This scheme only relates to matters delegated by the Board to the Chief Executive and Directors, together with certain other specific matters referred to in Standing Financial Instructions. Each Director is responsible for delegation within their department. They should produce an Operational Scheme of Delegation and Authorisation for matters within their department, which should also set out how departmental budget and procedures for approval of expenditure are delegated.

Executive Director of Nursing and Midwifery Updated Operational SoRD 2019 v0.01 Draft

Grace Lewis-Parry

Grace Lewis-Parry

Board Secretary

18 July 2019

OFFICE OF THE BOARD SECRETARY 2019

SECTION 2: SCHEME OF DELEGATION TO EXECUTIVE DIRECTORS,
OTHER DIRECTORS AND OFFICERS

The LHB Standing Orders and Standing Financial Instructions specify certain key responsibilities of the Chief Executive, the Executive Director of Finance and other officers. The Chief Executive's Job Description, together with their Accountable Officer Memorandum sets out their specific responsibilities, and the individual job descriptions determined for Executive Director level posts also define in detail the specific responsibilities assigned to those post holders. These documents, together with the schedule of additional delegations below and the associated financial delegations set out in the Standing Financial Instructions form the basis of the LHB's Scheme of Delegation to Officers.

Delegated Matter	Table Reference No.
STANDING ORDERS/STANDING FINANCIAL INSTRUCTIONS	1
MEETINGS	2
FINANCIAL PLANNING/BUDGETARY RESPONSIBILITY	3
BANK/PGO ACCOUNTS (EXCLUDING CHARITABLE FUND ACCOUNTS)	4
EXTERNAL BORROWING	5
NON PAY EXPENDITURE	6
STORES AND RECEIPT OF GOODS	7
CAPITAL INVESTMENT MANAGEMENT	8
QUOTATIONS, TENDERING & CONTRACT PROCEDURES	9
FIXED ASSETS	10
PERSONNEL & PAY	11
ENGAGEMENT OF STAFF (NOT ON THE ESTABLISHMENT)	12
CHARITABLE FUNDS HELD ON LHB	13
PRIMARY CARE PATIENT SERVICES/HEALTHCARE AGREEMENTS	14
INCOME SYSTEMS, FEES & CHARGES	15
DISPOSAL AND CONDEMNATIONS	16
LOSSES, WRITE-OFFS & COMPENSATION AND EX-GRATIA PAYMENTS	17
REPORTING INCIDENTS TO THE POLICE	18
FINANCIAL PROCEDURES	19
AUDIT ARRANGEMENTS	20
LEGAL PROCEEDINGS	21
INSURANCE POLICIES AND RISK MANAGEMENT	22
CLINICAL AUDIT	23
PATIENTS' PROPERTY	24
PATIENTS & RELATIVES COMPLAINTS	25
SEAL	26
GIFTS & HOSPITALITY	27
DECLARATION OF INTERESTS	28
INFORMATICS AND THE DATA PROTECTION ACT	29
RECORDS	30
AUTHORISATION OF NEW DRUGS	31
AUTHORISATION OF RESEARCH PROJECTS	32
AUTHORISATION OF CLINICAL TRIALS	33
INFECTIOUS DISEASES & NOTIFIABLE OUTBREAKS	34

Delegated Matter	Table Reference No.
REVIEW OF FIRE PRECAUTIONS	35
HEALTH & SAFETY	36
MEDICINES INSPECTORATE REGULATIONS	37
ENVIRONMENTAL REGULATIONS	38
LEGAL & RISK PAYMENTS	39
INVESTIGATION OF FRAUD/CORRUPTION OR FINANCIAL IRREGULARITIES	40
COMMERCIAL SPONSORSHIP	41
COSTS/NOTIONAL RENT/THIRD PARTY DEVELOPER/IMPROVEMENT GRANTS	42
FREEDOM OF INFORMATION	43
COMPLIANCE LEAD ROLES: CALDICOTT GUARDIAN, DPO, SIRO	44
EMERGENCY PLANNING	45
NHS ACT 2006 (WALES) SECTION 33 AGREEMENTS	46
STATUTORY COMPLIANCE WITH RESPECTIVE LEGISLATION	47
APPOINTMENT OF MEDICAL & DENTAL CONSULTANT POSTS	48
INDIVIDUAL PATIENT FUNDING REQUESTS	49
CARBON REDUCTION COMMITMENT ORDER	50
HUMAN TISSUE ACT 2004	51
IONISING RADIATION (MEDICAL EXPOSURE) REGULATIONS 2017 [IR(ME)R]	52
NURSE STAFFING LEVELS (WALES) ACT 2016	53

Schedule 1

SCHEME OF RESERVATION AND DELEGATION OF POWERS Office of the Board Secretary – Operational SoRD

Table A – Scheme of Delegation to Officers

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
1. Standing Orders / Standing Financial Instructions			
a) Final authority in interpretation of Standing Orders	Chair	Chair	Board Secretary
b) Notifying Directors, employees and agents of their responsibilities within the Standing Orders and Standing Financial Instructions and ensuring that they understand the responsibilities	Executive Director of Finance/Board Secretary	Directors	Board Secretary
c) Responsibility for the security of the LHB's property, avoiding loss, exercising economy and efficiency in using resources and conforming with Standing Orders, Financial Instructions and financial procedures	Executive Director of Finance	Directors	Board Secretary
d) Ensuring Standing Orders are compatible with Welsh Government requirements re building and engineering contracts	Chief Executive	Executive Director of Planning & Performance	Board Secretary
2. Meetings			
a) Calling meetings of the LHB	Chair	Board Secretary	Board Secretary
b) Chair all LHB Board meetings and associated responsibilities	Chair or Vice Chair in Chair's absence	Chair or Vice Chair in Chair's absence	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
3. Financial Planning/Budgetary Responsibility			
a) Setting: Submit Three Year Plan and Annual Operating Plan to the LHB Board	Chief Executive	Executive Director of Planning & Performance	N/A
Submit budgets to the LHB Board	Chief Executive	Executive Director of Finance	N/A
Submit to Board financial estimates and forecasts	Chief Executive	Executive Director of Finance	N/A
b) Implementing financial policies, plans and procedures, providing advice and co-ordinating any corrective action necessary	Executive Director of Finance	Finance Director (Operational)	N/A
c) Issuing Budgets	Executive Director of Finance	Finance Director (Operational)	N/A
d) Monitoring: Monitor performance against budget	Executive Director of Finance	Directors	Board Secretary and Assistant Directors
Submit monitoring returns	Chief Executive	Executive Director of Finance	N/A
Effective budgetary control and a balanced budget	Executive Director of Finance	Directors	Board Secretary and Assistant Directors
Preparation of annual accounts and returns	Executive Director of Finance	Executive Director of Finance	N/A
Identifying and implementing cost improvements and income generation initiatives	Executive Director of Finance	Directors	Board Secretary and Assistant Directors
e) Authorisation of Virement It is not possible for any officer other than the Executive Director of Finance to vire from non-recurring headings to recurring budgets <u>or</u> from capital to revenue/revenue to capital. Virement <u>between</u> different budget holders (Directors) requires the agreement of <u>both</u> parties <u>and</u> the Executive Director of Finance	Please refer to Table B – Delegated Limits		

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
f) Maintaining an effective system of internal financial control	Chief Executive	Executive Director of Finance	N/A
g) Delivery of financial training to budget holders (Directors)	Executive Director of Finance	Finance Director (Operational)	N/A
4. Bank/PGO Accounts (Excluding Charitable Fund Accounts)			
a) Operation: Managing banking arrangements and operation of bank accounts	Executive Director of Finance	Finance Director (Operational)	N/A
Opening bank accounts	Executive Director of Finance	Finance Director (Operational)	N/A
Authorisation of transfers between LHB bank accounts	Executive Director of Finance	Finance Director (Operational)	N/A
Authorisation of: -PGO/GBS Schedules -BACS Schedules -Automated cheque schedules -Manual cheques	Executive Director of Finance	Finance Director (Operational)	N/A
b) Investments: Investment of surplus funds in accordance with the LHB's investment policy	Executive Director of Finance	Finance Director (Operational)	N/A
5. External Borrowing			
a) Advise LHB Board of the requirements to meet payment of interest and originating capital debt	Executive Director of Finance	Finance Director (Operational)	N/A
b) Application for loan(s) and overdrafts	Executive Director of Finance	Finance Director (Operational)	N/A
c) Preparation of procedural instructions	Executive Director of Finance	Finance Director (Operational)	N/A
6. Non Pay Expenditure			
For details of Delegated Limits please refer			

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
to Table B			
a) Completion of an Operational Scheme of Delegation and Authorisation by each Budget Holder ensuring maintenance of a list of officers authorised to place requisitions/orders (including emergency verbal orders) and record receipts within the E-Financials Business Suite.	Executive Director of Finance	Directors	Board Secretary
b) Obtain the best value for money when requisitioning goods/services	Executive Director of Finance	Directors	Board Secretary and Assistant Directors
c) Ensuring expenditure is within budget	Chief Executive	Directors	Board Secretary and Assistant Directors
d) Non-Pay Expenditure for which no specific budget has been set up and which is not subject to funding under delegated powers of virement	Chief Executive	Executive Director of Finance	N/A
e) Orders exceeding 12 month period	Executive Director of Finance	Finance Director (Operational)	N/A
f) Prompt payment of accounts	Executive Director of Finance	Executive Director of Finance	N/A
g) Financial Limits	Please refer to Table B – Delegated Limits		N/A
h) Maintenance of sufficient records to explain the LHB's transactions and report on the LHB's financial position	Executive Director of Finance	Executive Director of Finance	N/A
i) Approval of visits at a supplier's expense	Executive Director of Finance	Executive Directors	N/A
j) Provision of electronic signatures within the E-Financials Business Suite in accordance with each Budget Holder's Operational Scheme of Delegation and Authorisation	Executive Director of Finance	Finance Director (Operational)	N/A
7. Stores and Receipt of Goods			

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
a) Responsibility for the systems of financial control over all stores including receipt of goods and returns	Executive Director of Finance	Directors	Board Secretary
b) Responsibility for the control of stores and receipt of goods, issues and returns: All stores (excluding pharmaceutical, fuel, oil and coal – see following)	Executive Director of Finance	Directors	Board Secretary
Pharmaceutical Stores	Executive Medical Director	Chief Pharmacist	N/A
Fuel, oil and coal stocks	Executive Director of Planning & Performance	Director of Estates & Facilities	N/A
c) Stocktaking arrangements	Executive Director of Finance	Directors	N/A
8. Capital Investment Management			
For details of Delegated Limits for Delegated Matter 8d, please refer to Table B – Leases. In accordance with Welsh Government guidance:			
a) Programme:			
Preparation of Capital Investment Programme	Chief Executive	Executive Director of Planning & Performance	N/A
Completion and signing off of a business case for approval	Chief Executive/ Executive Director of Finance	Executive Director of Planning & Performance	N/A
Appointment of Project Directors	Chief Executive	Executive Director of Planning & Performance with support from relevant Directors	N/A
Financial monitoring and reporting on all capital scheme expenditure	Executive Director of	Executive Director of	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
including variations to contract	Planning & Performance	Finance/Executive Director of Planning & Performance with support from relevant Directors.	
Issuing of guidance on management of capital schemes	Executive Director of Planning & Performance	Executive Director of Finance/Executive Director of Planning & Performance	N/A
b) Contracting – Selection of 3 rd party developers, architects, quantity surveyors, consultant engineers and other professional advisors within EC regulations and LHB tender procedures	Chief Executive	Executive Director of Planning & Performance	N/A
c) Private Finance – Demonstrate that the use of private finance represents best value for money and transfers risk to the private sector	Chief Executive	Executive Director of Finance	N/A
d) Leases – Granting and termination of leases	Chief Executive	Executive Director of Planning & Performance/ Executive Director of Finance	N/A
e) Financial control and audit- Arrangements are in place to review building and engineering contracts and property transactions comply with Welsh Government guidance.	Chief Executive	Executive Director of Finance with Executive Director of Planning & Performance responsible for the technical audit of the contracts.	N/A
9. Quotations, Tendering & Contract Procedures For details of Delegated Limits, please refer to Table B – Quotations/Tenders.			
a) Services:			

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
Best value for money is demonstrated for all services provided under contract or in-house	Chief Executive	Directors	Board Secretary
Nominate officers to oversee and manage the contract on behalf of the LHB	Chief Executive	Directors	Board Secretary and Assistant Directors
b) Quotations – Total value of the contract over its entire period:			
Seeking quotations up to £5,000 in value	Executive Director of Finance (per SFI 11.7.1)	For details of delegated limits, please refer to Table B	Board Secretary and Assistant Directors
Obtaining minimum of 3 written quotations for goods/services of value between £5,000 and £25,000	Chief Executive (per SFI 11.1.2)	For details of delegated limits. Please refer to Table B	Board Secretary and Assistant Directors
c) Competitive Tenders – Total value of the contract over its entire period:			
Obtaining a minimum of 4 written competitive tenders for goods/services of value between £25,000 and the OJEU threshold (in compliance with EC Directives as appropriate)	Chief Executive	For details of delegated limits, please refer to Table B	N/A
Obtaining a minimum of 5 written competitive tenders for goods/services of a value in excess of the OJEU threshold (in compliance with EC Directives as appropriate)	Chief Executive	For details of delegated limits, please refer to Table B	N/A
Receipt and custody of tenders prior to opening	Chief Executive	Executive Director of Finance	N/A
Opening Tenders and Quotations	Chief Executive	Executive Director of Finance	N/A
Decide if late tenders should be considered	Chief Executive	Executive Director of Finance	N/A
d) Waiving the requirement to request quotes or tenders – subject to SFI Schedule 1 Para.	Chief Executive	Chief Executive/nominated deputy	Board Secretary

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
4.2 & 4.3 – Formally reported to the Audit Committee		(Board Secretary or Executive Director of Finance). Where the budget holder requesting the waiver is the Chief Executive/Board Secretary/Executive Director of Finance, they cannot approve their own waiver and must seek approval from one of the other two delegated officers.	
10. Fixed Assets			
a) Maintenance of asset register	Chief Executive	Executive Director of Finance supported by relevant Director	N/A
b) Calculate and pay capital charges in accordance with Welsh Government requirements	Executive Director of Finance	Executive Director of Finance	N/A
c) Responsibility for fixed assets – Land & Buildings	Chief Executive	Executive Director of Planning & Performance	N/A
d) Responsibility for all other fixed assets (Plant, Machinery, Transport, IT assets including software, Furniture & Fittings)	Chief Executive	Directors	Board Secretary and Assistant Directors
e) Responsibility for security of LHB assets including notifying discrepancies to the Director of Finance and reporting losses in accordance with LHB procedures	Chief Executive	Directors	Board Secretary and Assistant Directors

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
11. Personnel & Pay			
a) Nominate officers to enter into contracts of employment regarding staff, agency staff or consultancy service contracts in accordance with the "Policy for the Safe Recruitment and Selection Practices" together with accompanying guidance, particularly the need for pre-employment checks.	Chief Executive	Executive Director of Workforce & OD	Board Secretary
b) Approve the commencement of employment prior to all pre-employment checks being completed.	Executive Director of Workforce & OD	Executive Director of Workforce & OD	N/A
c) Authority to fill funded post on the establishment with permanent staff.	Executive Director of Workforce & OD	Directors	Board Secretary and Assistant Directors
d) Authority to extend Locum appointments	Chief Executive	Interim Managing Directors, Mental Health Director and Area Directors for appointments over 12 months to 24 months. Executive Director of Nursing & Midwifery, Executive Director of Primary & Community Care, Executive Director of Therapies & Health Sciences and Executive Director of Workforce & OD/Director of MHLD for appointments over 24 months to 36	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
		months only.	
e) The granting of additional increments to staff within budget in accordance with Terms & Conditions of Service	Executive Director of Workforce & OD	Directors with advice from Executive Director of Workforce & OD	Board Secretary
f) All requests for upgrading/ regrading/ major skill mix changes shall be dealt with in accordance with LHB Procedure	Executive Director of Workforce & OD	Directors with advice from Executive Director of Workforce & OD	Board Secretary
g) Authority to agree acting up salaries for staff other than Executive Directors (Approval of acting up salaries for interim Executive Directors to be retained by Remuneration & Terms of Service Committee)	Chief Executive to agree acting up arrangements of Band 9 and above (Excluding Executive Directors)	Directors lead for acting up salaries up to Band 8d or equivalent.	Board Secretary
h) Establishments:			
Additional staff to the agreed establishment with specifically allocated finance	Chief Executive	Directors with approval from Executive Director of Finance	Board Secretary
Additional staff to the agreed establishment without specifically allocated finance.	Chief Executive	Executive Director of Finance	N/A
Variation to the funded establishment	Chief Executive	Directors with approval from Executive Director of Finance	Board Secretary
i) Pay			
Authority to complete standing data forms effecting pay, new starters, changes and leavers	Executive Director of Workforce & OD	Directors	Board Secretary and Assistant Directors
Authority to complete and authorise timesheets and payroll returns	Executive Director of Workforce & OD	Directors	Assistant Directors and Heads of Service

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
Authority to authorise overtime	Executive Director of Workforce & OD	Directors	Assistant Directors
Authority to authorise travel & subsistence expenses	Executive Director of Workforce & OD	Directors	Assistant Directors and Heads of Service
Maintenance of a list of managers authorised to sign payroll and travel expense documentation.	Executive Director of Workforce & OD	Directors	Assistant Directors
j) Leave			
Approval of annual leave in accordance with LHB policy	Executive Director of Workforce & OD	Executive Director of Finance	Board Secretary, Assistant Directors, Heads of Service and Managers
Carry over of annual leave in exceptional circumstances up to a maximum of 5 days	Executive Director of Workforce & OD	Directors	Board Secretary
Compassionate leave	Executive Director of Workforce & OD	Directors	Board Secretary and Assistant Directors
Special leave arrangements (to be applied in accordance with All Wales Policy)	Executive Director of Workforce & OD	Directors	Board Secretary and Assistant Directors
Leave without pay	Executive Director of Workforce & OD	Directors	Board Secretary
Medical Staff Leave of Absence – paid and unpaid	Executive Director of Workforce & OD	Directors	N/A
Consultants Special Leave	Executive Medical Director	Directors	N/A
Time off in lieu	Executive Director of Workforce and OD	Directors	Assistant Directors and Heads of Service
Maternity / Paternity Leave – paid and unpaid	Executive Director of Workforce & OD	Directors	Board Secretary and Assistant Directors

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
k) Annualised hours/flexible working hours system- maintenance of adequate records	Executive Director of Workforce & OD	Directors	Board Secretary and Assistant Directors
l) Sick Leave			
Extension of sick leave on half pay up to three months	Executive Director of Workforce & OD	Directors in conjunction with Executive Director of Workforce & OD	Board Secretary
Return to work part-time on full pay to assist recovery	Executive Director of Workforce & OD	Directors in conjunction with Executive Director of Workforce & OD	Board Secretary
Extension of sick leave on full pay	Executive Director of Workforce & OD	Directors in conjunction with Executive Director of Workforce & OD	Board Secretary
m) Study Leave			
Study leave outside the UK (non-medical staff excluding clinical staff)	Executive Director of Workforce & OD	Directors	Board Secretary
Medical staff study leave (UK)	Executive Medical Director/Executive Director of Workforce & OD/ Executive Director of Primary & Community Care	Directors	N/A
Consultant Medical Staff Leave (UK)	Executive Medical Director	Directors	N/A
All Medical and non-Medical Clinical Staff study leave outside the UK	Executive Medical Director/Executive	Directors	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
	Director of Nursing & Midwifery/ Executive Director of Therapies & Health Science/ Executive Director of Primary & Community Care		
All other study leave (UK)	Executive Director of Workforce & OD	Directors	Board Secretary and Assistant Directors
n) Removal Expenses			
Authorisation of payment of removal expenses incurred by officers taking up new appointments (providing consideration was promised at interview)	Executive Director of Workforce & OD	Directors in accordance with BCU HB policy/approval from the Executive Director of Workforce & OD	N/A
o) Grievance Procedure	Executive Director of Workforce & OD	Directors	Board Secretary
p) Professional Misconduct/Competence-Medical and Dental Staff	Executive Medical Director/Executive Director of Workforce & OD	Assistant Medical Directors supported by Workforce & OD	N/A
q) Suspension of Doctors employed directly by the LHB	Chief Executive	Executive Medical Director supported by Executive Director of Workforce & OD	N/A
r) Removal of Practitioner from the	Chief	Executive	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
Performers List	Executive	Medical Director supported by Executive Director of Workforce & OD and Executive Director of Primary & Community Care	
s) Requests for new posts to be authorised as car users	Executive Director of Finance	Directors	Board Secretary and Assistant Directors
t) Renewal of Fixed Term Contract	Executive Director of Workforce & OD	Directors	Board Secretary
u) Voluntary Early Release Scheme	Executive Director of Workforce & OD	Executive Director of Workforce & OD, with Executive Director of Finance for sign off of financial viability	N/A
v) Settlement on termination of employment	Executive Director of Workforce & OD	Executive Director of Workforce & OD with approval from Welsh Government where the payment is Ex-gratia and exceeds the delegated limit of £50,000	N/A
w) Ill Health Retirement Decision to pursue retirement on the grounds of ill-health following advice from Workforce & OD Department	Executive Director of Workforce & OD	Executive Director of Workforce & OD	Board Secretary
x) Disciplinary Procedure(excluding Executive Directors)	Executive Director of	Directors	Board Secretary and Assistant Directors

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
	Workforce & OD		
12. Engagement of Staff Not On the Establishment			
For details of Delegated Limits, please refer to Table B			
a) Non clinical Consultancy Staff	Executive Director of Finance	Director accountable for relevant service	Board Secretary
b) Medical Locum staff	Executive Medical Director	Director accountable for relevant service.	N/A
c) Booking of Agency Nursing Staff	Executive Director of Nursing & Midwifery	Director accountable for relevant service	N/A
d) Booking of Bank Staff:			
Nursing	Executive Director of Nursing & Midwifery	Director accountable for relevant service	N/A
Other	Executive Director of Workforce & OD	Director accountable for relevant service	Board Secretary and Assistant Directors
13. Charitable Funds Held on Trust			
For details of Delegated Limits, Please refer to Table B			
a) Management: Funds held on Trust are managed appropriately	Executive Director of Finance	Directors	N/A
b) Maintenance of authorised signatory list of Authorised Fund Holders	Executive Director of Finance	Executive Director of Finance	N/A
c) Expenditure	Refer to Table B - Delegated Limits		
d) Fundraising Appeals –	Executive	Executive	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
Preparation/Monitoring/Reporting progress and performance	Director of Finance	Director of Finance	
e) Operation of Bank Accounts:			N/A
Managing banking arrangements and operation of bank accounts	Executive Director of Finance in conjunction with Corporate Trustees	Executive Director of Finance	N/A
Opening bank accounts	Board	Executive Director of Finance	N/A
f) Investments – Policy and Arrangements	Executive Director of Finance in conjunction with Corporate Trustees	Executive Director of Finance	N/A
g) Authority to accept the discharge of a donor's estate	Executive Director of Finance	Executive Director of Finance	N/A
14. Primary Care Patient Services/ Healthcare Agreements			
For details of Delegated Limits, please refer to Table B – Healthcare Agreements			
a) Contract negotiation and provision of service agreements	Executive Director of Finance / Executive Director of Primary & Community Care	Executive Director of Planning & Performance	N/A
b) Reporting actual and forecast contract income	Executive Director of Finance	Executive Director of Finance	N/A
c) Pricing of all contracts and SLAs	Executive Director of Finance	Executive Director of Finance with relevant Director	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
d) Signing agreements	Chief Executive	Chief Executive or Executive Director of Finance in Chief Executive's absence/Executive Director of Primary & Community Care for all primary care related agreements	N/A
15. Income Systems, Fees and Charges			
a) Private Patients, Overseas Visitors, Income Generation and other patient related services	Executive Director of Finance	Executive Director of Finance	N/A
b) Pricing of NHS agreements	Executive Director of Finance	Assistant Directors of Finance	N/A
c) Informing the Director of Finance of monies due to the LHB	Executive Director of Finance	Directors	N/A
d) Recovery of debt	Executive Director of Finance	Executive Director of Finance	N/A
e) Security of cash and other negotiable instruments	Executive Director of Finance	Executive Director of Finance and all Directors	N/A
f) Designing, maintaining and ensuring compliance with systems for the proper recording, invoicing, collection and coding of all monies due	Executive Director of Finance	Director of Finance (Operational)	N/A
g) Non patient care income	Executive Director of Finance	Executive Director of Finance	N/A
16. Disposal and Condemnations			
Disposal of all property and land require formal approval by the			

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
Cabinet Secretary for Health, Well-Being & Sport			
a) Issuing procedure for the disposal of assets obsolete, obsolescent, redundant, irreparable or cannot be repaired cost effectively	Executive Director of Finance	Executive Director of Finance/Executive Director of Planning & Performance	N/A
b) Notification to Director of Finance prior to disposal	Executive Director of Finance	Directors	Board Secretary / Assistant Directors
17. Losses, Write-offs & Compensation			
a) Prepare procedures for recording and accounting for losses and special payments including preparation of a fraud response plan and informing Counter Fraud Operational Services of frauds.	Chief Executive	Executive Director of Finance	N/A
b) Losses of cash due to theft, fraud, overpayment of salaries, fees, allowances & other causes up to £50,000	Chief Executive	Executive Director of Finance	N/A
c) Fruitless payments (including abandoned Capital Schemes) up to £250,000	Chief Executive	Executive Director of Finance	N/A
d) Bad debts and claims abandoned: Private patients; overseas visitors & other cases up to £50,000	Chief Executive	Executive Director of Finance	N/A
e) Damage to buildings, their fittings, furniture and equipment and loss of equipment and property in stores and in use due to: Culpable causes (e.g. fraud, theft, arson) or other up to £50,000	Chief Executive	Executive Director of Finance	N/A
f) For personal and public liability claims, under the Legal & Risk scheme, authorisation from Legal & Risk is required before admissions may be made and monetary compensation offered. (Ex-gratia settlements offered by the LHB are by definition not payments based upon legal liability and are, therefore, not	Chief Executive	Executive Director of Nursing & Midwifery supported by the relevant Director after seeking appropriate legal advice,	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
reimbursable under the WRP scheme)		up to a max £150,000	
g) Compensation payments made under legal obligation:	Chief Executive	Chief Executive, Executive Director of Finance or Executive Director of Nursing & Midwifery	N/A
h) Extra contractual payments to contractors – Up to £50,000 as specified within the Losses and Special Payments Manual of Guidance	Chief Executive	Executive Director of Finance with reporting to the Audit Committee	N/A
17.1 Ex-Gratia Payments:			
a) Patients and staff for loss of personal effects up to £50,000	Chief Executive	Executive Director of Finance- Refer to Finance Policy on Losses and Special Payments	N/A
b) For clinical negligence up to £250,000 (negotiated settlements)*. Report to Board > £50,000 (see also table B para.15)	Chief Executive	Executive Director of Finance/Executive Director of Nursing & Midwifery	N/A
c) For clinical negligence over £250,000 and up to £1,000,000* (negotiated settlements). Report to Board > £50,000 (see also table B para.15)	Chair	Chief Executive/ Executive Director of Finance/Executive Director of Nursing & Midwifery	N/A
d) For personal injury claims involving negligence where legal advice has been obtained and guidance applied up to £250,000 (including plaintiff's costs) Report to Board > £50,000	Chief Executive	Chief Executive/ Executive Director of Finance/Executive Director of Workforce & OD/ Executive Director of	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
		Nursing & Midwifery	
e) For personal injury claims involving negligence where legal advice has been obtained and guidance applied up to £1,000,000 Report to Board > £50,000*	Board	Chief Executive/Executive Director of Finance/Executive Director of Nursing & Midwifery	N/A
f) Other, except cases for maladministration where there was no financial loss by claimant, up to £50,000	Chief Executive	Executive Director of Finance/Executive Director of Nursing & Midwifery	N/A
* For all clinical negligence and personal injury cases(including Court cases) the use of structured settlements should be considered involving costs to the NHS of £250,000 or more – All structured settlements require approval from the Welsh Government			
18. Reporting of Incidents to the Police			
a) Where a criminal offence is suspected			
Criminal offence of a sexual or violent nature	Chief Executive	Executive Director of Workforce & OD	Board Secretary
Arson or theft	Executive Director of Planning & Performance	Director of Estates & Facilities	Board Secretary
Other	Executive Director of Planning & Performance	Director of Estates & Facilities	Board Secretary
19. Financial Procedures			
a) Maintenance & Update of LHB Financial Procedures	Executive Director of Finance	Executive Director of Finance	N/A
20. Audit Arrangements			

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
a) Review, appraise and support in accordance with Internal Audit standards for NHS Wales and best practice	Chair of the Audit Committee	Board Secretary/Head of Internal Audit	Board Secretary
b) Provide an independent and objective view on internal control and probity	Chief Executive	Head of Internal Audit/Wales Audit Office	N/A
c) Ensure Cost-effective external audit	Chair of Audit Committee	Executive Director of Finance	N/A
d) Ensure an adequate internal audit service	Chief Executive	Board Secretary	Board Secretary
e) Implement recommendations	Chief Executive	All relevant Directors	Board Secretary
21. Legal Proceedings			
a) Engagement of LHB's Solicitors	Chief Executive	Board Secretary for all Board related matters/Executive Director of Workforce & OD for all employment related matters/Executive Director of Planning & Performance for all estate related matters/Executive Director of Primary & Community Care for all Primary Care related matters.	Board Secretary
b) Approve and sign all documents which will be necessary in legal proceedings	Chief Executive	Any Director of the Board or an officer formally nominated by the Chief Executive	Board Secretary

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
c) Sign on behalf of the LHB any agreement or document not requested to be executed as a deed	Chief Executive	Any Director of the Board or an officer formally nominated by the Chief Executive	Board Secretary
22. Insurance Policies and Risk Management	Chief Executive	Executive Director of Finance/Board Secretary	Board Secretary
23. Clinical Audit	Chief Executive	Executive Director of Therapies & Health Science	N/A
24. Patients' Property (in conjunction with financial advice)			
For details of Delegated Limits, please refer to Table B – Petty Cash/Patients Monies			
a) Ensuring patients and guardians are informed about patients' monies and property procedures on admission	Executive Director of Nursing & Midwifery	Directors	N/A
b) Prepare detailed written instructions for the administration of patients' property	Executive Director of Nursing & Midwifery	Executive Director of Finance	N/A
c) Informing staff of their duties in respect of patients' property	Executive Director of Nursing & Midwifery	Directors	N/A
d) Issuing property valued >£5,000 only on production of a probate letter of administration	Executive Director of Finance	Executive Director of Finance	N/A
25. Patients & Relatives Complaints			
a) Overall responsibility for ensuring that all complaints are dealt with effectively	Chief Executive	Executive Director of Nursing & Midwifery	N/A
b) Responsibility for ensuring	Chief	Executive	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
complaints are investigated thoroughly	Executive	Director of Nursing & Midwifery	
c) Medical – Legal Complaints Co-ordination of their management	Chief Executive	Executive Director of Nursing & Midwifery	N/A
26. Seal			
a) The keeping of a register of seal and safekeeping of the seal	Chief Executive	Board Secretary	Assistant Directors
b) Attestation of seal in accordance with Standing Orders	Chief Executive/ Chair	Board Secretary	Assistant Directors
27. Gifts and Hospitality			
a) Keeping of gifts and hospitality register	Chief Executive	Board Secretary	Deputy Board Secretary
28. Declaration of Interests			
a) Maintaining a register	Chief Executive	Board Secretary	Deputy Board Secretary
29. Informatics and the Data Protection Act			
a) Review of LHB's compliance with the Data Protection Act	Chief Executive	Board Secretary	Assistant Director of Information Governance & Assurance
b) Responsibility for Informatics policy and strategy	Executive Medical Director	Chief Information Officer	N/A
c) Responsibility for ensuring that adequate management (audit) trails exist in Informatics systems	Executive Medical Director	Chief Information Officer	N/A
30. Records			
a) Review LHB's compliance with the Retention of Records Act and guidance	Chief Executive	Board Secretary / Executive Medical Director	Assistant Director of Information Governance & Assurance
b) Approval for the destruction of records	Chief Executive	Board Secretary / Executive	Assistant Director of Information Governance &

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
		Medical Director	Assurance
c) Ensuring the form and adequacy of the financial records of all departments	Executive Director of Finance	Executive Director of Finance	N/A
31. Authorisation of New Drugs	Chief Executive	Executive Medical Director on the advice of the appropriate professional bodies	N/A
32. Authorisation of Research Projects	Executive Medical Director	Director of Research & Development	N/A
33. Authorisation of Clinical Trials	Chief Executive	Executive Medical Director	N/A
34. Infectious Diseases & Notifiable Outbreaks	Chief Executive	Executive Director of Public Health	N/A
35. Review of Fire Precautions	Chief Executive	Executive Director of Planning & Performance	N/A
36. Health & Safety			
Review of all statutory compliance legislation and Health and Safety requirements including control of Substances Hazardous to Health Regulations	Chief Executive	Executive Director of Workforce & OD	N/A
37. Medicines Inspectorate Regulations			
Review Regulations Compliance	Chief Executive	Executive Medical Director supported by	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
		Chief Pharmacist	
38. Environmental Regulations			
Review of compliance with environmental regulations, for example those relating to clean air and waste disposal	Chief Executive	Executive Director of Planning & Performance	N/A
39. Legal & Risk Payments	Chief Executive	Executive Director of Nursing & Midwifery/Executive Director of Finance	N/A
40. Investigation of Fraud/Corruption or Financial Irregularities	Executive Director of Finance	Lead Local Counter Fraud Specialist	N/A
41. Commercial Sponsorship			
Agreement to proposal in accordance with BCU HB procedures	Chief Executive	Executive Director of Finance	N/A
42. Cost/Notional Rent/Third Party Developer/Improvement Grants			
Approval of all schedules of payments	Chief Executive	Executive Director of Primary & Community Care	N/A
Submission to Welsh Government for all new GP premises or major extensions in accordance with BCU HB Primary Care Estates Strategy	Chief Executive	Executive Director of Primary & Community Care	N/A
43. Freedom of Information	Chief Executive	Board Secretary	Assistant Directors of Information Governance and Assurance
44. Compliance Lead Roles:			
a) Caldicott Guardian	Executive Medical	Senior Associate	-

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
b) Data Protection Officer	Director	Medical Director	
	Chief Executive	Assistant Director of Information Governance and Assurance	Assistant Director of Information Governance and Assurance
c) Senior Information Risk Owner	Chief Executive	Board Secretary	Chief Information Officer
45. Emergency Planning & Major Incidents – Civil Contingencies Act (Category 1 Responder)	Chief Executive	Executive Director of Planning & Performance	N/A
46. National Health Services (Wales) Act 2006 Section 33 Agreements: Arrangements between NHS Bodies and Local Authorities	Chief Executive	Executive Director of Finance	N/A
47. Statutory compliance with respective Legislation	Chief Executive	Board Secretary	Assistant Directors
48. National Health Service (Appointment of Consultants) (Wales) (Amendment) Regulations 2005 (Statutory Instrument 2005: 3039) Appointment of all Medical and Dental Consultant posts. Consultant posts within Public Health that are open to both medically qualified and those qualified in other disciplines other than medicine should follow this process, even though they fall outside of the requirements of the Statutory Instrument.	Chief Executive	Board level directors	N/A
49. All Wales Policy: Making Decisions on Individual Patient Funding Requests (IPFR)	Chief Executive	WHSSC IPFR Panel £300,000 to £1,000,000; Chief Executive up to £299,999; Chair and Vice Chair of Health Board IPFR Panel together	N/A

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY	Role responsible for implementing the delegated matter within the corporate function/Area/DGH
		sign up to £125,000	
* The IPFR Panel cannot make policy decisions for the health board. Any policy proposals arising from their considerations and decisions must be reported to the Health Board Quality, Safety & Experience Committee			
50. Carbon Reduction Commitment Order (Phase 2) Agency Registration	Chief Executive	Executive Director of Planning and Performance	N/A
51. Human Tissue Act 20014	Chief Executive	Executive Director of Therapies & Health Sciences	N/A
52. Ionising Radiation (Medical Exposure) Regulations 2017	Chief Executive	Executive Director of Therapies & Health Sciences	N/A
53. Nurse Staffing Levels Act (Wales) 2016	Chief Executive	Executive Director of Nursing & Midwifery	N/A

Table B – Scheme of Financial Delegation

Financial Limits are subject to funding available within relevant budget(s) and are inclusive of VAT irrespective of recovery arrangements.

All purchases must ensure compliance with Standing Financial Instruction Schedule 1 -

Procurement of Works, Goods and Services with regard to the required quotation or Tendering exercise.

	Budget changes	General expenditure	Healthcare agreements	Capital (Business Case and Contractual Commitment approvals)			Specialist				Charitable Funds		Procurement waivers	Staffing	
		Any expenditure approval must be within funding limits of approved budgets. Approval limits are cumulative, and therefore higher level approval limits must be supported by lower level approvals. Executive Directors and Directors, Area Directors, and Hospital Care Directors to determine scheme of delegation within their structures.													
	Budget transfers between Corporate Departments, Area Teams or Hospital Teams(Virements)	Individual orders / requisitions / annual order value or total contract value (unless otherwise noted)	Healthcare agreements (NHS and Private sector)(annual value) (Primary Care contracts approved by Board)	Building and engineering orders; related consultancy support(individual contractual commitment)	Medical devices; plant; machinery; related consultancy support(individual contractual commitment)	IM&T; telecoms systems; software; related consultancy (individual contractual commitment)	Property or equipment leases(granting or termination of leases; annual value)	External consultancy support (total contract value for duration of service)	Losses / Special Payments (Terminations approved by Exec.Director of W&OD; VERS by RATS C'ttee)	New drugs (value based on annual costs)	Locally held funds(total funding bid value)	General funds(total funding bid value)	All values	New posts (additional establishm't)	Agency and Waiting List Initiatives (all values)
WG (In advance of contract planning)	No requirement	£1m plus	£1m plus (Private sector)	£1m plus	£1m plus	£1m plus	No requirement	£1m plus	See Manual of Guidance for losses and SFIs, as special rules apply for certain losses and ex gratia payments.	No requirement	No requirement	No requirement	No requirement	No requirement	No requirement
Board following Chief Executive approval	£1m plus	£1m plus	Over £10m approved in advance, below £10m retrospectively reported. Over £1m for Private sector.	£1m plus	£1m plus	£1m plus	£0.5m plus or any which need signing under seal (Reservation of Power, Number 33)	£0.5m plus		£1m plus	No requirement	No requirement	No requirement	No requirement	No requirement
Audit Committee													Retrospective reporting		
Charitable Funds Committee (all Executives can authorise use of charitable funds up to £5k)											Over £5k (Up to £25k scrutinised by CF Advisory Group)	Over £5k (Up to £25k scrutinised by CF Advisory group)			
CEO through Executive Team	£0.5m to £1m	£0.5m to £1m	New or contract variation to £10.0m.	£0.5m to £1m	£0.5m to £1m	£0.5m to £1m	£250k to £0.5m	£250k to £0.5m	£0.5m to £1.0m	£0.5m to £1.0m	Up to £5k	Up to £5k	As escalated by DoF	Can approve new posts across LHB	No requirement
Any 2 of CEO, Director of P&P and DoF (must include DoF)		Up to £0.5m	New or contract variation to £5.0m (to £1m for Private sector).					Up to £250k		Up to £0.5m			As escalated by DoF		
Executive Director of Finance	Up to £0.5m	Up to £250k		Up to £0.5m	Up to £0.5m	Up to £0.5m	Up to £250k	Up to £100k	Up to £0.5m		Up to £5k	Up to £5k	As escalated by FD: OF	Can approve new posts within own structure.	Must approve in advance in own structure.

	Budget changes	General expenditure	Healthcare agreements	Capital (Business Case and Contractual Commitment approvals)			Specialist				Charitable Funds		Procurement waivers	Staffing	
		Any expenditure approval must be within funding limits of approved budgets. Approval limits are cumulative, and therefore higher level approval limits must be supported by lower level approvals. Executive Directors and Directors, Area Directors, and Hospital Care Directors to determine scheme of delegation within their structures.													
	Budget transfers between Corporate Departments, Area Teams or Hospital Teams(Virements)	Individual orders / requisitions / annual order value or total contract value (unless otherwise noted)	Healthcare agreements (NHS and Private sector)(annual value) (Primary Care contracts approved by Board)	Building and engineering orders; related consultancy support(individual contractual commitment)	Medical devices; plant; machinery; related consultancy support(individual contractual commitment)	IM&T; telecoms systems; software; related consultancy (individual contractual commitment)	Property or equipment leases(granting or termination of leases; annual value)	External consultancy support (total contract value for duration of service)	Losses / Special Payments (Terminations approved by Exec.Director of W&OD; VERS by RATS C'ttee)	New drugs (value based on annual costs)	Locally held funds(total funding bid value)	General funds(total funding bid value)	All values	New posts (additional establishm't)	Agency and Waiting List Initiatives (all values)
Executive Directors, Board Secretary, Director of Mental Health and Learning Disabilities (unless noted below)		Up to £250k						Up to £100k					Waivers must be approved by FD: OF and Exec.Director of Finance or Chief Executive if escalated by FD: OF	Can approve new posts within own structure.	Must approve in advance in own structure.
Executive Director of Primary Cty Care		Up to £250k						Up to £100k						Can approve new posts within own structure.	Must approve in advance in own structure.
Executive Director of Planning & Performance		Up to £250k		Up to £0.5m	Up to £0.5m		Up to £250k	Up to £100k						Can approve new posts within own structure.	Must approve in advance in own structure.
Executive Medical Director		Up to £250k				Up to £0.5m		Up to £100k						Can approve new posts within own structure.	Must approve in advance in own structure.
Executive Director of W&OD		Up to £250k						Up to £100k	Terminations up to £50k (over this to WG)					Can approve new posts within own structure.	Must approve in advance in own structure.
Executive Director of Nursing & Midwifery		Up to £250k						Up to £100k	Up to £150k					Can approve new posts within own structure.	Must approve in advance in own structure.

	Budget changes	General expenditure	Healthcare agreements	Capital			Specialist				Charitable Funds		Procurement waivers	Staffing	
		Any expenditure approval must be within funding limits of approved budgets. Approval limits are cumulative, and therefore higher level approval limits must be supported by lower level approvals. Executive Directors and Directors, Area Directors, and Hospital Care Directors to determine scheme of delegation within their structures.													
	Budget transfers between Corporate Departments, Area Teams or Hospital Teams(Virements)	Individual orders / requisitions / annual order value or total contract value (unless otherwise noted)	Healthcare agreements (NHS and Private sector)(annual value) (Primary Care contracts approved by Board)	Building and engineering orders; related consultancy support(individual contractual commitment)	Medical devices; plant; machinery; related consultancy support(individual contractual commitment)	IM&T; telecoms systems; software; related consultancy (individual contractual commitment)	Property or equipment leases(granting or termination of leases; annual value)	External consultancy support (total contract value for duration of service)	Losses / Special Payments (Terminations only approved by Exec Director of W&OD; VERS require RATS Committee)	New drugs (value based on annual costs)	Locally held funds(total funding bid value)	General funds(total funding bid value)	All values	New posts (additional establishm't)	Agency and Waiting List Initiatives (all values)
Area Directors and Director of Mental Health & Learning Disabilities		Up to £250k	New or contract variation to £1.5m		Up to £250k			Up to £100k		Up to £100k, following Med Mgt Group	Up to £5k			Can approve new posts within own team.	As escalated by Direct Reports*
Area Medical Director															Medical staff*
Area Nurse Directors															Nurse or other staff*
Secondary Care Medical Director		Up to £150k			Up to £150k			Up to £150k			Up to £5k				Medical staff*
Secondary Care Nurse Director		Up to £150k			Up to £150k			Up to £150k			Up to £5k				Nurse or other staff*
Interim Managing Directors		Up to £150k			Up to £150k			Up to £50k			Up to £5k			Can approve new posts within own team.	As escalated by Direct Reports*
Director of Estates & Facilities		Up to £150K		Up to £150K	Up to £150K			Up to £50K							
Hospital: Assistant Medical Director															Medical staff*
Hospital: Assistant Nurse Director															Nurse or other staff*
Procurement (NWSSP)													All signed off by Procurement		

	Budget changes	General expenditure	Healthcare agreements	Capital			Specialist				Charitable Funds		Procurement waivers	Staffing	
		Any expenditure approval must be within funding limits of approved budgets. Approval limits are cumulative, and therefore higher level approval limits must be supported by lower level approvals. Executive Directors and Directors, Area Directors, and Hospital Care Directors to determine scheme of delegation within their structures.													
	Budget transfers between Corporate Departments, Area Teams or Hospital Teams(Virements)	Individual orders / requisitions / annual order value or total contract value (unless otherwise noted)	Healthcare agreements (NHS and Private sector)(annual value) (Primary Care contracts approved by Board)	Building and engineering orders; related consultancy support(individual contractual commitment)	Medical devices; plant; machinery; related consultancy support(individual contractual commitment)	IM&T; telecoms systems; software; related consultancy (individual contractual commitment)	Property or equipment leases(granting or termination of leases; annual value)	External consultancy support (total contract value for duration of service)	Losses / Special Payments (Terminations only approved by Exec Director of W&OD; VERS require RATS Committee)	New drugs (value based on annual costs)	Locally held funds(total funding bid value)	General funds(total funding bid value)	All values	New posts (additional establishm't)	Agency and Waiting List Initiatives (all values)
Deouty Director (Concerns)		Up to £75k							Up to £75k						
Deputy / Assistant Director Board Secretary		Up to £75k													
Assistant Director Primary Care		Up to £75k	Up to £75k		Up to £75k			Up to £75k			Up to £5k				
Assistant Director Community Hospital Services		Up to £75k	Up to £75k		Up to £75k			Up to £75k			Up to £5k				
Assistant Director Secondary Care		Up to £75k	Up to £75k		Up to £75k			Up to £75k			Up to £5k				
Head of Investigations and Redress									Up to £20k						
Claims Managers									Up to £5k						
Authorised fund holder (Charitable Funds)											Up to £5k				

	Budget changes	General expenditure	Healthcare agreements	Capital	Specialist	Charitable Funds	Procurement waivers	Staffing							
		Any expenditure approval must be within funding limits of approved budgets. Approval limits are cumulative, and therefore higher level approval limits must be supported by lower level approvals. Executive Directors and Directors, Area Directors, and Hospital Care Directors to determine scheme of delegation within their structures.													
	Budget transfers between Corporate Departments, Area Teams or Hospital Teams(Virements)	Individual orders / requisitions / annual order value or total contract value (unless otherwise noted)	Healthcare agreements (NHS and Private sector)(annual value) (Primary Care contracts approved by Board)	Building and engineering orders; related consultancy support(individual contractual commitment)	Medical devices; plant; machinery; related consultancy support(individual contractual commitment)	IM&T; telecoms systems; software; related consultancy (individual contractual commitment)	Property or equipment leases(granting or termination of leases; annual value)	External consultancy support (total contract value for duration of service)	Losses / Special Payments (Terminations only approved by Exec Director of W&OD; VERS require RATS Committee)	New drugs (value based on annual costs)	Locally held funds(total funding bid value)	General funds(total funding bid value)	All values	New posts (additional establishments)	Agency and Waiting List Initiatives (all values)
Medicines Management Group										All new drugs, unless cheaper than existing					
* Agency and Waiting List Initiatives must generally be approved in advance. However, in exceptional circumstances when staff are required out of hours, they can be approved retrospectively.															

This scheme only relates to matters delegated by the Board to the Chief Executive and Directors, together with certain other specific matters referred to in Standing Financial Instructions. Each Director is responsible for delegation within their department. They should produce an Operational Scheme of Delegation and Authorisation for matters within their department, which should also set out how departmental budget and procedures for approval of expenditure are delegated.

Table C – Office of the Board Secretary Scheme of Financial Delegation

	General expenditure	Expenses
	Individual orders / requisitions / annual order value or total contract value (unless otherwise noted)	
Board Secretary	Up to £250k	Directly managed staff
Assistant Director / Deputy Board Secretary	Up to £75k	Directly managed staff
Head of Corporate Affairs	Up to £10k	Directly managed staff and Independent Members on behalf of the Board Secretary
Assistant Director of Corporate Governance	Up to £75k	Directly managed staff
Head of Office – N&M	Up to £10k	Directly managed staff
Assistant Director of Information Governance & Assurance	Up to £75k	Directly managed staff
Head of Information Governance	Up to £10k	IG Team
Head of Risk and Assurance	Up to £10k	Risk and Assurance Team

Grace Lewis-Parry.

Grace Lewis-Parry

Board Secretary

18 July 2019

Audit Committee 12.9.19	 <div data-bbox="949 212 1197 302"> Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board </div> <p data-bbox="614 313 1308 347">To improve health and provide excellent care</p>
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Report Title:	Interim Risk Management Arrangements
Report Author:	David Tita, Head of Risk Management Mrs Justine Parry, Assistant Director of Information Governance & Risk.
Responsible Director:	Gill Harris, Deputy Chief Executive Officer
Public or In Committee	<i>Public</i>
Purpose of Report:	<p>The Holding Position of the Risk Management Strategy: The Risk Management (RM) Strategy was last presented and endorsed by the Board in January 2018. Following changes made to executive portfolios during 2018 and 2019 underpinned by potential changes to its governance arrangements as well as the Health Board's commitment to a thorough re-write of the Strategy, members at a Governance Workshop held on 2nd September 2019 supported the following:</p> <ol style="list-style-type: none"> 1. The current risk management strategy be extended until 31/03/2020 to allow for a comprehensive and robust re-writing of the Health Board's Risk Management Strategy in line with best practice, models and emerging intelligence/literature. 2. To ensure that all relevant associated procedural documents (RM02, RM03 and RM04) are equally extended until 31st March 2020 so that any updates will align with the new Risk Management Strategy that will be crafted. 3. That work continues to: <ol style="list-style-type: none"> a. Support services, Divisions/Directorates and Areas to move from a 5 Tier to a 3 Tier Risk Management Model. b. Simplify and streamline escalation and de-escalation process. c. Clarify the process to manage transformational and service improvement risks. d. Develop and implement new key performance indicators in undertaking an annual health check of the Health Board's risk management culture. <p>ensuring that the new Risk Management Strategy will be written, approved and ratified in time for launch on 1st April 2020.</p> 4. To strengthen 'Ward to Board' risk reporting and assurance by making risk registers more visible on wards and clinical areas, raising the profile of risk management and ensuring local Q&S meetings demonstrate a commitment to actively discussing risks at meetings. 5. Strengthen and mandate business planning processes with strong links to risk management while ensuring governance, business planning and risk management leverage a platform for greater scrutiny and assurance of quality, performance and financial improvements. 6. To continue to encourage and renew governance arrangements to support.

The Corporate Risk Register:

The Health Board's Committees have undertaken a review of their assigned Corporate risk entries and these are being submitted to the Audit Committee for final review and scrutiny. Where a change to the risk rating has taken place, this will be indicated on the graph included with each record. The Audit Committee are requested to note the following:

- CRR01 Population Health. Updated in line with risk management strategy requirements.
- CRR02 Infection Prevention and Control. Risk and risk score formally reviewed by the executive lead and current score has been reduced to reflect progress made in mitigating risk.
- CRR03 Continuing Health Care. Current score remains unchanged.
- CRR05 Learning from Patient Experience. Updated following review at the Quality, Safety and Experience Committee.
- CRR06 Financial Stability. Risk controls continue to be strengthened.
- CRR09 Primary Care Sustainability. Risk updated but current score remains unchanged.
- CRR11a Unscheduled Care Access. Risk updated since previous submission and reviewed by the Finance and Performance Committee.
- CRR11b Planned Care Access. Risk has been reviewed and controls strengthened.
- CRR12 Estates and Environment. Risk has been updated.
- CRR13: Mental Health Services. Risk has been reviewed and current score reduced compared to previous submission. Use of the scoring grid has been amended to ensure controls help in reducing 'likelihood' and not 'impact'.
- CRR14 Staff Engagement. Risk controls have been strengthened and current score reduced from 12 to 8.
- CRR15 Recruitment and Retention. Risk has been reviewed but current score stays as the same.
- CRR16 Safeguarding: Risk has been reviewed and updated.
- CRR17 Development of Integrated Medium Term Plan. No further updates since previous submission and review by the Strategy, Partnership and Population Health Committee.
- CRR018 EU Exit - Transition Arrangements: This risk has been updated in the light of the uncertainty surrounding our EU Exit.

Deescalated Risks:

- No risks are being presented for de-escalation.

New risks

The following three risks have been generated from the former Informatics Risk – CRR10 following recommendations from the Digital and Information Governance Committee for risk CRR10 to be split into Informatics Infrastructure and Health Records.

- CRR10A - National Infrastructure and Products

	<ul style="list-style-type: none">• CRR10B - Informatics - Acute Health Records• CRR10C - Informatics infrastructure capacity, resource and demand																																											
	<table><tr><th colspan="2" rowspan="2">Current Risk Level</th><th colspan="5">Impact</th></tr><tr><th>Very low - 1</th><th>Low – 2</th><th>Moderate – 3</th><th>High – 4</th><th>Very high - 5</th></tr><tr><td rowspan="5">Likelihood</td><td>Very Likely - 5</td><td></td><td></td><td></td><td>CRR01 CRR02 CRR11a CRR11b</td><td></td></tr><tr><td>Likely - 4</td><td></td><td></td><td>CRR05 CRR13</td><td>CRR03 CRR06 CRR09 CRR10 CRR16 CRR17 CRR18</td><td></td></tr><tr><td>Possible - 3</td><td></td><td></td><td>CRR07</td><td>CRR12 CRR14</td><td>CRR15</td></tr><tr><td>Unlikely - 2</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Rare -1</td><td></td><td></td><td></td><td></td><td></td></tr></table> <div><div><div></div><div></div><div></div><div></div></div><div>Extreme High Moderate Low</div></div>	Current Risk Level		Impact					Very low - 1	Low – 2	Moderate – 3	High – 4	Very high - 5	Likelihood	Very Likely - 5				CRR01 CRR02 CRR11a CRR11b		Likely - 4			CRR05 CRR13	CRR03 CRR06 CRR09 CRR10 CRR16 CRR17 CRR18		Possible - 3			CRR07	CRR12 CRR14	CRR15	Unlikely - 2						Rare -1					
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	Unlikely - 2																																											
	Rare -1																																											
Approval / Scrutiny Route Prior to Presentation:	Board Committees and Executive Management Group.																																											
Governance issues / risks:	As set out in the spreadsheet attached.																																											
Financial Implications:																																												
Recommendation:	<p>That:</p> <p>(1) the existing Risk Management Strategy arrangement be extended, acknowledging the ongoing work to simplify the management of risks across the organisation; and</p> <p>(2) the latest Corporate Risk Register information be noted.</p>																																											

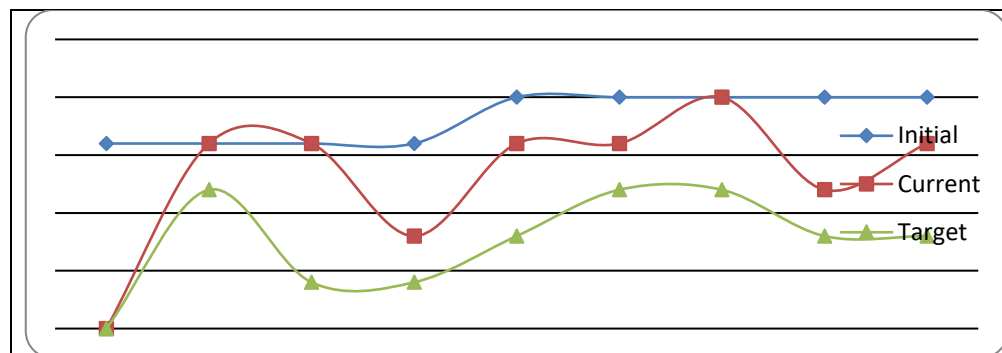
Health Board's Well-being Objectives (indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)	√	WFGA Sustainable Development Principle (Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)	√
1.To improve physical, emotional and mental health and well-being for all	√	1.Balancing short term need with long term planning for the future	

2.To target our resources to those with the greatest needs and reduce inequalities		2.Working together with other partners to deliver objectives	
3.To support children to have the best start in life		3. Involving those with an interest and seeking their views	
4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being		4.Putting resources into preventing problems occurring or getting worse	√
5.To improve the safety and quality of all services	√	5.Considering impact on all well-being goals together and on other bodies	
6.To respect people and their dignity			
7.To listen to people and learn from their experiences			
Special Measures Improvement Framework Theme/Expectation addressed by this paper			
Governance Theme – To ensure an effective approach to the management of risk.			
Equality Impact Assessment			
Due to the nature of this report an Equality Impact Assessment is not required.			

Disclosure:

Betsi Cadwaladr University Health Board is the operational name of Betsi Cadwaladr University Local Health Board

CRR01	Director Lead: Executive Director of Public Health	Date Opened: 1 October 2015
	Assuring Committee: Strategy, Partnerships and Population Health Committee	Date Last Reviewed: 11 July 2019
	Risk: Population Health	Target Risk Date: 31 October 2019
There is a risk that the Health Board fails to deliver Improvements in Population Health in North Wales. This is due to a failure to focus on prevention and early intervention. This could widen the gap in inequality of health outcomes.		



	Impact	Likelihood	Score
Initial Risk Rating	4	5	20
Current Risk Rating	4	4	16
Target Risk Score	4	2	8
Movement in Current Risk Rating since last presented to Board in January 2019	No Change 		

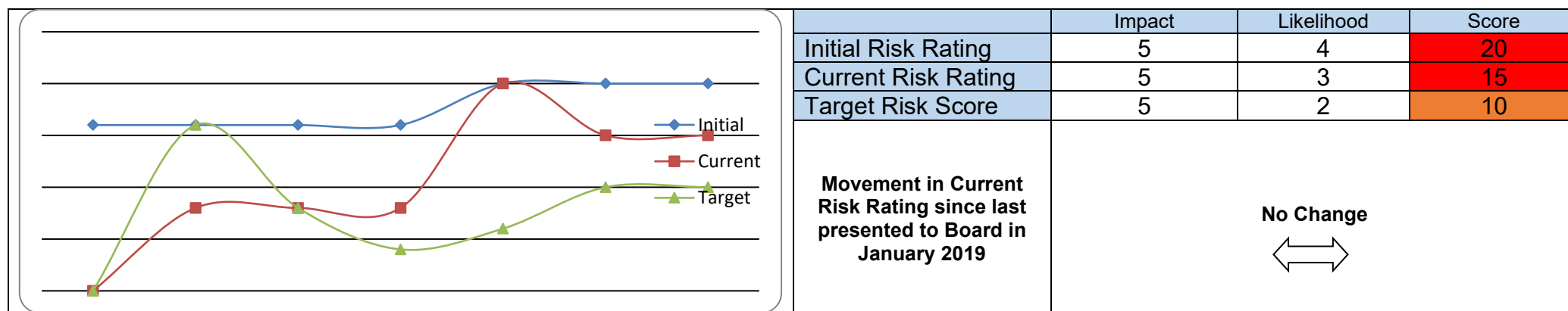
Controls in place	Further action to achieve target risk score
<ol style="list-style-type: none"> Population health intelligence updated on a continuing basis ensuring that information is available to support planning for and monitoring of health status. Approved Population assessment to inform Social Services and Wellbeing Act developed in partnership, and now informing implementation of North Wales Regional Plan for 2018-2023. Review of Board cycle of business completed to enable focus on population health issues. Wellbeing Assessments completed and approved. Wellbeing Objectives and Plans approved / to be approved in the 4 PSBs. Strategic Partnerships in place providing opportunities for advocacy for improving population health with partners. Approved HB Strategy Living Healthier, Staying Well confirms emphasis on improving population health through more focus on prevention. Baseline Assessment informing LHSW completed, underpinned by WG Public Health Outcomes Framework. Improved data on Primary care available to Area Teams and Contractors via PH Directorate website. Organisational objectives have now been revised and redefined as our Wellbeing Objectives. 2018/19 BCUHB Operational Plan aligned with key actions for improving health identified in Public Health Wales IMTP. Mapping of community-based assets underway to highlight key community issues using Community Insight software. DPH / Public Health Consultants attend all PSBs and Part 9 Board to advise and influence on prevention / early intervention agenda. Delivery of Public Health Team workplan is aligned with operational Area Teams. 	<ol style="list-style-type: none"> Further exploration and identification of new opportunities for Health Board to secure population health improvement through leadership role in strategic partnerships utilising new structures - Regional Partnership Board and Public Service Boards. November 2018 Update - Response to "A Healthier Wales" developed via Regional Partnership Board. The bid includes funding to support 3 proof of concept projects for implementation. Implementation of "Ein Dyfodol" programme a targeted Health Inequalities Programme in a small number of communities, alongside other Well North Wales activities. (By March 2019). November 2018 update - A report being drafted for Executive Team to recommend closure of the project due to lack of identified funding. New partnership approaches which are developing will support the original aims of the Project, and are included in the 2019/22 IMTP. 2018/19 Budget setting process to reflect increase in resources allocated to prevention and wellbeing ensuring provision of both universal and targeted interventions. Health Improvement and Inequalities Transformation (HIIT) Group to lead the development of relevant section of 2019/22 IMTP submission, and ensure co-ordination with other aspects of the Plan which are interdependent.

<p>15. Public Service Boards Wellbeing Plans developed.</p> <p>16. Health Improvement and Inequalities Transformation Group now fully established and has led the development of the relevant section of the 2019/20 IMTP submission, to ensure co-ordination of the Plan which are interdependent.</p> <p>17. Continued engagement with the Live Lab work with Office of Future Generations Commissioner and Public Health Wales while focusing on Healthy Weight in Pregnancy and Children.</p>	<p>5. Identify substantive PMO support for this programme.</p> <p>6. Participate in Live Lab work with Office of Future Generations Commissioner and Public Health Wales to provide a new focus for prevention within the delivery of community services, and generate learning which could be shared across Wales.</p>
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Assurances		Links to		
<p>1. Oversight by Public Service Boards and Local Authority Scrutiny Committees. 2. WG Review Meetings (JET).</p> <p>3. Public Health Observatory reports and reviews.</p> <p>4. WG Review and feedback on needs assessment.</p>		Strategic Goals	Principal Risks	Special Measures Theme
		1 2 5 6 7	PR8	Strategic and Service Planning

N.B For information - Ein Dyfoddol has now closed as a programme following a report to Executive Team.

CRR02	Director Lead: Executive Director of Nursing and Midwifery	Date Opened: 1 March 2012
	Assuring Committee: Quality, Safety and Experience Committee	Date Last Reviewed: 3 September 2019
	Risk: Infection Prevention & Control	Target Risk Date: 31 March 2020
There is a risk that patients will suffer harm due to healthcare associated infection. This may be caused by a failure to put in place systems, processes and practices that would prevent avoidable infection. The impact of this may increase morbidity and mortality, increase admissions and longer length of stay, increase treatment costs, reputational damage and loss of public confidence.		

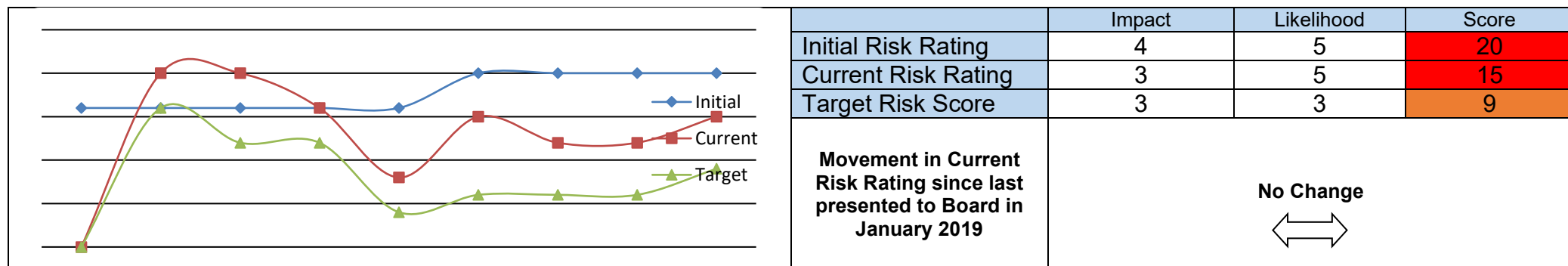


Controls in place	Further action to achieve target risk score
<ol style="list-style-type: none"> 1. Infection Prevention Sub-Group scrutinise trajectories and performance through the regular cycle of business, quarterly and annual reports to Quality and Safety Group. 2. Surveillance systems and policies/SOPs in place for key infections, with data presented through the governance route to Board. 3. Areas and Secondary Care sites governance arrangements. 4. Monthly Executive-led scrutiny meetings to review infections and learning from each site in place. 5. Continued progress on ANTT staff training, with key trainers in place, increased focus on medical staff supported by MDs, competencies held by individuals managers. 6. External review performed August 2017; report on further actions presented to Board. 7. Safe Clean Care Programme (SCC) launched 29-01-18, consideration to align SCC with IP annual work programme. 8. CAUTI snapshot planned for September 2019. 9. Deep dive considers every 6 organisms under WG scrutiny. 	<ol style="list-style-type: none"> 1. Continue the implementation of SCC and IP via annual work programmes. Await report from re visit from Janice Stevens in May 2019 for any further recommendations. 2. Implement the other actions identified in the 2019-20 annual infection prevention programme. 3. Implement actions in response to Welsh Government Antimicrobial Delivery Plan, relevant Welsh Health Circulars and in response to multi-drug resistant organisms. Part of the ARK study. 4. Continue to progress key actions from Duerden report 2016 in relation to Consultant Microbiologist staffing and capacity, Antimicrobial Stewardship, Estates and Facilities, policies and procedures. 5. Scrutinise every avoidable infection and lessons learnt from these are shared formally. 6. Progress work on influenza preparedness in preparation for winter 19-20.

Assurances	Links to		
	Strategic Goals	Principal Risks	Special Measures Theme
	1 2 3 4 5 6 7	PR1	Leadership
1. Professor Duerden report 2016. 2. WG review of decontamination. 3. Demonstrable improvement in line with National Benchmarks. 4. CHC Bug watch visits. 5. HSE reviews. 6. Internal Audits of Governance Arrangements.			

NB: Current score has now been corrected as it was stated as 12 on report presented in January since `impact` was erroneously changed from 5 to 4. Current score thus remains unchanged.

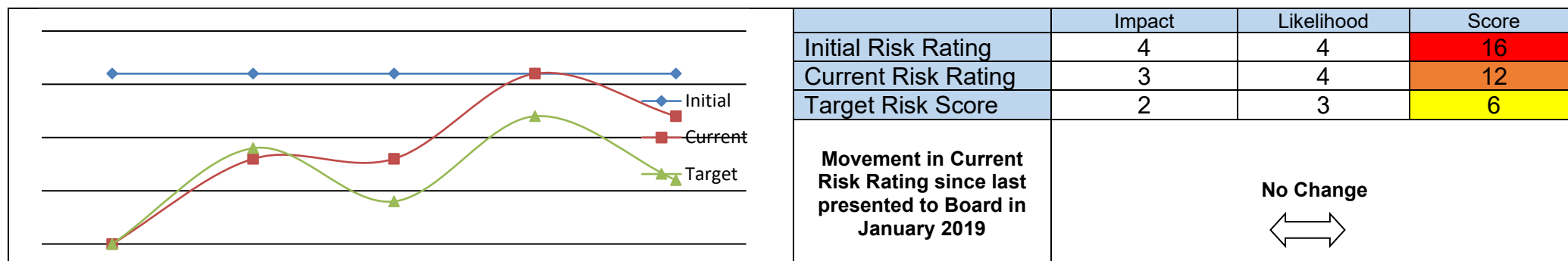
CRR03	Director Lead: Director of Primary and Community Care	Date Opened: 1 November 2013
	Assuring Committee: Quality, Safety and Experience Committee	Date Last Reviewed: 02 September 2019
	Risk: Continuing Health Care	Target Risk Date: 31 December 2019
There is a risk that the CHC Framework and process will not be fully adhered to. This is due to inconsistent application and service pressures including availability of suitable provision. This could lead to poor patient experience and outcomes and associated complaints and retrospective claims.		



Controls in place	Further action to achieve target risk score
<ol style="list-style-type: none"> 2014 national CHC Framework. Revised CHC structure in place including Practice Development Team. All Wales Retrospective Claims process (Powys). Joint LA & BCU CHC Regional Implementation Group. Revised BCUHB CHC Governance Framework agreed. PMO Scheme for CHC with associated project management and reporting in place. Annual WG self assessment. North Wales care home market place community project. Contracts and contract monitoring team in place. Implemented Scheme of Delegation Process within Areas. Implemented Skills and Knowledge Framework. Recruited to Retrospective Team. Implemented revised national retrospective claims procedure. CHC Contracts in place for all placements. Care Home QAF in place. Care Home Market position statement developed. 	<ol style="list-style-type: none"> Implement revised CHC Governance and Strategic Commissioning Team. Finalise and implement regional SOP. development of dashboard KPI's for CHC with Broadcare. Monthly exception reporting. Develop CHC commissioning strategy. Implement the Older persons Commissioner and Operation Jasmine action plans. Roll out Bevan Exemplar care home support team. Finalise and implement joint quality monitoring tool across north Wales. Implement patient and family feedback process. Increase partnership working with the sector to include shared services. Develop training and workforce strategy for Care Homes. Development of training and workforce strategy for CHC process.

Assurances	Links to		
<ol style="list-style-type: none"> Regular meetings with Regulators (CSSIW). Inter-agency processes in place to review escalated concerns. FNC Judicial Reviews of NHS Wales fee setting methodology implemented. National reporting on CHC placements. 	Strategic Goals	Principal Risks	Special Measures Theme
	2 3 4 5 6 7	PR1	Strategic and Service Planning

CRR05	Director Lead: Executive Director of Nursing and Midwifery	Date Opened: 1 March 2012
	Assuring Committee: Quality, Safety and Experience Committee	Date Last Reviewed: 3 September 2019
	Risk: Learning From Patient Experiences	Target Risk Date: 27 September 2019
There is a risk that the Health Board does not listen and learn from patient experience due to the untimely management and investigation of concerns. This could lead to repeated failures in quality and safety of care.		



Controls in place	Further action to achieve target risk score
<ol style="list-style-type: none"> 1. Corporate concerns team embedded in operational management structures. 2. Performance and accountability reviews include concerns monitoring. 3. Weekly divisional PTR meetings being held. 4. Monthly reporting and monitoring of performance and learning to QSG. 5. Enhanced monitoring of claims with Welsh Risk Pool. 6. Ongoing programme of work in place as part of the IMTP to deliver improvement. 7. Patient Advice and Support Service established in YGC initially. 8. Minimum data sets provided monthly to all divisions regarding. Concerns. 9. Initial review (72hr) of serious incidents implemented. 10. Revised trajectories agreed as part of IMTP. 11. Significant reduction in total numbers of complaints open - focus on resolving complaints as OTS where possible. 12. Harm dashboard launched and being informed by Datix. 13. Weekly teleconference with corporate and divisions to monitor complaints. 14. Associate Director Quality Assurance in post. 15. Process commenced to manage historic incidents to closure and learning. 16. Additional support identified to manage overdue complaints and allow divisions to focus on new complaints raised. 17. Weekly Incident review meeting established to review all serious incidents and complaints over 3 month overdue. 	<ol style="list-style-type: none"> 1. Concerns management and investigation processes being reviewed with support of new ADQA with a particular emphasis on incident management. 2. Review and revision of corporate concerns management to enhance learning in the divisions and create capacity to support training and development for the divisions. 3. Manage performance in line with revised trajectories. 4. PALs service introduced into East and West. 5. Learning from complaints now added into QSE reports. 6. Peer review of complaints redress reimbursement commenced on an All Wales basis to share learning across Wales. 7. Development of newsletter to include learning. 8. Focus on training and development of human factors training programme 9. Implementation of new "Once for Wales" RLDatix concerns management system to aid learning across wales.

Assurances	Links to		
1. Welsh Risk Pool Reports. 2. Monthly review by Delivery Unit. 3. Public Service Ombudsman Annual Report, Section 16 and feedback from cases. 4. Regulation 28 Reports from the Coroner.	Strategic Goals	Principal Risks	Special Measures Theme
	3 4 5 6	PR7	Leadership

CRR06	Director Lead: Executive Director of Finance	Date Opened: 1 March 2012
	Assuring Committee: Finance and Performance Committee	Date Last Reviewed: 30 August 2019
	Risk: Financial Stability - Health Board Financial achievement of the control total agreed with Welsh Government	Target Risk Date: 31 March 2020

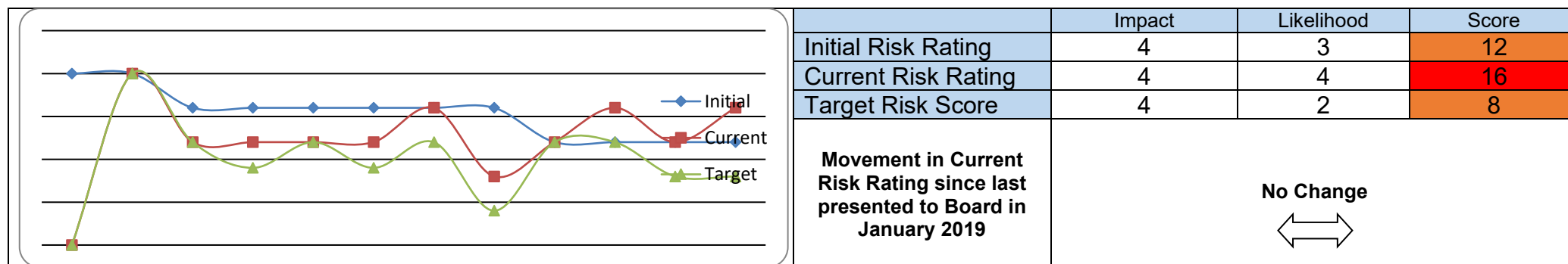
There is a risk that the Health Board will fail to achieve the deficit that meets the control total set by Welsh Government.

This is due to:

1. Savings plans that are not fully identified and may not be fully delivered.
2. Expenditure exceeding plan in both pay and non-pay areas.
3. The use of non-recurrent measures to support the in-year position risking the Health Board's longer term sustainability and continued failure to achieve its financial duty.
4. Failure to identify and progress transformational schemes that will position the Health Board for the longer-term.

The impact of this could increase the in-year deficit to 31 March 2020 and fail to progress towards the Control Total of £25m, and impact on the ability of the Health Board to improve its financial position in out-years.

The Health Board will remain in Special Measures until the financial position improves and will fail to attract necessary investment.

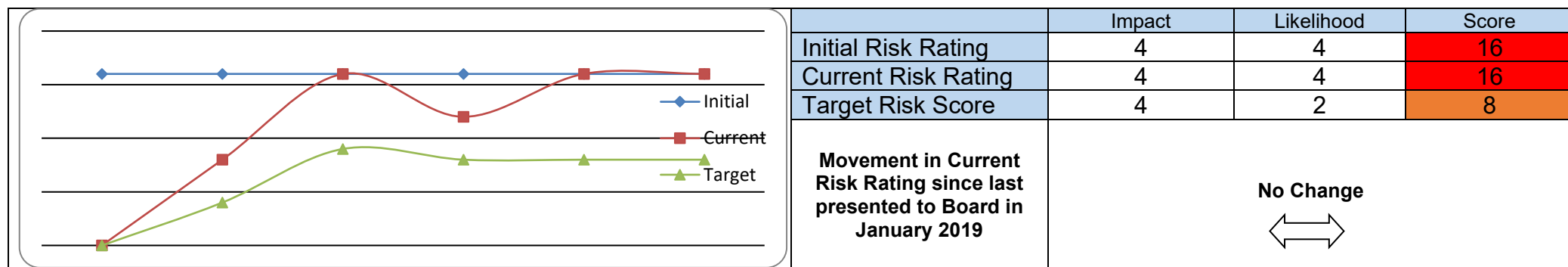


Controls in place	Further action to achieve target risk score
<ol style="list-style-type: none"> 1. Appointment of Recovery Director and establishment of a multi-faceted Recovery Programme, including recovery challenge meetings across all business areas and improvement themes, deployment of detailed grip and control, and active management if savings opportunity pipeline. 2. Scheme of Financial Delegation and Accountability Agreements in place covering all devolved budgets. 3. Additional stretch targets issued across all business areas. 4. Dedicated Chief Finance Officer embedded in the management team of each Division (and hospital/area team). 5. Focused additional recovery support provided by PwC and Finance in key areas of budgetary pressure. 6. Programme Management software used to track and monitor the delivery of savings. 7. Reporting through Financial Recovery Group and Finance and Performance Committee 	<ol style="list-style-type: none"> 1. Further work being undertaken to secure additional opportunities to deliver recovery actions, including ongoing review of the All Wales Efficiency Framework for further opportunities. 2. Roll-out campaign being devised to communicate and embed the new plan across the organisation and all devolved budget areas once agreed. 3. Accountability agreements to be amended to reflect revised plan and savings targets. 4. F&P Committee requesting attendance of overspending divisions to seek assurances regarding progress on recovery actions.

	<p>5. Finance Recovery Group and Finance Savings sub group implemented to focus on both delivery of savings and the improvement in the organisation's run rate.</p> <p>6. All steps to improve the position are being reported through the F & P Committee. 7. Improved Financial Reporting to support decision making being implemented.</p>
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Assurances		Links to		
<p>1. Monthly financial position reported to the F&P Committee and Board.</p> <p>2. Finance Delivery Unit (FDU) view at the WG Special Measures meeting.</p>		Strategic Goals	Principal Risks	Special Measures Theme
		7	PR2	SM4 SM1

CRR09	Director Lead: Director of Primary and Community Care	Date Opened: 1 October 2015
	Assuring Committee: Strategy, Partnerships and Population Health Committee	Date Last Reviewed: 14 August 2019
	Risk: Primary Care Sustainability	Target Risk Date: 31 March 2021
There is a risk that the Health Board may be unable to meet its statutory responsibilities to provide a primary care service to the population of North Wales. This may be due to the significant number of GPs who are able to retire within the next 5 years and the supply of GPs in training may not meet the demand created by the turnover. This could lead to delayed access for some patients to the appropriate primary care service.		



Controls in place	Further action to achieve target risk score
<ol style="list-style-type: none"> 5 Domain Sustainability risk assessment metric developed by PCUS used pan-BCUHB and by Areas to RAG rate and identify highest risk requiring support. Last assessment undertaken July 2019. . Each Area has developed a regular practice review process to prioritise support. Area Teams have developed support infrastructure to those practices experiencing significant challenges/pressures in terms of sustainability. National Sustainability assessment process allows practices to request support from the Health Board. Clinical advice available from Area Medical Directors and Cluster leads to provide support and development advice to practices. Salaried GPs employed by Areas, working in managed practices and also GMS practices in difficulty. Further GPs employed since April 2019. Agreement to employ clinical leads in managed practices to provide leadership and oversight. Clinical lead appointed for Blaenau Ffestiniog, other practices progressing recruitment at present.. Recruitment and retention plan to recruit new GPs into North Wales under development. Project Management for recruitment and retention appointed. Attendance at recruitment fairs and other conferences being co-ordinated to promote careers and share current vacancies in North Wales. Schemes for retaining and recruiting staff e.g. Outstanding GP scheme and the GP with experience scheme in place. 	<ol style="list-style-type: none"> Evaluation and integration of new service models into primary care to ascertain their success. New governance models of primary care need to be assessed to identify their reliability and assurance. Care closer to home strategy to be evaluated. Establish primary care academy and further develop primary care training, including mentorship. Recruit to GP schemes being adopted by Clusters and supported by new project manager for recruitment and retention. Primary care workforce plan to be developed and fully implemented. Further engagement with primary care and partner organisations. Demand management scheme – establishing ways to release GP capacity and shift services out of hospital settings – new roles, new models, and new services. Work with Deanery to increase the number of GP training places in N Wales. Lobby WG for review of national DDRB pay scales and recommendations to increase the rates to better reflect the different roles of salaried GPs.

10. Developed Multi-Disciplinary Teams within GP practices eg physiotherapists, ANPs, audiologist, pharmacists and this team takes on patients that were previously seen by the PG.

11. Developing new models of delivery of care within GP practices.

12. Primary care funding is supporting the way that services are delivered within community and primary care setting to take pressure off GPs.

13. Emerging schemes that will further support the way that services are delivered from Primary care eg Occupational therapy, advanced practice paramedics and GP sustainability and innovation unit have been allocated funding from Primary Care Investment funds in 2018/19.

14. Cluster plans and funded schemes are focusing on areas such as pathways and supporting the way that care is delivered at local level.

15. ANPs focusing activity within Care/Nursing homes to improve patient care and reduce demand on GP visits.

16. Running 24/7 DN service to reduce out of hours call out and unnecessary ED admissions.

17. Navigators working within GP practices signposting patients to the right healthcare.

18. Workflow optimisation training available to practices.

19. Intermediate care funded schemes supporting primary care.

20. 16 BCUHB managed practices in place that are providing opportunities to trial new models of working and develop new areas of clinical care.

21. BCUHB has approved a 'Care Closer to Home' strategy that provides a vision of the way that care will be provided within community and primary care setting in the future. A CCtH transformation board has been established to oversee progress, with the first meeting held on 20 July 2018.

22. Care closer to home themes set out in annual operational plan. Priority for cluster development, service model, workforce development, digital healthcare and technology and estates.

23. Governance and accountability of managed practices group in place; performance indicators established, project management work books published, governance framework for nurses and pharmacists agreed.

24. Premises issues being addressed with a number of practices, including approval to assign some premises head leases from partners to BCUHB.

25. Programme for recruiting and training practice nurses funded by PC funds in place with 6 nurses being recruited per annum.

26. Director of Primary and Community Health Services appointed and in post.

27. Plans to progress CCtH built into IMTP 2019-20, identified leads for progressing 4 themes (CRTS, Clusters, Health and Workforce/service model) Centres.

28. Project to establish a Primary & Community Care Academy in place to deliver a sustainable, fit for purpose workforce within primary and community services through the allocation resources and development of new models.

11. Accelerated role out of advanced practice training.

12. Promote practice mergers and federating.

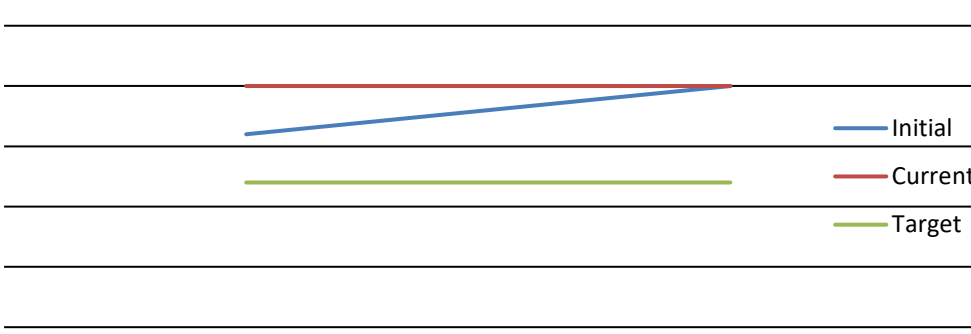
13. Further development of clusters/localities with partners to strengthen primary/community/social care.

14. Accelerate estates improvements to ensure fit for purpose buildings for care in community settings.

Assurances		Links to		
1. Oversight by Board and WG as part of Special Measures. 2. CHC visits to Primary Care.		Strategic Goals	Principal Risks	Special Measures Theme

3. GP council Wales Reviews.	1 2 3 4 5 6 7	PR6	Primary Care
4. Progress reporting to Community Health Council Joint Services Planning Committee.			

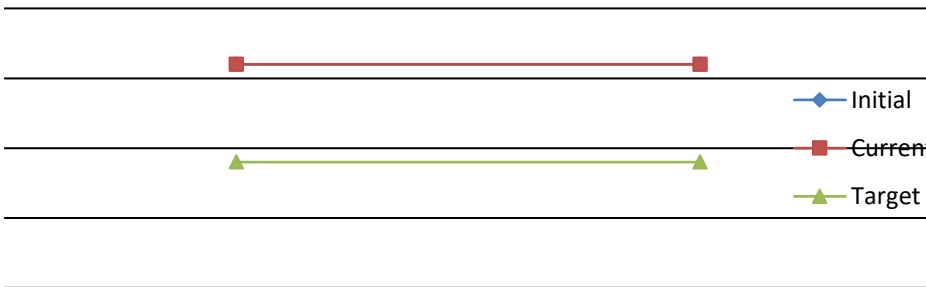
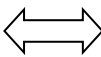
CRR10a	Director Lead: Executive Medical Director	Date Opened: 28 March 2019
	Assuring Committee: Information Governance & Informatics Committee	Date Last Reviewed: 3 September 2019
	Risk: National Infrastructure and Products	Target Risk Date: 28 December 2020
<p>There is a risk that the national infrastructure, technical architecture and products are not fit for purpose and do not allow the organisation to deliver benefits when planned. This may be caused by</p> <p>a) a one size fits all approach.</p> <p>b) products which are not delivered as specified (e.g. time, functionality and quality).</p> <p>c) the approach of the National Programme to mandate/design systems rather than standards.</p> <p>d) poor resilience and a "lack of focus on routine maintenance".</p> <p>e) Supplier capacity leading to commitment or delivery delays.</p> <p>f) Historic pricing models that are difficult to influence / may not be equitable.</p> <p>This could result in negative impacts in several key areas including:- Patient outcomes. An inability to support the strategic direction of the Health Board. Delays to delivery of transformational change. Inefficient work flows, poor system usage. Increased costs as we maintain multiple systems / pay inequitable prices. Delays with the delivery of cost saving schemes.</p>		

	Impact	Likelihood	Score
Initial Risk Rating	4	5	20
Current Risk Rating	4	5	20
Target Risk Score	4	3	12
	<p>Movement in Current Risk Rating since last presented to Board</p> <p>No Change</p> <p>↔</p>		

Controls in place	Further action to achieve target risk score
1. Scrutiny of NWIS by DIGC. 2. Project Governance.	1. Viable SLA. 2. Development and approval of local Digital Record. 3. Implementation of recommendation's from Architecture and Governance Reviews.

Assurances	Links to		
1. Public Accounts Committee Review of NWIS 2. Reports from the Digital Transformation Group to IGIC / EMG 3. WAO - review 4. National Architecture and Informatics Governance Reviews	Strategic Goals	Principal Risks	Special Measures Theme
	7	PR6	Not Applicable

CRR10b	Director Lead: Executive Medical Director	Date Opened: 28 March 2019
	Assuring Committee: Information Governance & Informatics Committee	Date Last Reviewed: 19 July 2019
	Risk: Informatics - Acute Health Records	Target Risk Date: 31 December 2019
here is a risk that patient information is not available when and where required. This may be caused by a lack of suitable storage space, uncertain retention periods, and the logistical challenges with sharing and maintaining standards associated with the paper record. This could result in substandard care, patient harm and an inability to meet our legislative duties.		

	Impact	Likelihood	Score
Initial Risk Rating	4	4	16
Current Risk Rating	4	4	16
Target Risk Score	3	3	9
		Movement in Current Risk Rating since last presented to Board No Change 	

Controls in place	Further action to achieve target risk score
<ol style="list-style-type: none"> 1. Corporate and Health Records Management policies and procedures are in place pan-BCUHB. 2. iFIT RFID casenote tracking software and asset register in place to govern the management and movement of patient records. 3. Escalation via appropriate committee reporting. 4. Key performance indicators monitored at BCUHB Patient Records Group (reported into the Information Governance Group). 	<ol style="list-style-type: none"> 1. Enable actions to meet the regulatory recommendations from the ICO, HASCAS/Ockenden and Internal Audit reports. 2. (Project) Development of a local Digital Health Records system to digitise the 'acute general' patient record. 3. (Project) Improve the assurance of Results Management (stop printing results) 4. (Project) Digitise the clinic letters for outpatients through implementation of Digital Dictation, and as appropriate Speech Recognition software. 5. (Project) Digitise nursing documentation through the implementation of CHAI Paediatrics, and Adults National Nursing systems. 6. (Project) Baseline the; storage, processes, management arrangements and standards compliance, and present the recommendations and funding requirements to work towards PAN-BCUHB Patient Records Compliance with legislation and standards in patient records management across all casenote types. 7. Engage with the Estates Rationalisation Programme to secure the future of 'fit for purpose' file libraries for legacy paper records

Assurances		Links to		
1.Chairs reports from Patient Record Group. 2.ICO Audit. 3.HASCAS Audit.		Strategic Goals	Principal Risks	Special Measures Theme
		7	PR1	Not Applicable

CRR10c	Director Lead: Executive Medical Director	Date Opened: 28 March 2019
	Assuring Committee: Information Governance & Informatics Committee	Date Last Reviewed: 3 September 2019
	Risk: Informatics infrastructure capacity, resource and demand.	Target Risk Date: 31 December 2019

There is a risk that digital services within the Health Board are not fit for purpose. This may be due to:

- (a) A lack of capacity and resource to deliver services / guide the organisation.
- (b) Increasing demand (internally from users e.g. for devices/ training and externally from the public, government and regulators e.g. growing need for digital services).
- (c) the moving pace of technology.

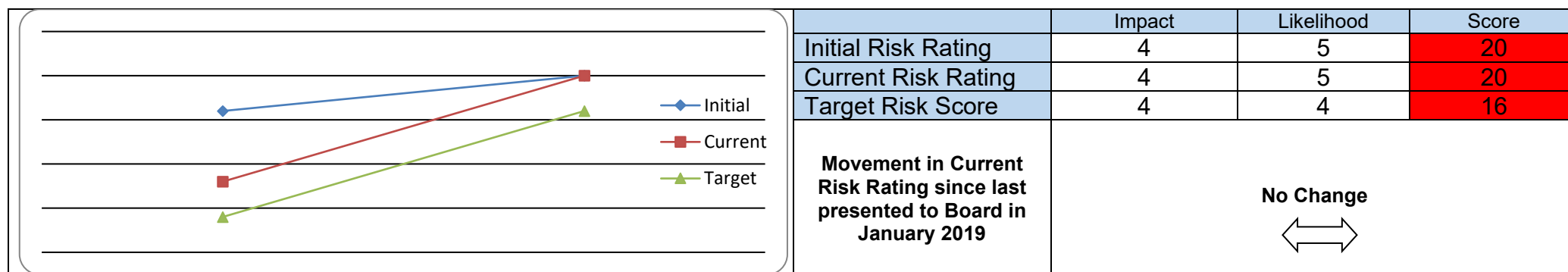
This could lead to failures in clinical and management systems, and a failure to support the delivery of the Health boards strategy / plans impacting negatively on patient safety/outcomes. It may also pose a greater risk to the Health board of infrastructure failures and cyber attack.

		Impact	Likelihood	Score
	Initial Risk Rating	4	5	20
	Current Risk Rating	4	4	16
	Target Risk Score	4	3	12
	Movement in Current Risk Rating since last presented to Board	No Change 		

Controls in place	Further action to achieve target risk score
1. Governance structures in place to approve and monitor plans. Monitoring of approved plans for 2019 2020 (Capital, IMTP and Operational. Approved and established process for reviewing requests for services. 2. Integrated planning process and agreed timescales with BCU and third party suppliers. 3. Key performance metrics to monitor service delivery and increasing demand. 4. Risk based approach to decision making e.g. Local hosting v's National hosting for WPAS etc. 5. DTG - whose remit includes review of resource conflicts.	1. Develop associated business cases for resource required based upon risks and opportunities e.g. Digital Health Record. 2. Review workforce plans and establish future proof informatics/digital capability and capacity.

Assurances		Links to		
1. Annual Internal Audit Plan. 2. WAO reviews and reports e.g. structured assessments and data quality. 3. Scrutiny of Clinical Data Quality by CHKS. 4. Auditor General Report - Informatics Systems in NHS Wales. 5. Regular reporting to IGIC (for Governance).		Strategic Goals	Principal Risks	Special Measures Theme
		2 3 4 5 6 7	PR6 PR5 PR2	Not Applicable

CRR11a	Director Lead: Executive Director of Nursing and Midwifery	Date Opened: 14 June 2018
	Assuring Committee: Finance and Performance Committee	Date Last Reviewed: 2 September 2019
	Risk: Unscheduled Care Access	Target Risk Date: 25 September 2020
<p>There is a risk that systematic harm may be caused to patients needing access to unscheduled care services due to failures to be able to respond to demand in accordance with expected national targets.</p> <p>This may be caused by mismatches between resources available across the unscheduled care system to demands placed on the system for prolonged periods of time or inappropriate allocation of resources available to meet the demand.</p> <p>This could lead to an impact/effect on patient experience and outcomes, organisational reputation, delivery of national targets and recognised standards of care.</p>		



Controls in place	Further action to achieve target risk score
<ol style="list-style-type: none"> 1. Multi-agency Unscheduled Care Transformation Board chaired by the Executive Director of Nursing. 2. 1ST 90-day cycle of the unscheduled care plan launched 10.10.18. with 3 specific work streams: Demand, Flow and Discharge. 3. Associate Director of Unscheduled Care seconded to lead the 90 day plan, with named workstream leads in place responsible for performance management of the plan. 4. Daily Conference Calls with WG in place to address daily position. 5. Daily Safety Huddles in place on 3 acute sites. 6. Pan BCU calls in place to manage flow between divisions. 7. Daily Board rounds in place to support continuity of care and early discharge planning. 8. Weekly review meetings with LA partners to support discharge. 9. Live and daily performance information to support decision making. 10. 3 times daily escalation status reviews. 11. SAPHE scoring for assessment of ED departmental patient safety. 	<ol style="list-style-type: none"> 1. Recruitment of 3 Emergency Quarter managers. 2. Development and sign off the 90 day improvement trajectories for the 3 workstreams required. 3. Embedding of SAFER in all sites and wards. 4. Work with partners on improvement to DTOC taking into account cross border demand from COCH and RJA on Wrexham and Flintshire. 5. Close monitoring and management of actions within the 90 day plan to understand and evaluate the effectiveness of each element and impact on overall performance. <p>Additional Note:</p> <ol style="list-style-type: none"> 1. 3 EC managers substantively recruited and engaged with building better care plans (was previously 90 day improvement plan)

<p>12. Mental Health support located within site Police Control.</p> <p>13. Frequent attenders WEDFANs group regularly review vulnerable patients who frequently access services.</p> <p>14. Escalation process and structure in place to provide 24/7. escalation from site management through bronze, silver and gold.</p> <p>15. Seasonal plan developed.</p> <p>16. Discharge information provided to patients on admission via new discharge leaflet.</p>	<p>2. Building better care plan consisting of 3 streams of work</p> <p>a. Demand - SICAT established and demonstrating reduction in transfers to ED (~30% of calls - assumption that ALL calls previously would have resulted in transfer)</p> <p>b. Flow - Multiple substreams including:</p> <ul style="list-style-type: none"> -ambulance handover - WMH lost improved with consistent reduction in time taken for handover -proactive triage- promoting use of alternative resources and early decision-making to reduce time in ED (Overall averager time in ED is reducing) -early senior decision-making - recognition of senior medical staffing issues esp. at WMH- requiring workforce and roster review -escalation and capacity management review - test of 'grip and control' at YGC site de-escalated from sitrep 4 to 2 without associated reduction in overall time in ED - further work on-going to review process and pilot at other sites -implementation of SAFER - ongoing - small increase in numbers of earlier discharges -stranded & super-stranded patient review - to launch across sites -review of acute assessment/ambulatory models with pilots to be launched later this month at YGC & WMH -review of specialty reviews for inpatients - to enable earlier discharge -review of imaging pathways to support early outpatient scans and avoid longer inpatient stay <p>c. discharge planning - work continues to reduce delays in transfers of care and decision-making. Letter shared re. patient choice and working with staff to encourage proactive discussions with families and patients.</p> <p>3. Review of site escalation and management to support site responsibility during normal working hours</p> <p>4. Associate director for unascheduled care replaced with programme manager with additional interim support at area level to oversee progress against building better care plan</p>
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Assurances	Links to		
	Strategic Goals	Principal Risks	Special Measures Theme
<p>1. Seasonal Plan.</p> <p>2. RTT Plan.</p> <p>3. Twice Yearly JET meetings with WG.</p> <p>4. Monthly meetings with Delivery Unit.</p>	1 2 3 6 7	PR3	Leadership

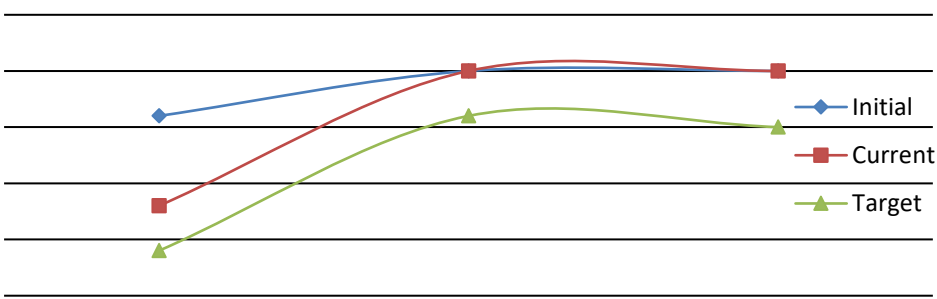
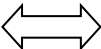
5. National Patient Flow Collaborative.			
6. OOHs review (both National and Internal Audit).			
7. Subject specific internal audit reviews.			
8. Orthopaedic Plan development.			
9. Transformation groups reporting.			
10. WPAS implementation group reporting and daily tracking.			

CRR11b	Director Lead: Executive Director of Nursing and Midwifery	Date Opened: 14 June 2018
	Assuring Committee: Finance and Performance Committee	Date Last Reviewed: 2 September 2019
	Risk: Planned Care Access	Target Risk Date: 25 September 2020

There is a risk that the BCUHB is not able to provide access to planned care in accordance with the national standards. This may result in not being able to meet the timely clinical needs and expectations of patients. BCUHB will need to provide assurance to partner organisations on the management of clinical safety and treatment of the backlog.

This is caused by capacity shortfalls or mismatch between allocation of available capacity and demand including booking of patients in chronological order following clinical urgency, a lack of effective utilisation of resources, conflicting pressures (management of Unscheduled Care pressures and elective delivery), equipment failure and availability of suitable facilities, workforce issues.

This could lead to adverse outcomes for patients, prolonged waiting periods, an inability to meet national targets (RTT, diagnostics, cancer, clinically due review time, and impact on the financial stability and the reputation of the Health Board.

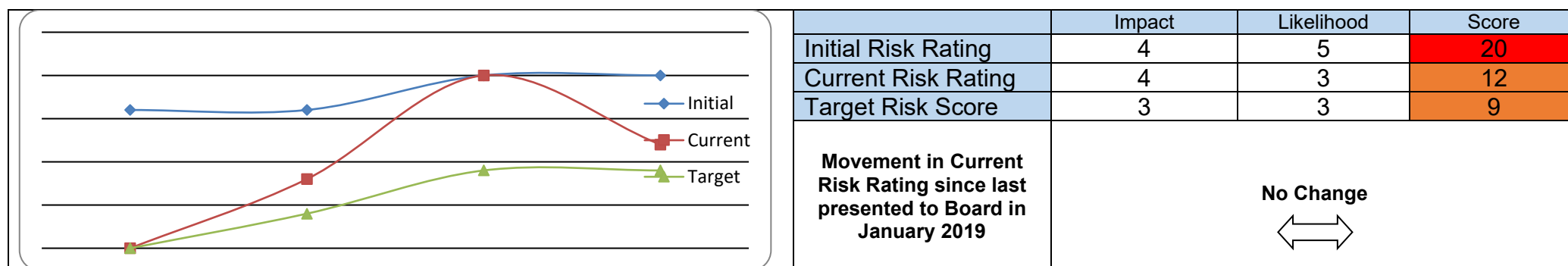
	Initial Risk Rating	Impact	Likelihood	Score
	Current Risk Rating	4	5	20
	Target Risk Score	4	5	20
	Target Risk Score	3	5	15
Movement in Current Risk Rating since last presented to Board in January 2019		No Change 		

Controls in place	Further action to achieve target risk score
1. Weekly PTL and Daily waiting times information in place for RTT, diagnostics and Cancer. 2. Performance team and trackers in Cancer utilising escalation processes with operational teams. 3. Demand and Capacity plan agreed per specialty and site confirming extent of sustainable service gap. 4. Weekly Access meeting extended to include RTT, Diagnostics and Cancer. 5. Interim Planned Care leadership in place responsible for leadership across the HB providing oversight of RTT, Cancer, Endoscopy and Diagnostics remedial action plans. Performance management at Hospital and Area Level. Weekly PTL meeting at health economy level in place led by the Associate director of Planned Care. 6. Weekly outsourcing meeting in place.	1. Resourced planned care operational plan signed off. 2. Resource for RTT and Diagnostics 2019-20 nearly confirmed. Orthopaedics to be confirmed by the WG colleagues. 3. Pan BCU service line management to be implemented with initial recruitment to the specialties of : Orthopaedics, Ophthalmology and Urology. 4. Sustainable service plans for these 3 specialties to be further developed and implemented. 5. Learning from Single Cancer Pathway shadow working to be shared and used to inform Cabinet Secretary decision making - this will impact on diagnostic capacity and demands on cancer tracking.

<p>7. Elective patient pathway and outpatient improvement cells in place with clear targets for efficiency improvement.</p> <p>8. Engaged with National Planned Care, National Outpatient and Cancer Implementation Groups.</p> <p>9. Single Cancer Pathway demand and capacity submission completed and shadow reporting to WG monthly. Capacity gap for diagnostics reported via monthly EMG report and to be considered as part of IMTP preparation 2019-2022.</p> <p>10. Elective and Seasonal plan assumes only daycase and urgent/cancer surgery is scheduled for winter 2019/20 to support unscheduled care capacity (except at Abergele).</p> <p>11. Eye care measure reporting commenced 30.9.18. and successful WG fund made for resource to assist with implementation.</p> <p>12. DU supporting with endoscopy capacity review for diagnostic waits as part of an all Wales programme of work Nov/Dec 2018.</p> <p>13. Additional contracts in place for non-obstetric Ultrasound aims to recover 8 week waits for this service by end of Dec 2018.</p> <p>14. Risk for follow up management increased in Central area due to WPAS serious incident, operational oversight group in place.</p> <p>15. Outpatient Programme Group established and clarity re: governance obtained.</p>	<p>6. Learning and application of change management in respect of the Eye Care measures to inform sustainable plan.</p> <p>7. Follow up efficiency measures for the 4 specialties from the national planned care programme to be implemented.</p> <p>8. Sustainable endoscopy capacity plan to be developed and key appointments made.</p> <p>9. Outcome awaited on Single Cancer Pathway WCN investment proposal</p> <p>10. Matrix working and responsibilities of clinical and operational leaders to be confirmed to strengthen governance.</p> <p>11. Enhanced governance structure in place and developing.</p>
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Assurances	Links to		
	Strategic Goals	Principal Risks	Special Measures Theme
<p>1. Seasonal Plan. 2. RTT Plan.</p> <p>3. Twice Yearly JET meetings with WG. 4. Monthly meetings with Delivery Unit.</p> <p>5. National Patient Flow Collaborative.</p> <p>6. OOHs review (both National and Internal Audit).</p> <p>7. Subject specific internal audit reviews. 8. Orthopaedic Plan development.</p> <p>9. Transformation groups reporting. 10. WPAS implementation group reporting and daily tracking.</p>	1 2 3 6 7	PR3	Leadership

CRR12	Director Lead: Executive Director of Planning and Performance	Date Opened: 1 October 2015
	Assuring Committee: Finance and Performance Committee	Date Last Reviewed: 2 September 2019
	Risk: Estates and Environment	Target Risk Date: 1 April 2022
There is a risk that the Health Board fails to provide a safe and compliant built environment. This may be due to insufficient financial investment and estates rationalisation. This could result in avoidable harm to patient, staff, public, reputational damage and litigation.		

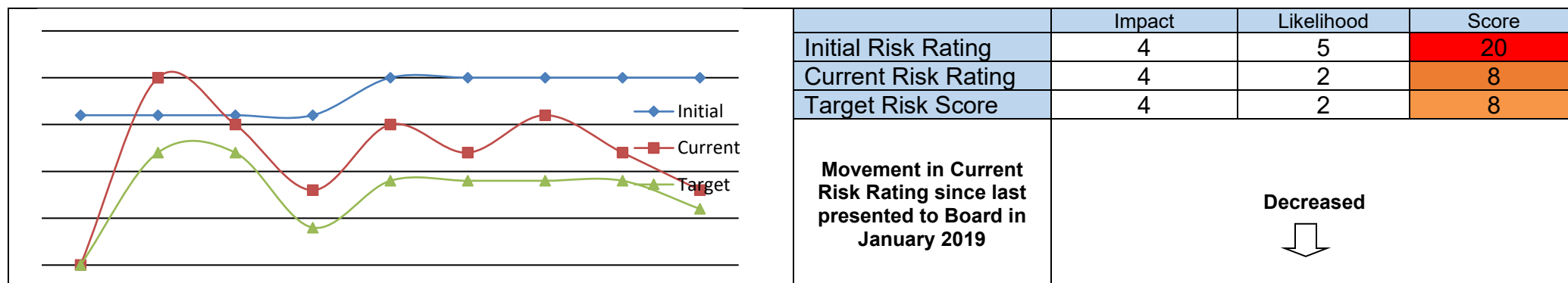


Controls in place	Further action to achieve target risk score
<ol style="list-style-type: none"> 1. Clear Board direction on future clinical service model through Living Healthier/Staying Well(2019/20). 2. Operational Risk Registers in place defining high risk priorities for capital and revenue investment. 3. Risk assessed schedules for implementation of agreed priorities. 4. Estates maintenance strategy in place for the delivery of capital and investment objectives. 5. Input data into All Wales Estates Facilities Performance Management System (EFPMS) Portal to assess overall estate performance. 6. Risk based estates rationalisation and disposal programme in place. 7. Redevelopment plan for Ysbyty Glan Clwyd (Asbestos Management Controls). 8. Project Director appointed for development of Ysbyty Wrexham Maelor. 9. Stock Condition Survey of Primary Care Estate premises completed. 10. Operational Estates and Facilities Management annually agreed Discretionary capital funding. 11. Strategic capital investment (2018/19) - (updated and reviewed annual in line with the Health Board's Discretionary Capital Programme and All Wales Capital Projects). 12. New service models for non strategic estate developed. 	<ol style="list-style-type: none"> 1. Approved Health Board Estates Strategy 2019/20 to deliver mitigation and reduce risk. 2. Ongoing programme of estates rationalisation and selective demolition (2019/20). 3. Develop Full Business Cases for Residential Accommodation and Laundry Services and submit to Board for approval Sept 2019). 4. Estates Strategy to reflect current assessment of backlog maintenance the annual data gathering for the All Wales Estates and Facilities Performance Management System has now been submitted and an All Wales Report will be published in December 2018). 5. Phased Stock Condition Survey of Acute and Community premises to inform capital investment plans (April 2019/20) - Revenue funding bids are currently being considered within the 2019/20 Health Boards budget setting process.

13. Options Appraisals for both Residential and Laundry Services have been developed.	6. Revenue funding bids are being submitted for consideration within the Health Boards 2019/20 budget setting process to undertake a six facets condition survey across the Health Boards Estate.
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Assurances	Links to		
	Strategic Goals	Principal Risks	Special Measures Theme
1. Independent authorising engineer appointments. 2. Internal Audit Programme. 3. HSE Statutory Reviews and Reports. 4. EFPMS Portal Data used by WG for Annual All Wales Report. 5. Local Authority Trading Standing. 6. Food Safety Assessment. 7. Annual Reports (HSE, Fire, V&A and sustainability).	1 2 3 4 5 7	PR5	Strategic and Service Planning

CRR13	Director Lead: Director of Mental Health and Learning Disabilities	Date Opened: 01 October 2013
	Assuring Committee: Quality, Safety and Experience Committee	Date Last Reviewed: 3 September 2019
	Risk: Mental Health Services	Target Risk Date: 31 March 2020
There is a risk that patients receive inappropriate care within Mental Health Services due to failings in leadership and governance at all levels within the Division which could result in poor quality outcomes for patients.		



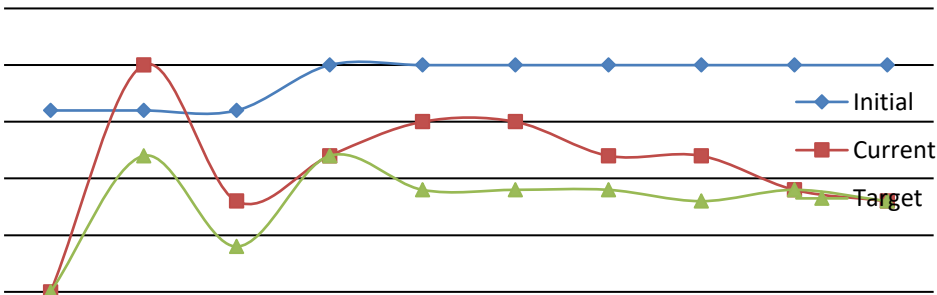
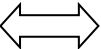
Controls in place	Further action to achieve target risk score
<ol style="list-style-type: none"> 1. Improvement plan in place and subject to ongoing review. 2. Enhanced monitoring in progress at Board level. 3. Renewed focus and escalation arrangements for dealing with operational issues. 4. Governance Framework developed and implemented within mental health. 5. Mental Health Strategy approved by the Board. 6. Senior Management and Clinical Leadership holding structure in place. 7. Older Person's Mental Health action plans in place. 8. Weekly PTR meeting in place. 9. Revised interim leadership, management and governance arrangements in place November 2017. 	<ol style="list-style-type: none"> 1. Ongoing implementation of performance and accountability reviews across the division. 2. Continue to improve internal divisional communication systems. 3. Contribute to HASCAS investigation and wider governance review. 4. Undertake review of demand, capacity and skill mix. 5. Ongoing review of staffing levels. 6. Consultation on permanent structure to be completed. 7. Embed revised arrangements for safeguarding, and dynamic risk assessment. 8. Standardise operational procedures for acute inpatient care.

Assurances	Links to
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1. Board and WG oversight as part of Special Measures. 2. External reviews and investigations commissioned (Ockenden and HASCAS). 3. HIW Reviews. 4. External Accreditation (AIMS). 5. Delivery Unit oversight of CTP.	Strategic Goals	Principal Risks	Special Measures Theme
	1 2 3 4 5 6 7	PR1	Mental Health

CRR14	Director Lead: Executive Director of Workforce and Organisational Development	Date Opened: 1 October 2015
	Assuring Committee: Strategy, Partnerships and Population Health Committee	Date Last Reviewed: 30 August 2019
	Risk: Staff Engagement	Target Risk Date: 31 March 2020

There is a risk that the Health Board does not maintain a culture which promotes excellence and engagement of staff in order to transform services. This may be caused by a disconnect between stated values and actual behaviours. This could lead to poor quality services, damage to the organisations reputation, long term sustainability and low levels of workforce satisfaction and well being.

	Impact	Likelihood	Score
Initial Risk Rating	4	5	20
Current Risk Rating	4	2	8
Target Risk Score	4	2	8
	Movement in Current Risk Rating since last presented to Board in January 2019 No Change 		

Controls in place	Further action to achieve target risk score
1. Implemented Proud to Lead - Leadership Behaviours Framework. 2. Implemented a range of engagement processes including: -3D Model-Discover, Debate, Deliver; Listening Leads; Staff Engagement Ambassadors; "Proud Of" Groups established in each DGH and some Community Hospitals. -Implemented Staff Reward and Recognition Schemes such as Seren Betsi Star, Staff Achievement Awards and Long Service Awards. 3. Implemented range of public engagement opportunities. 4. Trade Union partnership arrangements: Local Partnership Forum/Local Negotiating Committee in place. 5. Defined purpose and values. 6. Implemented "Hello my name is" / "Helo fy enw I ydy". 7. Raising Concerns Procedure and Safe Haven Scheme in place with task and finish group oversight. 8. Workforce, clinical and operational policies and procedures in place including Dignity at Work. 9. BCU and Professional Codes of conduct in place.	1. Monitoring progress of the 2018 Staff Survey Organisational Improvement Plan and Divisional Improvement Plans to be through the Workforce Improvement group. 2. Development of an organisational Retention Improvement Plan Q1 2019/20. 3. Development of an Attraction Improvement Plan Q2 2019/20. 4. Development of a Succession Planning Framework at Tiers 1-3 Q3 2019/20.

10. Leadership Development Programmes in place including the newly refreshed Ward Manager Development Programme (previously known as Generation 2015 programme).

11. Implemented Speak out safely campaign.

12. Staff Engagement Strategy and delivery plans have been superseded by the Workforce Strategy 2019-22 and associated Annual Objectives.

13. Simplified PADR documentation currently under consultation.

14. 3D Listening Methodology in place and "You Said - We Did" are collated for each project area. Model has been amended following staff feedback, the 3D Lite has been launched. Teams are using this method widely now to gather staff feedback and ideas to improve patient care, staff working environment and practices and generally raise ideas to improved morale.

15. Leading for Transformation Senior Leadership development programme focussing on leadership behaviours for Bands 8a and above and Medical & Dental staff launched in Q1 2019/20.

16. 2018 Staff Survey Improvement Plans in place for the Organisation, Divisions and Corporate Divisions.

17. BCUHB Best, Facebook and Twitter in place.

18. BCUHB are part of the All Wales Public Services Coaching Network. In-house coaching programmes have been established and are currently available.

19. Partnerships established with Local Further Education Providers to deliver a programme of Essential Skills for Staff.

20. Senior Leadership Master Classes have been established for 2019/20.

21. Staff Engagement resource tool kit developed and available on the Intranet.

22. Workforce Metrics dashboard implemented.

23. First staff engagement organisational survey ByddwchYnFalch/BeProud is currently live and will close at the end of June 2019. This provides a process for continuous engagement and feedback from staff. A survey will be launched on a quarterly basis.

24. The first ByddwchYnFalch/BeProud Pioneer Teams, 10 in total have commenced their engagement journey. The next cohort of 10 teams commence their journey on 19th June 2019, with Cohort 3 commencing in September 2019. This is a 26 week programme to support teams to build staff engagement at team/local level.

25. PADR Improvement plan in place, PADR compliance gradually improving.

26. Seren Betsi Aur/Gold Award developed - to recognise achievement, selected from all Seren Betsi winners annually, through nomination process and awarded at staff achievement awards - implemented Q3 18/19.

27. Proud of initiative - developed further in Q4 18/19 to amalgamate a range of engagement tools/methods to support staff engagement across the organisation.

28. An advanced Coaching Skills training programme for Medical Staff and Senior Leaders has been developed and delivered with good engagement and outcomes.

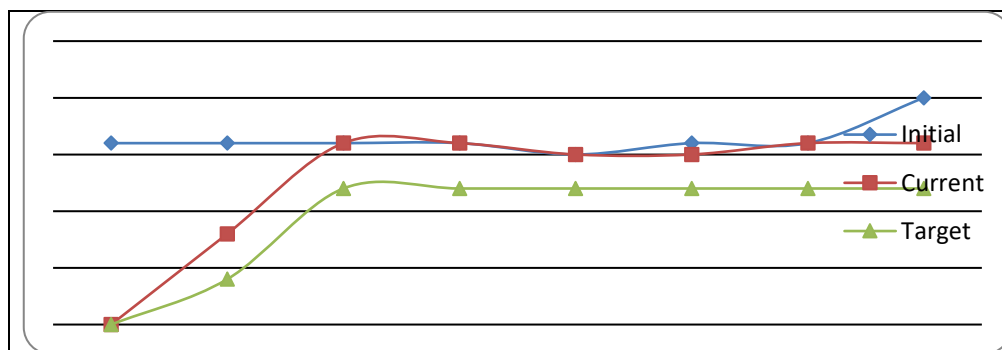
29. Proud of Groups - Tested new approach in Area East with positive feedback from staff and senior managers. Outcomes include:

- Local groups being established within Community Hospitals to build on and improve staff engagement.
- Improved accessibility to Area Director through regular and rotating meetings with staff.

•Various engagement methods such as recognition tools and 3D used to celebrate successes and exploring further engagement methods within teams.

Assurances		Links to		
1. Board and WG monitoring as part special measures. 2. Staff survey benchmarked across Wales. 3. Corporate Health Award. 4. Implementation of I Want Great Care.		Strategic Goals	Principal Risks	Special Measures Theme
		1 2 3 4 5 6 7	PR9	Engagement

CRR15	Director Lead: Executive Director of Workforce and Organisational Development	Date Opened: 1 October 2015
	Assuring Committee: Strategy, Partnerships and Population Health Committee	Date Last Reviewed: 12 August 2019
	Risk: Recruitment and Retention	Target Risk Date: 31 January 2020
There is a risk that the Health Board will have difficulty recruiting and retaining high quality staff in certain areas. This may be due to UK shortages for certain staff groups and the rurality of certain areas of the health board. This could lead to poor patient experience and outcomes, low morale and well being and attendance of staff.		



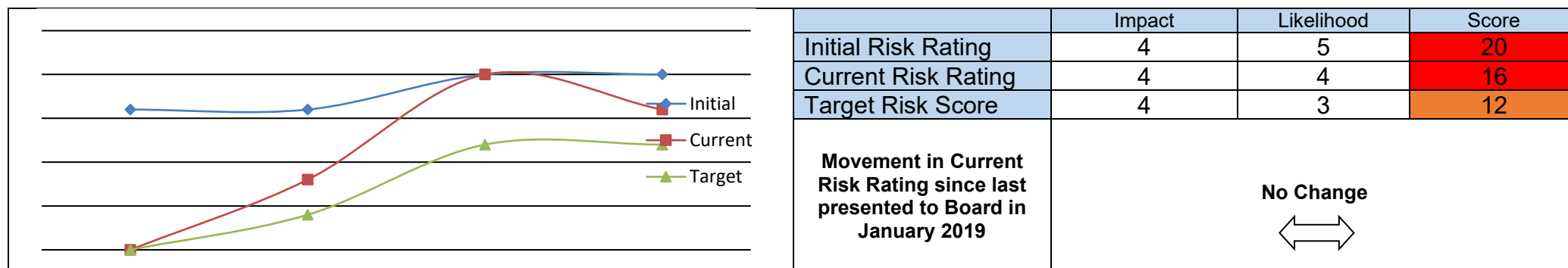
	Impact	Likelihood	Score
Initial Risk Rating	4	5	20
Current Risk Rating	4	4	16
Target Risk Score	4	3	12
Movement in Current Risk Rating since last presented to Board in January 2019		No Change 	

Controls in place	Further action to achieve target risk score
1. Promotion of the employment brand and introduced digital marketing through social media channels job of the week and using the good news stories from communications team to add a link to relevant jobs in that area. e Train Work live North Wales continues to attract with increased numbers of visitors to the site. 2. A 12 month events calendar is now in place which includes two national job fairs Manchester and Birmingham and local engagement events such a national Eisteddfod, denbighshire shows and food festivals. Recruitment team have co-ordinated staff from BCU Hb to attend. Recruitment days for YGC YG and WMH are planned 3. The pipeline report is also used to provide the top 10 hotspots of vacancies and then intense focus is placed on these although this creates further challenges as there is no marketing budget agreed. Executives need to support and provide the necessary funding. 3. Recruitment lead for BCU HB working with corporate Nursing on a number of recruitment pipelines such as fast track of HCA band 4 to adult nurse course at bangor university(2 year course will provide 12 nurses in 2020) A return to practice campaign will be further promoted later in 2019 - although challenges raised in	1. Further targeted recruitment across the UK 2. Identification of recruitment co-ordinators in each secondary care high vacancy areas. continue with student recruitment and promotion of nurse vacancies to Manchester, Chester and Staffordshire Universities. 3 Contribution to Medical Training Initiatives (MTI) Bapio Scheme. 4. Exit interviews not fully embraced by service further work around this with OD teams Divisions and services. 5. BCU HB needs recruitment marketing funding to support further digital marketing. Celebrate local achievements through 'Proud of Campaign' building on existing staff awards and celebration of success. 6. Further work on recruitment pipelines such as trainees, graduates return to practice, cadet scheme and overseas candidates.

<p>November 2018 to bangor university on lack pf places for BCU RTP nurses. Corporate nursing taking forward. Positive hanges to bursary system on degree nursing courses at Welsh Universities will commit graduates to 2 years working in the Welsh NHS. a focus on retention with Appraisal compliance and mandatory training monitored.National KPI's Time to Hire focus on recruitment timescales monitoring both within BCUHB and NWSSP.TRAC system in place which ensures standardised processes.</p> <p>HR are supporting with the promotion of flexible working: part time working, job share, compressed hours, annualised hours, flexi, career breaks etc.</p> <p>Staff benefits such as cycle to work schemes and other non-pay benefits in place.</p> <p>HR and recruitment team continue to promote best practice through times of organisational change, redeployment and secondments and through flexible working arrangements.</p> <p>An Agency cap for medical and dental staff in place, with tight controls in place to reduce agency expenditure. National reporting is conducted monthly, which will be reviewed regularly.</p> <p>BCU HB contrinutes the the All-Wales Recruitment campaigns - 'train, work, live' brand. BCU now has the recruitment team has the SPOC which is promoted Nationally and locally. Student nurse recruitment is the most successful pipline and BCU have worked with WG/SSP to introduce a more robust method of recruiting our nurse graduates Resulting in 130 nurse joining in september 2019 and a further 75 planned to join in march 2020</p>	<p>7. A Focus on retention during 2019 working with corporate nurses to ensure a buddy sytem is in place for newly qualified and preceptorship is rollout .</p>
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Assurances	Links to		
	Strategic Goals	Principal Risks	Special Measures Theme
	1 2 3 4 5 6 7	PR4	Leadership

CRR16	Director Lead: Executive Director of Nursing and Midwifery	Date Opened: 19 May 2016
	Assuring Committee: Quality, Safety and Experience Committee	Date Last Reviewed: 30 August 2019
	Risk: A major safeguarding failure occurs	Target Risk Date: 31 October 2019
There is a risk that the Health Board does not discharge its statutory and moral duties in respect of Safeguarding. This may be caused by a failure develop and implement suitable and sufficient safeguarding arrangements, develop an engaged and educated workforce and provide sufficient resources to manage the undertaking. This could impact on those persons at risk of harm to whom the BCUHB has a duty of care.		

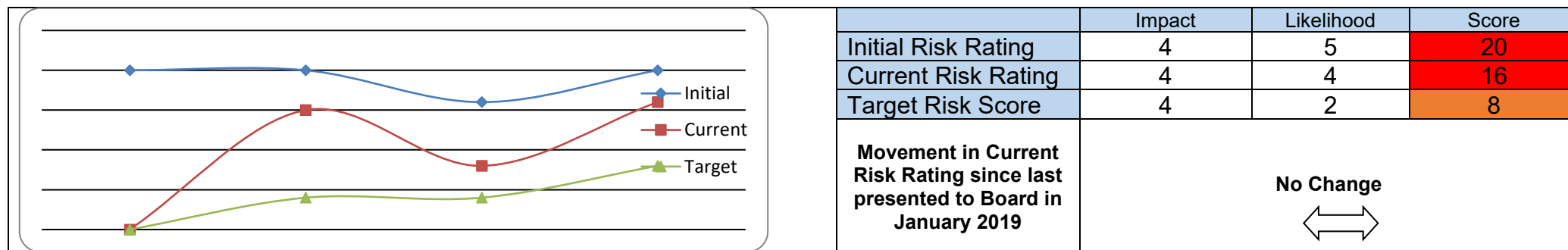


Controls in place	Further action to achieve target risk score
<p>1. A cycle of Business Planning meetings have been implemented within the Nursing and Midwifery Directorate which scrutinises and reviews Level 1 and 2 Risks and is attended by the Associate Director of Safeguarding.</p> <p>2. A refreshed Safeguarding Reporting Framework has been implemented within safeguarding which sets out clear lines of accountability and is underpinned by a Business Cycle.</p> <p>3. A standardised data report on key areas including Adult at Risk, Child at Risk and DoLS is submitted to Area Forums in order that data is scrutinised and risks identified.</p> <p>3. Risk Management has been embedded into the processes of the Reporting Framework by being included as a standing item on the Safeguarding Governance and Performance and Area Forum Agendas. Issues of Significance reports require risks to be identified and reported on in terms of mitigating action.</p>	<p>1. A further service reconfiguration is ongoing. Job Descriptions have now been finalised and approved. Advertisement for the Senior Management posts will go live by the end of May 2019. Successful recruitment and appointment to these posts will be key in ensuring that the Safeguarding agenda is fully embedded across BCUHB.</p> <p>2. Further structural activity needs to take place to ensure business continuity and stability within the Safeguarding Team.</p> <p>3. A Safeguarding Communications Strategy is a priority activity for 2019-20.</p>

5. A new Senior Manager tier has been appointed within the Safeguarding Structure to ensure a senior level of scrutiny and accountability.	<p>4. The programme of works relating to the governance and accountability of Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act is under review and implementation of key tasks including signatory training is underway. See Risk 2548.</p> <p>5. A review of the DoLS structure and service provision is a priority activity for 2019-20 and a key requirement from HASCAS. See Risk 2548.</p> <p>6. The appointment of a Named Doctor, Safeguarding Adults is still outstanding however the recruitment process is underway. This post holder will also hold a position on the NWSAB.</p> <p>7. A Training Needs Analysis will be undertaken that feeds into a 2019-2020 Training Strategy.</p>
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Assurances	Links to		
	Strategic Goals	Principal Risks	Special Measures Theme
1. Strengthened Governance and Reporting arrangements. 2. Enhanced engagement with partner agencies. 3. Safe and effective data collection and triangulation of organisational data to identify risk. 4. Improved compliance against recognised omissions relating to the review and development of Safeguarding policies and Training materials. 5. Regional Safeguarding Boards.	3 7	PR9	Governance

CRR17	Director Lead: Executive Director of Planning and Performance	Date Opened: 10 October 2016
	Assuring Committee: Strategy, Partnerships and Population Health Committee	Date Last Reviewed: 30 August 2019
	Risk: Development of IMTP (Integrated Medium Term Plan)	Target Risk Date: 31 March 2020
There is a risk that the Health Board cannot deliver safe and sustainable services to the population of North Wales which may be because there is not an agreed plan for the next 3 years. This could lead to an inability to address and improve health and healthcare services.		

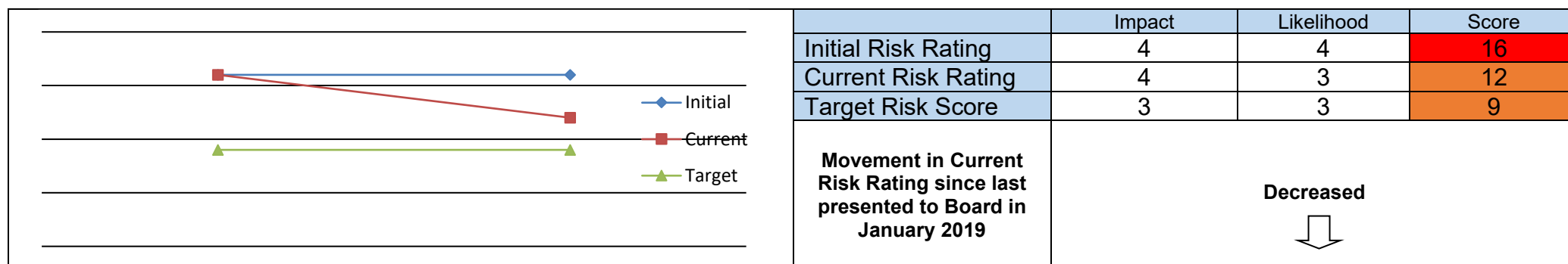


Controls in place	Further action to achieve target risk score
<ol style="list-style-type: none"> 1. The timetable to develop the 2019/22 IMTP was discussed and agreed by SPPH Committee on 9th August 2018. 2. The Health Board approved approach for developing the 2019/22 IMTP on 6th September 2018. 3. Unscheduled Care - 90 day plan launched and measures and trajectories agreed for inclusion in the AOP for 2018/19. 4. Core priorities developed with the Board for 2018/19 and centred around three key themes: <ul style="list-style-type: none"> - Access and waiting times - Improved confidence in the health and social care system - Finance and resources 5. A short plan reflecting the Core Priorities, agreed with Board to steer the HB to 2018/19 year end discussed and supported by Strategy, Partnerships and Population Health Committee on 4th December 2018. 	<ol style="list-style-type: none"> 1. Comprehensive site and speciality RTT profiles requested by F&P Committee within 2 weeks with indication of local ownership.

<p>6. Transformation fund proposals developed with RPB partners Proposals for Community Services, children, mental health and learning disabilities submitted to Welsh Government.</p> <p>7. Workplan established to develop 2019/22 IMTP with 3 CEO sponsored workshops held on 4th October, 8th November and 13th December 2018.</p> <p>8. Care closer to home service transformation plan and approach reviewed and re-profiled under the leadership of the Director of Primary and Community Services.</p> <p>9. Board resolved to develop a 3 year plan for 2019/22 and WG notified.</p> <p>10. Board received draft 2019/22 3 year plan in January 2019.</p> <p>11. Planned care delivery group established in January 2019. Work programme under development including; RTT, diagnostics, cancer and outpatient plans, infrastructure/support, Strategic/tactical change - Acute hospital care programme schemes, Policy/national programmes - National delivery plans, Enablers - PMO turnaround schemes with a focus short term productivity and efficiency improvements and processes i.e. transactional rather than transformational.</p> <p>12. Feedback from WG received around ensuring a clear work programme for 2019/20 to deliver improvements in RTT and Unscheduled care.</p> <p>13. Three Year outlook and 2019/20 Annual plan presented to Board in March 2019. Plan approved with further work identified and agreed around elective care in the specialties set out on page 40 of the paper.</p> <p>14. The Board received an updated plan in July and recommended that further work be undertaken led by F&P committee to scrutinise underpinning planning profiles, specifically RTT, (including diagnostics), unscheduled care alongside the financial plan for 2019/20.</p> <p>15. Completed profiles at BCU level completed and submitted to F&P committee on 22nd August.</p>	
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Assurances	Links to		
<p>1. Board and WG oversight as part of Special Measures.</p> <p>2. Oversight of plan development through the SPPH Committee.</p> <p>3. All Wales peer review system in place.</p> <p>4. Joint Services Planning Committee of Community Health Council.</p> <p>5. Regular links to advisory for a - LPF, SRG, HPF.</p>	Strategic Goals	Principal Risks	Special Measures Theme
	1 2 3 4 5 6 7 8	PR5	Strategic and Service Planning


CRR18	Director Lead: Executive Director of Planning and Performance	Date Opened: 19 December 2018
	Assuring Committee: Strategy, Partnerships and Population Health Committee	Date Last Reviewed: 3 September 2019
	Risk: EU Exit - Transition Arrangements	Target Risk Date: 31 December 2019
There is a risk that the Health Board (HB) will fail to maintain a safe and effective healthcare service. This may be caused by a lack of clarity and understanding at UK level in respect of the impact of withdrawal from the European Union (EU), and a subsequent failure by the HB to develop robust withdrawal contingency plans. This could lead to a disruption of service delivery and thereby adversely impact on outcomes for patients in terms of safety and access to services.		



Controls in place	Further action to achieve target risk score
<ol style="list-style-type: none"> 1. BCUHB Task & Finish Group established. 2. Initial scoping of potential risks and issues. 3. Involvement with regional co-ordinating groups established under the Local Resilience Forum. 4. Involvement with national forums addressing potential risks from EU withdrawal. 5. Support from WG, Welsh NHS Confederation, NWSSP. 6. Engagement with nationally commissioned work streams providing advice and support in respect of supplies and procurement. 7. Engagement with LRF Strategic Co-ordinating Group (meeting monthly). 8. Engagement with Executive Team to ensure cascade of actions (briefing 09/01/19). 9. Update briefing to staff via Bulletin, and webpage established (February). 	<ol style="list-style-type: none"> 1. Continue to engage with national and regional co-ordinating groups. 2. Review position in light of further developments in relation to potential withdrawal agreement. 3. Review existing risk and impact assessments in light of updated evidence and revised modelling being undertaken through local, regional and national workstreams 4. Preparation is underway to re-establish reporting and response mechanisms in the lead up to and post-exit 5. Refresh response in the light of increased risks arising from timing of exit date, being in the lead up to period of winter pressures

10. Internal and external communication plans in line with national guidance by end February, linking with LRF Warning & Informing Group. 11. Exercise undertaken 15 02 19 on business continuity. 12. Local tactical response and management arrangements post-exit agreed by Executive Team, briefed to EMG March. 13. Situation reporting and response arrangements paused in light of the extension to article 50.	6. Refresh communications plan in collaboration with regional and national workstreams
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Assurances	Links to		
	Strategic Goals	Principal Risks	Special Measures Theme
	1 2 3 4 5 6 7	PR1	Not Applicable

Audit Committee <div style="text-align: center;">  <div style="display: inline-block; vertical-align: middle; margin-left: 10px;"> Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board </div> </div> <p style="text-align: center;"><i>To improve health and provide excellent care</i></p>	
Title:	Interim Board Assurance Framework
Author:	Dawn Sharp, Deputy Board Secretary
Responsible Director:	Grace Lewis-Parry, Board Secretary
Public or In Committee	Public
Purpose of report:	<p>Work undertaken between the All Wales Audit Committee Chairs and Board Secretaries Network previously acknowledged that it was essential that Boards had an effective system in place in which identifying and managing risk was a continuous thought process for the Board in order to satisfy the Audit Committee that risks were being managed well. It was acknowledged that the approach in Wales would be to produce three distinct products (whilst acknowledging the need for local variation), namely:-</p> <ul style="list-style-type: none"> • A narrative BAF document • The Assurance framework map • The Corporate Risk Register <p>The BAF narrative document describes the arrangements in place for managing the Health Board's assurances across the breadth of its activities. The Assurance Map essentially consists of two parts. Part A (attached as Appendix 1) describes the arrangements in place for providing assurances against its priorities for action 2019/22 as outlined within its Three Year Outlook and Annual Plan 2019/22. The map had originally been RAG rated based on the arrangements in place for monitoring the plan. In light of discussions at the Board on 5.9.19 in relation to the operation of the Improvement Groups and financial recovery, the Executive Team will further review the RAG rating and therefore the column has not been colour coded at present. Part B of the Assurance map comprises the Legislation Assurance Framework (LAF) (attached as Appendix 2). NHS bodies in Wales must operate within the law in relation to all aspects of their business. The Health Board has developed a system to capture compliance information on a centralised register and management system. The Audit Committee reviews the LAF bi-annually. The system provides the Board with an oversight of all legislative liabilities, the assurance level, the impact of non-compliance and the control measures in place for each.</p>

	<p>The third element of the framework is the Corporate Risk Register. The Health Board uses this process to identify its key risks to achieving objectives/key deliverables and the required controls and assurances in place. Members will be aware that the Corporate Risk Register is presented to the Board biannually and will next be presented in November 2019.</p> <p>The Risk Management Strategy is an intrinsic part of the BAF. The paper updating on the risk management arrangements appears elsewhere on this agenda and details the interim holding position. Similarly the BAF will need to take account of any changes and as such is presented as an interim position at this stage.</p>
Approval / Scrutiny Route Prior to Presentation:	Executive Team
Governance issues/risks:	As detailed within the documentation.
Financial Implications:	Not applicable
Recommendations:	<p>That</p> <p>(1) the Committee recommend to the Board endorsement of the Interim Assurance Framework;</p> <p>(2) the contents of this report and the current position in respect of the LAF development be noted;</p> <p>(3) the further work required to liaise with Divisional Leads; Legislation allocation agreement and assurance criteria completion be noted; and</p> <p>(4) items of previous non-compliance in the LAF now reporting substantial assurance to be removed from next report.</p>

Health Board's Well-being Objectives <i>(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)</i>	√	WFGA Sustainable Development Principle <i>(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)</i>	√
1.To improve physical, emotional and mental health and well-being for all	√	1.Balancing short term need with long term planning for the future	√
2.To target our resources to those with the greatest needs and reduce inequalities	√	2.Working together with other partners to deliver objectives	√
3.To support children to have the best start in life	√	3. Involving those with an interest and seeking their views	√
4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being	√	4.Putting resources into preventing problems occurring or getting worse	√

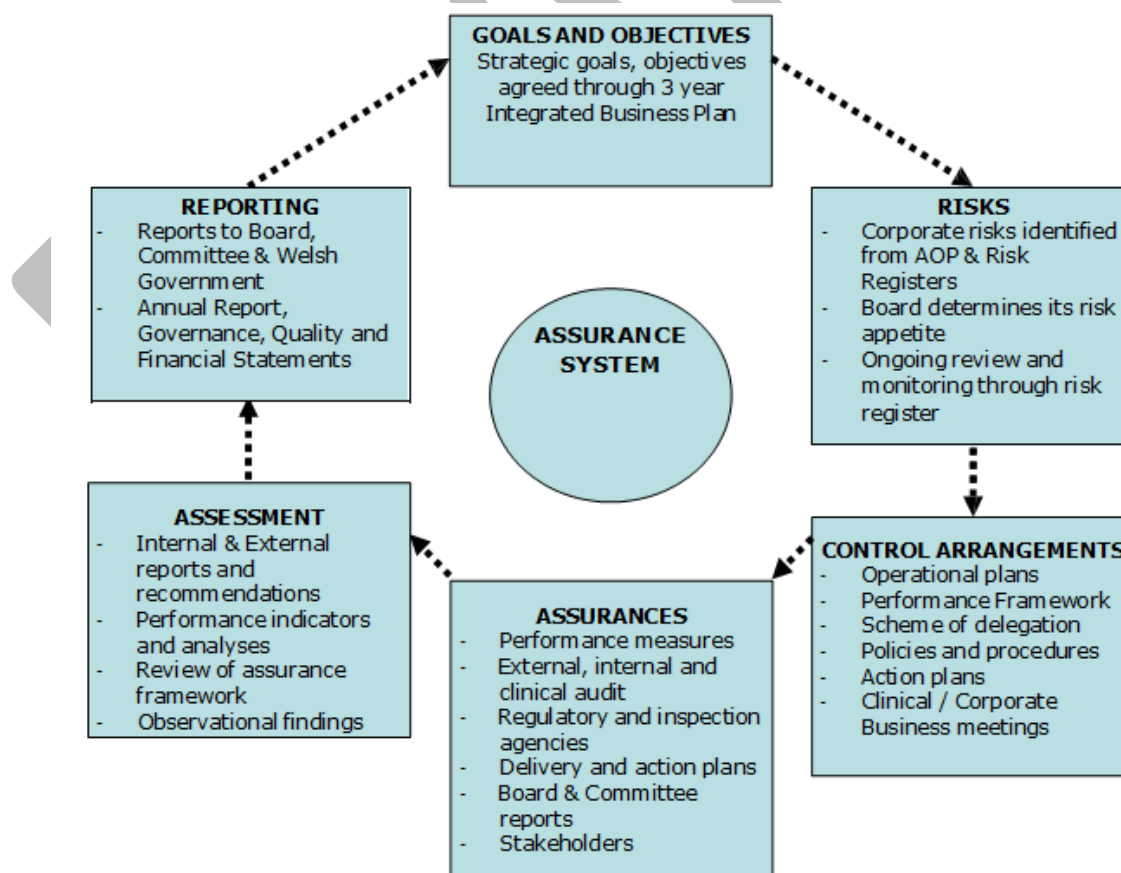
5.To improve the safety and quality of all services	√	5.Considering impact on all well-being goals together and on other bodies	√
6.To respect people and their dignity	√		
7.To listen to people and learn from their experiences			
Special Measures Improvement Framework Theme/Expectation addressed by this paper Governance and Leadership.			
Equality Impact Assessment Not applicable.			

BOARD ASSURANCE FRAMEWORK (BAF)

1 The HM Treasury Guidance on Assurance Frameworks defines an assurance framework as a structured means of identifying and mapping the main sources of assurance in an organisation, and co-ordinating them to best effect. The development of board assurance arrangements is an extension of the Health Board's existing risk management arrangements. The Board needs to be satisfied that it understands and implements risk management, and maintains an informed engagement with the risks and opportunities that it faces. The Framework supports the Accountability Report which includes the Annual Governance Statement (AGS).

The Assurance Framework in its wider context

2 At a high level, the following schematic represents the Board Assurance System.



3 The Board needs to assure itself that the controls identified are effective in mitigating and managing the key risks. A good system will bring together and triangulate internal and external assurance sources and should also be a combination of quantitative and qualitative information. The information included within the routine Integrated Quality Performance Report (IQPR) Board Performance report is a fundamental tool in this process, fully aligned through an integrated performance dashboard.

4 The Health Board needs to gain assurance on the extent to which it is operating effectively and delivering its Annual Plan and Three Year Outlook. In particular, assurances need to cover:

- a) Compliance with relevant legislation, regulations, NHS Delivery Plan, standards and other directions and requirements set by the Welsh Government, regulators and professional bodies;
- b) The reliability, integrity and security of the information collected and used by the organisation; including the triangulation of information to support analysis and create a learning environment;
- c) The provision of high quality and safe health care for its citizens and the effective, efficient and economical use of resources.

5 The Board can receive assurances from a wide range of sources both internal and external to the organisation. Examples are summarised below.

INTERNAL ASSURANCE

- Internal Audit Reports
- Chair Assurance reports from Board Committees
- Ward Accreditation and Walkabouts
- Clinical Audit
- Serious Untoward incident reports
- Feedback, Comments and Complaints monitoring
- Local Counter Fraud work
- Integrated Performance Reports
- Organisational deep dives and improvement events
- Information Governance Toolkit Self-Assessment
- Staff Surveys
- Appraisals and Training records
- Fundamentals of Care Audit
- Welsh Risk Pool
- Legislation Assurance Framework compliance monitoring

EXTERNAL VALIDATION

- External Audit reports and opinions including annual structured assessments of governance arrangements
- Healthcare Inspectorate Wales reports, investigations and spot checks
- Licensing and regulatory body reports
- Welsh Government reports and reviews including Delivery Unit
- NHS Benchmarking reports
- Royal College visits and reports
- Deanery visits
- Patient Surveys
- Feedback from national clinical networks
- Health and Safety Executive
- Community Health Council visits
- External Advisors and Peer Reviewers
- Wales Audit Office
- Public Service Ombudsman
- Commissioners

- External Benchmarking exercises

6 The value which the Board receives from external assurance activity should not be underestimated as its role is to validate the effectiveness of the Board's arrangements. External assurance activity within the Health Board will be used to provide a level of assurance, both positive and negative, around its systems of control, identify any gaps in systems of control and ensure that relevant and effective action is undertaken to address the identified gaps.

7 Wales Audit Office (WAO) also undertake a number of audits during each year – some are part of a mandated national programme and others are those that are Health Board specific – these are informed through previous findings and discussion with the Executive and Audit Committee. A key vehicle for receiving external assurance will be through the Annual Structured Assessment undertaken by the Wales Audit Office. Alongside this, assurance will be received through the Healthcare Inspectorate Wales reports, reviews and self-assessment.

Assurance Assessment

8 The process for assessing assurance is fundamentally about taking the most relevant evidence and arriving at informed conclusions to establish a composite sense of assurance. The gaps in assurances are included in the Board Assurance Map. Where there are gaps in assurance, further controls will need to be identified.

When there is a lack of evidence from current sources of information, this will be critical in determining the future work programmes of internal and clinical audit so resources are directed appropriately.

9 Work undertaken between the All Wales Audit Committee Chairs and Board Secretaries Network previously acknowledged that it was essential that Boards had an effective system in place in which identifying and managing risk was a continuous thought process for the Board in order to satisfy the Audit Committee that risks were being managed well. It was acknowledged that the approach in Wales would be to produce three distinct products (whilst acknowledging the need for local variation), namely:-

- A narrative BAF document (this document)
- The Assurance framework map
- The Corporate Risk Register

10 The BAF narrative document describes the arrangements in place for managing the Health Board's assurances across the breadth of its activities.

11 The Assurance Map essentially consists of two parts. Part A (attached as Appendix 1) describes the arrangements in place for providing assurances against its priorities for action 2019/22 as outlined within its Three Year Outlook and Annual Plan 2019/22. The Health Board's priorities for action 2019/22 are centered around the following areas:-

- Health Improvement and Health Inequalities
- Care Closer to Home
- Excellent Hospital Care – both planned care and urgent and emergency care;
- Enabling Strategies – which are focused on quality improvement, Workforce, Estates, Digital Health and Finance.

12 Part B of the Assurance map comprises the Legislation Assurance Framework (LAF) (attached as Appendix 2). NHS bodies in Wales must operate within the law in relation to all aspects of their business. The Health Board has developed a system to capture compliance information on a centralised register and management system. The Audit Committee reviews the LAF bi-annually. The system provides the Board with an oversight of all legislative liabilities, the assurance level, the impact of non-compliance and the control measures in place for each. These include, but are not restricted to the following categories:

- Accreditation, registration or licensing requirements
- Reporting requirements (the provision of statistics or information)
- Complying with timeframes for performing activities
- A requirement to provide a specified service or range of services
- Restrictions or limitations on how these services can be offered
- Financial obligations
- Employer duties
- Powers of inspection or review
- Data protection
- Professional regulation
- Other key pieces of legislation

13 The third element of the framework is the Corporate Risk Register (CRR). The Health Board uses this process to identify its key risks to achieving objectives/key deliverables and the required controls and assurances in place. The CRR helps the Board to understand the implementation of its overall strategy in the context of risk management and sets out the Board's objectives/key deliverables, the risks to achieving them together with the controls and assurance mechanisms that have been put in place to manage risk and deliver the objectives/key deliverables. The CRR enables the Health Board to focus on the risks it must address in order to achieve its most important objectives/key deliverables. It is a key tool for the Board to discharge its overall responsibility for internal control.

The Role of the Board

14 The role of the Board is to:

- Formulate strategy for the organisation within the overall policies and priorities of the Welsh Government, responsive to the health needs of the local population;
- Ensure accountability by holding the organisation to account for the delivery of the strategy and through seeking assurance that the systems of control are robust and reliable;

- Shape a positive culture for the Board and the organisation;
- Maintain high standards of corporate governance;
- Ensure effective financial stewardship.

15 The Board functions as a corporate decision making body. Executive Directors and Independent Members are full and equal members sharing corporate responsibility for all decisions of the Board. The Board is supported by the Board Secretary who acts as principal advisor on all aspects of governance within the Health Board.

16 The Health Board's stated purpose, vision, well-being objectives and values are shown below. These are reflected within the planning framework and work is ongoing to embed them across the organisation at all levels:

Our Purpose

- To improve health and provide excellent care.

Our Vision

- We will improve the health of the population, with a particular focus upon the most vulnerable in our society.
- We will do this by developing an integrated health service, which provides excellent care delivered in partnership with the public and other statutory and third sector organisations.
- We will develop our workforce so that it has the right skills and operates in a research-rich, learning culture.

Our Well-being Objectives

- Improve physical, emotional and mental health and wellbeing for all;
- Target our resources to those with the greatest needs and reduce inequalities;
- Support children to have the best start in life;
- Work in partnership to support people – individuals, families, carers, communities – to achieve their own well-being;
- Improve the safety and quality of all services;
- Respect people and their dignity;
- Listen to people and learn from their experiences.

Our purpose, vision and well-being objectives set out the long terms aims of the Board. We have further work to do to translate these into specific objectives for improvement in population health and health services which we will include in our plans going forward.

Our Values

- Put citizens first.
- Work together.
- Value and respect each other.

- Learn and innovate.
- Communicate openly and honestly.

Our values guide the way the Board conducts its business and the way in which our staff engage with those who use our services and each other to deliver our objectives/key deliverables.

Board Composition

17 The Board has been constituted to comply with the Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulations 2009, which are reflected in its Standing Orders. The Standing Orders are designed to translate the statutory requirements set out in the Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulations 2009 into day to day operating practice. Together with the adoption of a scheme of matters reserved to the Board, a scheme of delegation to officers and others and Standing Financial Instructions, they provide the regulatory framework for the business conduct of the Health Board and define its 'ways of working'. These documents, together with the Board Assurance Framework (incorporating the corporate risk register) and a range of policies and business standards agreed by the Board, make up the control framework within which the Board operates.

Board and Committee Arrangements

18 The Board meets on a bi-monthly basis and consists of the Chair, a Vice-Chair (appointed by Welsh Ministers), nine officer Members (appointed by the Board) and nine non-Officer Members (appointed by Welsh Ministers). These Members all have equal voting rights on the Board.

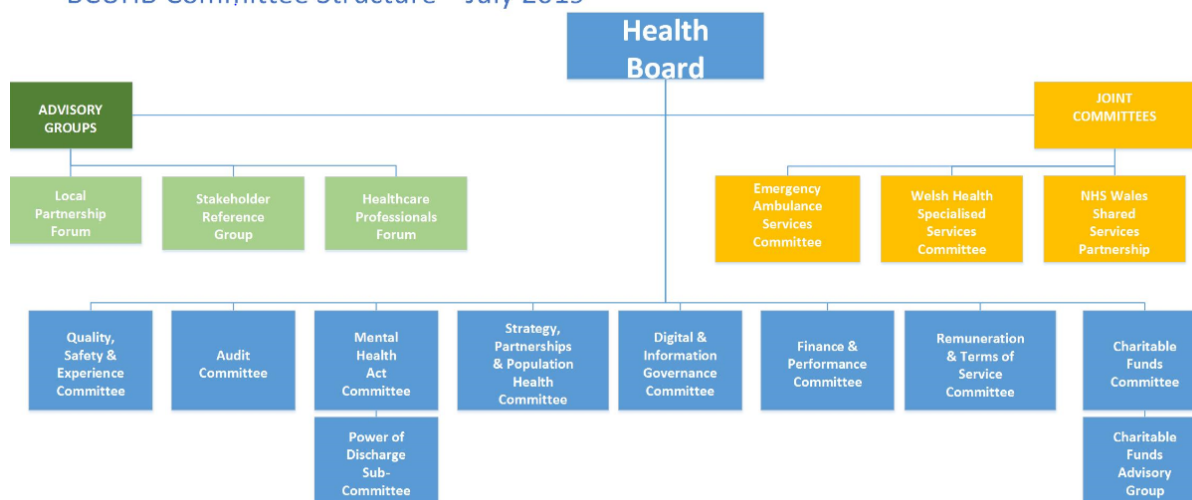
19 Officer Members include:-

- Chief Executive (Accountable Officer)
- Executive Medical Director
- Executive Director of Finance
- Deputy Chief Executive/Executive Director of Nursing and Midwifery,
- Executive Director of Primary and Community Services
- Executive Director of Workforce and Organisational Development
- Executive Director of Public Health
- Executive Director of Planning and Performance
- Executive Director of Therapies and Health Science

20 The nine non-Officer Members include a local authority member, a voluntary organisation member, a trade union members and a person who holds a post in a university that is related to health. Four non-voting Associate Board Members are also appointed to the Board.

21 In accordance with Standing Orders issued by Welsh Government the Board has established a number of Committees and Advisory Groups as detailed below:-

BCUHB Committee Structure July 2019



Audit Committee

22 The role and purpose of the Committee is to advise and assure the Board and the Accountable Officer on whether effective arrangements are in place - through the design and operation of the LHB's system of assurance - to support them in their decision taking and in discharging their accountabilities for securing the achievement of the LHB's objectives, in accordance with the standards of good governance determined for the NHS in Wales. Where appropriate, the Committee will advise the Board and the Accountable Officer on where, and how, its assurance framework may be strengthened and developed further.

Charitable Funds Committee

23 The purpose of the Committee is to make and monitor arrangements for the control and management of the Health Board's Charitable Funds. Awyr Las is the umbrella charity for over 350 charitable funds which together support every ward, unit, department, specialty and community project right across the area of North Wales which is served by the Betsi Cadwaladr University Health Board. Awyr Las, provides enhanced services over and above what the NHS funds. Gifts from the public make a huge difference to the care and treatment that our dedicated NHS staff are able to provide.

Mental Health Act Committee (MHAC)

23 The purpose of the Committee is to ensure that all the requirements of the Mental Health Act 1983 (as amended) are met by the Health Board.

Finance and Performance Committee

25 The purpose of the Committee is to advise and assure the Board in discharging its responsibilities with regard to its current and forecast financial

position and performance and delivery. This includes the Board's Capital Programme and Workforce activity.

Quality, Safety and Experience Committee

26 The purpose of the Committee is to provide advice and assurance to the Board in discharging its functions and meeting its responsibilities with regard to quality, safety and patients and service user experience of health services.

Strategy, Partnerships and Population Health Committee

27 The purpose of the Committee is to provide advice and assurance to the Board with regard to the development of the Health Board's strategies and plans for the delivery of high quality and safe services, consistent with the Board's overall strategic direction and any requirements and standards set for NHS bodies in Wales. The Committee does this by ensuring that strategic collaboration and effective partnership arrangements are in place to improve population health and reduce health inequalities.

Remuneration and Terms of Service Committee

28 The purpose of the Committee is to provide:

- Advice to the Board on remuneration and terms of service for the Chief Executive, Executive Directors and other senior staff within the framework set by the Welsh Government;
- Assurance to the Board in relation to the Health Board's arrangements for the remuneration and terms of service, including contractual arrangements, for all staff, in accordance with the requirements and standards determined for the NHS in Wales; and
- To perform certain, specific functions as delegated by the Board as listed within its terms of reference.

Digital and Information Governance Committee

29 The purpose of the Committee is to advise and assure the Board in discharging its responsibilities with regard to the quality and integrity; safety and security and appropriate access and use of information to support health improvement and the provision of high quality healthcare.

Advisory Groups

Stakeholder Reference Group (SRG)

30 The role of the Group is to provide:

- Continuous engagement and involvement in the determination of the Health Board's overall strategic direction;
- Provision of advice on specific service proposals prior to formal consultation; as well as

- Feedback on the impact of the Health Board operations on the communities it serves.

Local Partnership Forum (LPF)

31 The purpose of the Forum is to:

- Consider national developments in NHS Wales workforce and organisational strategy and their implications for the board;
- Negotiate on matters subject to local determination;
- Ensure staff organisation representatives time off and facilities agreement provides reasonable paid time off to undertake their duties and that they are afforded appropriate facilities using A4C facilities agreement as a minimum standard;
- Establish a regular and formal dialogue between the Board's executive and the trade unions on matters relating to workforce and service issues;
- In addition the LPF can establish Local Partnership Forum sub groups to establish ongoing dialogue, communication and consultation on service and operational management issues. Where these sub-groups are developed they must report to the LPF as per the cycle of business.

Healthcare Professionals Forum

32 The purpose of the Forum is to facilitate engagement and debate amongst the wide range of clinical interests within the Health Board's area of activity, with the aim of reaching and presenting a cohesive and balanced professional perspective to inform the Health Board's decision making.

Joint Committees

33 The Board also receives and considers regular summaries, copies of minutes or reports from the Welsh Health Specialised Services Committee (WHSSC), Emergency Ambulance Services Committee (EASC) and the NHS Wales Shared Services (NWSSP) Partnership Committee.

Committee Business Management Group

34 The Health Board has established a Committee Business Management Group (CBMG) to oversee effective communication between its committees. This avoids duplication and ensures that business is managed effectively and efficiently through the governance framework, meeting statutory requirements and taking account of emerging best practice. The Group oversee a programme of regular review and evaluation of Board and Committee performance incorporating a range of methods which may include self-assessment, independent facilitation etc. making recommendations to the Board as appropriate.

35 In accordance with Standing Orders, all Committees of the Board prepare Annual Reports which are reviewed by Audit Committee members and are taken into account as part of the Audit Committee Annual Reporting arrangements which in turn informs the Annual Governance Statement (AGS).

Board Effectiveness and Standards

36 In order to improve its effectiveness and meet aspirations for openness and accountability, the Board aims to be transparent about the decisions it makes and the way in which it operates. The majority of Board and Committee meetings are routinely held in public.

37 All Board Members have a responsibility to abide by the Nolan principles of public life and Executive Directors must adhere to the NHS Code of Conduct (Disciplinary Rules and Standards of Behaviour). A robust electronic system is in place for declarations of interests and gifts and hospitality.

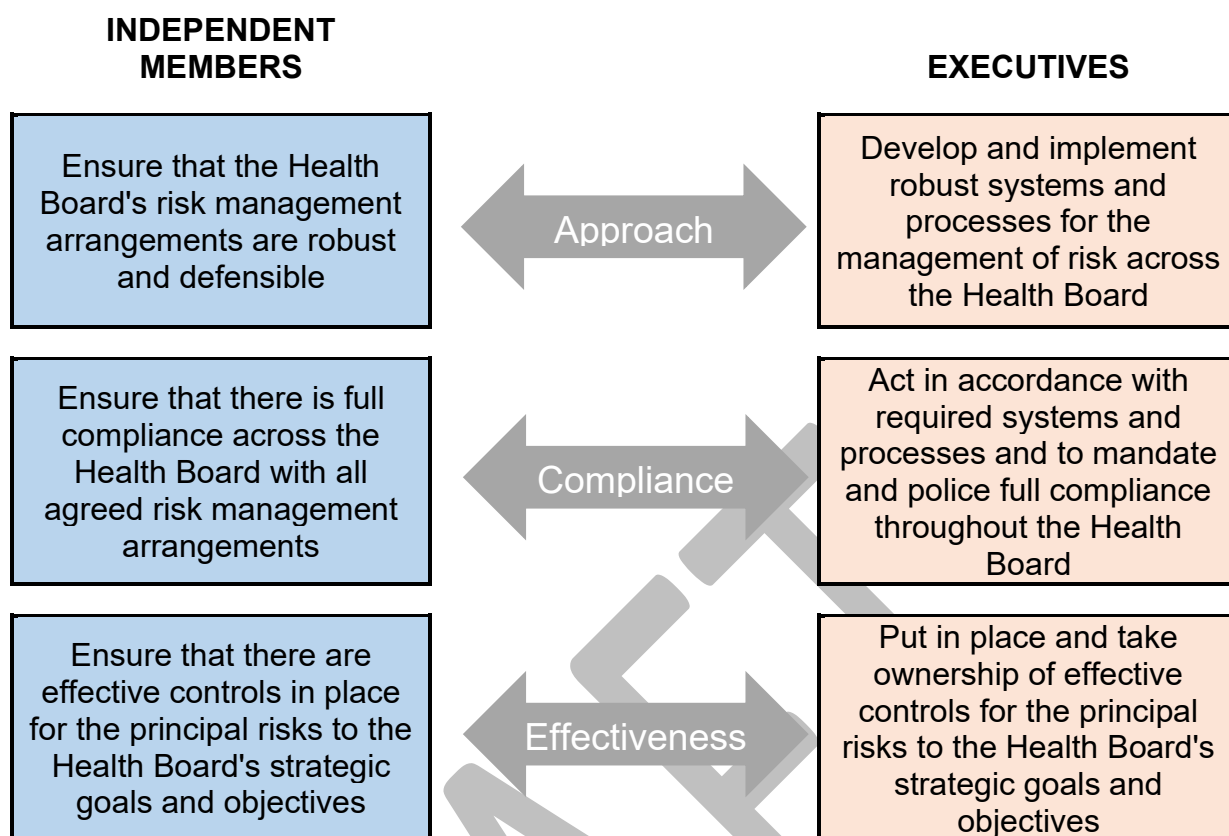
38 Board Members are required to declare any interests at the beginning of Board meetings and complete a return annually. Board Members are also required to declare gifts and hospitality received or offered, in line with the set guidance. Declarations are recorded on an electronic declarations register, and documented within the Annual Report and Accounts.

Board responsibility for the system of assurance

39 It is the responsibility of the Board to:

- Determine its Strategic direction and related objectives;
- Identify the main risks that threaten the achievement of these objectives;
- Agree its “risk appetite” recognising the interdependencies of objectives and the impact of mitigating risks on one may adversely impact on others;
- Agree the key strategic and operational plans that will deliver those objectives and which encompass the controls and actions in place to manage the identified risks;
- Monitor delivery through robust performance and assurance arrangements;
- Ensure that plans are in place to take corrective action where there is minimal assurance or gaps in assurance where agreed objectives may not be fully delivered;
- Sustain and uphold dynamic risk management arrangements (in particular an up to date and well maintained risk register).

40 The Board operates as a unitary body but Independent Members and Executives have complementary contributions to make as set out below:



41 The Audit Committee has oversight on behalf of the Board on:

- the adequacy of the assurance processes
- the effectiveness of the management of key risks.

42 In line with current arrangements, each corporate risk is designated to a Board Committee which has responsibility on behalf of the Board to seek assurance that those risks are being managed in accordance with the agreed risk appetite and approved plans.

Executive Management Structure and supporting arrangements

43 The Chief Executive as Accountable Officer heads up the organisation. He is supported by an Executive Team and Senior Management structure.

44 Each Member of the Executive Team has an assigned portfolio which he/she is accountable for. The agreed portfolios are set out below and these are then underpinned by the Schemes of Operational Delegation derived from the Board agreed Scheme of Reservation and Delegation which forms part of the Standing Orders.

Executive Portfolios

Chief Executive Officer *	<ul style="list-style-type: none"> Accountable Officer
	Lead Officer for Executive Team, Executive Management Group, EASC, WHSSC, Public Service Boards x4;
Executive Director Primary and Community Services*	<ul style="list-style-type: none"> Operational Delivery and Performance Management of Primary and Community services including dental, optometric services, community pharmacy GP out of hours services SICAT Prison Services Carers Continuing Healthcare Children Services (inc CAMHS) Performance Management – Palliative Care, Care of the Elderly, Smoking Cessation, Therapy Services, Diabetes/Endocrine, Sexual Health, Neurology, Rheumatology, Dermatology, Immunisation – operational delivery and performance management
	Lead Officer for Primary Care Panel; Care Closer to Home Improvement Group; Continuing Healthcare Improvement Group
Executive Director of Finance*	<ul style="list-style-type: none"> Financial Governance, Planning and Management Contracting of External Providers including Voluntary Sector Economic Development Procurement Counter-Fraud Charitable Funds Lead relationship NWSSP
	Lead Officer for Finance and Performance Committee and Charitable Funds Committee; Financial Recovery Group
Executive Director of Nursing and Midwifery* (Deputy Chief Executive)	<ul style="list-style-type: none"> Professional leadership and regulation of Nurses and Midwives Quality and Safety of clinical services lead (with Executive Medical Director and Executive Director of Therapies and Health Sciences) Annual Quality Statement

	<ul style="list-style-type: none"> • Health and Care Standards • Safeguarding including MCA and DoLS • Infection Prevention and Control • Concerns and Putting Things Right • Patient Experience • Risk Management • Information Governance including FOI • International Health • Chaplaincy • Accessible Healthcare Standards • Care Home development • Special measures
	Lead Officer for Quality, Safety and Experience Committee; Quality and Safety Group; Quality Improvement Group; Healthcare Inspectorate Wales, Special Measures Task Group
Executive Director of Public Health*	<ul style="list-style-type: none"> • Public Health Partnership and Strategy • Public Health Education and R&D • Immunisation and Vaccinations • Health protection including Community Outbreak Control and Environmental Incident response • Public Health Intelligence • Public Health Lead for Local Authorities • Health Needs Assessment • Welsh language • Reducing Health Inequalities • Women's services
	Chair Regional Partnership Board (2019) Health Improvement Group; Welsh Language Strategic Forum
Executive Director of Planning and Performance*	<ul style="list-style-type: none"> • Strategic Planning • IMTP and Annual Plan • Performance and accountability reviews • Environmental Sustainability • WBFG Lead Officer • Capital and Estates Planning/Estates Strategy • Emergency Preparedness, Civil Contingencies and business continuity, Brexit • Operational estates and facilities
	Lead Officer for Strategy, Partnerships and Population Health Committee; Stakeholder Reference Group; Local Resilience Forum; Capital Programme Management Team, Community

	Health Council Joint Service Planning Group; Regional Partnership Board; Estates Improvement Group; Social Services and Wellbeing Act
Executive Director of Therapies and Health Sciences*	<ul style="list-style-type: none"> • Professional Leadership, strategy and regulation of Therapist and Health Scientist • Quality and Safety of clinical services, provide support to the Executive Director of Nursing and Midwifery • Radiation Protection • Human Tissue Act • Blood products • Medical Devices
	Lead Officer for Healthcare Professionals Forum; Organ Donation Committee; Innovation and Bevan Commission
Executive Director of Workforce and Organisational Development*	<ul style="list-style-type: none"> • Workforce Strategy, Planning and Policy • Organisational Development • Health and Safety • Occupational Health/Staff Wellbeing • Corporate Health at Work • Equality and Fairness • Staff Engagement • Non-Medical Education and Training, including PADR (except Nursing) • Employment Relations • Recruitment and payroll (via NWSSP) • Communications and engagement • Volunteers • Service improvement and delivery management office(<i>Temporary move to recovery director July 2019</i>)
	Lead Officer for Remuneration and Terms of Service Committee; Local Partnership Forum; Strategic Occupational Health and Safety Group; Workforce Improvement Group.
Executive Medical Director*	<ul style="list-style-type: none"> • Professional Leadership and Strategy, Regulation and Performance of Medical Staff and Pharmacists • Caldicott Guardian • Research and Development • Medical Education • Medical Research and Ethics • Drugs and Therapeutics • Digital transformation • Informatics

	<ul style="list-style-type: none"> • Individual Patient Funding Requests • Health Records Management • Prudent Healthcare • Clinical Audit • Section 12 doctors
	Lead Officer Armed Forces/Veterans Champion; Digital and Information Governance Committee; Digital Improvement Group; Planned Hospital Care Improvement Group; Medicines Management Improvement Group. SIRO (Chief Information Officer)
Director of Mental Health and Learning Disabilities (Associate Board Member)	<ul style="list-style-type: none"> • Mental Health Services • Learning Disability Services • Psychology • Substance Misuse Services • Forensic Services • Mental Health Legislation
	Lead Officer for Mental Health Act Committee
Director of Acute Services (Interim)	<ul style="list-style-type: none"> • Operational delivery and performance management of secondary care services • Pan North Wales Services – Radiology, Pathology, Medical Physics, Audiology, Cancer Services ; bereavement
Board Secretary	<ul style="list-style-type: none"> • Chairman's Office • Corporate Governance including Annual Report and Annual Governance Statement • Board and Committee support including Board Development, Leadership Walkarounds and Induction • Policy Development and Legal Services • AM/MP Correspondence • Site management Corporate Office
	Lead Officer for Board and Audit Committee; Lead relationship – Internal Audit / Wales Audit Office

*Executive with voting status on the Board

Performance Management/Accountability Framework

45 The Board's overall system of assurance is aligned with the Performance Management Framework, which connects with and to Welsh Government and Health Board performance management / monitoring arrangements, through the Special Measures Framework, the Joint Executive Team meetings the Quality and Delivery meetings and escalation framework.

46 An interim accountability framework is currently in place and replaces the framework approved by the Finance and Performance Committee in December 2017. The interim framework was agreed by the Finance and Performance

Committee in February 2019 and ratified by the Audit Committee in May 2019. It is intended that this will be operational for 2019 with a view to learning from the quarter three health economy accountability review process scheduled for November 2019, and then adapting and adopting the framework for the 2019-2022 health board's three year plan. Flowing from the plan and the accountability framework the integrated performance reporting framework arises.

47 The 2017 framework required review following the change of Executive portfolios and reflections on changes needed to support the organisation to achieve strategic and operational objectives. This review led to the development of geographically orientated health economy accountability reviews together with pan-BCU service accountability reviews on a quarterly basis.

48 The NHS Wales planning framework requires all Health Boards in Wales to produce 3 year Integrated Medium Term Plans (IMTPs), or Annual Plans explaining how they will meet their objectives and deliver improvements with pace and purpose. In line with current arrangements, each action within the Board's Annual Operating plan is designated to a Board Committee, which has responsibility on behalf of the Board to seek assurance that the actions are being managed in accordance with the timeline set, so as to deliver the strategic objectives of the board.

The Annual Operational Plan actions are mapped to the NHS Annual Delivery Plan. The measures within this are used to track performance, reporting this through the IQPR and the Annual Plan Monitoring Report.

49 In order for the Health Board to be assured that it is on track to deliver this improvement, the performance management process needs to be effective. Performance assurance, performance management and performance improvement are dependent on a clear framework of accountability with teams and individuals clear as to the expectations placed on them, the resources available to them to deliver and awareness of the consequences of non-delivery. Best practice shows that in order to ensure an organisation assesses performance across all aspects of business, it is vital that different perspectives are captured to provide a fully integrated view of performance across the Health Board – delivering our plan is a team responsibility. The key objective of the accountability framework is to ensure that information is available which enables the Board and senior management teams to understand, monitor, and assess the quality and performance of the organisation, enabling appropriate action to be taken when performance against set targets deteriorates.

50 The accountability framework needs to support the organisation in delivering:

- a) The strategy set out by the Board through its plans.
- b) Operational ownership of the key organisational priorities.
- c) Clarity of expectations as to level of performance expected.
- d) Opportunity for accountable officers to discuss support needed to achieve expected levels of performance.
- e) Challenge to accountable officers through a holding to account mechanism for areas where performance falls below expectations.

51 To do this effectively, information must be timely, accurate, consistent and complete.

Interim Accountability Arrangements

52 The arrangements for accountability have been strengthened in the following ways:

- a) The Board through its meetings and committees will hold the Executive responsible for areas within their portfolios. **BOARD AND COMMITTEES**
- b) The Chief Executive will, through objective setting and personal performance reviews hold Executives to account for the performance management of their portfolios - the executive sponsor of each of the indicators within the National Outcome Framework will be assigned to a named Executive. **SETTING OBJECTIVES**
- c) Each Executive Director will, through objective setting and personal performance reviews hold direct line reports to account for delivery of agreed objectives. There will be a matrix management approach; this means that Divisional Directors will have objectives to meet which fall within an Executive Portfolio outside of their Executive Line Management. **SETTING OBJECTIVES**
- d) The Executive Management Group (EMG), chaired by the CEO is responsible for performance monitoring of the indicators within the NHS Wales Delivery Framework. **ACCOUNTABILITY REVIEWS**
- e) The Chief Executive will monitor performance across pan-BCU services on a quarterly basis to support delivery of integrated health care. **ACCOUNTABILITY REVIEWS**

53 The Chief Executive will chair quarterly performance reviews. This process will be led by the Executive Director of Planning and Performance, with support from the Director of Performance. Divisions will also have the opportunity to raise issues where support or discussion is required.

54 The scope of the reviews will be performance achievements and challenges against the operating plan from July 19 onwards.

55 The accountability reviews will have a formal agenda, be minuted and the outcomes from the discussion including the overall assessment will be communicated to the divisional directors in a timely fashion. Within these meetings individual directors will normally assume overall responsibility for reports from within their own portfolio. Discussions relating to individual performance will be conducted on a 1:1 basis by individual directors in accordance with normal line management arrangements.

56 The information provided within the reviews will align to the indicators used by the Board through the operational planning and integrated quality and performance reporting processes, reflected in a disaggregated manner through the Health Economy performance reports. Divisional performance reports will continue as sub-sets of the Health Economy performance report. The Divisional Governance structure will mirror that of the Board and its committees with Divisional Directors

responsible for holding their direct reports accountable for delivery of quality and performance at a disaggregated level, with escalation as appropriate from the Division to the Executive.

57 In order to have a single version of the truth validated and submitted information will be used and this will be locked down seven days prior to the meeting to ensure all participants are sighted on the same information. The focus of the accountability reviews will be geographically health economy based performance with the performance of divisions and areas as a subset of these as described above.

58 There will be three in-depth performance reviews held on a quarterly basis for the place based systems:

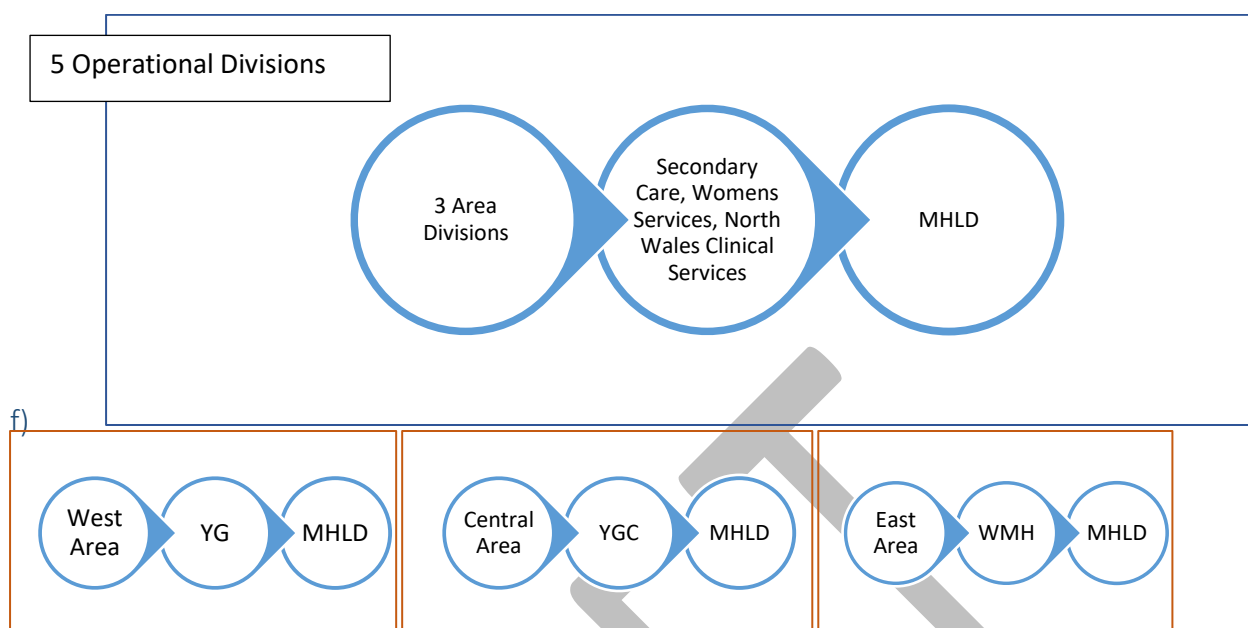
- West and Ysbyty Gwynedd
- Central and Ysbyty Glan Clwyd
- East and Wrexham Maelor Hospital

Pan-BCU services such as Women's, Strategic Mental Health and Learning Disabilities and North Wales Managed Clinical Services, and the BCU Clinical Service Strategy development will participate in quarterly performance reviews.

59 The hosted services will be discussed under the host placed based review e.g. palliative care services will be discussed in the East and YGC health economy meeting with the East Area team accountable.

60 Operational mental health and learning disability services will be discussed in each health economy review with information disaggregated where possible to each of the health economies.

Operational arms of the health board held to account



61 A typical format will be scheduled for around two hours and would generally include:

- Health Economy based responsibilities:
 - Operational mental health and learning disability services
 - Secondary care services
 - Area responsibilities

62 The format will enable the health economy to present its current position and challenges against the core health board priority areas and discussion to be framed in relation to those indicators themed to:

- Quality and Safety
- Performance
- Use of Resources – Finance, Workforce, Estate
- Organisational development and learning

63 Attendance is required from respective Area, Secondary care, Womens, North Wales Managed Clinical Services and Mental Health and LD Directors to cover the agenda items. Usually attendees will include:

- Secondary care, Area, and Mental Health and LD Directors
- Area and Secondary Care Medical Directors
- Area and Secondary Care Nurse Directors

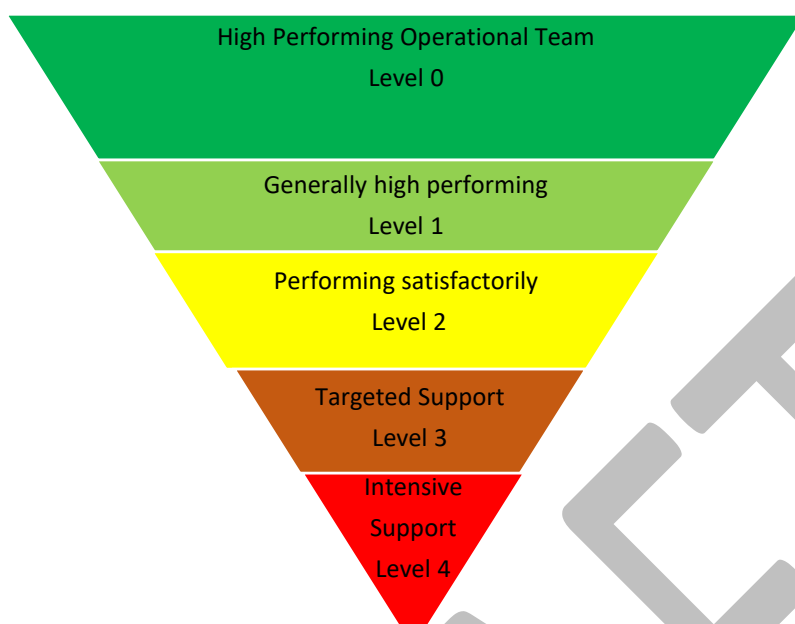
64 Following the review day the Executives will confirm outcomes and determine escalation levels. Escalation processes will be in line with the Welsh Government framework and designed to ensure issues of concern are given increased support to

improve performance within an agreed timeframe. Escalation is possible on individual issues of concern, divisional responsibilities within the health economy or across the whole health economy. The escalation process within the performance framework is based on the outputs and outcomes against the core priorities and may not be directly aligned to performance of individuals. Where escalation is required as a minimum the health economy escalated will be expected to have a clear action plan to recover, delivering key delivery improvement milestones and incurring increased scrutiny and reporting to support the economy to improve at pace.

65 The escalation levels will be triangulated with individual personal development and PADRs. Assessment of individual performance against agreed objectives will not necessarily be consistent with the level of Departmental escalation (an area could be progressing well against a target but individual progress against objectives could need improvement and vice versa).

Escalation Framework

66 The levels of escalation are shown below:



The escalation of a health economy within the framework will have clear actions outlined which is likely to include requirement for a timed recovery plan, increased reporting and scrutiny of progress against the recovery plan, agreed points for review of progress and clear indication of the milestones to be met to de-escalate the economy. The escalation should also clarify the consequences of failure to meet agreed escalation milestones.

The trigger points for escalation are being further developed and should be included in the 2019-2022 Performance Management Framework, so as to improve the operational consistency and objectivity of the application of the framework.

Governance arrangements

67 The overall results for each of the Health Economy Reviews will be presented to the Executive Management Group and the Finance and Performance Committee of the Board.

Risk Management

68 The Risk Management Strategy sets out the Health Board's approach to risk and the management of risk in fulfilment of its overall objectives. The Strategy is a key part of the Health Board's governance and assurance arrangements. The Strategy (documented separately) forms an integral part of the Board Assurance Framework.

Transformation and Service Improvement

69 As the Health Board undertakes various transformation programmes and service improvement projects in line with Living Healthier, Staying Well, it acknowledges that it will have to effectively manage potential risks to the delivery of its objectives and priority areas. Staff and contractors involved in delivering the Health Board's transformational programmes and service improvement projects are expected to identify, assess and properly reduce any risks to the achievement of their deliverables in line with the Health Board's risk appetite.

70 Risks identified from transformational and service improvement projects will be managed, reviewed, scrutinised and governed through the relevant governance infrastructure in line with the Risk Management Strategy.

Governance/Assurance development activity over coming months

71 Over the coming months this Interim Board Assurance Framework will need to reflect the changes in the governance structure work and the changes to Executive portfolios. Development activity over coming months will therefore need to be focussed on but not limited to:-

- Revisions to the Risk Management Strategy and risk management processes
- Review of governance structures across the organisation
- Review of Executive Management structure and Portfolios
- Ongoing review of the Legislation Assurance Framework
- Ongoing review of the Assurance Map
- Implementation of the revised Special Measures Framework

DRAFT

	A	B	C	D	E	F	G		H	I	J	K	L	M	N		O	
	Number	Actions	Milestones 2019/20		Lead	Outcome	1st - Management control and reporting e.g ET, Improvement Group		2nd - Functional oversight/Governance e.g Board / Committee		3rd - Independent Review e.g Counter Fraud, National Clinical Audit, WG, JET, HIW, WAO		RAG rating to be used - RED=Insufficient Assurance provision; AMBER=Some assurance provision; Green=Adequate Assurance provision.					
1							Lines of Assurance										Assurance Provision	
2	Health Improvement and Health Inequalities																	
3	1A	Smoking cessation opportunities increased through Help Me Quit (HMQ) programmes	Q4	Review and implement HMQ services against minimum standards with integration plan	Executive Director of Public Health Execuitve Director of Primary and Community Care	My children have a good healthy start in life I am healthy and active and do the things to keep myself healthy	Health Improvement Group Care Closer to Home Improvement Group Continuing Healthcare Improvement Group		Quality Safety & Experience Committee									
4	1B		Q4	Smoke free site policy and enforcement approach in place														
5	1C		Q4	Smoking Cessation - extend implementation of Help me Quit for Baby														
6	1D		Q4	Permanent in-hospital smoking cessation service established														
7	2A	Healthy Weight services increased	Q1	Level 2 (Lifestyle Interventions / Weight Management Programmes) Business Case (adults) finalised	Executive Director of Public Health	I am healthy and active and do the things to keep myself healthy	Health Improvement Group		Quality Safety & Experience Committee									
8	2B		Q2	Level 3 (Specialist Weight Management Services) review to scale up provision completed														
9	2C		Q4	Physical Activity Programme - 'Let's get moving' North Wales partnership agreement endorsed														
10	2D		Q1	Develop resilient communities by Social Prescribing: - scope opportunities for social prescribing as part of the North Wales Steering Group														
11	2E		Q1	Implement 10 steps to a Healthy Weight														
12	2F		Q3	Improve access to Children's weight management specialist services														
13	2G	Q4	Develop Physical Activity Referral programmes															
14	3A	Explore community pharmacy to deliver new lifestyle change opportunities	Q4	Scope potential for an enhanced community pharmacy service for supporting individuals to reduce risk from alcohol consumption and develop appropriate service specification, if appropriate.	Executive Director of Public Health	I have easy and timely access to primary care services	Health Improvement Group		Quality Safety & Experience Committee									
15	3B		Q4	Scope potential for an enhanced community pharmacy service for supporting individuals to achieve a healthy weight (at level two) and develop appropriate service specification, if appropriate.														
16	3C		Q4	Scope the role of community pharmacists in promoting, and supporting maintenance of, healthy lifestyles in their customers and determine the most appropriate mechanisms to commission or support this activity under existing contractual agreements.														
17	3D		Q4	Scope resource requirements for delivering an enhanced service offering dry blood spot testing in community pharmacies.														
18	4A	Delivery of ICAN campaign promoting mental well-being	Q4	Improve the reach and effectiveness of prevention activities, including action to increase mental wellbeing, Resilience and health aspiration	Executive Director of MH & LD	I am healthy and active and do the things to keep myself healthy	Together for Mental Health Improvement Group		Quality Safety & Experience Committee									

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
	Number	Actions		Milestones 2019/20	Lead	Outcome	1st - Management control and reporting e.g ET, Improvement Group	2nd - Functional oversight/Governance e.g Board / Committee						3rd - Independent Review e.g Counter Fraud, National Clinical Audit, WG, JET, HIW, WAO	RAG rating to be used - RED=Insufficient Assurance provision; AMBER=Some assurance provision; Green=Adequate Assurance provision.
1															
	4B	across North Wales communities	Q4	Further develop the 'I can' campaign across our communities with a particular focus in schools		My children have a good healthy start in life.									
19															
20															
21	5A	Implement the Together for Children and Young People change programme	Q1	Submit proposal (Crisis Pathway & Building Emotional Resilience) to Welsh Government for additional mental health monies	Executive Director of Primary & Community Care	I am healthy and active and do the things to keep myself healthy My children have a good healthy start in life.	Care Closer to Home Improvement Group Continuing Healthcare Improvement Group	Quality Safety & Experience Committee Finance & Performance Committee							
22	5B		Q1	Submit joint proposal with local authorities for additional funds to support children and young people on the edge of care for Parliamentary Transformation resources											
23	5C		Q2	Review Transition for Children and Young People with Neurodevelopment Needs, with Learning Difficulties											
24	5D		Q4	Review implementation of the joint CAMHS Education Self Harm Pathway in Schools in all six Local Authority areas and define a work plan for 2019/20 and 2020/21											
25	5E		Q4	Improve Access to Specialist Child and Adolescent Mental Health Services (CAMHS)											
26	5F		Q4	Developed CAMHS interface to ensure effective transition for young people into adult services											
27	5G		Q4	Capture the views of young people to inform the design and planning of improving services											
28	5H		Q4	Implementation of Mental Health Measure											
29	5I	Q4	Ensure the health board is fully informed of the Additional Learning Needs (ALN) Act and role of the DECLLO (Designated Education Clinical Lead Officer)												
30															
31	6A	Improve outcomes in first 1000 days programmes	Q3	Ensure all practitioners are trained in Adverse Childhood Experiences awareness	Executive Director of Primary and Community Care	My children have a good healthy start in life I am healthy and active and do the things to keep myself healthy	Care Closer to Home Improvement Group Continuing Healthcare Improvement Group	Quality Safety & Experience Committee							
32	6B		Q3	Implement pilot work related to Child Measurement Programme (CMP)											
33	6C		Q4	Develop and implement First 1000 Days Action Plan											
34	6D		Q4	Implement maternity element of national Breast Feeding action plan											
35	6E		Q4	Implementation of Strategic Infant Feeding Action Plan											
36	6F		Q4	Implementation of peri-natal mortality action plan in order to reduce peri-natal mortality rates											
37	6G		Q4	Implementation of Perinatal Mental Health Pathway											
38	6H		Q4	Implementation of MBRRACE (Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries) recommendations and Every Baby Counts											
39	6I	Q4	Public Protection through Immunisation												
40	7A		Q3	Harm reduction strategy completed											
41	7B		Q4	Implementation of the North Wales Alcohol Harm Reduction Plan											
42															

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
	Number	Actions	Milestones 2019/20		Lead	Outcome	1st - Management control and reporting e.g ET, Improvement Group	2nd - Functional oversight/Governance e.g Board / Committee						3rd - Independent Review e.g Counter Fraud, National Clinical Audit, WG, JET, HIW, WAO	RAG rating to be used - RED=Insufficient Assurance provision; AMBER=Some assurance provision; Green=Adequate Assurance provision.
1															
43	7C	Further develop strong internal and external partnerships with focus on tackling inequalities	Q4	Pilot the developed Licensing activity system to ensure that the Health Board responds in a timely and appropriate manner to all Licensing applications that it receives	Executive Director of Public Health	I am healthy and active and do the things to keep myself healthy Inequalities that may prevent me from leading a healthy life are reduced I speak for myself and contribute to the decisions that affect my life or I have someone who can do it for me	Health Improvement Group	Finance & Performance Committee							
44	7D		Q3	Food Poverty – confirm the BCUHB contribution to each local food poverty strategy											
45	7E		Q4	Food Poverty – work in partnership in a minimum of two local authority areas to develop a local food poverty strategy											
46	7F		Q4	Homelessness - Identify and implement a minimum of two initiatives											
47	7G		Q4	Oral Health - % population accessing Primary Dental Care											
48	7H		Q4	Oral Health - Designed to Smile (0-5 years) delivery											
49	7I		Q4	Oral Health - Gwen am Byth (Care Homes) delivery											
50	7J		Q4	Sexual Health - Delivery of awareness campaigns											
51	7K		Q4	Sexual Health - Increased uptake in numbers LARC/C-Card											
52	8A	Partnership plan for children progressed with a strong focus on Adverse Childhood Experiences	Q1	Review of the Neurodevelopment Pathway	Executive Director of Primary & Community Services	To ensure the best possible outcome, my condition is diagnosed early and treated in accordance with clinical need	Care Closer to Home Improvement Group Continuing Healthcare Improvement Group	Quality Safety & Experience Committee							
53	8B		Q3	Implementation of the All Wales Neurodevelopment Pathway											
54	8C		Q3	Effective Triaging and Sign-Posting for patients on a Neuro-development pathway											
55	8D		Q4	Improve Access to and Timeliness of Assessments											
56	8E		Q4	Achieve 26 Week Target by March 2020											
57	8F		Q3	Establish a Joined up Multi-Agency Work Plan on Early and Preventive Approaches to Emotional Health, Wellbeing and Resilience Across North Wales											
58	8G		Q3	Consult with Young People Families and Referrers about their Experiences and Views on CAHMS service improvement											
59	8H	Q4	Implementation of ADTRAC – Services for Young People Not in Employment Education or Training												
60															
61	Care Closer to Home														
62	9A	Put in place agreed model for integrated leadership of clusters in at least three clusters, evaluate and develop plan for scaling up	Q1	Early Adopter Clusters identified and locality leadership teams established	Executive Director P&CC	I have easy and timely access to Primary Care services	Care Closer to Home Improvement Group Continuing Healthcare Improvement Group	Quality Safety & Experience Committee						IA/CRR09: Cluster governance	
63	9B		Q2	Local Cluster Plans signed off											
64	9C		Q4	Early Adopters and model reviewed											
65	9D		Q4	Plan in place for rolling out to remaining clusters											
66	10A	Put in place Community Resource Team maturity matrix and support to progress	Q1	Regional Community Resource Team Conference (arranged by Central Area)	Executive Director P&CC	Healthcare and support are delivered at or as close to my home as possible	Care Closer to Home Improvement Group Continuing Healthcare	Quality Safety & Experience Committee							
67	10B		Q3	Maturity matrix and CRT support in place											
68															
69															

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
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1															
10	10C	each CRT	Q4	Use of Community Pharmacy optimised to support CRTs			Improvement Group								
70															
71															
72	11A	Develop and implement a Social prescribing model for North Wales	Q4	Social prescribing model developed and year one plan implemented	Executive Director P&CC	I know and understand what care, support and opportunities are available and use those to help me achieve my health and well-being	Care Closer to Home Improvement Group Continuing Healthcare Improvement Group	Quality Safety & Experience Committee							
73															
74															
75															
76	12A	Plan and deliver digitally enabled transformation of community care	Q4	Digital plan for Community Resource Teams established (informed by pilots undertaken in 2018/19)	Executive Director P&CC	Healthcare and support are delivered at or as close to my home as possible	Care Closer to Home Improvement Group Continuing Healthcare Improvement Group	Quality Safety & Experience Committee							
77	12B		Q4	Opportunities reviewed aligned to Digital Health and Technologies											
78	13A	Work through the RPB to deliver Transformational Fund bid	Q1	Governance and programme controls, workforce, recruitment plan and exit strategies in place	Executive Director P&CC	Healthcare and support are delivered at or as close to my home as possible	Care Closer to Home Improvement Group Continuing Healthcare Improvement Group	Quality Safety & Experience Committee							
79	13B		Q4	Transformation schemes reviewed and evaluated											
80															
81															
82	14A	Define and put in place Model for integrated Primary and Community Care Academy (PACCA) to support GP practices under greatest pressure	Q1	Governance, plan and project team established	Executive Director P&CC	Quality trained staff who are fully engaged in delivering excellent care and support to me and my family	Care Closer to Home Improvement Group Continuing Healthcare Improvement Group	Quality Safety & Experience Committee							
83	14B		Q2	Structure defined and Lead appointed											
84	14C		Q4	Model established for education, workforce planning and innovation											
85															
86	15A	Develop and implement plans to support Primary care sustainability	Q1	Plan in place for capacity and demand review in Primary Care	Executive Director P&CC	I have easy and timely access to primary care services	Care Closer to Home Improvement Group Continuing Healthcare Improvement Group	Quality Safety & Experience Committee							
87	15B		Q3	Business case approved to further develop the professional healthcare workforce in medicines management											
88	15C		Q3	Workforce plan for Primary care developed											
89	15D		Q3	Plan and business case developed for Clinical Triage by phone											
90	15E		Q4	Opportunities reviewed for federated delivery models											
91	16A	Develop and implement	Q4	Model of care and care pathway programme developed											

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92	16B	plans to enable integrated Mental Health responses within Primary and Community care, including: Inpatient (incl. PICU), Community MH (CRT integration); Primary care (Clusters) ; OPMH (Integrated pathways) ; rehabilitation	Q4	More effective integrated pathways developed with Primary Care to address physical health inequalities for people with mental health needs and for people with learning disabilities	Executive Director of MH & LD	Healthcare and support are delivered at or as close to my home as possible	Together for Mental Health Improvement Group	Quality Safety & Experience Committee							
93	17A	Implementation of RPB Learning Disability strategy	Q4	External review of LD services to support strategy undertaken	Executive Director of MH & LD	My individual circumstances are considered	Together for Mental Health Improvement Group	Quality Safety & Experience Committee							
94	18A	Establish Framework for assessment for CHC and individual packages of care for people with mental health needs or learning disabilities	Q4	Agreed Framework established	Executive Director of MH & LD	Healthcare and support are delivered at or as close to my home as possible	Together for Mental Health Improvement Group	Quality Safety & Experience Committee					IA/ CRR03: CHC WAO/CHC		
95	18B		Q4	Repatriation programme to bring individual packages of care closer to home developed											
96	19A	Model for health & well-being centres created with partners, based around a 'home first' ethos	Q1	Mapping of Health and Well-being Centres reviewed and priorities agreed	Executive Director P&CC	Healthcare and support are delivered at or as close to my home as possible	Care Closer to Home Improvement Group Continuing Healthcare Improvement Group	Quality Safety & Experience Committee							
97	19B		Q2	Modelling of Service requirements (incl. beds) completed											
98	19C		Q4	Development of business cases for pipeline priorities initiated											
99	20A	Establish a local Gender Identity Team	Q1	Appoint GP prescribers for the three Areas	Executive Director P&CC	I have easy and timely access to services I know and understand what care, support and opportunities are available and use those to help me achieve my health and well-being	Care Closer to Home Improvement Group Continuing Healthcare Improvement Group	Quality Safety & Experience Committee							
100	20B		Q1	Implement Gender Identity pathways following the establishment of the Wales Gender Service											
101	20C		Q3	Review current provision and identify opportunities for further development of the team											
102	20D		Q3	Implementation of Direct Enhanced Service (DES)											
103															
104	Planned care														
105	21A	Centralisation of complex vascular surgery services supported by a new hybrid theatre on YGC site	Q1	Commencement of service in April 2019	Executive Director Nursing and Midwifery	To ensure the best possible outcome, my condition is diagnosed early and treated in accordance with clinical need	Quality Improvement Group								
106	22A	Implement preferred service model for acute urology services	Q2	Finalise Urology Business Case including Robotic Surgery	Executive Director Nursing and Midwifery	To ensure the best possible outcome, my condition is diagnosed early and treated in accordance with clinical need	Quality Improvement Group	Finance & Performance Committee							
107	22B		Q4	Commence implementation phase of the preferred service model for acute Urology services including robotic surgery											
108	23A	Business case,	Q2	Finalise Orthopaedic Plan											

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109	23B	implementation plan and commencement of enabling works for Orthopaedics (refer to estates section/ plan)	Q2	Commence implementation plan and enabling works for Orthopaedic Services	Executive Director Nursing and Midwifery	To ensure the best possible outcome, my condition is diagnosed early and treated in accordance with clinical need	Quality Improvement Group							Finance & Performance Committee							WAO:Orthopaedics			
110	24A	Transform eye care pathway to deliver more care closer to home delivered in partnership with local optometrists	Q1	Deliver business case for eye care pathway and measures	Executive Director Nursing and Midwifery	To ensure the best possible outcome, my condition is diagnosed early and treated in accordance with clinical need	Quality Improvement Group							Finance & Performance Committee							WAO: Ophthalmology			
111	24B		Q2	Develop a sustainable model to eradicate the backlog of patients based on the capacity model																				
112	25A	Rheumatology service review	Q3	Agree service model with a paper to be submitted to Board in July 2019	Executive Director of Primary & Community Care	To ensure the best possible outcome, my condition is diagnosed early and treated in accordance with clinical need	Care Closer to Home Improvement Group Continuing Healthcare Improvement Group							Finance & Performance Committee										
113	26A	Systematic review and plans developed to address service sustainability for all planned care specialties. Implement year one plans for example Endoscopy, Rheumatology, Gynaecology	Q2	Referral Management Establish group, objectives, initial priorities & work plan	Executive Director of Nursing & Midwifery Executive Director of Therapies and Health Sciences	I have timely access to services based on clinical need & am actively involved in decisions about my care To ensure the best possible outcome, my condition is diagnosed early and treated in accordance with clinical need I receive a quality service in all care settings	Quality Improvement Group Procurement Delivery Improvement Group							Finance & Performance Committee										
114	26B		Q1	Contracts in place (phased across yr) for out / insource																				
115	26C		Q1	Targeted approach to maximise utilisation (specific specialties each quarter) - deliver more activity through efficiencies																				
116	26D		Q2	Recruitment process for new consultants (gap specialties) subject to affordability																				
117	26E		Q1	Endoscopy - put in place 'in year' service delivery plan																				
118	26F		Q2	Endoscopy - develop sustainable delivery plan including staffing and estate																				
119	26G		Q4	Endoscopy - develop JAG accreditation timetable / plan																				
120	26H		Q1	Radiology - ensure capacity plan for in year demand in place																				
121	26I		Q4	Radiology - develop capacity plan for future demand (equipment & staff)																				
122	26J		Q1	Outpatient Follow-Up - Develop clinical risk based improvement approach and assess resource requirements and agree recovery trajectory																				
123	26K		Q4	Implementation of WHSSC All Wales Clinical Intelligence Advisory Group (CIAG) priorities																				
124	26L		Q1	Taskforce on RTT	Executive Director of Planning & Performance	I have timely access to services based on clinical need	Quality Improvement Group Procurement Delivery Improvement Group							Finance & Performance Committee										

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	26M		Q4	Implementation of National Planned Care Delivery Programme recommendations for the following specialities: □ Dermatology □ ENT □ Ophthalmology □ Orthopaedics □ Urology	Executive Director Nursing & Midwifery	I have timely access to services based on clinical need	Quality Improvement Group Procurement Delivery Improvement Group	Finance & Performance Committee																	
125																									
	27A	Implement robust systems for booking and waiting list management.	Q2	Robust processes for waiting list management including daily assurance of process and outputs at site / area and specialty level.	Executive Director of Nursing & Midwifery	I have timely access to services based on clinical need & am actively involved in decisions about my care. To ensure the best possible outcome, my condition is diagnosed early and treated in accordance with clinical need.	Quality Improvement Group	Information Governance & Informatics Committee																	
126																									
	27B		Q2	Site and area accountability frameworks for planned developed and embedded.																					
127																									
	27C		Q2	Implement a revised approach to slot utilisation ensuring optimum use of existing capacity prior to commissioning of additional.																					
128																									
	27D		Q3	Plan for follow up reduction and use of £0.5m allocated by Welsh Government																					
129																									
	27E		Q3	Understand capacity for 2020/21 based on job planning.																					
130																									
	28A	Fully realise the benefits of the newly established SURNICC service	Q3	Undertake Benefit Realisation (SuRNICC)	Executive Director of Primary & Community Care	I receive the right care & support as locally as possible	Care Closer to Home Improvement Group Continuing Healthcare Improvement Group	Information Governance & Informatics Committee																	
131																									
	29A	Complete implementation of the new Single cancer pathway across North Wales	Q1	Secure business case approval for the implementation of the Single Cancer Pathway	Executive Director of Therapies and Health Sciences	To ensure the best possible outcome, my condition is diagnosed early and treated in accordance with clinical need	Procurement Delivery Improvement Group	Information Governance & Informatics Committee																	
132																									
133			Q2	Commence implementation of £3m investment in Cancer Services																					
			Q3	Implement enhanced cancer tracking																					
134																									
	30A	Develop Rehabilitation model for people with Mental Health or Learning Disability	Q4	Rehabilitation - model for people with mental health needs and people with learning disabilities	Executive Director of Mental Health & Learning Disabilities	I have timely access to services based on clinical need & am actively involved in decisions about my care	Together for Mental Health Improvement Group	Finance & Performance Committee Information Governance & Informatics Committee																	
135																									
136																									
137	Unsheduled Care																								
	31A	Demand	Q3	That we will develop a single GP Out of Hours service for patients	Executive Director Primary & Community Care		Care Closer to Home																		
138																									

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139	31B	Improved Urgent care out of hours / 111 service	Q1	To enhance the SICAT (Single Integrated Clinical Assessment & Triage) service to include other health professionals supporting avoidance of attendance at ED working alongside WAST	Executive Director Nursing and Midwifery	I have easy and timely access to primary care services	Improvement Group Continuing Healthcare Improvement Group		Finance & Performance Committee									
140	32A	Demand Enhanced care closer to home / pathways	Q4	To maximise the use of community resource teams and clusters to keep patients at home	Executive Director Primary & Community Care	I have timely access to services based on clinical need & am actively involved in decisions about my care	Care Closer to Home Improvement Group Continuing Healthcare Improvement Group	Finance & Performance Committee										
141	32B		Q2	To ensure that a comprehensive directory all of the services that we provide for patients is available for staff to access 24/7														
142	32C		Q1	Ensuring that pathways to keep patients out of hospital are accessible to all Health Care Professional to reduce our ED demand and conveyance rates														
143	32D		Q1	To review our Minor Injury Units and provide services that are fit for our local communities and reduce public reliance on our Emergency Departments. Include increased opening hours and extending staff skills														
144	32E		Q1	That our hospital teams are responsive to the needs of our patients in ED in a timely way														
145	32F		Q3	That the All Wales Emergency Ambulances Collaborative / WAST priorities - Advanced Paramedic Pathfinders and Integrated Clinical Hub initiatives are embedded within our programmes of work to enhance patient care														
146	33A	Demand Workforce shift to improve care closer to home	Q2	Advanced Practitioner workforce implemented within ED to support robust staffing structure and ensure patients are seen in a timely way	Executive Director Nursing and Midwifery	I have timely access to services based on clinical need & am actively involved in decisions about my care	Quality Improvement Group		Finance & Performance Committee									
147	34A	Demand Improved Mental Health crisis response	Q2	Implement alternative crisis pathway	Executive Director of MH & LD	I have timely access to services based on clinical need & am actively involved in decisions about my care	Together for Mental Health Improvement Group	Finance & Performance Committee										
148	34B		Q4	Agree Crisis Pathway business case with Adult Mental Health														
149	34C		Q4	Mental Health Unscheduled Care pathway mobilised - building on the learning from the winter pilot and implementation of the PICU pathway review														
150	35A	Demand Improved Crisis intervention services for children	Q4	Improve access to specialist child and adolescent Mental Health Services – Crisis Pathway	Executive Director Primary & Community Care	I have timely access to services based on clinical need & am actively involved in decisions about my care	Care Closer to Home Improvement Group Continuing Healthcare Improvement Group	Finance & Performance Committee										
151	35B		Q1	Submit proposal (Crisis Pathway & Building Emotional Resilience) to Welsh Government for additional mental health monies														
152	36A		Q1	Development of dedicated Ambulatory Emergency Care (AEC) services on Ysbyty Glan Clwyd site to improve patient experience and reduce impact on ED within Acute sites.														

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163	41C	Integrated health and social care	Q4	To review how we could use our community hospitals better to support patient rehabilitation and to develop trusted assessment of patients between our partners	Executive Director Nursing and Midwifery	support as locally as possible & I contribute to making that care successful	Quality Improvement Group	Finance & Performance Committee							
164	41D		Q2	Ensuring the every patient has a 'What matters to Me' conversation with a health care professional within 24 hours of admission to improve involvement and engagement in their care											
165	42A	Stroke Services	Q1	Confirm the service model and develop a Pre Consultation Business Case	Executive Medical Director	To ensure the best possible outcome, my condition is diagnosed early and treated in accordance with clinical need	Planned Hospital Care Improvement Group Quality Improvement Group Medicines Management Delivery Improvement Group	Finance & Performance Committee							
166	42B		Q1	Agree priorities and phasing for the sustainability of current and future stroke services including stroke prevention, the strengthening of acute stroke services on each of the three DGH sites and early supported discharge services											
167	42C		Q1	The provision of 24 / 7 Mechanical Thrombectomy services via Walton or Stoke (WHSSC contract from 1st April 2019)											
168															
169	Improving Quality and Outcomes														
170	43A	Implement Year Three of Quality Improvement Strategy			Executive Director of Nursing and Midwifery	I am well informed & supported to manage my own physical & mental health I am protected from harm & protect myself from known harm I am treated with dignity & respect & treat others the same I receive the right care & support as locally as possible & I contribute to making that care successful	Quality Improvement Group	Quality Safety & Experience Committee	Quality Improvement Strategy (carry over from 18/19)						
171															
172	Workforce														
173	44A	Establish an integrated workforce improvement infrastructure to ensure all our work is aligned	Q2	Set up Integrated Workforce Improvement infrastructure	Executive Director of Workforce	Interventions to improve my health are based on good quality and timely research and best practice I get care and support through the Welsh language if I want to Quality trained staff who are fully engaged in delivering excellent care and support to me and my family.	Workforce Enabling Improvement Group	Quality Safety & Experience Committee							
174	45A	Build on QI work to develop the DGH	Q1	Develop proposal	Executive Director of Workforce	Interventions to improve my health are based on good									
175	45B		Q2	Establish single improvement system											

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176	45C	Develop the BCC improvement system and delivery plan for efficient value based healthcare	Q4	Improve Staff Engagement		quality and timely research and best practice I get care and support through the Welsh language if I want to	Workforce Enabling Improvement Group	Finance & Performance Committee							
177	46A	Deliver Year One Workforce Optimisation Objectives - reducing waste and avoidable variable/premium rate pay expenditure. Demonstrating value for money and responsible use of public funds	Q4	Recruitment & Retention	Executive Director of Workforce	Interventions to improve my health are based on good quality and timely research and best practice I get care and support through the Welsh language if I want to Quality trained staff who are fully engaged in delivering excellent care and support to me and my family.	Workforce Enabling Improvement Group	Finance & Performance Committee						IA/CRR15: Roster Management	
178	46B		Q4	Develop a multi professional temp staffing service											
179	46C		Q2	Efficient use of systems											
180	46D		Q4	Job Planning											
181	46E		Q4	Attendance Management											
182	47A	Deliver year one Health & Safety Improvement programme, focussing on high risk / high impact priorities whilst creating the environment for a safety culture	Q4	Reintroduce a Health, Safety & Wellbeing Strategic Committee to ensure structured governance arrangements in place	Executive Director of Workforce	Interventions to improve my health are based on good quality and timely research and best practice I get care and support through the Welsh language if I want to Quality trained staff who are fully engaged in delivering excellent care and support to me and my family.	Workforce Enabling Improvement Group	Finance & Performance Committee						IA/ CRR12: Health and Safety	
183	47B		Q2	Review existing Health, Safety & Wellbeing governance arrangements											
184	47C		Q2	Attain the Quality Improvement Standards Award for Occupational Health (SEQOHS)											
185	47D		Q3	Establish a stress management prevention plan to reduce stress related episodes											
186	47E		Q3	Establish a musculoskeletal prevention plan to reduce Musculoskeletal episodes											
187	47F		Q2	Maintain no incidents of occupational cancer and ill health through established health surveillance programmes											
188	47G		Q4	Introduce a targeted campaigns to reduce sharps / body fluid contamination incidents											
189	47H		Q4	Introduce an education / coaching programme to support creation of wellbeing in workplace											
190	47I		Q4	Introduce other wellbeing / safety activities in line with the Health Improvement / Health Inequalities Living Healthier Staying Well Strategy & Health & Safety three year plan	Executive Director of Workforce	I get care and support through the Welsh language if I want to	Workforce Enabling Improvement Group	Finance & Performance Committee						IA/ CRR12: Health and Safety	
191	47J		Q4	Develop Safe Systems of Work for RIDDORs and have scrutiny for all reported riddors											

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192	47K		Q4	Review current paperwork and processes that relate to OHS in order to be easier to understand, facilitate more returns and to provide organisational data on the state of Health and Safety by area/division and ultimately the whole organisation. This data will feed into the relevant divisional and corporate H&S meetings											
193	47L		Q4	Develop and Implement a Robust COSHH Management System Including Training, Storage and Use of Chemicals to Reduce Exposure to Occupational Cancers and Manage Accordingly											
194	47M		Q4	Develop, Produce and Validate an Appropriate and Fit For Purpose Security Policy for the organisation											
195	47N		Q4	Safer sharps systems to be improved and modified											
196	47O		Q4	Slips, Trips and Falls											
197	47P		Q4	Training health safety											
198	48A	Develop an integrated multi professional education and learning Improvement Programme in liaison with HEIW	Q2	Enhance working relationships with local education providers to develop stronger academic links	Executive Director of Workforce	Interventions to improve my health are based on good quality and timely research and best practice I get care and support through the Welsh language if I want to Quality trained staff who are fully engaged in delivering excellent care and support to me and my family.	Workforce Enabling Improvement Group								
199	48B		Q3	Establish strong links with HEIW to support the alignment of national and local educational improvement programmes											
200	48C		Q3	Develop an Apprenticeship Improvement Plan to enhance utilisation of apprenticeships across the organisation											
201	48D		Q3	Develop a plan to expand the Step into Work scheme across the health and social care sector											
202	48E		Q2	Improve attraction											
203	49A	Develop a Strategic	Q1	Undertaken a review of the literature	Executive Director of	Interventions to improve my health are based on good quality and timely research and best practice I get care and support through	Workforce Enabling								
204	49B		Q1	Gather intelligence from the equality information BCU holds when considering what the health boards equality objectives should be											
205	49C		Q1	Engage with people with protected characteristics and other interested stakeholders to identify their main issues and concerns											
206	49D		Q1	Identify evidenced based equality objectives to drive better outcomes for people with protected characteristics across North Wales											

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224	52E	Provide 'one stop shop' enabling services for reconfiguration or workforce re-design linked to key priorities under Care Closer to Home; excellent hospital services	Q4	Raised awareness of and promoted the equality impact assessment process as a framework to help to ensure that any potential for disadvantage or discrimination is identified and addressed across programme groups and transformation activity aligned to the equality and rights principles set out in LHSW	Executive Director of Workforce	Interventions to improve my health are based on good quality and timely research and best practice	Workforce Enabling Improvement Group	Quality Safety & Experience Committee							
225	52F		Q4	Increase organisational capacity in regards to Equality Impact Assessment knowledge and understanding		I get care and support through the Welsh language if I want to									
226	52G		Q1	Raised awareness of and promoted the findings from EHRC 'Is Wales Fairer Research 2018' on how Wales is performing on equality and human rights		Quality trained staff who are fully engaged in delivering excellent care and support to me and my family.									
227	52H		Q4	Engage with stakeholders to develop a better understanding of inequalities which arise as a result of differences including those identified as protected characteristics											
228	52I		Q4	Increase the offer and take up of Treat Me Fairly training for the primary care independent contractors											
229	53A	Develop and Deliver Year one Communications Strategy to improve Communications and enhance BCUHB reputation	Q2	Develop a new Health Board website and Staff Intranet / Zone	Executive Director of Workforce	Interventions to improve my health are based on good quality and timely research and best practice	Workforce Enabling Improvement Group	Quality Safety & Experience Committee							
230	53B		Q3	Provide an effective and efficient Press Office Function to BCUHB's media customers		I get care and support through the Welsh language if I want to									
231	53C		Q4	Deliver a well attended successful Staff Achievement Awards event on 1st November 2019		Quality trained staff who are									
232															
233	Digital Health														
234	54A	Phase three of Welsh Patient Administration Project (PAS) starts. It will replace the Commercial PAS system in the West and standardise processes relating to this system in other sites	Q1	Project Start:- Formal Commitment from NWIS required for Data Migration Activities to commence. Engage data migration supplier. Begin ways of working and standardisation											
235	54B		Q2	Project Design:- Programme Board approval of standardisation plans. Start Data Migration.											
236	54C		Q4	Continuation of Data Migration											
237	54D		Q4	Continuation of Data Migration, readiness for testing and training											
238	55A	Completion of pilot studies to learn lessons to inform wider installation and utilisation of the Welsh Community Care Information System	Q1	Project Implementation - Pilot studies in the West											
239	55B		Q2	Project Close- Formal review of pilot phases and completion of lessons learnt reports											
240	55C		Q3	Project Design - Design future phases of roll out based upon lessons leant, product suitability, and Programme Board Approval											

	A	B	C	D	E	F	G							H							I	J	K	L	M	N							O																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																										
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1															
251	62A	Provision of infrastructure and access to support care closer to home	Q4	A phased and targeted expansion of Skype for business Work will continue on the roll out of GovRoam across public sector sites in North Wales. Device testing for WCCIS is also planned pending delivery of a mobile Application from NWIS.											
252	63A	Support Eye Care Transformation	Q4	Informatics will employ a business analyst (BAND 5) to support the National Eye Care project. Qtr3 suggested start. Employment activities required which will start in QTR1.											
253	64A	Implement Tracker 7 cancer module in Central and East.	Q2	Enhancements to the National Patient Administration System which are planned for QTR2/QTR3 will partly support the management of patients along a Single Cancer Pathway (via functionality referred to as Tracker 7).											
254															
255	Estates Strategy														
256	65A	Primary Care Project Pipeline	Q4	Prepare business case in support of Primary Care Project Pipeline	Executive Director of Planning and Performance	I receive the right care & support as locally as possible & I contribute to making that care successful	Estates Enabling Improvement Group	Strategy Partnerships & Population Health Committee	IA/ CRR12: Statutory Compliance: Fire Safety IA/ CRR12: Health and Safety						
257	66A	Well-being Hubs	Q4	Complete year One Well-being Hubs											
258	67A	Ruthin Hospital	Q4	Completion of the full business case for Ruthin Hospital											
259	68A	Vale of Clwyd	Q4	Review Vale of Clwyd Health and Well-being Hub											
260	69A	Orthopaedic Services	Q4	Completion of the Orthopaedic services capital business case											
261	70A	Ablett Mental Health Unit	Q4	Completion of the Ablett Unit outline business case											
262	71A	Wrexham Maelor Infrastructure	Q2	Completion of the Wrexham infrastructure programme business case											
263	72A	Hospital Redevelopments	Q4	Review Abergele Hospital											
264	72B			Progress development plans for Wrexham Progress development plans for Llandudno Hospital											
265	73A	Central Medical Records	Q4	Completion of the business case for Central Medical Records											
266	74A	Residencies	Q4	Completion of the business case for Residencies											
267	75A	Integrated Care Fund (ICF) Schemes	Q4	Progression of Integrated Care Fund schemes											
268	76A	Statutory Compliance / Estate Maintenance	Q4	Completion of all statutory compliance and estate maintenance works											
269															
270															
271	Finance														
272	77A		Q1	Review effectiveness of and refine accountability framework											
273	77B		Q2	Reflect new savings targets in our budgets and accountability agreements to underpin the new plan once approved.											

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
	Number	Actions		Milestones 2019/20	Lead	Outcome	1st - Management control and reporting e.g ET, Improvement Group	2nd - Functional oversight/Governance e.g Board / Committee					3rd - Independent Review e.g Counter Fraud, National Clinical Audit, WG, JET, HIW, WAO		RAG rating to be used - RED=Insufficient Assurance provision; AMBER=Some assurance provision; Green=Adequate Assurance provision.
1															
274	77C	Governance	Q2	Finalise BCU approach to service improvement and driving cost reduction	Executive Director of Finance										
275	77D		Q1	Establish PMO reporting and support and challenge sessions as part of divisional performance accountability.											
276	78A	Grip and Control	Q2	Analyse drivers of underlying position											
277	78B		Q1	Review quality and content of financial reports (internal and external)											
278	78C		Q1	Develop Grip and Control plan, quantifying agreed benefits and establish monitoring arrangements											
279	79A	Planning	Q1	Establish central infrastructure for Service and Productivity Improvement											
280	79B		Q2	Map benefits and deficiencies											
281	79C		Q2	Identify gaps in current state from future state requirement											
282	79D		Q1	Obtain clarity from WG on RTT funding arrangements for 2019/20											
283	79E		Q1	Develop plan to improve RTT performance and liaise with WG re. funding											
284	79F		Q1	Review and refine the accountability framework. Finalise strategic approach to cost reduction											
285	79G		Q2	Develop savings opportunities to meet full requirements											
286	79H		Q1	Develop guidance to determine Green and Amber definitions											
287	79I		Q2	Upskill staff to understand and utilise RAG ratings effectively											
288	80A	Procurement	Q1	Procurement workshop with CFOs and Strategic Procurement Group established											
289	80B		Q1	Establish local meetings and overall review by Quality and Standardisation Group											
290	80C		Q1	Stock management system programme implementation review to be completed, and procurement arrangements to be reviewed											
291	80D		Q2	Establish ongoing procurement engagement plan and group across the Health Board to drive delivery of the procurement programme benefits											
292	80E		Q1	Identify discretionary non-pay expenditure, and carry out impact assessment											
293	81A	Risk Management	Q2	Develop a risk management and reporting framework for savings schemes											
294	82A		Q1	Review, increase robustness and communicate revised policies in respect of additional hours justification and authorisation											

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
	Number	Actions	Milestones 2019/20		Lead	Outcome	1st - Management control and reporting e.g ET, Improvement Group	2nd - Functional oversight/Governance e.g Board / Committee					3rd - Independent Review e.g Counter Fraud, National Clinical Audit, WG, JET, HIW, WAO		RAG rating to be used - RED=Insufficient Assurance provision; AMBER=Some assurance provision; Green=Adequate Assurance provision.
1															
295	82B	Staffing (Clinical Rostering)	Q2	Ensure roster alignment project is delivering planned benefits and outcomes, including embedding support and challenge meetings											
296	82C		Q2	Agree standard rostering processes and protocols											
297	82D		Q2	Confirm and establish thresholds and approval governance for agency staff. Establish discounts for block bookings											
298	82E		Q1	Review and relaunch E-rostering reports and ensure used to drive support and challenge meetings and improve performance											
299	83A	Staffing (Medical Rostering)	Q1	Review whether MASDA and ALLOCATE systems can be better used to support redesigned processes when MOL in place											
300	83B		Q1	Draft policy and processes to establish additional clinical activity sessions and implementation plan to deploy ALLOCATE											
301	83C		Q1	Draaft and agree proposal for revised Rota Management model											
302															

Betsi Cadwaladr University Health Board: Legislation Assurance Framework

1.0 DOCUMENT PURPOSE

- 1.1** This document details the progress made in delivering the Betsi Cadwaladr University Health Board (BCUHB) Legislation Assurance Framework (LAF). The report outlines the actions being taken to ensure BCUHB can be confident in complying with existing legislative requirements and in a position to proactively respond to new legislation.

2.0 LEGISLATION ENACTED SINCE PREVIOUS REPORT

- 2.1** Details of the legislation enacted since the previous report is shown in **Table 1** below.
- 2.2** The Committee should note that the report does not detail new legislation that has been enacted in order to address failures of retained EU law to operate effectively arising from the withdrawal of the United Kingdom from the European Union. The majority of amendments have no practical application and generally remove EU references that are no longer appropriate. For example 'The Planning (Hazardous Substances and Miscellaneous Amendments) (EU Exit) Regulations 2018 amended the Planning (Hazardous Substances) Regulations 2015 and would not be added to Table 1 unless the amendment introduced changes in the legislation's application to BCUHB.

3.0 PROGRESS

- 3.1** BCUHB presented the LAF to the All Wales Audit Chair's meeting in July. Members indicated it would be useful for the database to be hosted nationally by Welsh Government. Welsh Government have subsequently advised that they are of the opinion that the LAF should be hosted by an NHS organisation. An initial discussion with Legal & Risk has taken place. Legal & Risk will need to consider what resources are in place/ required to maintain the LAF (reviewing the applicability of new and amended legislation, communicating requirements to Health Boards etc.).
- 3.2** Data input into the datix system is complete. All items are now input and electronic gap analysis reporting is enabled. There is a planned final data cleanse before the system is switched from Beta/Test mode. Data cleansing will remain an ongoing task to ensure data integrity.
- 3.3** There are considerations with regards the future availability of the LAF module within Datix. The LAF was not considered as part of the original scoping exercise to replace the existing datix system. An initial discussion has taken place with the All Wales Datix system replacement lead and verbal assurance has been given that functionality will be available post migration to the new system. Further work is required to ensure the module will be available as well as a scoping exercise to assess whether the data can be migrated or will need to be re input.
- 3.4** Meetings continue to be held with Divisions to confirm Divisional legislation allocation and complete assurance criteria. Meetings have been held with the

Director of Estates, the Associate Director of Health, Safety and Equality, the Associate Director of Safeguarding and the Corporate Safeguarding team. The governance lead for Public Health Wales has retired, a meeting has been held with replacement lead, further information to be provided to Senior Leadership team and a review of legislation conducted in October 2019.

- 3.5** Details of Divisional progress are set out in **Table 2** below. It is important to note that following the realignment of the Chief Operating Officers portfolio, a significant volume of legislation is required to be realigned. Therefore, progress details are indicative and subject to change as Director portfolio's change or legislation is reassigned.
- 3.6** Areas of limited compliance are detailed in **Table 3**. Items have been reviewed and updated where applicable by the relevant leads. Items that reported 'substantial' assurance in the previous report have been removed and include: Modern Slavery Act 2015.

4.0 RECOMMENDATION: That

- (1) The contents of this report and the current position in respect of the LAF development be noted;**
- (2) The further work required to liaise with Divisional Leads; Legislation allocation agreement and assurance criteria completion be noted; and**
- (3) Items of previous non-compliance now reporting substantial assurance to be removed from next report.**

Table 1 – Legislation enacted since previous report

Title	Explanatory Note	Divisional Assignment	Additional info
The Notification of Deaths Regulations 2019	These Regulations impose a duty on registered medical practitioners to notify a senior coroner of a person's death under certain circumstances. The senior coroner to be notified is the senior coroner appointed for the area in which the body of the deceased person lies (the "relevant senior coroner").	OMD	This information has been distributed to all Doctors in North Wales, and available as notices in bereavement offices, where Doctors certify deaths. While it will be incumbent on all Doctors certifying deaths, with the implementation of Medical Examiners, this will progressively fall under their supervision. The Lead Medical Examiner for Wales has now been appointed, and the expectation is for Medical Examiners to review all deaths for Acute Hospitals by April 2020, and extend to community deaths by April 2021. Doctors will still hold responsibility for certifying deaths, but this will be under the scrutiny of a robust, independent Medical Examiner system.
Public Services Ombudsman (Wales) Act 2019	An Act of the National Assembly for Wales to make provision about the office of the Public Services Ombudsman for Wales; to make provision about the functions of the Public Services Ombudsman for Wales; to make provision about compensation; and for connected purposes.	Nursing	Removes requirement that complaints to the Ombudsman must be made in writing. Allows Ombudsman to start own investigations without receiving a formal complaint (example, anonymous complaints)
The National Health Service (Clinical Negligence Scheme) (Wales) Regulations 2019	These Regulations make provision in connection with the Clinical Negligence Scheme for NHS Trusts and Local Health Boards in Wales	Nursing	The scheme will help to address the concerns of GPs about the affordability of professional indemnity premiums and will deliver a sustainable, long term solution to address the increasing costs of professional indemnity.
The National Health Service (Welsh Language in Primary Care Services) (Miscellaneous	The amendments place six common duties, relating to the Welsh language, upon primary care providers in Wales through their respective terms of agreement, contract and/or service with Local Health Boards.	Public Health	Meeting with Head of Welsh Language arranged for 09/09/19 (canx due to absence)




Amendments) (Wales) Regulations 2019	Cost implications for translating, printed information and signage (contractors may utilise translations services offered by the LHB) as well as releasing staff to attend Welsh language training		
Mental Capacity (Amendment) Act 2019	<p>An Act to amend the Mental Capacity Act 2005 in relation to procedures in accordance with which a person may be deprived of liberty where the person lacks capacity to consent; and for connected purposes.</p> <p>Section 1(4) inserts the new Schedule AA1 into the MCA. This Schedule contains the new administrative scheme for authorising arrangements enabling the care and treatment of persons who lack capacity to consent to those arrangements, which give rise to a deprivation of liberty (referred to in these Notes as the Liberty Protection Safeguards). It will replace Schedules A1 and 1A to the MCA, with those Schedules being repealed under paragraph 2 of Schedule 2 to the Act.</p> <p>Powers of the court to determine questions in relation to Schedule AA1 (appeals), are now contained within section 21ZA.</p>	Nursing	<p>Significant impact for Health Boards in terms of increased volume of applications and challenges/appeals.</p> <p>In addition to applying to all persons over 16 rather than 18, LHBs now to act as Responsible Body (RB) in the following circumstances:</p> <ul style="list-style-type: none"> • The arrangements are mainly carried out in an NHS hospital • Independent Hospitals when situated with the LHBs area • Whereby the person is eligible for CHC (Care homes – previously Local Authority responsibility). <p>This also means that Health Boards would be the first respondent to any challenges/appeals or instances whereby the Court of Protection is required to determine a question.</p> <p>There is ambiguity around the definition of CHC within Wales, i.e. does it extend to Funded Nursing Care / Joint Funding (different statutory provision for CHC definition in England). The question has been raised with Welsh Government</p> <p>The Corporate Safeguarding team are undertaking a risk assessment of the implications of the new legislation, reported into Quality & Safety Experience Committee.</p>



Table 2 - Divisional Progress Report:



Division	Initial Meeting	Follow up Meeting	Assignment Agreed	Lead/FI Agreed	Ops Lead Identified	Assurance Criteria Complete	Input into Datix	Comments
Therapies & Health Sciences	29/11/2017	08/11/2018	Y	Y	Y	40%	Y	Meeting held with Exec Director of Therapies and Health Sciences - Operational Leads identified and roles clarified. Attendance and information provided to Organ & Tissue Donation Committee in January, follow up meeting with lead completed and assurance provided for relevant legislation (organ transplantation). Other areas outstanding.
Workforce & OD	01/11/2017	20/11/2017	Y	Y	Y	95%	Y	<p>Divisional assignment complete, small number of items outstanding for assurance criteria. Confirmation required for allocation of Human Rights Act 1998. (OMD/WOD).</p> <p>Health & Safety now aligned to WOD. Meeting held with newly appointed Associate Director of Health, Safety and Equality. Items previously reported as per Table 3 have been reviewed and updated. However, further review required following Gap Analysis findings. This will form a 12 month Action Plan in line with the three year Occupational health and Safety Strategy. Progress against recommendations will be reported and overseen by Strategic Occupational Health & Safety Group.</p>
Primary Care & Communities	16/10/2018	24/10/2018	Y	Y	Y	95%	Y	<p>National Health Service (Primary Care) Act 1997 - majority of provisions repealed, remaining relate to Finance (to be discussed with Finance Division).</p> <p>Children's services realigned to Primary Care & Communities. Legislation to be identified and transferred (may affect assurance criteria completion progress)</p>





Division	Initial Meeting	Follow up Meeting	Assignment Agreed	Lead/FI Agreed	Ops Lead Identified	Assurance Criteria Complete	Input into Datix	Comments
Planning & Performance	21/11/2017	15/03/2018	Y	N	Y	1%	Y	Confirmation required for allocation of National Health Service (Private Finance) Act 1997 (Finance/Strategy). Note, Estates now aligned to Planning & Performance - Estates progress at 0%. Meeting held with Director of Estates, assurance criteria beginning to be populated, further work required.
Finance	30/11/2017	19/01/2018	N	N	Y	88%	Y	Majority of legislation now reviewed. X5 items outstanding. Confirmation required for allocation of National Health Service (Private Finance) Act 1997 (Finance/Strategy).
Public Health	06/11/2017	12/01/2017	Y	Y	Y	100%	Y	Divisional assignment complete and assurance criteria submitted.
Medical Director	13/11/2017	04/01/2018	N	N	N	73%	Y	Meeting held with Informatics Lead, outstanding items to be progressed. Areas within OMD still outstanding. Confirmation required for allocation of Human Rights Act 1998. (OMD/WOD)
Nursing & Midwifery	02/11/2017	03/05/2018	N	N	N	37%	Y	Initial meeting complete. Meeting with Corporate Safeguarding team held and assurance criteria completed
Office of the Board Secretary	17/11/2017	06/02/2018	Y	Y	Y	100%	Y	Complete
MH&LD	09/02/2018	27/11/2018	N	Y	Y	35%	Y	Confirmation required for allocation of Autism Act 2009 (Criminal Justice Act 2003 and the Policing and Crime Act 2017 accepted by Corporate Safeguarding). Mental Health Measure items outstanding.






Table 3 - Areas of Limited Compliance

 Compliance Level Increased.
  Compliance Level no change.
  Compliance Level Declined.

Legislation	Assurance Type	Assurance Level	Responsible Division	Compliance	Compliance Impact Rating	Key Controls	Third Party Assurance	Comments
National Health Service Finance (Wales) Act 2014	Written	Oversight	Finance	No Assurance 	20	Reporting of compliance forms part of the Statutory Annual Accounts	Wales Audit Office	The Health Board has not achieved these Statutory Targets and this is reported by Finance to the F&P and Health Board. It is also comprehensively addressed in the Corporate Risk Register (CRR07). The Health Board developed a £35m deficit plan for 2019/20. Welsh Government set a control total of £25m. The Health Board is currently forecasting to achieve a deficit of £35m, and has established a Recovery Programme being led by a Recovery Director.
Reporting of Injuries Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013	Written	Oversight	Workforce & OD	Limited 	Low (5-10)	Policy & Procedure. Staff training	Internal Audit	<p>The Strategic Occupational Health & Safety Group now review all RIDDORS per quarter. H&S Advisers now review all incidents to ensure that RIDDORS are identified and reported in a timely manner.</p> <p>The GAP Analysis identified that further work is required in this area to improve lost time injury reporting over seven days.</p>

Legislation	Assurance Type	Assurance Level	Responsible Division	Compliance	Compliance Impact Rating	Key Controls	Third Party Assurance	Comments
Safety Representatives and Safety Committees Regulations 1977	Verbal	Operational	Workforce & OD	Limited 	Very Low (1-5)	Bi monthly meeting	Internal Audit	<p>Newly reformed Strategic Occupational H&S Group has met twice since May 2019, agreed TORs in place and chaired by Exec Director of WoD.</p> <p>The Safety Reps have also attended the Gap Analysis reviews alongside the H&S advisers and continuing to improve working relationships and communications with our Trade Union Partners. Further information will be provided by the Gap Analysis.</p>
Consultation with Employees Regulations 1996 / 2004	Verbal	Operational	Workforce & OD	Limited 	Very Low (1-5)	Bi monthly meeting	Internal Audit	<p>Newly reformed Strategic Occupational H&S Group has met twice since May 2019, agreed TORs in place and chaired by Exec Director of WoD.</p> <p>The Safety Reps have also attended the Gap Analysis reviews alongside the H&S advisers and continuing to improve working relationships and communications with our Trade Union Partners. Further information will be provided by the Gap Analysis.</p>

Legislation	Assurance Type	Assurance Level	Responsible Division	Compliance	Compliance Impact Rating	Key Controls	Third Party Assurance	Comments
Public Health (Wales) 2017 Act	Verbal	Operational	Public Health	Limited 	9	None	None	Further work will be required to clarify HB responsibilities under the Act - some of this will come from publication of the Regulations supporting the Act which are not yet published. Draft regulations for smoke free sites have been consulted on and final version expected Jan 2019. Exec Director of PH to chair Task & Finish Group
Licensing Act 2003	Verbal	Operational	Public Health	Reasonable 	2	Regular meetings.	None	Process for logging and responding to applications now agreed between BCUHB and Licensing Authorities. The new process will be tested in the East Area.
The Functions of Local Health Boards (Dental Public Health) (Wales) Regulations 2006	Written	Oversight	Public Health	Limited 	9	Action Plan	None	Local Oral Health Action Plan in place - response to WG National Oral Health Plan. Further work needed to clarify responsibilities between Health Board and Public Health Wales in respect of Dental and Oral Health surveys
Regulation of Investigatory Powers Act 2000	Verbal	Operational	Finance	Substantial 	5	Policy & Procedure, National tool kit	None	Covered by principles set out in Information Governance Policy framework and Standards of Business Conduct.

Legislation	Assurance Type	Assurance Level	Responsible Division	Compliance	Compliance Impact Rating	Key Controls	Third Party Assurance	Comments
Civil Contingencies Act 2004	Written	Oversight	Planning & Performance	Reasonable 	4	Regular Meetings, Policy & Procedure, Designated points of contact	No	Civil Contingencies Group in place; reporting to SPPH
Civil Contingencies Regulations 2012	Written	Oversight	Planning & Performance	Reasonable 	3	Regular Meetings, Policy & Procedure, Designated points of contact	No	Reviewed by CCG and SPPH
The Community Health Councils (Constitution, Membership and Procedures) (Wales) Regulations 2010	Written	Operational	Planning & Performance	Reasonable 	2	None	No	Arrangements in place with Nursing Directorate to receive reports of visits and respond where required.
Well-Being of Future Generations (Wales) Act 2015	Written	Oversight	Planning & Performance	Reasonable 	3	Audit, Annual reporting	Yes	Reporting to SPPH; requirement for annual reporting. WAO and internal audits undertaken. Office of Future Generations Commissioner review and support.
The Well-being of Future Generations (Wales) Act 2015	Written	Oversight	Planning & Performance	Reasonable 	3	Annual reporting	Yes	Overseen by PSBs and reporting to SPPH. Office of Future Generations Commissioner review and support.

Legislation	Assurance Type	Assurance Level	Responsible Division	Compliance	Compliance Impact Rating	Key Controls	Third Party Assurance	Comments
(Assessments of Local Well-being) Regulations 2017								

Compliance Impact Rating based on Risk Scoring and Rating Matrices, see Appendix 1 below.

Appendix 1 - Risk Scoring and Rating Matrices

Likelihood score	Likelihood Scoring				
	1	2	3	4	5
Descriptor	Rare (less than 5% probability)	Unlikely (5% to 20% probability)	Possible 20% to 50% probability)	Likely (50% to 80% probability)	Very Likely (more than 80% probability but less than 100%)
Frequency / How likely is it to happen?	This probably will never happen/recur	Do not expect it to happen/recur, but it is possible it may do so	Might happen or recur occasionally	Will probably happen/recur, but is not a persisting issue or circumstance	Very likely to happen/recur; possibly frequency

Category	Impact Scoring				
Impact score	1	2	3	4	5
Descriptor	Very low	Low	Moderate	High	Very high
Safety	Minimal injury requiring no/minimal intervention or treatment. No time off work	Minor injury or illness, requiring minor intervention Requiring time off work for >3 days Increase in length of hospital stay by 1-3 days	Moderate injury requiring professional intervention Requiring time off work for 4-14 days Increase in length of hospital stay by 4-15 days RIDDOR/agency reportable incident An event which impacts on a small number of patients	Major injury leading to long-term incapacity/disability Requiring time off work for >14 days Increase in length of hospital stay by >15 days Mismanagement of patient care with long-term effects	Incident leading to death Multiple permanent injuries or irreversible health effects An event which impacts on a large number of patients
Quality (Service Access& Delivery	Minor reduction in service care quality,	Single failure to meet national standards for	Repeated failure to meet national standards for quality,	Ongoing non-compliance with	Gross failure to meet national standards with totally unacceptable levels of

	reliability consistency, access and continuity	service care quality, reliability consistency, access and continuity	reliability consistency, access and continuity	national standards for quality, reliability consistency, access and continuity	quality, reliability consistency, access and continuity
Finance	Small loss (loss defined as cost in excess of that assumed in budgets)	Loss of £100,000 or less	Loss of £100,000 to £500,000	Loss of £500,000 to £1m	Loss in excess of £1m,
Regulation, compliance	No or minimal impact or breach of guidance or statutory duty	Breach of statutory legislation	Single breach of statutory duty Challenging external recommendations	Enforcement action Improvement notice Multiple breaches in statutory duty Critical report	Continued breaches in statutory duty Prosecution Severely critical report Complete system change required
Reputation	Rumours Potential for public concern	Local media coverage short-term reduction in public confidence Elements of public expectation not being met	Local media coverage long-term reduction in public confidence	National media coverage with <3 days service well below reasonable public expectation	National media coverage from ongoing service delivery issues that fall well below reasonable public expectation. AM concerned (questions in the Welsh Assembly) Total loss of public confidence

Risk Scoring

Each risk will be rated by taking the likelihood and impact scores and applying to the matrix below

Impact	Very high – 5	5	10	15	20	25
	High – 4	4	8	12	16	20
	Moderate – 3	3	6	9	12	15
	Low – 2	2	4	6	8	10
	Very low - 1	1	2	3	4	5
		1	2	3	4	5
		Rare	Unlikely	Possible	Likely	Very likely
	Likelihood					

Audit Committee	 <div>GIG CYMRU NHS WALES</div> <div>Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board</div>
12.09.19	
<i>To improve health and provide excellent care</i>	

Title:	Declaration of Interests/Gifts and Hospitality – Standards of Business Conduct Policy
Author:	Dawn Sharp, Acting Board Secretary
Responsible Director:	Dawn Sharp, Acting Board Secretary
Public or In Committee	Public
Purpose of Report:	To comply with Standing Orders 7.1 – 7.6
Approval/Scrutiny Route Prior to Presentation:	Internal Audit Review of System Executive Team Members for review of Standards of Business Conduct Policy
Governance Issues/risks:	There are no Board Member declared interests or gifts and hospitality of concern or other issues of significance to bring to the Audit Committee's attention
Financial Implications:	Not applicable.
Recommendation:	That:- (1) the Audit Committee receives the report and highlight any issues of significance for the Board as part of the Chair's assurance report; and (2) the revised Standards of Business Conduct Policy be approved.

Health Board's Well-being Objectives <i>(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)</i>	√	WFGA Sustainable Development Principle <i>(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)</i>	√
1.To improve physical, emotional and mental health and well-being for all		1.Balancing short term need with long term planning for the future	
2.To target our resources to those with the greatest needs and reduce inequalities		2.Working together with other partners to deliver objectives	
3.To support children to have the best start in life		3. Involving those with an interest and seeking their views	

4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being		4.Putting resources into preventing problems occurring or getting worse	√
5.To improve the safety and quality of all services	√	5.Considering impact on all well-being goals together and on other bodies	
6.To respect people and their dignity			
7.To listen to people and learn from their experiences			
Special Measures Improvement Framework Theme/Expectation addressed by this paper Governance and Leadership			
Equality Impact Assessment Not applicable to wider paper but EqIA undertaken for Standards of Business Conduct Policy – no issues identified.			

Declaration of Interests/Gifts and Hospitality

1. Purpose of report

This annual update is provided in order to comply with Standing Orders 7.1 - 7.6.

2. Introduction/Context

All Board members must declare at least annually any personal or business interests which may affect, or be perceived to affect the conduct of their role. This includes any interests held by family members or bodies with which they are connected. LHB Officers (senior staff and staff of any grade deemed to be in a position of influence where conflict of interests may arise) are also required to submit a declaration at least annually, even if a nil return. All Board Members and LHB Officers must also declare any gifts or hospitality as per the policy.

All other staff must abide by the Code of Conduct and declare, as and when they arise, declarations of interests and offers of gifts and hospitality worth over £25 (whether accepted or declined). Internal Audit carry out an annual review of the system and their last report was issued in May 2019 which was circulated to Audit Members at the time of issue.

An electronic system was introduced in the Autumn of 2016 to record declarations of interest, gifts and hospitality, and rolled out across the Health Board. The electronic declaration forms contain the Internal Audit recommended counter-fraud statement. In the case of Board members, declarations are required to be published in the Board's Annual Report in line with the commitment to openness and transparent governance. All Board Members submitted declarations of interest for 2018/19 using the electronic reporting system and these were reported as part of the 2018/19 Annual Report and are attached as Appendix 1. During meetings, Board members are also obliged to declare any ad-hoc potential conflicts of interest as and when they arise, and this is recorded in the relevant Board/Committee minutes.

In terms of the wider organisation, staff at Band 8C and above (or equivalent) are required to complete a declaration of interest form (even if this is a nil return) on an annual basis. In addition, following on from recommendations in last year's internal audit review staff at Band 7 through to 8b in positions to influence the purchasing of goods and services as well as fostering relationships with external organisations are now included within the annual mandatory submission process.

Governance Leads are identified for all Directorates and declarations of interest are routed through these leads for approval/escalation. Following on from the recommendations in last year's audit, all gift and hospitality declarations are now routed via the Deputy Board Secretary.

3. Review of Submissions

This report has been primarily aligned with the Internal Audit Review undertaken in May 2019 which was based on submissions up to 25 March 2019. A copy of the electronic Gifts and Hospitality register (covering all staff and Board Members) (for the period 1 September 2019 to 31 March 2019) is attached at Appendix 2. Declarations made with a value of £25 or below have not been included and likewise a number of hospitality declarations relating to the postgraduate centre at Ysbyty Gwynedd have not been included following clarification from Finance that payments should in fact have been reconciled to invoices raised in respect of companies who had maintained a presence at training/education events held at the centre. These declarations have also been reviewed by Counter Fraud and where there could be the potential for a conflict of interest to arise further clarification has been sought. During this period a Gift declaration was made by the Executive Director of Finance. This was in respect of a gift voucher received to the value of £25 which was donated to the Awyr Las Charity.

Following the introduction of the electronic system there has been a continuous drive to increase the compliance figures for declarations. As at 25.3.19 the Audit Report noted compliance levels (in terms of mandatory declarations of interest) as 88%.

4. Internal Audit Findings

The May 2019 Internal Audit Report made three recommendations, namely:-

- That the Office of the Board Secretary liaises with relevant governance leads to ensure all declarations submitted are considered and those yet to complete a declaration are contacted.
- That all staff are reminded at least quarterly to ensure they comply with the required policies and procedures in respect of the receipt of gifts
- All staff receiving offers of hospitality should ensure that they follow the requirement of the Health Board's Policy and procedures. Evidence must be included that the relevant Director has considered and approved /not approved the offer of hospitality. All staff are reminded at least quarterly that they comply with the required process.

These recommendations are being implemented and tracked by the Team Central reporting arrangements.

Adjustments to the electronic system are awaited to improve the process, particularly in terms of recording authorisations, the ability to distinguish between gifts which have been donated to Awyr Las and those gifts which have been received which were for example for use on wards but may have been logged in an individual's name. There are a small number of system changes that are scheduled to be released to the live system shortly. Changes include requesting additional

information at the time of registering a gift and amending some of the descriptive wording on the form.

In addition to this, Members may be aware that the All Wales Board Secretaries Network are keen for the electronic system development to be shared across Wales. The Systems Team have recently been provided with a server on which to host the system nationally. A timeline for implementation is currently being identified.

5. Review of Standards of Business Conduct Policy

The Standards of Business Conduct Policy review has essentially been a 'light touch' review as work is currently underway with the All Wales Board Secretaries Network to standardise the policies in operation across Health Boards with a view to issuing a single All Wales Policy. In the interim, the Health Board's Policy (attached as Appendix 3) has been updated primarily to reflect the move to the electronic system and there have been minor changes to help clarify approval routes which were confusing and in part conflicting previously. The document has also been strengthened to take account of Internal Audit comments below and also in respect of placing a requirement to notify the Board Secretary of all Bequests etc. Additionally a sentence has been included to clarify that where commercial sponsorship of conferences or courses for an individual person / employee takes place that a declaration should also be made using the electronic declaration system (see para 16.2 of the Policy). Counter Fraud have also clarified within the Policy that in cases where Health Board Departments / Clinical / Speciality teams accept commercial sponsorship of conferences or training events and this is recorded under the Association of the British Pharmaceutical Industry (ABPI) Code of Practice for the Pharmaceutical Industry this will not require a declaration under the Health Board's Declaration of Interests/Gifts and Hospitality policy.

7.6.1: These types of hospitality must be approved by a Director/**Assistant Director** and recorded on the gifts and hospitality register in advance of acceptance.

8.2 & 8.3: Transpose and strengthen to say that no employee can refer a patient to their own company/financial interest [as this would be a conflict of interest and could breach HB's own contractual process].

Revisions to the Policy were shared with Internal Audit, Finance and Counter Fraud prior to circulating the document to the Executive Team. The document has also been placed on the Policy consultation page of the intranet. No substantive comments have been received other than those from Internal Audit and Counter Fraud detailed above.

5. Recommendations

That:-

(1) the Audit Committee receives the report and highlight any issues of significance for the Board as part of the Chair's assurance report; and

(2) the revised Standards of Business Conduct Policy be approved.

Register of director's interests

All Board members are required to declare any interest they have that could affect their impartiality with regard to their work within the Health Board.

The following Directors and Board Members have declared their interests for 2018/19 as listed below:

Name	Position	Interests
Mr G Doherty	Chief Executive	<ul style="list-style-type: none"> • Trustee of Dangerpoint, a charity that provides health and safety training to children across North Wales • Wife is employed by Health Education England
Dr E Moore	Executive Medical Director	<ul style="list-style-type: none"> • Spouse is Clinical Director, Breast & Endocrine Surgery, Royal Liverpool and Broadgreen University Teaching Hospital NHS Trust
Mr G Lang	Executive Director of Strategy	<ul style="list-style-type: none"> • Member of Board of Governors of Coleg Cambria
Mr A Thomas	Executive Director, Therapies and Health Sciences	<ul style="list-style-type: none"> • Spouse employed by Boots UK Ltd as an Accuracy Checking Technician • Employed as a Panel Member of the Health Care Professions Council
Mr R Favager	Executive Director of Finance	<ul style="list-style-type: none"> • Daughter is employed on the NHS Wales Graduate Scheme at BCUHB
Dr J C Stockport	Executive Director of Primary Care and Community Services	<ul style="list-style-type: none"> • Occasional advice as a World Health Organisation expert consultant on integrated primary care: basic expenses are reimbursed, no salary is taken

Dr P Higson OBE	Chair	<ul style="list-style-type: none"> • Self-employed Clinical Psychologist • Trustee of Cartrefi Cymru
Mr M Polin OBE QPM	Chair	<ul style="list-style-type: none"> • Wife is employed by BCUHB
Mrs M Hanson	Vice Chair	<ul style="list-style-type: none"> • Husband is the Rt Hon David Hanson, MP for Delyn
Mrs M W Jones	Independent Board Member & Vice-Chair	<ul style="list-style-type: none"> • Member of Snowdonia National Park Authority (to July 2018) • Member of Pwyllgor Mind Cymru (to July 2018) • Vice Chair of Arts Council Wales • Chair of Council, Bangor University • Trustee of Canolfan Gerdd William Mathias • Trustee of Kyffin Williams Trust • Sister and two nieces are employees of BCUHB
Mr J Cunliffe	Independent Board Member	<ul style="list-style-type: none"> • Director, Abernet Ltd • Member of the Joint Audit Committee, North Wales Police & Crime Commissioner • Spouse is an employee of BCUHB

Name	Position	Interests
Cllr C Carlisle	Independent Board Member	<ul style="list-style-type: none"> • Cabinet Member for Children, Families and Safeguarding for Conwy County Borough Council • Deputy Leader of Conwy County Borough Council • Member of Conwy & Denbighshire Joint Adoption Panel • Lead Member for children on Conwy County Borough Council • Group Leader of the Conservative Group on Conwy County Borough Council • Deputy Chair (Political) of Clwyd West Conservative Association • Secretary of Old Colwyn local football club • Committee member, Old Colwyn Residents Association • Committee member, Tan Lan Community Centre
Cllr R Medwyn Hughes	Independent Member and Local Authority Representative	<ul style="list-style-type: none"> • Gwynedd County Councillor • Bangor City Councillor
Mrs L J Reid	Independent Board Member	<ul style="list-style-type: none"> • Anakrisis Ltd (Management Consultancy) - provides consultancy and training to NHS organisations in England • Tribunal Chair for the Medical Practitioners Tribunal Service of the General Medical Council • Magistrate for the North Wales Family and Criminal Benches - HM Court and Tribunal Service • Specialist advisor to the Care Quality Commission • Spouse is a local GP practicing in Denbighshire
Mrs B Russell-Williams	Independent Board Member	<ul style="list-style-type: none"> • Chief Executive Officer Mantell Gwynedd (Third sector umbrella body) • A number of family members employed by BCUHB
Prof J Rycroft-Malone	Independent Board Member and University Representative	<ul style="list-style-type: none"> • Husband is an employee of BCUHB • Programme Director - National Institute for Health NIHR HS&DR Research Programme
Mr C Stradling	Independent Board Member	<ul style="list-style-type: none"> • Deputy Chair of the Local Democracy and Boundary Commission for Wales • Member of Snowdonia National Park Authority
Ms H Wilkinson	Independent Board Member	<ul style="list-style-type: none"> • Chief Executive of Denbighshire Voluntary Services Council (NEWVOL)
Mr Ff Williams	Associate Board Member - Chair, Stakeholder Reference Group	<ul style="list-style-type: none"> • Wife is employed by BCUHB • Sister and Brother-in-Law work for Mental Health Services in Bangor (Childrens Services) • Chief Executive of Cartrefi Cymunedol Gwynedd, a housing association operating predominately out of Gwynedd. In this role works closely with BCUHB Area Directors

ID	Gift Or Hospitality	JobTitle	DonorType	OfferType	OfferDescription	Value	Employee Action	Submission Date
10332	Hospitality	Medicines Governance Lead Pharmacist	An organisation	Travel Costs Other	Offer to speak at a conference Patient Group Directions at De Vere West One London on 10th December 2018. Offered a payment of £100 plus standard class travel expenses	250	Declined	04/09/2018 09:04
10333	Gift	Staff Nurse	An individual	Other	Craft materials donated to be used by patients while in helyg	40	Accepted	10/09/2018 14:04
10334	Hospitality	Clinical Skills And Simulation Technician	A company	Accommodation Meal Other	A training course on the maitinance and trouble shooting of higher fidelity manikins.	700	Accepted	10/09/2018 16:30
10336	Hospitality	Consultant	A company	Travel Costs	Taxi fares from hotel to conference during Conference in London (European Rhinological Society), April 2018	80.3	Accepted	12/09/2018 16:21
10337	Hospitality	Pharmacist	A company	Meal	Xmas staff meal and entertainment- Chester race course December 2017	45	Accepted	13/09/2018 10:45
10340	Hospitality	Antibiotic Pharmacist	An organisation	Conference/meeting delegate place Meal Travel Costs	BSAC funding conference place November 2018, including lunch NORWIC provided lunch and parking costs October 2017	60	Accepted	17/09/2018 11:17
10341	Hospitality	Senior Associate Medical Director	An organisation	Training course delegate place	Request to attend the Lean for Healthcare Certificate Course by 1000Lives (PHW) as part of a 3 person delegation to assess the course and content. PHW funded the hotel and travel.	4000	Accepted	19/09/2018 12:20
10342	Hospitality	Head Of Dietetics - Central	A company	Accommodation Meal Travel Costs	Cost of travel, accomodation and subsistence at the ESCIM Lives 2018 Congress in Paris to present work in BCUHB Critical Care.	1000	Accepted	24/09/2018 12:21
10346	Hospitality	CAMHS practitioner (Occupational Therapist)	An organisation	Other	Venue for 10 week therapy group.	300	Accepted	25/09/2018 13:09
10348	Hospitality	Specialist Nurse	A company	Accommodation	Grant sponsorship to pay towards accomodation for Annual BASL meeting in York. (British Association of the Study or Liver)	250	Accepted	03/10/2018 08:09
10349	Hospitality	Heart Failure Nurse	A company	Accommodation Conference/meeting delegate place Meal Travel Costs	Educational training day for heart Failure nurses on increasing confidence in prescribing. Hosted in London	350	Accepted	08/10/2018 11:00
10350	Hospitality	Pharmacist	A company	Accommodation	Sponsorship of £250 offered to attend BASL (British Association for Study of the Liver) conference 2018 in York. Money used to cover accommodation costs.	250	Accepted	09/10/2018 15:44
10351	Gift	Consultant Anaesthetist	An individual	Voucher	One 4 all multi store gift card	50	Accepted	16/10/2018 10:39
10352	Gift	Community Advanced Nurse Practitioner	An individual	Voucher £50 waitrose/ john lewis voucher	£25 used to provide tea/coffee mugs for the team.	50	Accepted	25/10/2018 17:57
10353	Gift	Surgical Secretary	An individual	Voucher	One4all gift card Gift voucher donated Awyr Las raffle	50	Declined	26/10/2018 14:24

ID	Gift Or Hospitality	JobTitle	DonorType	OfferType	OfferDescription	Value	Employee Action	Submission Date
10354	Hospitality	Consultant Oncologist	A company	Accommodation Conference/meeting delegate place Travel Costs	Funded to attend the American Society of Clinical Oncology (ASCO) Annual Conference between Fri 1st June- Tues 5th June 2018. This meeting is the main world cancer conference, where new research of high impact is first presented. This enables new findings that may benefit North Wales patients, to be incorporated into clinical practice as soon as possible.	3104	Accepted	29/10/2018 14:14
10356	Hospitality	Consultant Chemical Pathologist	A company	Training course delegate place	Attendance at the PCSK9i update meeting in June 2018	55	Accepted	31/10/2018 11:30
10357	Hospitality	Pharmacist	A company	Tickets/entry to an event	The company had a number of free places at the Anticoagulation Therapy Services National Summit in London as they had a promotional stand at the conference. The conference was supported by a number national organisations/ charities/ societies associated with Anticoagulation.	438	Accepted	31/10/2018 14:06
10358	Hospitality	Consultant Nephrologist	A company	Accommodation Conference/meeting delegate place	Attended European Transplant and Dialysis Association in Copenhagen May 26-27 2018 to present an abstract for a national audit that the individual chaired on thrombolysis of blocked haemodialysis catheters (No individual honorarium received). Registration was 500 euros	800	Accepted	01/11/2018 15:05
10359	Hospitality	Consultant Clinical Oncologist	A company	Conference/meeting delegate place Training course delegate place Travel Costs	Proton Beam Therapy Training in Philadelphia, USA	6500	Accepted	05/11/2018 12:38
10360	Hospitality	Consultant Clinical Oncologist	A company	Conference/meeting delegate place Training course delegate place Travel Costs	Proton beam radiotherapy training in Philadelphia	6500	Accepted	05/11/2018 12:38
10361	Hospitality	Consultant Urologist	A company	Accommodation Conference/meeting delegate place	Sponsor for the oncology meeting	500	Accepted	08/11/2018 13:18
10362	Hospitality	Advanced Practice Radiographer G.i. Imaging & Rps	A company	Conference/meeting delegate place Meal Travel Costs	Free place offered to users of their fluoroscopy equipment as part of a learning and sharing event to include meal and refreshments. Attendance to the event was free. Standard class rail fare paid for and tickets supplied.	46.5	Accepted	15/11/2018 16:40
10365	Gift	Consultant	An organisation	Primary Care Mental Health Book	Book given to YGC Liaison Team.	39.99	Accepted	04/12/2018 11:43
10366	Hospitality	Consultant Haematologist	A company	Accommodation Conference/meeting delegate place Travel Costs	Attendance at 2019 haematology Summit- 2 day meeting with leading UK Haematology experts	200	Accepted	05/12/2018 17:18

ID	Gift Or Hospitality	JobTitle	DonorType	OfferType	OfferDescription	Value	Employee Action	Submission Date
10367	Hospitality	Prescribing Support Pharmacist	An organisation	Meal	GP Practice Christmas Evening Out	27	Accepted	06/12/2018 15:15
10368	Gift	Systems Administrator	A company	Voucher	Entered a raffle prize and won a £50 Amazon voucher whilst attending UK Conference	50	Accepted	13/12/2018 13:17
10369	Hospitality	Prescribing Support Technician	An organisation	Meal	GP Practice Christmas Meal.	49.95	Accepted	14/12/2018 15:23
10370	Hospitality	Consultant Clinical Scientist & Head Of Adult Audiology	A company	Accommodation Meal	Hotel acomodation and dinner prior ot full day meeting/workshop	100	Accepted	21/12/2018 14:50
10371	Hospitality	Audiological Scientist	A company	Accommodation	Overnight hotel stay and dinner in Manchester to allow early start for next day full-day workshop.	100	Accepted	24/12/2018 12:31
10372	Hospitality	Antibiotic Pharmacist	An organisation	Training course delegate place	MRSA study day	50	Accepted	11/01/2019 15:00
10373	Hospitality	Antibiotic Pharmacist	An organisation	Conference/meeting delegate place	Infection Prevention Conference	100	Accepted	11/01/2019 15:04
10374	Hospitality	Paediatric Consultant	A company	Accommodation	Accomodation during the European Society of Paediatric Endocrinoly Annual scientific conferrance- September 2018-Paris, France.	500	Accepted	25/01/2019 17:05
10375	Hospitality	Comm Paeds Cons	A company	Meal	Sponsorship from different companies for bi-monthly departmental meetings and refreshments.	250	Accepted	25/01/2019 19:02
10377	Hospitality	Consultant	An organisation	Conference/meeting delegate place	N West rheumatology club meeting and educators training.	50	Accepted	28/01/2019 09:04
10379	Gift	District Nurse Sister	An individual	Cash	Cash donation for Gresford District Nurses for equipment or items to benefit patient care.	500	Accepted	15/02/2019 10:58
10380	Hospitality	Consultant	A company	Accommodation Conference/meeting delegate place	MIGS meeting 2019 at london	80	Accepted	20/02/2019 16:26
10382	Gift	PA To Hospital Director	An individual	Food/drink	5 bottles of wine and two large bags of chocolates as a thank you gift to the hospital management team to say thank you to each of them for their support and working with them since December 2018.	40	Accepted	04/03/2019 15:58
10383	Gift	Haematology Specialty Doctor	An individual	Voucher	John Lewis/Waitrose voucher Donated to Shooting Star Unit.	50	Accepted	05/03/2019 14:01
10385	Hospitality	Locum Consultant	A company	Other	Help running wetlab to train consultatnts from other hospitals on a surgical procedure - not on health board premises.	800	Accepted	08/03/2019 13:00
10386	Gift	Executive Director Of Finance	A company	Voucher	Thank you for chairing Healthcare Financial Management Association Integrated Summit. Voucher donated to Awr Las.	25	Accepted	14/03/2019 12:13
10387	Gift	Consultant	An individual	Cheque	Fundraising money	540	Accepted	14/03/2019 16:04
10388	Gift	Theatres Practice Facilitator	A company	Cheque	Sponsorship towards examination fees	120	Accepted	15/03/2019 10:31

ID	Gift Or Hospitality	JobTitle	DonorType	OfferType	OfferDescription	Value	Employee Action	Submission Date
10390	Gift	Interim Clinical Lead OT Physical Services	An individual	Voucher	2 vouchers given to OT locum 1 for M&S £25.00 1 for Boots £15.00	40	Accepted	29/03/2019 14:43



STANDARDS OF BUSINESS CONDUCT POLICY

Date to be reviewed:	August 2021	No of pages:	36
Author(s):	Dawn Sharp	Author(s) title:	Deputy Board Secretary
Responsible dept/ director:	Board Secretary		
Approved by:	Audit Committee		
Date approved:	15 th September 2016		
Date activated(live):	1 st October 2016		
Date EQIA completed:	4 th September 2016 (and reviewed August 2019)		
Documents to be read alongside this policy:	<ul style="list-style-type: none"> • The Codes of Conduct and Accountability for NHS Boards & Code of Conduct for NHS Managers • Standing Orders relating to declarations of interest and offers of gifts & hospitality • WP6 – Code of Conduct (Disciplinary Rules and Standards of Behaviour Policy) • F03 Local Anti-Fraud, Bribery and Corruption Policy • F14 Salary Overpayments & Underpayments Local Management Procedure • MD14 - Private Practice Policy 2016 • Other codes of conduct, including those adopted by specific professional groups (GMC, NMC, HCPC etc.) • RD03 - Policy for Intellectual Property • NHS Wales SSP Procurement Services – Suppliers Policy • Documentation relating to individual's appointment as volunteers to the Health Board 		

Purpose of Issue/Description of current changes: Refreshed Policy – changes primarily to take account of the new electronic declarations system; minor changes to help clarify approval routes which were confusing and in part conflicting previously. The document has also been strengthened to take account of Internal Audit comments as follow:- 7.6.1: These types of hospitality must be approved by a Director/**Assistant Director** and recorded on the gifts and hospitality register in advance of acceptance and 8.2 & 8.3: Transpose and strengthen to say that no employee can refer a patient to their own company/financial interest [as this would be a

conflict of interest and could breach HB's own contractual process]. Policy also amended to require Board Secretary to be notified of all Bequests. Additionally a sentence has been included to clarify that where commercial sponsorship of conferences or courses for an individual person / employee takes place that a declaration should also be made using the electronic declaration system (see para 16.2 of the Policy). Counter Fraud have also clarified within the Policy that in cases where Health Board Departments / Clinical / Speciality teams accept commercial sponsorship of conferences or training events and this is recorded under the Association of the British Pharmaceutical Industry (ABPI) Code of Practice for the Pharmaceutical Industry this will not require a declaration under the Health Board's Declaration of Interests/Gifts and Hospitality policy.

Summary: BCUHB requires all employees to act with honesty and integrity and to treat others with dignity and respect. This document outlines the standards of conduct required. The policy is in addition to the recognised professional codes of conduct issued by professional and statutory bodies

First operational:	October 2016				
Review Date	July 19	date	date	date	date
Changes made yes/no:	Yes	Yes/No	Yes/No	Yes/No	Yes/No

PROPRIETARY INFORMATION

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1. Introduction and Policy Statement

Public service values are at the heart of the NHS. High standards of corporate and personal conduct in public life, based on a recognition that patients come first, has been a requirement throughout the NHS since its inception.

The Health Board is committed to the NHS Codes of Conduct and the principles set out in the NHS Wales Values and Standards of Behaviour Framework. This Framework, together with standing orders and standing financial instructions, form the key elements of the governance and accountability framework for the NHS in Wales.

The Board expects all employees to abide by the core values of the Framework (throughout this document, the term 'employees' is used to refer to all staff including Health Board and Associate Board members). If you have any doubts about whether a declaration is needed please discuss this with your line manager or contact the Board Secretary. These core values are:

- Putting quality and safety above all else: providing high value evidence based care for our patients at all times
- Integrating improvement into everyday working and eliminating harm, variation and waste
- Focusing on prevention, health improvement and inequality as key to sustainable development, wellness and wellbeing for future generations of the people of Wales
- Working in true partnerships with partners and organisations and with our staff
- Investing in our staff through training and development, enabling them to influence decisions and providing them with the tools, systems and environment to work safely and effectively.

The core values support good governance and help ensure the achievement of the highest possible standards in all that the NHS in Wales does. They are supplemented by policies and also Codes of Conduct for Board Members and NHS Managers which incorporate the Seven Principles of Public Life known as the 'Nolan Principles'.

In support of these principles, employees must be impartial and honest in the way that they go about their day to day functions. They must remain beyond suspicion at all times. They can achieve the seven Nolan Principles by:-

- Ensuring that the interests of service users remain paramount;
- Being impartial and honest in the conduct of their official business;

- Using public funds to the best advantage of the service and the service users, always seeking to ensure value for money;
- Not abusing/using their official position for personal gain or to benefit family or friends;
- Not seeking advantage or further private business or other interests in the course of their official duties;
- Not seeking or knowingly accepting preferential rates or benefits in kind for private transactions carried out with companies, with which they have had, or may have, official dealings on behalf of the Health Board.

This policy builds upon the provisions included in Health Board's Standing Orders. It re-emphasises the commitment of the Health Board to ensure that it operates to the highest standards, the responsibilities of those employed by the Health Board and the arrangements for ensuring that declarations are made. This policy is intended to complement the various Professional Codes of Conduct relevant to employees of the Health Board.

2. Codes of Conduct

2.1 The Codes of Conduct and Accountability for NHS Boards reinforce the seven principles of public life (Nolan Principles) and focus on the crucial public service values which must underpin the work of the health service.

2.2 The Code of Conduct for NHS Managers sets out the core standards of conduct expected of NHS managers. It aims to serve two purposes: to guide NHS managers and employing health bodies in the work they do and the decisions and choices they have to make, and to reassure the public that these important decisions are being made against a background of professional standards and accountability.

The Codes of Conduct are available at the following link:

<http://www.wales.nhs.uk/governance-emanual/codes-of-conduct>

2.3 There are also a number of Professional Codes of Conduct which complement this Policy. These are as follows:

Nursing and Midwifery Council:

<https://www.nmc.org.uk/standards/code/>

Health and Care Professions Council:

<http://www.hcpc-uk.co.uk/>

NHS Consultants and General Practitioners:

<http://www.gmc-uk.org/guidance/index.asp>

3. Purpose

The purpose of this policy is to set out the organisation's expectations in relation to the standards of conduct expected of all employees in their role.

4. Aims and Objectives

The policy is designed to assist the Health Board and its employees in maintaining ethical standards in the conduct of NHS business. It sets out the principles the Health Board expects all employees to uphold, and the steps which the Health Board as an employer will take to safeguard the organisation where conflicts of interest arise. It also describes the arrangements in place to manage declarations of interests, gifts & hospitality. All employees are expected to be familiar with the content of this document, and line managers have a responsibility for bringing the policy to the attention of their staff.

The Policy also aims to reflect public acceptability of behaviours of those working in the public sector so that the Health Board can be seen to have exemplary practice in this regard.

5. Employee and Employer Responsibilities

- 5.1** It is the responsibility of all staff to ensure they are not placed in a position that risks, or appears to risk, conflict between their private interest and the NHS. This primary responsibility applies to all Health Board staff, including those who commit resources directly by ordering goods or services, and those who do so indirectly.
- 5.2** Appointing officers must declare any known relationship with potential applicants. If a relationship is declared the appointing officer must not be involved in any decisions relating to financial aspects of the individual's offer of employment. On an ongoing basis there should not be any involvement in any other financial decisions relating to the individual to whom the manager has declared any relationship. This shall include salaries, re-grading, authorisation of travelling expenses, overtime payments etc.
- 5.3** The Health Board, as an employer, will ensure that the standards are brought to the attention of staff and effectively implemented, reviewed and updated.
- 5.4** Staff must be impartial and honest in the conduct of business and remain beyond suspicion. It is an offence under the Bribery Act 2010 for an employee to accept a bribe in his or her official capacity, or to corruptly show favour or disfavour in the handling of contracts or other business. Staff need to be aware

that a breach of the provisions of this Act may render them liable to prosecution and disciplinary action (see Section 6 for further detail).

5.5 Volunteers' Responsibilities

It is important that all volunteers adhere to Health Board policies and procedures. This policy is consistent with the Wales Council for Voluntary Action Code of Practice for organisations involving volunteers: <https://www.wcva.org.uk/advice-guidance/volunteers>

6. Prevention of Fraud, Bribery and Corruption

All employees must abide by the Health Board's Anti-Fraud, Bribery and Corruption Policy. This can be accessed via the link below:
<http://howis.wales.nhs.uk/sitesplus/861/page/44942>

The Bribery Act 2010 came into force on the 1st July 2011 and bribery is defined as the giving or taking of a reward in return for acting dishonestly and/or in breach of the law. The six possible offences are:

- Bribing another person- active bribery - the giving, promising or offering a bribe to another;
- Being bribed - passive bribery - the requesting, agreeing to receive or accepting any bribe;
- Bribing a foreign public official;
- Failure to prevent bribery;
- Also, under Section 7 of the Bribery Act - 2010 NHS Organisations are considered commercial organisations and may commit a criminal offence if they or their employees acting on their behalf fail to prevent a bribe.

Employees are therefore expected to:

- Report any issues relating to fraud, bribery or corruption to a Local Counter Fraud Specialist;
- Declare any external interest which may result in the employee or persons known to the employee gaining direct or indirect financial advantage as a consequence of their work, which could influence any decisions made by the employee, or which could interfere with contractual obligations to the organisation;
- Ensure the interests of patients are paramount and that use or management of any public funds ensures value for money;
- Check each payslip as soon as possible following receipt to ensure that the amount paid is correct, with any queries raised with the line manager. If the

employee believes that they have been overpaid, they must declare it without delay. Where employees do not understand their payslip, they should contact the Payroll department.

Employees must not:

- Abuse their official position for personal gain or in showing favouritism;
- Accept inappropriate gifts, hospitality or bribes;
- Misuse or make available confidential information;
- Misuse public funding, fraudulently use public funding for personal gain or for the offer of bribes.

This document should be read in conjunction with other related documents/policies including those that cover:

- F14 Salary Overpayments & Underpayments (Local Management Procedure);
- All Wales Code of Conduct (Business) for NHS Staff;
- F03 Local Anti – Fraud, Bribery and Corruption Policy;
- Register of Employees Interests; □ Commercial Sponsorship – Ethical Standard for the NHS.

7. Putting the Principles into Practice

7.1 Social Networking Sites

7.1.1 The Health Board is making increased use of social networks to engage with patients, service users, staff and other stakeholders to deliver key messages.

7.1.2 Employees must remember that expressing views or commenting on content on the Internet in relation to the Health Board cannot be divorced from their working life.

7.1.3 Unguarded comments in relation to an employee's work, working environment, colleagues, patients, carers, visitors, suppliers and contractors etc. can bring the organisation into disrepute and may invite legal action against both the employee and their employer.

7.1.4 Ultimately employees are responsible for what is published online and there can be consequences if policies are broken. If an employee is considering publishing something that makes them think twice, the guidance below applies.

Where doubt remains, the employee should contact the Corporate Communications Team to discuss the matter.

7.1.5 Additional examples of situations where you are identifiable as a staff member include commenting on our official social media accounts or partner-related matters within a public forum.

7.1.6 Whilst employees are encouraged to use social media to reflect positively on and engage with the work of the Health Board and partners, it is important to maintain a coherent online presence through official social media channels.

7.1.7 Therefore, without having gained approval from the Corporate Communications Team, social media accounts with the intention of representing official views of wards, Directorates, Divisions, Service/Hospital Sites or Departments/Specialties/Team must not be set up.

7.1.8 To set up a social media business account, a business case must be prepared, outlining how this activity will benefit the programme or business area compared to the costs in time and the resources of doing so.

7.1.9 The purpose of policies and guidelines is not just to help protect the organisation, but also to protect employees' interests, and to advise of the potential consequences of interactions online and any content that might be posted.

Guidance: <http://howis.wales.nhs.uk/sitesplus/861/page/67285>

Facebook: [Betsi Cadwaladr University Health Board](#)

Twitter: [_@bcuhb](#)

Digital Media Officer, Communications Department (Carlton Court, St Asaph):
bcuhbpressdesk@wales.nhs.uk

7.2 Acceptance of Gifts or Hospitality

Gifts

7.2.1 Employees are not permitted to accept any gift worth over £25. Where a gift is offered by e.g. patients or their relatives, with an estimated value over £25, it should be politely declined and declared via the electronic system which can be accessed via this link: <http://howis.wales.nhs.uk/sitesplus/861/page/41930>. All

declarations of gifts are reviewed and managed by the Office of the Board Secretary.

7.2.2 In some cases a gift estimated to be worth over £25 may have been delivered in the employee's absence and may be difficult to return or it may be felt that the bearer may be offended by a refusal. Under such circumstances the gift can be accepted and, where possible, the bearer advised that it will be utilised for the benefit of the Awyr Las charity e.g. used as a prize in a raffle. A Gifts declaration form explaining the action taken must be completed.

7.2.3 Any gift received in excess of £25 (or several small gifts worth a total of over £100 received from the same or closely related source in a 12 month period) should be declared. Employees should exercise the utmost caution and discretion in accepting any gifts or other such offers from patients or their relatives.

7.2.4 Employees are not permitted to accept any money, gift or consideration as an inducement or reward from a person or organisation holding or seeking to hold a contract with the Health Board. Employees should refuse gifts, benefits, hospitality or sponsorship of any kind which might reasonably be seen to compromise their professional judgment or integrity, or which seeks to exert influence to obtain preferential consideration. Such gifts should be returned and hospitality refused.

7.2.5 Although casual gifts offered by contractors or others, for example at Christmas time, may not be in any way connected with the performance of duties so as to constitute an offence under the Bribery Act 2010, such offers, where the value is deemed to exceed £25, should be politely but firmly declined and declared. If pressed, the employee to whom the offer is made should seek further advice from the Board Secretary where appropriate. Trivial articles worth less than £25 (such as calendars or diaries) need not be regarded as subject to this rule, but in any cases of doubt the Board Secretary should be consulted.

7.2.6 Employees in contact with contractors should be on their guard against gifts, hospitality and other conflicts of interest which might later be misconstrued as hampering their strict independence and impartiality. Such employees should be deemed 'LHB Officers' due to their working relationship with contractors, and are required to submit mandatory annual declarations of interest, even if a nil return.

7.2.7 Staff having official dealings with contractors and other suppliers of goods or services should avoid transacting any kind of business with them by any means other than normal commercial channels. No favour or preference as regards prices or otherwise which is not generally available should be sought or accepted.

7.3 Bequests / Legacies / Wills

Employees are not permitted to accept bequests left to them by a deceased patient who became known to them through providing care or treatment as part of their Health Board employment. Accepting a gift of this nature, particularly where a patient is considered vulnerable, could leave the staff member open to serious accusations of financial abuse, fraud (by abuse of position) or misconduct. If an employee is made aware that they may be a beneficiary in a patient's will, they must declare this. All cases of this nature must be escalated to the Board Secretary and subsequently reported to the Audit Committee.

7.4 Hospitality

Employees should ensure that they declare all offers of hospitality with an estimated value exceeding £25, whether accepted or declined. Hospitality is defined as the provision of beverages, meals, travel, entertainment, or entry to an event, conference or function, regardless of whether provided during or outside normal working hours. Declarations of hospitality must be made via the electronic system which can be accessed via the following link: <http://howis.wales.nhs.uk/sitesplus/861/page/41930>. All declarations of hospitality will be reviewed by the Office of the Board Secretary.

7.5 Unacceptable Hospitality

Unacceptable hospitality includes the following examples as general guidance: -

- a holiday abroad;
- hotel accommodation;
- use of a company flat;
- attendance at a function or event restricted to staff which is not for the purposes of training or organisational development.

In case of doubt, advice should be sought from the Board Secretary/Local Counter Fraud Specialist and employees should report any case where an offer of hospitality is pressed which might be open to objection.

7.6 Acceptable Hospitality

7.6.1 Hospitality must be secondary to the purpose of a meeting. The level of hospitality offered must be appropriate and not out of proportion to the occasion; and the costs involved must not exceed the level which the recipients would normally adopt when paying for themselves, or that which could be reciprocated by the NHS. It should not extend beyond those whose role makes it appropriate

for them to attend the meeting. These types of hospitality must be approved by a Director/Assistant Director and recorded on the gifts and hospitality register in advance of acceptance.

7.6.2 Other hospitality may be accepted where it furthers the aims of the Health Board, provided it is normal and reasonable in the circumstances, for example lunches in the course of working visits. Where the value is estimated to be over £25, a declaration should be made.

7.6.3 Other hospitality may be accepted, for instance where:

- A member of staff is invited to a Society or Institute dinner or function;
- There is a genuine need to impart information, or represent the Health Board in stakeholder community events;
- An event is clearly part of the life of the Stakeholder community or where the organisation should be seen to be represented;
- A function or event is hosted for both Staff and Non Staff, which adds benefit and value to the Health Board or the wider NHS;
- A function or event is hosted externally for staff only for the purposes of training or organisational development.

7.7 Hospitality in the Context of Partnership Arrangements with the Pharmaceutical Industry

7.7.1 Pharmaceutical industry and allied commercial sector representatives organising meetings are permitted to provide appropriate hospitality and/or meet any reasonable actual costs, which may have been incurred. If none is required, there is no obligation or right to provide any such hospitality, or indeed any benefit of equivalent value. See MM08: Code of Practice for BCUHB Staff with Pharmaceutical Companies

<http://howis.wales.nhs.uk/sitesplus/documents/861/MM08%20-%20%20code%20of%20practice%20for%20BCUHB%20staff%20with%20Pharmaceutical%20companies.pdf>

7.7.2 The Pharmaceutical Industry is expected to adhere to the Association of the British Pharmaceutical Industry (ABPI) Code of Practice for the Pharmaceutical Industry, which clearly specifies what is and what is not acceptable.

<http://www.pmcpa.org.uk/thecode/Pages/default.aspx>

8. Declaration of Interests

8.1 All employees should declare, to the best of their knowledge, if they, or a close relative, or associate, have a controlling or financial interest in a business, which could impact on the activities of the Health Board. All such interests should be

declared on starting employment, (by way of the job application form), and then by completing a declaration form upon starting in post and on acquisition of the interest. All employees shall be under a contractual obligation to declare such interests, irrespective of banding on a mandatory annual basis until the interest(s) cease to exist. Declarations should be made on the electronic declaration form via the following link: - <http://howis.wales.nhs.uk/sitesplus/861/page/41930>. The declaration of interests register is reported to the Audit Committee periodically. Before publication, employees' personal identifiable information will be redacted in line with information governance requirements (apart from Board Members, for whom the information is deemed to be in the public domain). Declarations of interest are reviewed by the relevant Directorate Governance Lead, details of which are displayed on the declarations of interest intranet page. Governance Leads are responsible for escalating any concerns to the relevant line manager.

8.2 Employees must declare all private interests which could potentially result in personal gain as a consequence of their position within the Health Board.

8.3 If any employee has a financial/commercial interest in an organisation they must not refer a patient for treatment or investigation to that body.

8.4 The NHS Wales Shared Services Partnership Procurement Team will automatically issue a separate declaration of interest form with every request to waive Standing Financial Instructions.

8.5 All Health Board employees have a duty of care to establish and actively maintain clear personal relationship boundaries with patients, their families and their carers in accordance with their employment contract and/or guidance from professional regulators (e.g. GMC/NMC).

8.6 Mandatory annual declarations of interests are required from Board members, all senior employees (band 8c or equivalent and above), all Consultants and also other employees of any pay band deemed to have 'LHB Officer' status due to undertaking roles where there is potential for a conflict of interest (as determined by a Director). Annual declarations must be submitted even if a nil return (nothing to declare). Additionally posts within some departments at Band 7 to 8B which may be in a position to influence purchasing and foster relationships with external organisations are also required to complete an annual declaration.

8.7 Staff should be aware that the Health Board Management Process will seek advice from the Counter Fraud Team if and when required.

9. Preferential Treatment in Private Transactions

Individual employees must not seek or accept preferential rates or benefits in kind for private transactions carried out with which they have, or may have, official dealings on behalf of the Health Board (this does not apply to concessionary agreements negotiated with companies by NHS management, or by recognised employees interests, on behalf of all employees - for example, NHS employee benefits schemes).

10. Contracts

Employees in contact with suppliers and contractors, particularly if authorised to approve purchase orders or place contracts for goods, materials or services, shall adhere to accepted professional standards, the NHS Wales Shared Services Partnership Procurement Policy and the Standing Orders and Standing Financial Instructions of the Health Board. <http://www.wales.nhs.uk/sitesplus/861/page/87709>

All staff are required to comply with procurement rules and regulations in respect of systems or information which involves the collection or storage of personal data and must abide by Information Governance, Data Protection Impact Assessment and Cyber Security Requirements.

11. Favouritism in Awarding Contracts

11.1 Fair and open competition between prospective contractors or suppliers for contracts is a requirement of the Standing Orders and of European Union (EU) Directives on Public Purchasing for Works and Supplies. This means that:-

- a. No private, public or voluntary organisation or company which may bid for Health Board business should be given any advantage over its competitors, such as advance notice of the requirements. This applies to all potential contractors, whether or not there is a relationship between them and the Health Board, such as a long-running series of previous contracts;
- b. Each new contract should be awarded solely on merit, taking into account the requirements of the Health Board and the ability of the contractors to fulfil them.

11.2 Senior managers should ensure that no special favour is shown to current or former employees or their close relatives or associates in awarding contracts to private or other businesses run by them or employing them in a senior or relevant managerial capacity.

11.3 Contracts may be awarded to such businesses where they are won in fair competition against other tenders, but scrupulous care must be taken to ensure that the selection process is conducted impartially, and that employees who are known to have a relevant interest play no part in the selection.

12. Warnings to Potential Contractors

The Health Board will ensure that all invitations to potential contractors to tender for business includes a notice warning those submitting tenders of the consequences of engaging in any corrupt practices involving employees of public bodies.

13. Outside Employment (paid, unpaid or self-employed)

13.1 Employees can undertake other employment provided this does not conflict in any way with their duties as an employee of the organisation. In particular, if employees have or are contemplating other employment, they must ensure this does not compromise their availability or physical or mental fitness to carry out their duties as an employee of the Health Board. Employees must also ensure this does not place them in a position where their judgement or actions might be influenced by considerations arising from their other employment.

13.2 Employees who engage in employment (including self-employment) outside BCUHB which may conflict with their contract of employment with the organisation must notify their Line Manager of the circumstances [and declare this annually via the electronic staff declaration form](#)

13.3 Employees have a responsibility to ensure that the line manager is made aware of any hours worked in order that the Health Board fulfils its statutory requirement of the The Working Time Regulations 1998.

13.4 An employee absent because of sickness is regarded as unfit to work and should not undertake any paid or unpaid work, in any capacity, during a period of sickness absence from the organisation, unless it is deemed jointly by the manager and the Occupational Health & Well-being Department to be therapeutically beneficial to their recovery. Express written permission must be granted by the manager in advance in all such cases.

13.5 An employee found to be undertaking other work during sickness absence, without the prior written consent of the manager, may be considered in breach of contract and will be subject to disciplinary action which may result in the involvement of the Counter Fraud Department, the possibility of criminal investigation and/or dismissal. Such action will only be taken following advice

from the Workforce & Organisational Development Department. WP6 – Code of Conduct (Disciplinary Rules and Standards of Behaviour) can be accessed via the Workforce Policies and Key Documents here:

<http://howis.wales.nhs.uk/sitesplus/861/page/42179>

14. Private Practice for Medical Staff

14.1 This policy sets standards for all BCUHB employees and other healthcare professionals about their conduct in relation to private practice. It:-

- ensures that clear standards are in place for managing the relationship between NHS work and private practice;
- covers private work both within and outside NHS facilities;
- offers guidance to individual private practitioners concerning their responsibilities;
- offers guidance to BCUHB employees concerning their role in supporting private patients without disadvantaging NHS patients.

14.2 In particular for medical staff, the amendment to the consultant contract in Wales clarifies the relationship between NHS work, private work and fee-paying work in that it sets out that a NHS consultant's first responsibility is to the NHS. Participation in private medical services or fee-paying services should not result in detriment to NHS patients or services or diminish the public resources available for the NHS. Essentially, consultants should not schedule private work or fee-paying work at the same time as NHS activities, unless there has been a prior agreement with BCUHB. The Policy can be accessed via the link below:
<http://howis.wales.nhs.uk/sitesplus/861/document/435157>

15. Rewards for initiative

15.1 Potential intellectual property rights (IPR) should be identified, as and when they arise, in order to protect and exploit them properly, thereby ensuring that the Health Board receives any rewards or benefits (such as royalties) in respect of work commissioned from third parties, or work carried out by its employees in the course of their duties. Most intellectual property is protected by statute; e.g. patents are protected under the *Patents Act 1977* and copyright (which includes software programmes) under the *Copyright Designs and Patents Act 1988*. Senior managers should build appropriate specifications and provisions into the contractual arrangements which they enter into before the work is commissioned, or begins. They should always seek legal advice if in any doubt in specific cases. Advice will be provided via the Research & Development (R&D) Department.

15.2 With regard to patents and inventions, in certain defined circumstances the Patents Act gives employees a right to obtain some reward for their efforts, and an Executive Director should agree a suitable reward for individual circumstances as appropriate. Other rewards may be given voluntarily to employees who within the course of their employment have produced innovative work of outstanding benefit to the NHS. Similar rewards should be voluntarily applied to other activities such as giving lectures and publishing books and articles.

15.3 In the case of collaborative research and evaluative exercises with manufacturers, senior managers should see that the Health Board obtains a fair reward for the input its employees provide. If such an exercise involves additional work for an employee outside that paid for by the Health Board under their contract of employment, arrangements should be made for some share of any rewards or benefits to be passed on to the employee(s) concerned from the collaborating parties. Care should however be taken that involvement in this type of arrangement with a manufacturer does not influence the purchase of other supplies from that manufacturer.

16. Commercial Sponsorship for Attendance at Courses and Conferences

16.1 Some health related companies provide commercial sponsorship to the NHS, including sponsoring equipment, employees and training events. In accordance with the All Wales Code of Conduct (Business) for NHS staff, all employees must consider fully the implications of a proposed sponsorship deal before entering into any arrangement. Only very senior managers with the necessary authority can sign up to, or enter into, any advertising contract or agreement with a company or its representatives. Employees must not allow unauthorised advertising on Health Board premises or documentation.

16.2 Acceptance by employees of commercial sponsorship for attendance at relevant conferences and courses is acceptable, but only where attendance would further the aims of the Health Board and where the employee seeks permission in advance from his/her line manager in line with the Study Leave Policy. The line manager must be satisfied that acceptance will not compromise purchasing decisions in any way. In addition to completing the Study Leave form, you should also seek final approval from your relevant Director or Assistant Director and complete the electronic hospitality declaration form.

16.3 On occasions when senior managers consider it necessary for employees advising on the purchase of equipment to inspect such equipment in operation in

other parts of the country (or exceptionally, overseas), the Health Board should normally meet the costs of such a visit so as to avoid compromising the integrity of subsequent purchasing decisions. For such visits prior agreement will be sought from the Executive Director of Finance. Arrangements whereby the firm meets all/part of the cost of such a visit must be approved by the Executive Director of Finance who will consider the implications for the integrity of subsequent purchasing decisions.

17. Commercial Sponsorship - "Linked Deals"

17.1 Pharmaceutical companies, for example, may offer to sponsor, wholly or partially, a post or equipment for the Health Board. The Health Board will not enter into such arrangements, unless it has been made abundantly clear to the company concerned that the sponsorship will have no effect on purchasing decisions within the Health Board. Where such sponsorship is accepted, the Executive Director of Finance shall ensure appropriate monitoring arrangements are established to ensure that purchasing decisions are not, in fact, being influenced by the sponsorship agreement.

17.2 Under no circumstances should Health Board managers agree to "linked deals", whereby sponsorship is linked to the purchase of particular products, or to supply from particular sources.

18. Postgraduate Education

Any sponsorship/hospitality related to Postgraduate Education will be coordinated and managed by the relevant Postgraduate Centre Manager.

19. Research & Development

All research sponsored by commercial companies, including those sponsored by the pharmaceutical industry, must go through the Health Board's internal Research and Development approval process and will also require an assessment by the Local Research Ethics Committee.

20. Endowment (Charitable) Funds

20.1 Monies paid into charitable funds from commercial companies must only be accepted as donations or for sponsorship. Where sponsorship is received it should only be used to fund expenditure which is in line with the terms of the fund use.

Where sponsorship is received this should be recorded on the Gifts and Hospitality Register in accordance with the approved procedure.

20.2 Funding for research from commercial companies must not be paid into endowment funds and no commercial research projects should be implemented using endowment fund monies. All such research projects should be implemented as Research and Development projects.

21. Equality

The Health Board is committed to ensuring that, as far as practicable, the way it provides services to the public and the way it treats its employees reflects their individual needs and does not discriminate against individual groups. An equality impact assessment screening exercise has been carried out to establish whether there is any possible or actual impact this policy may have on any groups in respect of gender (including maternity and pregnancy as well as marriage or civil partnership issues), race, disability, sexual orientation, Welsh language, religion or belief, transgender, age or other protected characteristics. The assessment (attached) found that there was no impact on the protected characteristic groups mentioned above.

22. Welsh Language

22.1 The Welsh Language (Wales) Measure 2011 has given the Welsh language official status in Wales by introducing Welsh Language Standards for organisations. The duties deriving from the standards mean that the Health Board and all of its employees should not treat the Welsh language less favourably than the English language, together with promoting and facilitating the use of the Welsh language.

22.2 In the conduct of public business, the Health Board's aim is to provide an 'active offer', meaning services should be provided in Welsh without the service user having to ask for it. Enabling our patients and the public to receive high-quality, language appropriate care is paramount to the way we provide and plan our services, as well as encouraging other users and providers to use and promote the Welsh language in the health sector.

22.3 The Health Board has a clear vision – everyone who comes into contact with its services should be treated with dignity and respect by receiving a safe and responsive service that is accessible in their language of choice. The Health Board will ensure that equality, diversity and human rights will be mainstreamed when developing new policies through Equality Impact Assessments and will:

- Assess the impact of any new and revised policies on groups with 'protected characteristics' as defined under the Equality Act 2010;

- Facilitate and promote equity and the preservation of human rights wherever possible;
- Advance equality of opportunity and human rights wherever possible;
- Ensure that when new policies are implemented they comply with the Strategic Equality and Human Rights Plan.

23. Review, Audit and Monitoring

The Board Secretary will monitor the policy and formally review it every 3 years. Internal Audit will conduct annual audits of the declaration of interests / gifts & hospitality system. These will be reported to the Audit Committee.

24. Distribution

The Policy will be available via the Health Board's Intranet site. Where employees do not have access to the Intranet their line manager must ensure that they have access to a copy of this document and are able to complete the necessary electronic declarations where appropriate.

25. References

- Health Board Standing Orders
- Bribery Act 2010
- Commercial Sponsorship - Ethical Standards for the NHS, Department of Health
- Code of Conduct and Accountability, Welsh Assembly Government, 2003
- DGM (93)84: Standards of Business Conduct for NHS Staff
- DGM(95)5: Detailed Guidance on Implementing a Code of Conduct and Accountability Finance Guidance Note F35: Guidance on Standards of Conduct for LHB Staff
- General Medical Council Good Medical Practice guidance – financial and commercial arrangements and conflicts of interest, 2013
- NHS Code of Conduct for Boards – Welsh Government Governance e-manual
- Nursing & Midwifery Council gifts and gratuities guidance , September 2013 and The Code: Standards of conduct, performance & ethics for nurses & midwives
- WHC (2005) 016 The NHS & Sponsorship by the Pharmaceutical Industry
- Association of British Pharmaceutical Industry (ABPI) Code of Practice for the Pharmaceutical Industry 2016
- WHC(2006) 090 The Codes of Conduct and Accountability for NHS Boards and the Code of Conduct for NHS Managers Directions 2006
- WP6 BCU Code of Conduct (Disciplinary Rules & Standards of Behaviour)

Appendix 1 – Personal Checklist for Declarations of Interests, Gifts & Hospitality

1. Make sure you understand the requirements contained within the Policy. The onus of responsibility for declaring interests, gifts & hospitality is on the employee.
2. Make sure you are not in a position where your private interests and NHS duties may conflict.
3. Declare to your employer any relevant outside interests. If in doubt ask yourself :-
 - a. Could my personal interests be detrimental to the Health Board or to patients' interests in any way?
 - b. Do I have access to information which could influence purchasing decisions made by the Health Board?
 - c. Am I or could I be in a position where I (or my family/friend) could gain from the connection between my private interests and my employment?
 - d. Do I have any other reason to think I may be risking a conflict of interest?

If you remain unsure, discuss it with your manager or the Board Secretary.

4. Mandatory annual declarations of interests: These are required from Board members, all senior employees (band 8c or equivalent and above), all Consultants and also other employees of any pay band deemed to have 'LHB Officer' status due to undertaking roles where there is potential for a conflict of interest (as determined by a Director). Annual declarations must be submitted even if a nil return (nothing to declare). Additionally posts within some departments at Band 7 and above will be required to submit an annual declaration of interest where it is considered that they may be in a position to influence purchasing and/or foster relationships with external organisations.
5. Always obtain your employer's permission before accepting any commercial sponsorship, gifts or hospitality. Permission needs to be granted as Director/Assistant Director Level.
6. Seek permission from your line manager or seek advice from the Board Secretary before accepting outside work, particularly if there is a possibility of it adversely affecting your NHS duties.

7. If your work is in any way involved with buying goods or services you must adhere to the ethical code of the Chartered Institute of Purchasing and Supply. Contact the Head of Procurement if you require further details.

You must not:

1. Accept gifts, inducements or inappropriate hospitality unless of low or intrinsic estimated value (£25 or less).
2. Use your past or present official position to obtain preferential rates for private deals.
3. Show favouritism in awarding contracts or making grants, or in any other dealings with suppliers or potential suppliers.
4. Make available or misuse “commercial in confidence” information.

Employees failing to comply with the guidelines could be subject to disciplinary action under the Health Board’s Disciplinary Policy and potential legal action.

NHS Wales Fighting Fraud Strategy



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01 Foreword

I am pleased to introduce this Counter Fraud Strategy for NHS Wales. This Strategy will focus efforts on the fight against criminal fraud, bribery and corruption. The Welsh Government is clear that it will not tolerate economic crime against NHS Wales. These crimes are not victimless, because they steal funding that is intended to provide services to patients. Welsh Government supports action to protect these funds and to seek redress for all economic crimes committed against NHS Wales.

With a multi-dimensional approach through criminal prosecution, fraud prevention and awareness campaigns, we are determined to not only make economic crime much harder to commit, but also to increase recovery of funding stolen from NHS Wales. We will continue to build intelligence to gain a comprehensive picture of the evolving fraud risks and to develop creative, innovative and proportionate solutions to address them.

Development of a strategic, tactical and operational response across NHS Wales means that it will be better able to target weaknesses that fraudsters are exploiting. The more money that we are able to stop getting into the hands of criminals, the more resources are available for frontline services.

I am pleased to support this important work and am confident that this strategy will be a crucial step forward in fighting fraud in NHS Wales.

Finally, I would like to thank our highly motivated staff and stakeholders for their efforts in the continued fight against fraud, bribery and corruption within the NHS in Wales.

Dr Andrew Goodall CBE
Chief Executive, NHS Wales
June 2019



02 Executive Summary

The prevalence and scale of economic crime, including all aspects of fraud, is an increasing concern for the UK. The aims of this Strategy are to prevent fraud from taking place in NHS Wales, and to increase the likelihood of detecting fraud with appropriate sanctions applied where appropriate. We will achieve this through:

- Using intelligence to understand the nature of fraud risks;
- Educating and engaging staff and stakeholders to raise awareness of the potential for fraud and the harm that it causes; and
- Pro-actively detecting and investigating frauds and securing appropriate sanctions.

Fraud against the NHS, which for the purpose of this document includes fraud, bribery, corruption and other relevant unlawful activity, affects all those who work within it and all those who rely upon it. Fraud steals valuable NHS resources, increases costs, reduces efficiency and undermines public confidence. NHS Wales and the Welsh Government are clear that fraud cannot be tolerated as it is unacceptable, and takes away vital resources intended for the provision of high quality patient care. Whilst controls to prevent fraud are in place, these must continually evolve over time to reflect learning, progress and an understanding of new potential risks and system weaknesses. As such, NHS Wales will focus its resources on prevention and detection activity, where these are likely to have the most impact.

Our approach includes the application of sanctions by means of criminal and disciplinary proceedings, in tandem with action to recover monies defrauded, via civil recovery or under the powers given by the Proceeds of Crime Act 2002. In the five years to 31 March 2019, 388 sanctions have been applied, and £2.3m of monies defrauded from NHS Wales reclaimed and returned to fund patient care.

The types of fraud that we particularly face includes:

- Procurement frauds;
- Contractors – inflated invoices/collusion in awarding of contracts;
- Dentists, GPs, Opticians, Pharmacists – claiming for treatments not provided to patients;
- Patients – falsely claiming exemption from NHS Charges;
- Staff – working while sick, timesheets and expenses, false qualifications;
- Grants to Voluntary Organisations; and
- Cyber Fraud.

The challenges that we face, in an environment where fraud risks are continually evolving, and where the level of fraud activity is believed to be increasing, are:

- There is a lack of comprehensive analysis of specific fraud risks which may result in counter fraud resources not being directed to the most appropriate areas; and
- Although each Health Board and Trust are required to appoint a Local Counter Fraud Specialist (LCFS), there is no benchmark for the level of resource that should be invested in counter fraud activity, resulting in significant variation in resourcing levels.

The scale and prevalence of economic crime, the wide variety of areas affected, and the challenges mentioned above, all point to the need for targeted and co-ordinated action to effectively tackle the problem.



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03 Strategic Objectives

Our vision is to have an NHS in Wales, which is able to protect the resources needed for front-line patient care from fraud. To do this we need to have a co-ordinated approach:

- which educates and engages with staff and stakeholders to raise awareness of the potential for fraud and the harm that it causes;
- that uses intelligence to understand the nature of fraud risks; and
- pro-actively detects, investigates frauds and secures sanctions at all levels.

The key strategic objectives for NHS Wales over the mid-term are:

Inform and Involve



- continue to improve the approach to joint working
 - ➔ ensure that Counter Fraud Services are aligned and engaged with Audit & Assurance, the Post- Payment Verification Teams, and the Auditor General's auditors.
- reinforce the clear message that fraud will not be tolerated
 - ➔ continue to raise awareness with staff and stakeholders; and
 - ➔ ensure clear guidance on how to report suspicions.

Prevent and Deter



- identify the key fraud risks to NHS Wales:
 - ➔ undertake regular risk assessments;
 - ➔ work jointly with partners to make better use of data analytics;
 - ➔ in-depth analysis of relevant information; and
 - ➔ review existing sources of assurance.
- Maximise the benefits of partnership working
 - ➔ Sharing information and learning lessons with organisations such as the Auditor General, NHS Counter Fraud Authority, Health Inspectorate Wales, the Home Office, Cabinet Office and Welsh Government.
 - ➔ Continually reviewing and improving our system controls to address identified weaknesses.

Hold to Account



- ensure a consistent and comprehensive approach to counter fraud across the whole of NHS Wales:
 - ➔ develop a benchmark for LCFS resource in each organisation in NHS Wales;
 - ➔ require all NHS organisations to achieve a green rating against the Counter Fraud Standards; and
 - ➔ invest in and develop the Counter Fraud capacity across NHS Wales and develop a talent pipeline.
- improve the capacity for financial investigation work:
 - ➔ maintain a minimum resource of two financial investigators;
 - ➔ arrange additional training to reinforce cover arrangements and succession planning.

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04 Strategic Framework

Countering fraud requires a multi-faceted approach that is both proactive and reactive.

The various bodies involved in countering fraud within NHS Wales comply with broad principles to guide their work to minimise the incidence of fraud and to deal effectively with those who commit fraud against the NHS.

The overall requirement underpinning these principles is effective strategic governance, strong leadership and a demonstrable level of commitment to tackling fraud from senior management across NHS Wales. The key principles, which are the overarching areas scored by the NHS Counter Fraud Authority in the Counter Fraud Standards, are:

Inform and Involve – raising awareness with NHS Wales staff, stakeholders and members of the public in highlighting the fraud risks, the consequence of those risks to the NHS, and the measures taken against those found to have committed fraud;

Prevent and deter – providing solutions to mitigate identified fraud risks, undertaking proactive targeted work to detect possible fraudulent activity based on effective analysis of data, and discouraging individuals who may be tempted to commit fraud against the NHS;

Hold to Account – investigate allegations of fraud thoroughly and to the highest professional standards, and where appropriate seek the full range of civil, criminal and disciplinary sanctions and seek redress where possible; and

Strategic Governance – Fraud is constantly evolving and continuous re-evaluation and improvement is needed to ensure that our approach remains effective.



NHS Wales Strategic Framework for Counter Fraud



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05 Resources

The primary approach to counter fraud services in NHS Wales is through the following:



Health Boards, Trusts and Special Health Authority

Local Counter Fraud Specialists

- Welsh Government Directions on Counter Fraud require each Health Body to nominate qualified Local Counter Fraud Specialists, recognised and accredited by the Counter Fraud Professional Accreditation Board. There are currently 20 LCFS in Wales, all directly employed by NHS bodies. LCFS are the primary point of contact for all economic crime concerns within the health body they serve. They agree work plans with their respective organisations covering a balance of proactive (fraud awareness and detection) and reactive (fraud investigation) work, closely aligned to the delivery of the Fraud, Bribery and Corruption Standards for NHS Bodies (Wales).
- The Counter Fraud Services Wales (CFSW) comprises seven experienced, accredited and trained investigators. The role of CFSW is to investigate large scale and complex economic crime and provide specialist operational guidance to the LCFS network. The CFSW are authorised to utilise restricted financial investigation powers under the Proceeds of Crime Act 2002, and currently have two fully trained investigators to undertake this work.



All Wales

Counter Fraud Service Wales



Specialist Support

NHS Counter Fraud Authority

- The NHS Counter Fraud Authority (NHSCFA) is a special health authority providing services to NHS England. In accordance with a Section 83 Government of Wales Act 2006 arrangement, the NHSCFA provides specialist operational support services to NHS Wales. These include Forensic Computing and Specialist Dental services and the Welsh Government pay directly for these services via an annual SLA.

In addition to the above, the following functions also have a direct role in countering fraud:

- **Primary Care Services (PCS)** – The Post Payment Verification (PPV) team in PCS undertake checks within General Medical Services, General Ophthalmic Services and Community Pharmacy. Similar checks on Dental Services in NHS Wales are conducted via an agreement with NHS (England) Business Services Authority. The purpose of the checks is to provide assurance to the Health Boards that claims for payment made by primary care contractors are appropriate, and that the delivery of the service is as defined in the NHS service specification and relevant legislation. There is regular liaison and an Information Sharing Protocol with the CFSW and LCFS teams, with any potential fraud concerns referred for investigation.

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■ **Audit & Assurance** - all NHS bodies in Wales receive internal audit and assurance services delivered by the NWSSP Audit & Assurance Team. While they are not directly responsible for detecting fraud, their controls and assurance work can both highlight system weaknesses, and potential breaches of controls, which may indicate a higher propensity for fraud. In such circumstances, they work with the relevant LCFS to achieve a co-ordinated response. In addition, an Information Sharing Protocol between the LCFS and Audit & Assurance helps to reinforce the good relationship between the Counter Fraud and Internal Audit services;

■ **Auditor General for Wales (Auditor General)** - all NHS bodies in Wales are subject to an external audit by the Auditor General. Whilst the work undertaken by the Auditor General's auditors is again not directly targeted at fraud, they too may uncover system weaknesses or actual indications of fraud. There is regular liaison between the Auditor General's auditors and CFSW to discuss possible fraud concerns;

■ **National Fraud Initiative (NFI)** - The NFI was established by the Audit Commission in 1996 and matches data within and across public bodies every two years to identify anomalies that may be due to fraud. NFI is run in Wales by the Auditor General under statutory data matching powers. Since NFI started, it has found more than £35m in fraud and overpayments across the Welsh public sector and the latest biennial NFI exercise uncovered £5.4m, an increase of £1m from the previous exercise.

In addition to the specific measures highlighted above, it is incumbent on all NHS staff to be vigilant in identifying potential opportunities for, and/or actual occurrences of, fraud and to report any concerns to CFSW or the health body LCFS.



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06 Governance

The Counter Fraud Steering Group (CFSG) provides the prime governance and oversight for counter fraud arrangements in NHS Wales. The group is a subgroup of the all-Wales Directors of Finance Forum. The role of the CFSG is to provide strategic oversight and review of the counter fraud service provided to NHS Wales, and to make recommendations for change to Welsh Government and to the NHS Wales Directors of Finance Group for adoption.

The Group is chaired by the NWSSP Director of Finance and Corporate Services, with a current membership, which includes:

- Welsh Government representative
- NHS Wales Directors of Finance representative
- NHS Wales Audit Committee Chairs representative
- NWSSP Director of Audit & Assurance
- NWSSP Director of Primary Care Services
- NHS CFS Wales Operational Fraud Manager
- NHS Counter Fraud Authority representative
- NHS Wales LCFS representative
- NWSSP Head of Corporate Services
- NWSSP Legal & Risk Representative
- Auditor General representative (Observer)

Operationally, all local counter fraud services across Wales report to their Finance Directors and have their annual work plans approved and monitored by the Audit Committees in each organisation. These will typically meet four to five times a year and the respective LCFS for each organisation will attend the Committees and present their annual work plans, progress report and annual report to the appropriate meetings.

In addition, the CFS Wales Operational Fraud Manager presents updates on NHS Wales counter fraud activity, proactive work, potential risks, and accurate data on resources and sanctions via quarterly and annual reports and regularly updates the Health and Social Services Audit and Risk Committee of Welsh Government on fraud risks in NHS Wales.

07 Quality Assurance

The quality of services is measured by compliance with the Fraud, Bribery and Corruption Standards (the standards), produced by the NHS Counter Fraud Authority, and adopted by NHS Wales. The standards are designed to ensure that counter fraud, bribery and corruption measures are implemented in accordance with the Minister for Health and Social Service directions, and the service level agreement between the Welsh Government and the NHS Counter Fraud Authority.

There are currently 23 standards, grouped under the following four key principles:

- **Inform and Involve** – assesses measures to raise fraud awareness, and to highlight the consequences of fraud;
- **Prevent and Deter** – assesses how an organisation discourages individuals from committing fraud, and ensuring that opportunities for fraud to occur are minimised;
- **Hold to Account** – assesses the arrangements to detect and investigate fraud, and how redress is sought through the appropriate application of sanctions; and
- **Strategic Governance** – assesses an organisation's strategic governance arrangements, to ensure that appropriate measures are embedded at all levels.

The quality assurance programme comprises two main processes: assurance and assessment. The assurance process primarily focuses on an annual self-review against the standards, which is undertaken by the organisation and the results submitted to the NHSCFA. The assessment process is then undertaken by the NHSCFA Quality and Compliance team.

The Self-Review Tool, supporting evidence and inspection process enables an independent assessment of the counter fraud resources and performance at the health body.

The annual assessments indicate that NHS Wales LCFS performance is generally positive, and confirm that any recommended improvements or enhancements are promptly addressed.

In addition, the work of the CFSW team is also subject to a cyclical governance assurance review, again conducted by the NHS CFA. This was last undertaken during 2017, and found that:

"In summary the CFS Wales conducts criminal investigations professionally and thoroughly. They comply with current legislation and NHS operational policies governing the conduct and management of criminal cases, including use of the FIRST case management system. The advice, guidance and support they provide to the wider counter fraud community in Wales is appreciated".

08 Conclusion

NHS Wales and the Welsh Government is committed to sustaining and improving the health and wellbeing of the people of Wales. Maximising the use of resources is crucial to delivering on this commitment. We are therefore determined to combat NHS fraud wherever it arises and continue to adopt a co-ordinated approach to ensure that as far as possible healthcare funding is used for legitimate patient care.

To achieve this we need a shared vision and common sense of purpose i.e. of a Welsh Health Service where fraud is not allowed to flourish but which is mitigated and reduced through targeted interventions, supported by an anti-fraud culture in which all staff and stakeholders are engaged.

This strategy will help in engaging fully with all those who have a role in protecting services and resources and further raise the profile of the detrimental impact of fraud. The strategy will be supported by a detailed action plan that will be regularly monitored by the Counter Fraud Steering Group.

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Reporting Fraud

Report NHS fraud securely and confidentially by using the [NHS Counter Fraud Authority's online reporting tool](#) or by calling our free phone line on **0800 028 40 60**.



***Designed by NHS Wales Shared Services
Partnership Communications***



Handover of Care at Emergency Departments Follow-up Health Board Related Recommendations

Internal Audit Update Paper

2018/19

Welsh Ambulance Services NHS Trust

NHS Wales Shared Services Partnership

Audit and Assurance Service

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Appendix A	Original Findings and Recommendations with Current Findings and Considerations Going Forward
Appendix B	Prioritisation of Recommendations
Appendix C	Responsibility Statement

Review reference:	WAST1819-20
Fieldwork commencement:	26 March 2019
Fieldwork completion:	23 May 2019
Report issued:	21 June 2019
Auditors:	Helen Higgs, Head of Internal Audit Osian Lloyd, Deputy Head of Internal Audit Johanna Butt, Principal Auditor Philip Lewis-Davies, Principal Auditor

Distribution: Board Secretary

ACKNOWLEDGEMENT

NHS Wales Audit & Assurance Services would like to acknowledge the time and co-operation given by management and staff of the health boards during the course of this review.

Please note:

This audit report has been prepared for internal use only. Audit & Assurance Services reports are prepared, in accordance with the Service Strategy and Terms of Reference, approved by the Audit Committee

Audit reports are prepared by the staff of the NHS Wales Shared Services Partnership – Audit and Assurance Services, and addressed to Independent Members or officers including those designated as Accountable Officer. They are prepared for the sole use of the Health Boards, and no responsibility is taken by the Audit and Assurance Services Internal Auditors to any director or officer in their individual capacity, or to any third party.

1. Introduction and Background

The follow up review of the Handover of Care at Emergency Departments was completed in line with the Welsh Ambulance Services NHS Trust ('WAST') 2018/19 Internal Audit Plan. The review sought to provide all six health boards that have Emergency Departments, with assurance that operational procedure is compliant with Welsh Health Circulars issued by Welsh Government.

The purpose of the review was to assess whether health boards have taken appropriate action in response to the findings raised following the Handover of Care at Emergency Departments review in 2017/18 where we gave an opinion of 'limited assurance'. While the review was included in the WAST Internal Audit Plan, all six health boards that have Emergency Departments were engaged in the fieldwork of the review and the draft report was issued to the six health boards for response to relevant recommendations in January 2018. Note that Powys THB was excluded from the review, as it does not manage any Emergency Departments.

The statement of intent section of the Welsh Health Circular titled 'NHS Wales Hospital Handover Guidance' (reference WHC/2016/029) states:

'The safety, effectiveness and dignity of care of patients must be at the forefront of systems of emergency care. The best care is provided to patients in the correct care environment. When ambulance crews take a patient to hospital it is essential that they are released swiftly so they can continue to provide a safe and efficient service to the local community.'

Health boards are responsible for ensuring the safe emergency transport, and timely treatment, of citizens in their local area. When a patient is conveyed to a hospital by ambulance care must be handed over to the hospital team within 15 minutes, and health boards are responsible for ensuring that this happens reliably. All members of the health board Executive team have a special responsibility to communicate the importance of handover.

Patients and their carers are important partners in the process of handover and admission. Their involvement should be a key part of planning emergency care, and when delays occur they should be kept fully informed of the reasons and the progress being made in resolving them.

Staffing arrangements in hospitals should ensure the safe care and treatment of patients. Hospital sites should have effective Escalation Plans in place to ensure ambulances can be offloaded at times of peak pressure. Senior clinical decision makers should be present routinely at the hospital front door and their presence strengthened as part of the escalation plan when pressures build in the system.

The planning of Unscheduled Care must be given a high priority by health boards. Delays in hospital handover is frequently associated with blockages to patient flow further upstream, and work across the whole pathway of health and social care is necessary to address this properly.

Key actions to support hospital handover have been highlighted and summarised. They are intended for implementation by the health boards and Trusts in the NHS across Wales in local policies and protocols, and should be incorporated into local site Escalation Plans as they are revised in line with the latest Welsh Government advice.'

2. Scope and Objectives

The scope of this follow up review does not aim to provide assurance against the full review scope and objective of the original audit. The follow-up review does not provide an assurance level against the action taken by health boards in response to the original report findings raised.

The follow up review engaged all six health boards included in the scope of the 2017/18 audit with the exception of Cardiff & Vale University Health Board, where permission to engage was not received. Note that this follow up review was performed prior to the restructure of Cwm Taf and Abertawe Bro Morgannwg University Health Boards and their renaming as Cwm Taf Morgannwg and Swansea Bay University Health Boards respectively.

The 2017/18 report included the following caveat:

'A draft version of this report was presented to the WAST Audit Committee in March 2018. While management responses to our recommendations have been received from WAST, responses are still awaited from health boards on the seven out of eight recommendations that apply to both WAST and health boards.

We have received assurances from WAST that it will continue to work with health boards to encourage management responses and work to implement these joint responsibility recommendations.'

The 2017/18 review assessed compliance with the following key actions highlighted within the Welsh Health Circular to support hospital handover:

- planning for emergency care should involve patients with recent experience of care and must be clearly visible in the IMTP;
- ambulance conveyance should be actively managed by health boards and WAST;
- pathways for emergency care that bypass the Emergency Department should be in place;

- safe, sustainable, staffing levels for emergency care, able to flex to meet demand, must be in place, with appropriate levels of supervision;
- health boards and WAST should meet weekly to manage emergency care flow. These meetings should ensure that care pathways that reflect the five step ambulance model used to commission ambulance services in Wales are in place;
- health board executives must visibly and repeatedly communicate the importance of ambulance handover to staff;
- hospital clinical staff must ensure that any patient waiting more than 30 minutes has been assessed and moved immediately into hospital if there is a risk to patient safety; and
- wards must increase their ability to pull patients safely from Emergency Departments at times of peak demand. If significant ambulance delays occur, health boards must ensure that effective site escalation arrangements allow ambulances to be released promptly.

In addition we also reviewed the training provided to paramedics and Emergency Departments to support effective hospital handover.

3. Associated Risks

The overall risk to be considered in the follow up review was poor governance arrangements leading to failure to implement agreed audit recommendations and therefore continued:

- Non-compliance with Welsh Government guidance resulting in patients coming to harm; and
- Failure to achieve the most efficient and effective use of resources.

4. Audit Findings

The findings and recommendations raised from the 2017/2018 audit are set out in Appendix A, together with current findings, including health board comments. This report should be read in conjunction with the separate follow up Internal Audit report (ref WAST 1819-20).

The current review considers all recommendations made (high, medium or low priority). This report **does not** provide assurance against the full review scope and objective of the original audit.

During the course of the review we attended meetings with health board nominated key contacts at five health boards, with the exception of Cardiff

& Vale University Health Board (C&VUHB), where permission to engage was not received. We discussed actions and progress made to address the relevant findings and recommendations. Documentary evidence in support of comments has not been received in all instances and as such may not be reflected in the report.

Whilst all health boards received a copy of the original internal audit report, management responses to it varied. Two of the health boards, Betsi Cadwaladr University Health Board (BCUHB) and Swansea Bay University Health Board (SBUHB), formerly Abertawe and Bro Morgannwg University Health Board managed relevant findings and recommendations raised in the report via their respective Audit Committees, reporting on specific actions taken and progress made. The remaining health boards did not manage these findings and recommendations in such a formal manner but were able to comment on actions already in hand or that the specific issues were not considered relevant to their Emergency Department operations, for example where their Ambulance Quality Indicators (AQIs) already evidenced good performance.

There have been continued developments of processes and practices in all health boards, many in conjunction with WAST to improve handover of care and aimed at reducing delayed handover times whilst maintaining or improving patient care and experience. WAST and health boards have engaged in a number of pilot/trials in this regard.

In respect of the recommendations made in the initial report, many of the actions taken either did not commence until late in the final quarter of 2018/19 or, in the case of certain health boards, were not primarily implemented in response to the original report. As such, these actions are either not fully implemented, or have not had enough time to embed to enable us to see the impact on handover delays or an improvement in the AQIs.

	2018-19											
	QTR 1			QTR 2			QTR 3			QTR 4		
	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Percentage of notification to handover within 15 minutes of arrival at hospital (AQI20 i)	51.70%	57.00%	58.60%	54.80%	54.80%	52.80%	52.40%	56.20%	53.60%	48.00%	51.80%	51.20%
Number of notification to handover within 15 minutes (AQI20 i)	9,804	11,521	11,398	11,042	10,733	10,144	10,568	11,105	11,309	9,752	9,406	10,297
Total Number of handovers (AQI20 i)	18,974	20,213	19,449	20,149	19,593	19,223	20,155	19,768	21,090	20,324	18,156	21,127
Number of lost hours following notification to handover over 15 minutes (AQI21)	6,134	4,137	3,777	4,562	4,669	5,253	6,020	4,707	6,038	8,781	5,610	6,833
Total lost hours in the quarter	14,048			14,484			16,765			21,224		

We acknowledge that some of the actions to be taken are long-term and also require support and cooperation between health boards and WAST, and as such will take some time to be fully implemented and embedded.

5. Assurance Summary

The following table summarises the extent to which the original recommendations have been implemented and provides classification of current risks:

Area		Priority 2017/18 audit	Direction of travel	Priority 2018/19 audit
1	Patient Care during handover delays.	Low	↑ Progress made. Further work is required to reduce the risk.	Low
2	Conveyance to ED.	High	↑ Progress made. Further work is required to reduce the risk.	Medium
3	Pathways to bypass ED.	High	↑ Progress made. Further work is required to reduce the risk.	Medium
4	HALO Role.	Medium	↑ This recommendation was primarily for WAST to implement.	Low
5	Strategic forums.	Medium	↑ This recommendation was primarily for WAST to implement.	Medium
6	Patient flow initiatives.	Medium	↑ Progress made. Further work is required to reduce the risk.	Medium
7	Delayed handover clinical triage.	High	↔ This recommendation was specifically for Cardiff and Vale University Health Board. The health board did not engage in the audit.	High
8	HAS data.	Medium	↑ Limited progress made. Further work is required to reduce the risk.	Medium

Recommendations 4 and 5 are primarily the responsibility of WAST and have been included in the WAST Handover of Care at Emergency Departments follow up report WAST1819-20.

Regarding recommendation 4, WAST confirmed that Swansea Bay University Health Board was the only health board that recognised the benefit of having a Hospital Ambulance Liaison Officer (HALO) at their hospitals and agreed to part fund a Clinical Team Leader (CTL) as a 'Patient

Flow Co-ordinator' to attend the hospitals whenever WAST experienced delays.

Regarding recommendation 5, WAST confirmed that they had recently undertaken a review of the governance arrangements between WAST and the health boards. Structured interviews were held at each health board. This exercise will form the basis of a stakeholder engagement map.

6 Summary of Audit Findings

Actions Implemented in Full / Superseded	Actions Implemented in Part	Actions Not Implemented
0	5	1

The prior year report identified three **high priority** findings, two of which are now considered to be partially implemented and the priority ratings reduced to reflect the progress made and positive impact on risk. One remains at high priority as the finding commented on Cardiff and Vale University Health Board procedures. This health board did not engage in the audit and we are not able to provide an updated rating.

- **Conveyance to ED (previous finding 2)**

Our original review identified that both health boards and WAST raised the issue regarding the impact on conveyance and peaks in attendance to Emergency Departments that result in handover delays. In particular, GP referrals are unscheduled and occur between GP hours which can contribute to bottlenecks outside hospitals. Ambulance crews were often unable to convey GP referrals to hospital within the relevant department's opening hours. It was generally recognised that improvements could be made by having scheduled conveyance for GP referrals where appropriate.

Our current review found that WAST had undertaken a number of initiatives in conjunction with specific health boards in an attempt to positively impact conveyance of GP referral to the ED, these included:

- WAST carried out a two-day trial in October 2018 in collaboration with Aneurin Bevan Health Board (ABUHB), to assess the impact of Health Care Professional (HCP) calls being handled by a clinician. This resulted in a reduction in the number of patients being conveyed to hospital by a Welsh Ambulance Service resource.
- Enhancing on the above, Betsi Cadwaladr University Health Board (BCUHB) implemented a Single Integrated Clinical Assessment and Triage service (SICAT) which went live in November 2018. This service sits co-terminus within the WAST's Clinical Contact Centre (CCC) in

North Wales. It is currently manned by an experienced General Practitioner (GP) working alongside an APP. The service focuses on Health Care Practitioner (HCP) demand – though this is not exclusive, where calls of higher acuity are identified, to avoid ambulance deployment or patient conveyance. As at March 2019, the service had managed almost 200 calls. Analysis of these calls shows an improvement in reducing the deployment of WAST crews and the avoidance of conveyance to Emergency Departments. The scheme also saw an increase of ambulance conveyances to Minor Injuries Units.

- WAST in collaboration with ABUHB undertook a GP transport pilot. The purpose of the pilot was to reduce the delays with transporting patients referred into acute hospitals from GP's, and to diarise suitable patients to improve flow through the assessment units. The initial pilot ran for 6 weeks during February and March 2018. The trial had mixed success due to a number of reasons including no dedicated coordinator, the crew being diverted to emergency calls and shifts not being covered, although it did show a general reduction in the time from booking to arrival at assessment units. It was proposed that the trial be run for six months from October 2018 to April 2019, however, the decision was taken to defer due to significant pressures.
- ABUHB was involved in a Falls Response pilot in conjunction with WAST to reduce the number of patients who have fallen, which represents one of the 'Big 5' unscheduled care demands, being transferred to the ED. This pathway has been rolled out to several health boards and many of the health boards reviewed confirmed that they have taken part in the Falls Response vehicle scheme commissioned by WAST from December 2018.
- Swansea Bay University Health Board (SBUHB) have undertaken work to reduce unnecessary conveyance to ED from Care Homes. This has included successfully rolling out training on 'I Fell Down' to the Neath Port Talbot (NPT) Local Authority area with plans to roll out to the Swansea Local Authority homes at the time of our review. The health board had also agreed to participate in the National Collaborative Commissioning Unit's (NCCU) 'National Early Warning Score (NEWS) project' to ensure the use of regular NEW scoring in two or three nursing homes in the Swansea Bay area to support conveyance and discharge decisions.
- SBUHB was also involved in a Bevan exemplar project on the 'Integrated Response Model' with the aim of redirecting appropriate 999 emergency calls where the patient would be better suited to receiving community based care from the Acute Clinical Team. The project summarised that *"The Integrated Response Model is an innovative new approach, aligned to the principles of prudent healthcare, to reduce the burden of*

emergency 999 calls and A&E attendances by offering an alternative pathway of care that was only limited by the resources needed to deliver it. The project reduced the number of patients needing transport by the ambulance service and admission to hospital, and it is recommended that it is adopted and spread more widely across Wales”.

- The Delivery Unit (DU) undertook a progress review in 2019 of Ambulatory Emergency Care (AEC) in Wales at SBUHB and stated that Singleton hospital is emerging as one of its national exemplars. The DU highlighted the following for the hospital, that whilst there is ‘*no AECU there is a clear ambulatory ethos across the whole front door footprint*’. It highlighted the hospital’s Acute GP Unit (AGPU) and the multiple pathways within AGPU which is open between 8.00am – 8.00 pm with 48% of patients discharged from AGPU with calls taken by GPs who also provide clinical advice.
- Some health boards commented that it has been perceived by front line teams, that a higher number of acutely unwell patients are self-presenting at the ED. This is in the context that whilst overall ambulance conveyances have reduced, attendances at ED / MIU / SAU have increased. This may be as a consequence of the pilots to reduce the number of patients being conveyed by a WAST vehicle.

We acknowledge that the response to this finding is also reliant on health boards, in conjunction with WAST, evaluating the results of the trials in reducing conveyancing to Emergency Departments. Where successful, and appropriate, extending across Wales and health boards working with their primary care services to ensure that patients are being referred appropriately and in line with the health board’s demand and capacity.

This finding is now considered **partially implemented** with priority reducing to **medium**.

- **Pathways to bypass ED (previous finding 3)**

Previously, we were unable to reconcile the schedule of pathways managed through the WAST Clinical Pathways Approval & Appraisal Group (CPAG) to the list of pathways for each of the health boards. Paramedics had not always been able to follow a pathway and this was not well recorded. We were informed that tablet devices had recently been allocated to paramedics which would provide WAST an opportunity, with software development, to provide an electronic tool of all the available pathways for paramedics that could increase their ability to utilise a pathway and bypass conveyance to ED where appropriate.

During the current review we were informed that the Joint Royal Colleges Ambulance Liaison Committee (JRCALC) is best known for the production of clinical guidelines for pre-hospital care, often referred to as just the

'JRCALC guidelines'. The WAST's CPAG group looks at national pathways and works to ensure compliance with JRCALC guidelines. These guidelines will outline whether a patient should be taken to Emergency Departments or elsewhere. Where it is elsewhere, the exact location is agreed at a local level with the health board. WAST and the health boards are represented on the bi-monthly Unscheduled Care Professional Advisory Group (NPUCPAG), of which all Emergency Departments in Wales are invited to attend. The agenda for this meeting includes changes in pathways linked to developments in medicine / Welsh Government major service redesign.

We were informed that a directory of pathways for every clinical condition across each health board areas does not exist within WAST and that this does not exist elsewhere in the UK. Local engagement between WAST and each health board regarding the sharing of pathway developments and changes, varies across Wales. Work is in hand at several health boards to actively review whether correct pathways are being applied in all instances. At one health board where there is considerable regional variation in pathways, WAST has been engaged to monitor all activity and to identify any incorrect pathways so that both WAST and the health board can clarify and avoiding confusion and repeat errors.

We were informed that where cross border transport occurs, either within Wales or from England to Wales, there is a heightened risk of uncertainty in applicable pathways. In these instances the WAST CCC is key in confirming or directing pathways to be applied. Several health boards are monitoring pathways in such cross border situations to identify any incorrect pathways, and to share details of any instances with WAST.

This finding is considered **partially implemented** with priority reducing to **medium priority**.

- **Delayed handover clinical triage (previous finding 7)**

Previously we were informed that The Welsh Government health circular clearly states that *"WAST crews should not routinely be responsible for monitoring patients over prolonged periods outside A&E, and hospital clinicians should be responsible for overseeing the assessment of patients."*

The University Hospital of Wales (UHW) was the only hospital of the 6 visited that did not undertake a face to face assessment of the patient before admission to the hospital. In all other cases the clinician carried out an initial patient assessment in the back of the waiting ambulance as required.

During our current review we were not able to engage Cardiff & Vale University Health Board as permission was not provided. We understand

that the Emergency Unit has seen a change in management team who will review their decision around this.

This finding is considered **not implemented** with priority remaining at **high priority** as the procedures adopted at CVUHB remain non-compliant with the Welsh Health Circular.

Our prior year report identified four **medium priority** findings. Two findings are considered partially implemented with priority remaining at **medium priority** to reflect the progress to be made. The remaining two findings were primarily the responsibility of WAST and our follow-up work at WAST has determined the progress made against these findings.

- **Patient flow initiatives (previous finding 6)**

During the original audit we reviewed Board meeting minutes for each health board and found that delayed handovers are included in performance reports. It was clear that all health board executives are aware of the problem of handover delays and set targets and actions to reduce them. We also reviewed the IMTP's for the six health boards and found that emergency care is included with reference to developing joined-up health and social care services. Whilst this is noted as a priority by all health boards, the AQI's showed little improvement in performance on handover delays. The only health boards that were near the 15-minute handover target of 100% are Cwm Taf Morgannwg University Health Board (CTUHB) achieving almost 90% each month and Hywel Dda University Health Board (HDUHB) achieving circa 80%.

We noted that it was surprising, given the transparency of this performance information over the past 3 years with each health board receiving the quarterly AQIs showing health board comparative data, that those lower performing health boards have not done more to emulate models of the higher performers, notably, CTUHB.

Our current review found that health boards with poorer AQI handover performance have engaged with other health organisations in Wales and England to identify processes and practices that could be adopted to aid delivery of improved handover performance. A review of CTUHB practices by other health boards has resulted in adoption of some processes that have not always delivered the expected improvements. It was commented that one solution does not fit all; rather it has been found that a range of initiatives gleaned from a number of health boards have been implemented by health boards with poorer AQI handover performance.

Processes and practices have been adjusted within health boards in the light of internal reviews performed and have thought to have contributed to improvement in the performance recognised. There is inevitably a delay between implementing processes and practices and then being able to see

the impact in performance via published AQIs. In many instances changes that have been implemented are yet to feed into published AQIs.

This finding is considered **partially implemented** with priority remaining at **medium priority**.

- **Hospital Arrival Screen (HAS) data (previous finding 8)**

Previously, we found some contradiction over the responsibility for completing and at what point the HAS handover entries should be completed. It was apparent that the data was not as accurate as it would be if there was clear guidance and understanding on HAS roles and responsibilities and a consistent approach at all hospitals over exactly what point the paramedics or clinicians update the HAS. Additionally, the late reason was not always recorded where delays of over 15 minutes had occurred, which could provide both WAST and health boards with information to assist in reducing delays.

Our current review found that the HAS Guidance has not been re-circulated to WAST staff, and onward to health boards, as it was felt that the guidance around roles and responsibilities needed to be strengthened. We understand that the process may change following the introduction of the dual pin system which will require WAST and health board staff to complete the HAS together. WAST wrote to the Welsh Government (WG) in February 2019 asking that they consider updating the current HAS guidance and clarifying roles and responsibilities.

We obtained a HAS Report showing all handovers with delays over 15 minutes for the period February 2018 - March 2019. Review of the report confirmed that for 44% of the delays the reason code had not been completed. The percentage rate of 'NULL' entry rate across hospitals sites ranged from 22% in Morriston Hospital to 92% in Maelor General Hospital Wrexham. In the case of Maelor General Hospital the high NULL entry rate is partially explained by the poor physical locations of HAS screens. We understand that WAST has recently relocated a number of HAS screens within several Emergency Departments, including Maelor General Hospital and this should aid reduced NULL entries by allowing Emergency Department staff to access HAS screens efficiently.

WAST's Health Informatics Team developed a self-serve report in February 2019. The report shows, by hospital site, the reasons and time of day for each handover delay. The intention is to use this information to inform discussions with health board colleagues and develop operating models. The value of this exercise to health boards may be limited by the specific late reason options set on HAS. However, as this report was not available until February 2019, we were unable to confirm that this is being undertaken at this early stage of implementation.

This finding is considered **partially implemented** with priority remaining at **medium priority**.

Our prior year report identified one **low priority** finding. The finding is considered partially implemented with priority remaining at **low priority** to reflect the progress to be made.

- **Patient Care during Handover Delays (previous finding 1)**

Previously we noted that one of the key feedback improvement themes identified by the WAST Quality, Safety and Patient Experience team is in regards to the provision of nutrition, hydration and continence when a patient experiences a significant delay and is held outside the Emergency Department. Although the majority of patients conveyed to Emergency Departments are admitted within 60 minutes there are over 1,300 patients each month that wait in an ambulance for long periods.

During our site visits at Emergency Departments we observed instances where WAST staff were providing food and drink to patients in ambulances from stock cupboards held at hospitals. We noted that although handover delays should not occur, where they do, health boards should maintain a formal record of continence, nutrition and hydration offered and declined or accepted by the patient to evidence that adequate care in these areas was provided at reasonable times.

Our current review has identified that health boards engaged in the follow up review considered this issue a high priority as patient care and patient experience was considered of utmost importance. With regard to procedures implemented by the health boards, they confirmed that responsibility for monitoring of the patient whilst in the ambulance lies with the health board once triage has been actioned by Emergency Department staff in the ambulance.

Standard Operating Procedures in respect of handover were issued at each health board, however these did not specifically refer to nutrition, hydration and continence. Hywel Dda University Health Board (HDUHB) has recently developed a flow chart which details the care priorities for patients in ambulance offload delays, for inclusion in the next iteration of their ambulance off-load policy. All health boards have provided an update to WAST on the arrangements in place to provide patients with dignified care if patients are delayed on ambulances whilst awaiting handover of care at emergency departments.

This finding is considered **partially implemented** with priority remaining at **low priority**.

The priority ratings of the open findings is summarised in the table below:

	2017/18	2018/19
High priority	3	1
Medium priority	2	4
Low priority	1	1
Total	6	6

The findings of our current review are detailed in Appendix A, together with the original recommendations and considerations going forward.

Previous Finding 1 Patient care during handover delays

Original Finding (Original Priority Rating: **LOW**)

One of the key feedback improvement themes that has been identified by the WAST Quality, Safety and Patient Experience team is in regards to the provision of nutrition, hydration and continence when a patient experiences a significant delay and is held outside the ED. Although the majority of patients conveyed to ED are admitted within 60 minutes there are over 1,300 patients each month that wait in an ambulance for long periods.

In order to address continence concerns WAST now participates with the All Wales Continence Bundle to ensure that pre-hospital patient care is included in their monitoring. The approach regarding the appropriate provision of continence, nutrition and hydration is currently informal and there are no standard operating procedures. Arrangements vary and it would assist ambulance crews if health boards had a clearer process in place, particularly at those hospitals that typically experience handover delays in excess of 60 minutes. During our site visits at EDs we observed instances where WAST staff were providing food and drink to patients from stock cupboards held at hospitals. In addition to nutrition, hydration and continence considerations, significant handover delays can lead to patients requiring pressure sore area care.

Original Recommendations

1. Health boards undertake a review of the arrangements in place for the provision of continence, nutrition and hydration at each hospital to ensure safe and dignified care is provided to patients during handover delays.
2. Although handover delays should not occur, where they do health boards should maintain a formal record of continence, nutrition and hydration offered and declined or accepted by the patient to evidence that adequate care in these areas was provided at reasonable times.

Current Findings

Whilst the rating of the finding was rated low, the health boards engaged in this review considered this a high priority as patient care and patient experience was considered of utmost importance.

With regard to procedures implemented by the health boards, they have confirmed that responsibility for monitoring of the patient whilst in the ambulance lies with the health board once triage has been actioned by Emergency Department staff in the ambulance.

Delays in handover will extend the time from triage to physical transfer in to the Emergency Department. The health boards noted that the applicability of the finding to their individual operations varied depending upon the timeliness with which patients were being handed over from the ambulance to their respective Emergency Departments. Where the vast majority of patients were transferred from the ambulance within the 15 minutes target time, the applicability of the finding was less relevant. They also commented that patients were assessed and processed based on acuity and need so those patients that remained in an ambulance over the 15 minutes target time were less acute and were more likely to be mobile, limiting issues regarding bed sore management and continence concerns.

Standard Operating Procedures in respect of handover were in place at each health board, however these did not specifically refer to nutrition, hydration and continence. All health boards have provided an update to WAST on the arrangements in place to provide patients with dignified care if patients are delayed on ambulances whilst awaiting handover of care at emergency departments..

One health board, Hywel Dda University Health Board (HDUHB) has developed a flow chart which details the care priorities for patients in ambulance offload delays, for inclusion in the next iteration of their ambulance off-load policy.

This finding is considered **PARTIALLY IMPLEMENTED** to reflect that Standard Operating Procedures need to be updated in some instances. Standard Operating Procedures need to be updated to reflect reality, the finding remains **OPEN**. The priority level remains **LOW**.

Considerations Going Forward

Priority Level

1. All health boards should ensure that their Emergency Department Standard Operating Procedures are current and reflect actual practices regarding the provision and recording of nutrition, hydration and continence needs of those patients in the period between being triaged in the ambulance and being handed over.
2. All health boards should undertake compliance checks to confirm that Emergency Department staff are acting in accordance with Standard Operating Procedures regarding the provision and recording of nutrition, hydration and continence needs of those patients in the period between being triaged in the ambulance and being handed over.

Low

Previous Finding 2 Conveyance to ED

Original Finding (Original WAST Priority Rating: **HIGH**)

There are a number of AQIs that relate to conveyance including the '*number of incidents that resulted in non-conveyance to hospital*' under '*Step 4: Give Me Treatment*' and the '*number of 999 patients conveyed to hospital*', including analysis by type and also those conveyed to hospital outside of the local health board area, under '*Step 5: Take me to Hospital*'.

The Wales Audit Office Review of Emergency Ambulance Services Commissioning Arrangements dated July 2017 highlighted improvement areas for the AQIs. There is recognition that these indicators are still developing and require further refining to ensure they demonstrate key data in a clear way. There are also opportunities to improve the presentation of some indicators so that they become more accessible and understandable to readers and make them more meaningful in understanding patient outcomes and patient experiences. Additionally, the report highlighted that EASC members are not yet fully recognising and making the most of the potential that this information holds to inform decisions for improving the quality of ambulance services for patients across Wales.

It is recognised that it would not be appropriate to set a 'target' of reduced conveyance following 'See and Treat' as this could incentivise decision making to the detriment of the patient. However, there could be improved usage of the conveyance data that would enable analysis that should improve handover delays and reduce the cost of lost hours. For example, improved analysis of patients who were seen by the hospital clinician and released without requiring treatment, highlighting that the conveyance was not necessary or identifying patients that were conveyed to ED where an alternative pathway was more appropriate, also known as 'missed opportunities'. Further analysis would also identify if paramedics require training and development and ensure that all crews have the guidance and understanding to reduce conveyance to ED.

GP Referrals

During this audit there was a particular point raised by all of the health boards and by WAST regarding the impact on conveyance and peaks in attendance to ED that result in handover delays. GP referrals are unscheduled and occur between GP hours, typically 10am to 6pm which can contribute to bottlenecks outside hospitals. Furthermore, we were informed that the time lost during hospital handover delays, coupled with the way the WAST clinical model is designed to prioritise calls in line with their red, amber, green rating, mean that ambulance crews are often unable convey GP referrals to hospital within the relevant department's opening hours. This is due to GP referrals typically being classified as green priority and results in the patient not receiving timely and appropriate care. It was generally recognised that improvements could be made by having scheduled conveyance for GP referrals where appropriate.

Original Recommendations

1. WAST, in conjunction with EASC, evaluates how it records, analyses and reports on conveyance and how this information is used to gain assurance that conveyance to ED is restricted to those cases where the presenting condition determines that the ED is the appropriate pathway for the patient. WAST should develop ways of identifying missed opportunities, for example, through undertaking sample audits across a range of indexed conditions and comparing conveyance rates across health boards.
2. WAST and health boards undertake a project to investigate whether GP referrals could be scheduled, where the patient condition allows, so that the time of arrival at the ED is more likely to improve the patient experience by being aligned to the demand and capacity models of the hospital.

Current Findings

GP Referrals

WAST has undertaken a number of initiatives in conjunction with health boards in an attempt to positively impact conveyance to the Emergency Department.

WAST performed a two-day trial in October 2018 with Aneurin Bevan University Health Board (ABUHB), to assess the impact of Health Care Professional (HCP) calls being handled by a clinician. This resulted in a reduction in the number of patients being conveyed to hospital.

Enhancing on the above, Betsi Cadwaladr University Health Board (BCUHB) has also implemented a Single Integrated Clinical Assessment and Triage service (SICAT) which went live on 12th November 2018. This service sits co-terminus within WAST's CCC in North Wales. It is currently manned by an experienced General Practitioner (GP) working alongside an APP. The service focuses on Health Care Practitioner (HCP) demand – though this is not exclusive, where calls of higher acuity are identified, to avoid ambulance deployment or patient conveyance. As at March 2019, the service had managed almost 200 calls. Analysis of these calls identified that the initiative had delivered an 80% stand down for deployment of WAST crews and 65% avoidance of conveyance to ED – of these almost 50% have been returned to their GP for routine follow up and 20% had been given self-help advice. The scheme also saw a 25% increase of ambulance conveyances to the health board's Minor Injuries Units (MIU) through the month of November 2018 and this continued into December. The service recruited an additional four GPs to work within the service, and is currently training an Advanced Pharmacist who will soon support both SICAT and GP Out of Hours (OOH). This is a joint venture with WAST working through advanced risk sharing arrangements.

We were also provided with a highlight report for the GP transport pilot which was undertaken within ABUHB. The purpose of the pilot was to reduce the delays incurred when transporting patients referred into acute hospitals from GP's, and to diarise suitable patients to improve flow through the assessment units. The intention was for ABUHB to take over the allocation and management of GP transport crews during the busiest times (Monday-Friday, 8am-8pm) to ensure that patients are transported to an acute assessment unit in a timely manner following a referral and to diarise suitable patients to support effective flow. The transport crews would also support discharges from assessment units in order to create capacity to offload new patients arriving. The initial pilot ran for 6 weeks during February and March 2018 but had mixed success due to a number of reasons, including no dedicated coordinator (a paramedic on light duties covered 8.00 – 4.00 for 4 weeks), the crew being pulled to do emergency jobs and not every shift being covered. The highlight report detailed that data analysis of the initial pilot was not statistically significant, but did show a general reduction in the time from booking to arrival at assessment units.

The highlights report proposed that the trial be run for 6 months from October 2018 to April 2019, the decision was taken to defer due to significant pressures. We acknowledge that this work is also reliant on the health boards working with their primary care services to ensure that patients are being referred in line with the health board's demand and capacity.

ABUHB was involved in a Falls Response pilot in conjunction with WAST to reduce the number of patients who have fallen, which represents one of the 'Big 5' unscheduled care demands, being transferred to the ED. This pathway has been rolled out to several health boards and many of the health boards reviewed confirmed that they have taken part in the Falls Response vehicle scheme commissioned by WAST from December 2018.

SBUHB has undertaken a lot of work to reduce unnecessary conveyance from care homes. This has included providing training on the 'I Fell Down' tool to four care homes in the NPT Local Authority area, which at the time of our review, was in the process of being rolled out to Swansea Local Authority homes, with the aim of reducing conveyance from care homes to ED for patients who have fallen. The health board had also agreed to participate in the National Collaborative Commissioning Unit's (NCCU) 'National Early Warning Score (NEWS) project' to ensure the use of regular NEWS scoring in two or three nursing homes in the Swansea Bay area to support conveyance and discharge decisions. NEWS is a tool developed by the Royal College of Physicians which improves the detection and response to clinical deterioration in adult patients and is a key element of patient safety and improving patient outcomes.

SBUHB was also involved in a Bevan Exemplar project of the 'Integrated Response Model' during 2017/18, with the Bevan Commission evaluation report being published in 2018. Bevan Exemplars are NHS professionals who are supported to trial and test out their innovative ideas to improve resource efficiency, patient experiences and health outcomes. The project involved the Acute Clinical Team (ACT) in Neath Port Talbot Hospital alongside WAST colleagues piloting a scheme to redirecting appropriate 999 emergency calls where the patient would be better suited to receiving community based care from the Acute Clinical Team. The project took place

between October 2017 and March 2018 and included a sample of 40 patients who were either referred into, or proactively brought into the care of the ACT by WAST. The average length of stay with the ACT was 5.4 days. 87.5% of patients were safely cared for in the community rather than admitted into an acute hospital. The report recognised the cost saving per patient and the patient / carer / staff satisfaction and the increased autonomy for the Acute Clinical Team and nursing home staff. The report concluded that the project *"reduced the number of patients needing transport by the ambulance service and admission to hospital, and it is recommended that it is adopted and spread more widely across Wales"*.

The Delivery Unit (DU) undertook a progress review in 2019 of Ambulatory Emergency Care (AEC) in Wales at SBUHB and stated that Singleton hospital is emerging as one of its national exemplars. The DU highlighted the following for the hospital, that whilst there is 'no AECU there is a clear ambulatory ethos across the whole front door footprint'. The DU's review noted that Singleton Hospital has an Acute GP Unit (AGPU), Singleton Assessment Unit and Medical Day Unit with multiple pathways in AGPU, which is open 8am – 8pm, calls are taken by GPs, who also provide clinical advice. It noted that 48% of patients are discharged from AGPU. Singleton Assessment Unit (SAU) has 20% of patients treated and discharged the same day, with on-call consultants currently undertaking SAU work. Approximately 25 – 35 patients per day are seen in SAU. There is specialty input, with Gastroenterology in-reach and there a keenness to develop more Cardiology/Diabetes input.

Some health boards commented that it has been perceived by front line teams, that a higher number of acutely unwell patients are self-presenting at the ED and are being taken directly to resuscitation area in ED from reception. This is in the context that whilst overall ambulance conveyances have reduced, attendances at ED / MIU / SAU have increased. This may be as a consequence of the pilots to reduce the number of patients being conveyed by a WAST vehicle.

This finding is considered **PARTIALLY IMPLEMENTED** and remains **OPEN**. The priority level has been reduced to **MEDIUM** to reflect the progress made regarding avoiding conveyance to ED.

Considerations Going Forward	Priority Level
<ol style="list-style-type: none"> 1. Health boards, in conjunction with WAST, should evaluate the results of the trials in ultimately reducing conveyance to Emergency Departments, and where found successful, extend the trails across Wales, where appropriate. 2. Health boards should work closely with primary care service providers to ensure that patients are being referred appropriately and in line with the health boards' demand and capacity. 	<p>Medium</p>

3. The health boards in collaboration with WAST should assess the impact of any pilot to reduce the number of patients being conveyed to the ED by a WAST vehicle on the demand and capacity of the hospital.

Previous Finding 3 Pathways to bypass ED

Original Finding (Original WAST Priority Rating: **HIGH**)

As part of the audit we were provided with a schedule of pathways managed through the Clinical Pathways Approval & Appraisal Group (CPAG). We were also provided with a list of pathways by each of the six health boards. We were unable to reconcile these and were therefore unable to verify that:

- There is a clear and consistent process for WAST and health boards to formally approve each pathway;
- Where a pathway is approved, there is a clear flowchart that has been made available and understood by WAST staff, including the crews and staff within the Clinical Contact Centres;
- Each pathway is underpinned by detailed methodology to enable evaluation and monitoring of its success in reducing conveyance to ED; and
- There is a process in place to review and identify pathways that are effective and should be considered for implementation at other health boards.

We were informed by the WAST Operations staff interviewed, that paramedics have not always been able to follow a pathway as the alternative location did not have capacity or resource to receive and treat the patient at the time. This is currently not well recorded and as such we could not audit this in any detail.

We also noted during our visits that the WAST crews have a pathways folder in the ambulance that should enable them to identify and follow the appropriate pathway. Again, we were unable to reconcile that all of the pathways were in the folder and overall we could not be confident that all staff were fully aware of them. In particular, if a crew conveyed across border to another health board Area it is unlikely that they would be aware of the local pathways. We were informed that tablet devices have recently been allocated to paramedics. This provides WAST with an opportunity, with software development, to provide an electronic tool of all the available pathways for paramedics that could increase their ability to utilise a pathway and bypass conveyance to ED where appropriate.

Original Recommendation

1. WAST and health boards undertake a review of the governance arrangements for the identification and approval of all pathways, together with a consistent process for recording, disseminating and measuring outcomes.
2. WAST ensures that any blocks or breaks that prevent the use of a conveyance pathway to bypass ED are recorded and management action is taken to address any issues.

3. WAST investigates the opportunity of developing an electronic pathways tool to assist paramedics in following pathways to bypass conveyance to ED.

Current Findings

Governance of Identification and Approval of Pathways

The Joint Royal Colleges Ambulance Liaison Committee (JRCALC) is best known for the production of clinical guidelines for pre-hospital care, often referred to as just the 'JRCALC guidelines'. The WAST's CPAG group looks at national pathways and works to ensure compliance with JRCALC guidelines. These guidelines will outline whether a patient should be taken to Emergency Departments or elsewhere. Where it is elsewhere, the exact location is agreed at a local level with the health board.

WAST and the health boards are represented on the bi-monthly National Programme for Unscheduled Care Professional Advisory Group (NPUCPAG), of which all Emergency Departments in Wales are invited to attend. The agenda for this meeting includes changes in pathways linked to developments in medicine / Welsh Government major service redesign.

We were informed that a directory of pathways for every clinical condition across each health board area does not exist within WAST and that this does not exist elsewhere in the UK. Local engagement between WAST and each health board regarding the sharing of pathway developments and changes varies across Wales, examples include:

- WAST are being informed of changes in pathways through the health board's Unscheduled Care Board. Where major changes to existing pathways or development of a new pathway occurs, communications are in place to engage WAST with membership of Project Boards for each development and access to Task and Finish Groups;
- Where pathways are complex with regional variation present, WAST regional representatives are being engaged by the health board to share pathway developments;
- Development of new pathways are being shared with WAST at local operations meetings and are linked to a current major service model restructuring at the health board; and

- A bespoke operation is in progress to review all pathways with WAST, social care and community teams, together with reporting to Welsh Government on the effectiveness of clinical pathways, as experienced in the busy winter months.

In addition, Betsi Cadwaladr University Health Board has asked WAST to perform an audit of activity to identify where and when incorrect pathways have been used and why, to aid improvement in correct pathway usage across the health board by WAST resources.

Regarding out of area transfers within Wales, one Health Board with significant transfer volumes, commented that such transfers are monitored, pathways reviewed, and WAST informed, if and when the correct pathway is not implemented.

With regard to English ambulance transfers into Welsh health boards it was confirmed by another health board that the ambulance crew will not have access to pathway information and will be reliant on WAST CCC being aware of the correct pathway to apply and to instruct English crew accordingly.

This finding is considered **PARTIALLY IMPLEMENTED** and remains **OPEN**. The priority level has been reduced to **MEDIUM** to reflect the progress made regarding continued communication of pathway developments and changes to WAST.

Considerations Going Forward	Priority Level
<ol style="list-style-type: none"> 1. Each health board, in conjunction with WAST, should proactively assess whether pathways are being correctly applied. 2. Where the application of an incorrect pathways is identified, the reasons should be investigated and corrective action taken to ensure that such errors are not repeated and that WAST are always provided with up to date pathway documentation. 	Medium

Previous Finding 6 Patient flow initiatives

Original Finding (Original WAST Priority Rating: **MEDIUM**)

We reviewed Board meeting minutes for each health board and found that delayed handovers are included in performance reports. It was clear that all health board executives are aware of the problem of handover delays and set targets and actions to reduce them. As noted in Action 1 above, we have also reviewed the IMTP's for the six health boards and found that emergency care is included with reference to developing joined-up health and social care services. Whilst this is noted as a priority by all health boards, the AQI's over the past 12 months have shown little improvement in performance on handover delays. The only health boards that are near the 15-minute handover target of 100% are Cwm Taf University Health Board, now Cwm Taf Morgannwg University Health board (CTMUHB), achieving almost 90% each month and Hywel Dda University Health Board (H DUHB) achieving circa 80%.

CTMUHB's performance may be attributed to its project to reduce delays and improve the flow of patients across hospital, GP and community services. The 'Focus on Flow' project won the NHS Wales Improving Patient Safety Award 2014. It should be acknowledged that all of the Wales NHS health boards have undertaken projects and initiatives to improve unscheduled care and address patient flow. Many of these are currently in operation. What is clear from the AQI's is that the initiatives applied by CTMUHB have been very effective in respect of the impact on WAST and lost ambulance hours as a result of handover delays.

It is surprising, given the transparency of this performance information over the past 3 years with each health board receiving the quarterly AQIs showing health board comparative data, that those lower performing health boards have not done more to emulate models of the higher performers, notably, CTMUHB.

Original Recommendation

1. WAST and health boards evaluate the key factors adopted by CTMUHB that resulted in their handover performance improving from circa 50% to 90% since 2013 and work together to drive similar improvement.

Current Findings

We were informed that health boards with poorer AQI handover performance have engaged with health organisations in Wales and in England to identify processes and practices that could be adopted to aid delivery of improved handover performance.

A review of CTMUHB practices by other health boards has resulted in adoption of some processes that have not always delivered the expected improvements. It was commented that one solution does not fit all; rather it has been found that a range of initiatives gleaned from a number of health boards have been implemented across the health boards in Wales.

Processes and practices have been adjusted within health boards in the light of internal reviews performed and have thought to have contributed to improvement in the performance recognised. There is inevitably a delay between implementing processes and practices and then being able to see the impact in performance via published AQIs. In many instances changes that have been implemented are yet to feed into published AQIs. Consequently health boards consider that improvements in performance have been supported by a number of factors but are not able to necessarily prove causation, for example:

- Embedding of a Single Integrated Clinical Assessment and Triage service (SICAT) within WAST control centre;
- Development of alternative pathways;
- Proactive triage processes on arrival with prompt action taken;
- Fit to sit assessment;
- Corridor waiting (where physical configuration of Emergency Department allows the use of a non-public thoroughfare);
- Maximise patient flow through Emergency Department and into hospital;
- Improvement in discharge from hospital practices, adoption of SAFER patient flow model, investment in local authority initiatives;
- Additional resources for winter period; and
- Effective application of standard escalation process.

Other opportunities to further improve performance have been identified by health boards, for example, the creation of focussed observation / assessment areas, away from main Emergency Department acute treatment areas, allowing dedicated staff to manage treatment and through flow of patients more efficiently.

This finding is considered **PARTIALLY IMPLEMENTED** and remains **OPEN**. The priority level remains **MEDIUM** to reflect the fact that the various projects and actions implemented to improve performance are yet to be evidenced in published AQIs.

Considerations Going Forward	Priority Level
<ol style="list-style-type: none">1. Health boards should continue to review their handover performance via published AQIs and evaluate how changes in performance achieved over time are a direct result of individual changes in processes and practices implemented.2. Health boards should support and develop successful processes and practices, whilst those deemed unsuccessful should be reviewed and reversed where appropriate.	Medium

Previous Finding 7 Delayed handover clinical triage

Original Finding (Original WAST Priority Rating: **HIGH**)

The Welsh Government health circular clearly states that *"WAST crews should not routinely be responsible for monitoring patients over prolonged periods outside A&E, and hospital clinicians should be responsible for overseeing the assessment of patients."*

The University Hospital of Wales (UHW) was the only hospital of the 6 visited that did not undertake a face to face assessment of the patient before admission to the hospital. In all other cases the clinician carried out an initial patient assessment in the back of the waiting ambulance as required.

We were informed by staff at UHW that that the ambulance triage by ED clinicians is not one supported by the Royal College of Emergency Medicine and that whilst nurses do not enter the ambulance, the risk to patients is managed through the protocols and processes in place; a clinical assessment by the Majors Assessment Nurse (MAN) through communication with the paramedic.

The current practice at the UHW is contrary to Point 3 of the Welsh Government guidance above. This is a conscious decision by the hospital, as outlined above, and results in greater responsibility on the paramedics to assess the patient condition and monitor that condition for over 30 minutes and sometimes several hours. There is also a missed opportunity for the ED clinician to undertake an assessment at an earlier stage that could have resulted in the patient being redirected, avoiding an unnecessary wait for the patient and lost hours to WAST.

Original Recommendation

1. WAST seeks confirmation from Welsh Government regarding responsibility for undertaking a clinical assessment of patients prior to admittance to the ED.

Current Findings

This recommendation relates to Cardiff & Vale University Health Board (CVUHB) as the issue raised refers to the UHW site only. During our current review we were not able to engage CVUHB as permission was not provided. We understand that the Emergency Unit has seen a change in management team who will review their decision around this.

However, we have noted the following comments made by CVUHB to the Assistant Director of Nursing, WAST in a letter dated 21 January 2019.

Findings 7 – Delayed handover clinical triage

Cardiff and Vale UHB are appreciative that they were the only UHB that did not provide a face-to-face assessment of the patients if delayed outside the Emergency Unit department and rely on the professional handover from the WAST crew. The relationship and interaction between the Assessment Nurse and WAST crew is imperative to ensuring effective and efficient patient assessment. The UHB is committed to improving patient flow throughout the hospital to minimise the WAST delay and subsequent assessment in the back of an ambulance. The UHB is currently experiencing greater improved performance in WAST delays than other UHBs across Wales. As previously mentioned, the Emergency Unit has seen a change in management team who will review their decision around this.

This finding is considered **NOT IMPLEMENTED** and remains **OPEN**. The priority level remains **HIGH** to reflect the lack of any progress made to comply with Welsh Health Circular WHC/2016/029.

Considerations Going Forward	Priority Level
1. In line with the response above, the CVUHB Emergency Unit should formally review the current practice of not undertaking a face to face assessment of the patient before admission to the hospital.	High

Previous Finding 8 HAS data

Original Finding (Original WAST Priority Rating: **MEDIUM**)

Through discussion with paramedics and hospital clinicians (i.e. Nurse in Charge) we found some contradiction over the responsibility for completing the HAS handover entries. Some thought it was the responsibility of the other party, particularly when the entry had not been completed. Others felt it was the responsibility of both parties which had on occasions resulted in the paramedic finding the entry had already been made by the hospital. It was also found during observation at site visits that the point at which the paramedic updated the HAS varied. Some 'notified' as soon as they entered the ED and then notified the Nurse in Charge, others the other way around. Whilst this finding is mainly anecdotal it was apparent that the data is not as accurate as it would be if there was clear guidance and understanding on HAS roles and responsibilities and a consistent approach at all hospitals over exactly what point the paramedics or clinicians update the HAS.

We analysed HAS data covering a sample of 7 days (Mon-Sun) over 7 weeks in September and October 2017. The analysis highlighted that the late reason is not completed over 25% of the time. If this data was complete and accurate it would provide both WAST and health boards with information to assist in reducing delays.

Original Recommendation

1. WAST and health boards ensure that the roles and responsibilities for recording data on the HAS are clearly understood. This should be supported by clear guidelines and protocols to ensure that the data can be relied upon as fair and accurate with consistent application of the time recording for the notification and handover.
2. The health boards and WAST undertake an assessment over the use of the 'late reason' data and where and how it provides management information that can assist in managing handover delays, e.g. addressing issues such as a lack of beds.

Current Findings

Our current review found that the HAS Guidance has not been re-circulated by the Welsh Government to WAST staff as it was felt that the guidance around roles and responsibilities needed to be strengthened. We understand that the process may change following the introduction of the dual pin system which will require WAST and health board staff to complete the HAS together. WAST wrote to

the Welsh Government in February 2019 asking that they consider updating the current HAS guidance and clarifying roles and responsibilities.

It was evident from discussions with the health boards that there is a need for WAST to refresh learning on the operational use of HAS given the variation in operational views provided and the adverse impact on quality and consistency of HAS data.

We obtained a HAS Report for all handovers with delays over 15 minutes for the period February 2018 - March 2019. This included 'NULL' entries, i.e. where no reason code had been entered for the delay. Review of the report confirmed that out of 105,178 handovers with delays over 15 minutes - 46,664 (44%) of these had 'NULL' entries which indicates that the reason code is still not routinely completed. The 46,664 'NULL' entries were split as follows - 22,143 (approx 48%) between 15 - 30 minutes delay, 13,611 (approx 29%) between 30 - 60 minutes delay and 10,910 (approx 23%) over 60 minutes delays.

The percentage rate of 'NULL' entry rate across hospitals sites ranged from 22% in Morriston Hospital to 92% in Maelor General Hospital Wrexham. The latter's poor data completion has been partly explained by the poor physical location of HAS screens in the Emergency Department. Relocation of the HAS screen has now occurred and should improve data completion. In addition, we acknowledge that the proposed introduction of dual-PIN may further improve these figures.

WAST confirmed that a review of delayed handover reasons in December showed that the majority of the reason codes completed related to 'no beds available', which they feel did not give the depth of analysis needed to review causation. WAST's Health Informatics Team produced a self-serve report in February 2019. The report shows, by hospital site, the reasons and time of day for each handover delay. The intention is to use this information to inform discussions with health board colleagues and develop operating models. However, as this report was not available until February 2019, we were unable to confirm that this being undertaken at this early stage of implementation.

Swansea Bay University Health Board commented on the missed opportunity for improved use of the data recorded on HAS and is to provide refresher training on the handover process to deliver consistent practice across all sites. However other health boards have commented that the pre-determined reasons on the HAS screen are too general and do not provide the health boards with sufficiently detailed reasons. The process was not thought to capture sufficiently detailed reasons, limiting the usefulness of any management information forthcoming from the HAS system.

This finding is considered **PARTIALLY IMPLEMENTED** to reflect that some actions have started and remains **OPEN**. The priority level remains **MEDIUM** due to the lack of reinforcement of HAS user guidance by WAST as linked to the impending implementation of the dual PIN process, the need to further consider the usefulness of the pre-determined reasons on HAS for late handover and

ensure any developments are consistently applied, and the self-serve report being made available only recently to inform discussions between WAST and health board staff, preventing assessment of how effective it is in addressing handover delays.

Considerations Going Forward	Priority Level
<ol style="list-style-type: none">1. Health boards should ensure that all Emergency Department staff are provided with consistent and updated HAS operational documentation and learning by WAST, including any proposed dual pin role out.2. Health boards should ensure that delayed handover reasons are always entered on HAS and are used to inform discussions with WAST colleagues and develop operating models.3. Health boards should consider whether the current option of pre-listed delayed handover reasons on HAS are able to usefully inform health boards' management decision making processes.	Medium

Prioritisation of Recommendations

In order to assist management in using our reports, we categorise our recommendations according to their level of priority as follows.

Priority Level	Explanation	Management action
High	Poor key control design OR widespread non-compliance with key controls. PLUS Significant risk to achievement of a system objective OR evidence present of material loss, error or misstatement.	Immediate*
Medium	Minor weakness in control design OR limited non-compliance with established controls. PLUS Some risk to achievement of a system objective.	Within One Month*
Low	Potential to enhance system design to improve efficiency or effectiveness of controls. These are generally issues of good practice for management consideration.	Within Three Months*

* Unless a more appropriate timescale is identified/agreed at the assignment.

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Audit

The audit was undertaken using a risk-based auditing methodology. An evaluation was undertaken in relation to priority areas established after discussion and agreement with the Trust. Following interviews with relevant personnel and a review of key documents, files and computer data, an evaluation was made against applicable policies procedures and regulatory requirements and guidance as appropriate.

Internal control, no matter how well designed and operated, can provide only reasonable and not absolute assurance regarding the achievement of an organisation's objectives. The likelihood of achievement is affected by limitations inherent in all internal control systems. These include the possibility of poor judgement in decision-making, human error, control processes being deliberately circumvented by employees and others, management overriding controls and the occurrence of unforeseeable circumstances.

Where a control objective has not been achieved, or where it is viewed that improvements to the current internal control systems can be attained, recommendations have been made that if implemented, should ensure that the control objectives are realised / strengthened in future.

A basic aim is to provide proactive advice, identifying good practice and any systems weaknesses for management consideration.

Responsibilities

Responsibilities of management and internal auditors:

It is management's responsibility to develop and maintain sound systems of risk management, internal control and governance and for the prevention and detection of irregularities and fraud. Internal audit work should not be seen as a substitute for management's responsibilities for the design and operation of these systems.

We plan our work so that we have a reasonable expectation of detecting significant control weaknesses and, if detected, we may carry out additional work directed towards identification of fraud or other irregularities. However, internal audit procedures alone, even when carried out with due professional care, cannot ensure fraud will be detected. The organisation's Local Counter Fraud Officer should provide support for these processes.



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