

Bundle BCU Health Board 26 March 2026

- 1 09:30 - SUPPORTING PAPERS
- 1.1 26.64 Supporting Papers for IMTP
 - The following Appendices are included:*
 - 1. *Welsh Government Delivery Expectations Enabling Actions*
 - 2. *Welsh Government Requirements Mapping*
 - 3. *Capital Programme for 2026-27 and 2027-28*
 - 4. *Glossary*
- 2.1 09:30 - 26.65 Supporting Papers for Corporate Governance Report
 - 26.65.3 Appendix C - All Wales Approved Clinicians and Section 12-2 Doctors March 2026 Board Report
 - 26.65.3 Appendix C1 - Approved Clinicians Data (March 2026 Board report)
 - 26.65.3 Appendix C2 - Section 12(2) Doctors Data (March 2026 Board Report)
 - 26.65.4 Appendix D - SSPC Assurance Report 22 January 2026
 - 26.65.4 Appendix E1 - Master Standing Orders - Approved Audit Committee 4 March 2025
 - 26.65.4 Appendix E2 - Governance and Accountability Framework - Schedule 1 - SORD 04-02-26 v1.3 (1)
 - 26.65.4 Appendix E3 - Schedule 2 - Standing Financial Instructions - Approved 25.09.25 V1.0

IMTP APPENDICES – Contents

- 1) Delivery Expectations & Enabling Actions Targets
- 2) Quality Statements Mapping
- 3) Welsh Government Requirements Mapping Tables
- 4) Capital Programme Detail
- 5) Abbreviations & Glossary

1) Delivery Expectations & Enabling Actions Targets

Ministerial Delivery Expectations Targets

Strategic Priorities for 2026-29	Ministerial Delivery Expectations for 2026-27	Meet Target	Forecasted Position 31 st March 2027	Plan Section
Timely Access to Care	Ensure no ambulance patient handover waits over 45 minutes	No	78%	3A: Urgent & Emergency Care
	Ensure no patient spends 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge.	No	90%	3A: Urgent & Emergency Care
	No patients waiting more than 104 weeks for referral to treatment.	Yes	Zero	3B: Planned Care, Cancer & Diagnostics
	Number of patients waiting more than 8 weeks for a specified diagnostic – target zero.	No	80%	3B: Planned Care, Cancer & Diagnostics
	Health boards to achieve the suspected cancer pathway target of 75% through implementing the nationally agreed pathways, while reducing the backlog of patients waiting more than 62 days by end of March 2027.	No	60%	3B: Planned Care, Cancer & Diagnostics
Population Health & Prevention	Increase the proportion of children in Wales who are a healthy weight by halting the rise, and contributing to a year-on-year decrease in the levels of overweight and of obesity as measured and reported through the National Child Measurement Programme, focusing on those most disadvantaged.	Yes	2% reduction in lowest quartile	1A – Preventative approaches to Health & Wellbeing
	Reduce inequity in the uptake in the most and least deprived areas in preventing ill-health especially in relation to vaccination, screening and diabetes prevention and care.	Yes	Flu vacc (2-3): 14* Flu vacc (16-64): 14* Flu vacc (65+): 14* Diabetes: 14* * Number of clusters achieving 40%	1C – Health Inequalities

	At least 90% of individuals identified via the Audit Plus Frailty Tool (or its replacement) to receive proactive care in line with their agreed care plans.	Yes	90%	2A – Primary Care
	Increase in % of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes.	Yes	46.8%	2A – Primary Care
Community by Design	Deliver a 12-month reduction trend in both the number of people who are delayed in hospital and the total days delayed for these patients, as measured by the Delayed Pathways of Care dashboard.	Yes	50% reduction in both	3A: Urgent & Emergency Care
	Increase in capacity at the weekend of community nursing and specialist palliative care nursing to at least the required levels previously set for 2024/25 and greater where possible.	No	Community By Design Programme will take a demand and capacity approach to scope best value for money solution for the right capacity across the whole week to see and treat people in the community.	2B – Community Care
Mental Health Access	Implement and evaluate Open Access Mental Health Support by March 2027.	Yes	N/A	3D – Mental Health & Learning Disabilities
	Improve safety in Secondary Care Mental Health services (measured through agreed mental health safety matrix and PROM ReQuol) by March 2027.	Yes	Clarification on measure and targets required from WG	3D – Mental Health & Learning Disabilities
	Improve Physical Health of People with long term MH problems by carrying out mortality reviews and implementing improvement plans from the learning by March 2027.	Yes	Clarification on measure and targets required from WG	3D – Mental Health & Learning Disabilities
Women's Health	Further expansion of the Women's Health Hub model in each health board area by March 2027 (aligned to the Women's Health Plan).	Yes	N/A	3G – Womens Health
	Improve quality of maternity services by reducing perinatal mortality rates.	Yes	Clarification on measure and targets required from WG	3G – Womens Health
Quality and Safety	Downward trend in 12-month rolling average crude mortality while maintaining a flat 7-day readmission rate.	Yes	1.65%	4H - Quality
	Days of safe care delivered since the last never event, monitored using SPC T-Chart.	Yes	90	4H – Quality
	Percentage proportion of complaints dealt with via early resolution - target 40% by March 2027.	Yes	40%	4H - Quality
	The clinical coding service must ensure that at least 95% of inpatient and day-case episodes are fully coded within one reporting month of discharge, in line with Welsh Government delivery measures. In addition, 90% of all identified coding errors must be corrected within 35 days of identification, ensuring timely and accurate data quality improvements across all health boards. There must be a focus on quality of coding with an	Yes	Fully coded - 95% Coding errors - 90% Quality of coding - 5.2 (+13%)	4D – Digital, Data and Intelligence

emphasis on specificity, and comorbidity capture demonstrated by an increase in depth index by 10% year-on-year.

Enabling Actions Targets

Strategic Priorities for 2026-29	Ministerial Enabling Actions for 2026-27	Meet	Plan Section	Justification
Timely Access to Care	Improvement in the implementation and delivery of High Volume Low Complexity Theatre lists, with an initial focus on - Cataract 90% of lists to have 7 Cataracts per list by end of Q2, Arthroplasty 90% of lists to have 4 Primary joints per day and 90% of time achieve at least 6 HVLC General Surgery procedures on an all-day list made up of hernias/gallbladders by end of Q2	Yes	3B: Planned Care, Cancer & Diagnostics	N/A
	Ensuring the full implementation of the National Optimal Pathway (NOPs) in Cancer.	Yes	3B: Planned Care, Cancer & Diagnostics	N/A
	Theatre session utilisation is improved to achieve GiRFT standard of 85%- late starts (>15 mins), early finishes (>60 minutes) and overall utilisation are reported as key KPIs to underpin the 85% standard.	Yes	3B: Planned Care, Cancer & Diagnostics	N/A
	Consistent clerical and clinical validation should be in place using the national SOP - any patient waiting greater than 26 weeks should be validated. Volumes of non-admitted closed pathways will be monitored as proxy supported by National Programme team visits.	Yes	3B: Planned Care, Cancer & Diagnostics	N/A
	Each Health Board should see a referral return rate of 20+% and/or a reduced referral rate per 100,000 population by December 2026 - utilising Health Pathways optimally.	Yes	2A – Primary Care	N/A
	Through effective streaming of patients on arrival at the front door allied to a focus on safe, efficient and early discharges, deliver all ambulance patient handovers within a maximum of 45 minutes, aiming for achievement of >90% in 15 minutes by the end of 2026/2027.	No	3A: Urgent & Emergency Care	Intend to improve 45 mins handovers from 42% to 78% and 15 mins handovers from 12% to 46%. Not realistic to improve further to 100% on both measures in FY26/27.
	Deliver, as a minimum, all principles set out in the six goals for urgent and emergency care programme Optimal Hospital Flow Framework with a focus on 7-day working with leaner acute hospital processes and more efficient discharge transport services to facilitate earlier discharges and increasing weekend discharges.	Yes	3A: Urgent & Emergency Care	N/A

	Deliver medical same day emergency care (SDEC) and acute frailty services at the front door of hospitals in line with all principles set out in national SDEC policy and strategy documents, and the six goals for urgent and emergency care programme Front Door Acute Frailty Service (AFS) Framework for Acute Hospitals.	Yes	3A: Urgent & Emergency Care	N/A
	Deliver, as a minimum, all principles set out in the six goals for urgent and emergency care programme community-based falls response framework and, in support, implement a focus on prevention and early intervention in line with the policy statement on population health management.	Yes	3A: Urgent & Emergency Care	N/A
	Deliver, as a minimum, all principles set out in the six goals for urgent and emergency care programme single point of access (SPOA) framework to ensure people with urgent care needs receive timely and appropriate support, minimising unnecessary escalation to emergency ambulance conveyance or hospital admission. Prioritise tailored interventions for frail and older adults, scaling up "call before convey" as a business-as-usual model and referrals to community nursing services enabling urgent response. Strengthen integration with key system partners, including WAST and Local Authorities, to deliver coordinated and effective care across the urgent care pathway.	Yes	3A: Urgent & Emergency Care	N/A
Population Health & Prevention	Ensure progress of the focused Diabetes High Value High Impact pathway.	Yes	1B – Proactive strategies for disease prevention, falls & frailty	N/A
Building Community Capacity	Support the implementation and roll-out of the NHS Wales app for maximum impact and benefit to include the uptake of its use for repeat prescriptions.	Yes	2A – Primary Care	N/A
Mental Health	Health boards to implement actions to deliver a material reduction in the number of out of area placements in 2026/27, and associated costs.	Yes	3D – Mental Health & Learning Disabilities	N/A
Productivity	Health boards to ensure utilisation of the total factor productivity model, and set out the actions and quantified productivity impact that will increase total productivity in 2026/27 from the baseline position.	Yes	4G – Value & Sustainability	N/A
Maximising Value for Money	Non-Pay - ensure implementation of Value & Sustainability Board recommendations, which includes local implementation of clinically endorsed and mandated product choice to maximise market share and deliver best value.	Yes	4G – Value & Sustainability	N/A
	Medicines Management - ensure full implementation of the high value medicines Value & Sustainability Board programme, which includes delivering opportunities against each of the programme areas.	Yes	3H – Pharmacy and Medicines Management	N/A

	Estate - ensure strengthened actions are taken to improve estate utilisation including the appropriate repurposing & disposal of under-utilised estate.	Yes	4I – Environment & Estates	N/A
	CHC - ensure implementation of Value & Sustainability Board recommendations which include continued actions to improve clinical and financial effectiveness associated with packages of care.	Yes	4G – Value & Sustainability	N/A
Improving Value, Optimising Outcomes & Minimising Variation	Ensure progress with the implementation of Value & Sustainability Board High Value High Impact pathway - Bone Health,	Yes	4G – Value & Sustainability	
	Eradicate unsupported systems and devices and ensure a clear cyber response plan for the organisation.	Yes	4D – Digital, Data and Intelligence	
Workforce Productivity	Ensure effective implementation of job planning policy, to include ensuring that > 90% of all Consultants have an agreed job plan in place at all times by 30 September 2026 and aligned to service demand and capacity plans.	Yes	4J - Workforce	
	Continue to deliver a further and sustained reduction in agency expenditure, with a target 30% reduction in 2026/27 from 2025/26 outturn and ensuring no off-contract expenditure.	Yes	4J - Workforce	
	Fully implement the actions outlined in the Variable Pay & Agency Control Framework Welsh Health Circular.	Yes	4J - Workforce	
	Organisations who have achieved a reduction in agency spend on Healthcare Support Worker, Admin & Clerical, and Estates & Ancillary staff to maintain that position. Organisations yet to deliver that position to deliver zero by 30th September 2026.	Yes	4J - Workforce	
	Ensure a reduction in sickness absence in 2026/27 in comparison to 2025/26, through maximising adherence to the requirements of agreed attendance at work policies and adhering to the all-Wales Occupational Health minimum service levels.	Yes	4J - Workforce	

2) Quality Statements Mapping

Quality Statement	Plan Section
Diabetes	1B – Proactive strategies for disease prevention, falls & frailty
Palliative and End of Life Care	2B – Community Care
Older people and people living with frailty	2B – Community Care
Care in Emergency Departments	3A – Urgent & Emergency Care
Cancer	3B – Planned Care, Cancer & Diagnostics
Vascular	3C – Fragile Services
Maternity and Neonatal	3G – Women’s Health
Women’s and Girls	3G – Women’s Health
Care of the critically ill	4H - Quality
Respiratory Disease	4H – Quality
Heart conditions	4H – Quality
Kidney Disease	4H – Quality
Liver Disease	4H – Quality
Musculoskeletal health	4H – Quality
Neurological conditions	4H – Quality
Stroke	4H – Quality
Infection prevention and control	4H – Quality
Osteoporosis and bone health	4H - Quality

3) Welsh Government Requirements Mapping Tables

Ministerial Delivery Expectations

Strategic priorities for 2026-29	2026/27 Delivery Expectation	Ref	Where covered in the plan
Timely Access to Care	Ensure no ambulance patient handover waits over 45 minutes	DE-01	3A
	Ensure no patient spend spends 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge.	DE-02	3A
	No patients waiting more than 104 weeks for referral to treatment .	DE-03	3B
	Number of patients waiting more than 8 weeks for a specified diagnostic – target zero .	DE-04	3B
	Health boards to achieve the suspected cancer pathway target of 75% through implementing the nationally agreed pathways, while reducing the backlog of patients waiting more than 62 days by end of March 2027.	DE-05	3B
Population Health & Prevention	Increase the proportion of children in Wales who are a healthy weight by halting the rise, and contributing to a year-on-year decrease in the levels of overweight and of obesity as measured and reported through the National Child Measurement Programme, focusing on those most disadvantaged.	DE-06	1A 3F
	Reduce inequity in the uptake in the most and least deprived areas in preventing ill-health especially in relation to vaccination, screening and diabetes prevention and care .	DE-07	1B 1C 1D 2A 3B 3D 3F 4G
	At least 90% of individuals identified via the Audit Plus Frailty Tool (or its replacement) to receive proactive care in line with their agreed care plans.	DE-08	1B 2A 2B

	Increase in % of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes .	DE-09	1B 1C 2A 3F 4G
Community by Design	Deliver a 12-month reduction trend in both the number of people who are delayed in hospital and the total days delayed for these patients, as measured by the Delayed Pathways of Care dashboard.	DE-10	3A
	Increase in capacity at the weekend of community nursing and specialist palliative care nursing to at least the required levels previously set for 2024/25 and greater where possible.	DE-11	2B 3F
	(National requirements and expectations will be specified by the Community by Design Transformation Programme Board).	DE-12	2A 2B
Mental Health Access	Implement and evaluate Open Access Mental Health Support by March 2027.	DE-13	3D 3E
	Improve safety in Secondary Care Mental Health services (measured through agreed mental health safety matrix and PROM ReQuol) by March 2027.	DE-14	3D
	Improve Physical Health of People with long term MH problems by carrying out mortality reviews and implementing improvement plans from the learning by March 2027.	DE-15	3D
Women's Health	Further expansion of the Women's Health Hub model in each health board area by March 2027 (aligned to the Women's Health Plan).	DE-16	2C 3G
	Improving the quality of our maternity services by reducing perinatal mortality rates .	DE-17	3F 3G
Quality and Safety	Downward trend in 12-month rolling average crude mortality while maintaining a flat 7-day readmission rate.	DE-18	4H
	Days of safe care delivered since the last never event , monitored using SPC T-Chart.	DE-19	4H
	Percentage proportion of complaints dealt with via early resolution - target 40% by March 2027.	DE-20	Complete
	The clinical coding service must ensure that at least 95% of inpatient and day-case episodes are fully coded within one reporting month of discharge, in line with Welsh Government delivery measures. In addition, 90% of all identified coding errors must be corrected within 35 days of identification, ensuring timely and accurate data	DE-21	4D

quality improvements across all health boards. There must be a focus on **quality of coding** with an emphasis on **specificity**, and comorbidity capture demonstrated by an increase in depth index by 10% year-on-year.

Enabling Actions

Strategic priorities for 2026-29	2026/27 Enabling Actions	Ref	Where covered in the plan
Productivity	Health boards to ensure utilisation of the total factor productivity model , and set out the actions and quantified productivity impact that will increase total productivity in 2026/27 from the baseline position.	EA-01	4G
Mental Health	Health boards to implement actions to deliver a material reduction in the number of out of area placements in 2026/27, and associated costs.	EA-02	3D
Timely Access to Care	Improvement in the implementation and delivery of High Volume Low Complexity Theatre lists , with an initial focus on - Cataract 90% of lists to have 7 Cataracts per list by end of Q2, Arthroplasty 90% of lists to have 4 Primary joints per day and 90% of time achieve at least 6 HVLC General Surgery procedures on an all-day list made up of hernias/gallbladders by end of Q2	EA-03	3B 3C
	Ensuring the full implementation of the National Optimal Pathway (NOPs) in Cancer .	EA-04	3B 4J
	Theatre session utilisation is improved to achieve GiRFT standard of 85%- late starts (>15 mins) , early finishes (>60 minutes) and overall utilisation are reported as key KPIs to underpin the 85% standard.	EA-05	3B 3C
	Consistent clerical and clinical validation should be in place using the national SOP - any patient waiting greater than 26 weeks should be validated. Volumes of non-admitted closed pathways will be monitored as proxy supported by National Programme team visits.	EA-06	3B 3C
	Each Health Board should see a referral return rate of 20+% and/or a reduced referral rate per 100,000 population by December 2026 - utilising Health Pathways optimally.	EA-07	2A 3B 3C
	Through effective streaming of patients on arrival at the front door allied to a focus on safe, efficient and early discharges, deliver all ambulance patient handovers within a maximum of 45 minutes , aiming for achievement of >90% in 15 minutes by the end of 2026/2027.	EA-08	3A

	Deliver, as a minimum, all principles set out in the six goals for urgent and emergency care programme Optimal Hospital Flow Framework with a focus on 7-day working with leaner acute hospital processes and more efficient discharge transport services to facilitate earlier discharges and increasing weekend discharges.	EA-09	3A
	Deliver medical same day emergency care (SDEC) and acute frailty services at the front door of hospitals in line with all principles set out in national SDEC policy and strategy documents, and the six goals for urgent and emergency care programme <i>Front Door Acute Frailty Service (AFS) Framework for Acute Hospitals</i> .	EA-10	3A
	Deliver, as a minimum, all principles set out in the six goals for urgent and emergency care programme community-based falls response framework and, in support, implement a focus on prevention and early intervention in line with the policy statement on population health management.	EA-11	1B 3A
	Deliver, as a minimum, all principles set out in the six goals for urgent and emergency care programme single point of access (SPOA) framework to ensure people with urgent care needs receive timely and appropriate support, minimising unnecessary escalation to emergency ambulance conveyance or hospital admission. Prioritise tailored interventions for frail and older adults , scaling up “ call before convey ” as a business-as-usual model and referrals to community nursing services enabling urgent response. Strengthen integration with key system partners, including WAST and Local Authorities, to deliver coordinated and effective care across the urgent care pathway.	EA-12	3A
Building Community Capacity	Support the implementation and roll-out of the NHS Wales app for maximum impact and benefit to include the uptake of its use for repeat prescriptions .	EA-13	2A
Maximising Value for Money	Non-Pay - ensure implementation of Value & Sustainability Board recommendations, which includes local implementation of clinically endorsed and mandated product choice to maximise market share and deliver best value.	EA-14	4G 4K
	Medicines Management - ensure full implementation of the high value medicines Value & Sustainability Board programme, which includes delivering opportunities against each of the programme areas.	EA-15	3H 4G
	Estate - ensure strengthened actions are taken to improve estate utilisation including the appropriate repurposing & disposal of under-utilised estate.	EA-16	4I
	CHC - ensure implementation of Value & Sustainability Board recommendations which include continued actions to improve clinical and financial effectiveness associated with packages of care.	EA-17	4G
Improving Value, Optimising Outcomes & minimising Variation	Ensure progress with the implementation of Value & Sustainability Board High Value High Impact pathway - Bone Health .	EA-18	2A 4G
	Eradicate unsupported systems and devices and ensure a clear cyber response plan for the organisation.	EA-19	4D
Workforce Productivity	Ensure effective implementation of job planning policy , to include ensuring that > 90% of all Consultants have an agreed job plan in place at all times by 30 September 2026 and aligned to service demand and capacity plans.	EA-20	3C

			4J
	Continue to deliver a further and sustained reduction in agency expenditure , with a target 30% reduction in 2026/27 from 2025/26 outturn and ensuring no off-contract expenditure.	EA-21	4J 4K
	Fully implement the actions outlined in the Variable Pay & Agency Control Framework Welsh Health Circular.	EA-22	4J
	Organisations who have achieved a reduction in agency spend on Healthcare Support Worker, Admin & Clerical , and Estates & Ancillary staff to maintain that position. Organisations yet to deliver that position to deliver zero by 30th September 2026.	EA-23	4J 4K
	Ensure a reduction in sickness absence in 2026/27 in comparison to 2025/26 (rolling 12 month), through maximising adherence to the requirements of agreed attendance at work policies and adhering to the all-Wales Occupational Health minimum service levels.	EA-24	4J
Population Health & Prevention	Ensure progress of the focused Diabetes High Value High Impact pathway .	EA-25	1B 4G

Special Measures De-escalation Criteria

Escalation Framework Domain	BCUHB Level 5 (Special Measures) De-escalation Criteria	Ref	Where covered in the plan
Finance, Strategy and Planning	Finance - the health board must demonstrate improvement and evidence of robust financial governance and a robust financial control environment.	SM-01	Complete
	Finance - substantial progress to be made in delivering the special measures action plan including actions to improve the organisation's understanding of the existing deficit and key drivers and development and realisation of opportunities.	SM-02	4K
	Finance - annual plan developed with board approval demonstrating a substantial financial improvement trajectory to deliver as a minimum the target control total.	SM-03	4K
	Strategy & Planning - submission of an approvable annual plan in line with the NHS Wales planning framework.	SM-04	Complete
	Strategy & Planning - evidence of improving integrated planning across the organisation which supports the development of a coherent and deliverable annual plan.	SM-05	4B
	Strategy & Planning - board clarity on the strategic vision for the organisation.	SM-06	4B
	Strategy & Planning - evidence of a clear roadmap and implementation of the health board's multi-professional clinical services plan.	SM-07	4C

	Strategy & Planning - deliver commitments set out within the annual plan, particularly in relation to the ministerial priorities.	SM-08	4B
	Strategy & Planning - sustained improvements in delivery of the plan throughout the year.	SM-09	Completed
	Strategy & Planning - achieve level 2 across all aspects of the health board self-assessment against the planning maturity matrix.	SM-10	Completed
Performance & Outcomes	55% performance against the suspected cancer pathway (SCP) target maintained for four consecutive months .	SM-11	3B
	98% of open outpatient pathways waiting less than 52 weeks and maintained for four consecutive months .	SM-12	3B
	Continuous improvement to ensure that 97% of open pathways are waiting less than 104 weeks and maintained or improved for four consecutive months .	SM-13	3B 3B
	Continuous reduction in the number of patients delayed by 100% for their follow up appointment.	SM-14	3B
	75% of patients waiting for a diagnostic test to be waiting less than 8 weeks maintained for four consecutive months .	SM-15	3B
	80% of patients waiting for therapies to be waiting less than 14 weeks and maintained for four consecutive months .	SM-16	3B
	Continuous reduction of ambulance handovers over one hour of at least 17% maintained over four consecutive months .	SM-17	3A
	Median time from arrival at an emergency department to assessment by a senior clinical decision maker should not exceed 60 minutes .	SM-18	3A
	Continuous monthly improvement towards achieving no more than 10% of patients waiting over 12 hours at each individual site and across the health board.	SM-19	3A
	Continuous reduction of 5% in pathways of care delays for 3 consecutive months and then maintained for four consecutive months .	SM-20	3A
	65% of LPMHSS adult mental health assessments undertaken within 28 days from the date of receipt of referral for four consecutive months (Part 1a) .	SM-21	3D
	65% of adult therapeutic interventions started within 28 days following an assessment by LPMHSS for four consecutive months (Part 1b) .	SM-22	3D
	65% of adult health board residents in receipt of secondary mental health services who have a valid care and treatment plan for four consecutive months (Part 2) .	SM-23	3D
	75% of LPMHSS mental health assessments for people aged under 18 years undertaken within 28 days from the date of receipt of referral for 4 months (Part 1a) .	SM-24	3E

	60% of therapeutic interventions for people aged under 18 years started within 28 days following an assessment by LPMHSS for four consecutive months (Part 1b) .	SM-25	3E
	75% of health board residents aged under 18 years in receipt of secondary mental health services who have a valid care and treatment plan for four consecutive months (Part 2) .	SM-26	3E
Clinical Services	Evidence that the health board has the appropriate mechanism to understand the drivers behind a fragile service through the triangulation of key data points, including staffing levels, staff and patient feedback, concerns, incidents, stakeholder feedback (HIW, AW, HM Coroners, Royal Colleges, HTA, MHRA, Llais etc), mortality reviews, duty of quality/candour, infection prevention and control, performance, clinical and medical leadership.	SM-27	3C
	Evidence whether staff have all the information they need to deliver safe care and treatment to people.	SM-28	4C 4F
	Evidence how are people's care and treatment outcomes monitored and how do they compare with other similar services.	SM-29	3C
	Evidence how does the service make sure that staff have the skills, knowledge and experience to deliver effective care, support and treatment .	SM-30	4C 4F
	Evidence how well do staff, teams and services work together within and across organisations to deliver effective care and treatment .	SM-31	4J
	Evidence how consent to care and treatment is sought in line with legislation and guidance.	SM-32	4C
	Evidence clear and effective processes for managing risks, issues and performance .	SM-33	3C
	Evidence strong clinical leadership , with an effective integrated improvement plan , project management structure and effective transformation support.	SM-34	4C
	Evidence effective response to recommendations from the Royal Colleges, HIW and other reviews are discharged and either verified or delivered or scheduled for delivery within the health board's longer-term improvement plan.	SM-35	3C
	Evidence that the Board is sighted on clinical services and has a robust response to these issues that is being addressed by the health board.	SM-36	3C 4H
Governance & Leadership	Governance - a vision, credible strategy and supporting plans to deliver organisational priorities which are underpinned by a culture of quality, sustainable care.	SM-37	4B 4C
	Governance - governance and assurance systems in place with performance (quality, resource, activity/outcomes) issues escalated appropriately through clear structures and processes with effective Board oversight and a clear performance and delivery framework that drives improvement.	SM-38	Section 5 3C

		4A
	Governance - effective oversight and scrutiny being consistently provided by the Board and/or the appropriate Committee with clear evidence, recommendations, risks and opportunities outlined in Committee and Board papers.	SM-39 Section 5 4A
	Governance - an effective risk management framework for identifying, recording and managing risks across the organisation. The Board and the relevant Committee is sighted on the organisation's strategic risks and areas of concern on a regular basis.	SM-40 Section 5 4A
	Governance - processes ensure the Board and the relevant Committees are provided with regular reports on performance to maintain an appropriate level of oversight and so they can scrutinise effectively.	SM-41 Section 5 4H
	Governance - regular self-assessment against the agreed governance framework to identify risks and opportunities and ensure continuous improvement.	SM-42 4H
	Leadership - succession and development plan in place to ensure adequate capacity and capability in all areas of the organisation.	SM-43 4J
	Leadership - a clear organisational structure led by an effective and complete executive team with the leadership capacity and capability to deliver high quality, sustainable care.	SM-44 4A
	Leadership - effective leadership programme in place to support ongoing development of leadership and management skills at all levels/professions to strengthen management maturity.	SM-45 4J
	Leadership - continued embedding of a values and behaviours framework throughout the organisation.	SM-46 4J
	Leadership - mechanisms in place to ensure lessons learned are recorded, communicated and used to drive improvements.	SM-47 4H
	Leadership - improved staff engagement in NHS Wales surveys.	SM-48 4A
	Leadership - plans are in place and being implemented to reduce the number of interim and agency staff.	SM-49 Complete
	Leadership - a culture of listening, learning, and improving is embedded throughout the organisation based on early and rapid triangulation and resolution of issues from a variety of sources, including patient, user and staff feedback.	SM-50 4J
Quality of Care	An integrated and effective quality management system operating throughout the organisation.	SM-51 4H
	Stabilisation of the increased trajectory of cases of HCAI and evidence of continuous improvement accompanied by a strong QI approach and plan that has oversight and monitoring by Quality, Safety and Experience Committee and Board.	SM-52 4H

	The health board to have a clear improvement plan based on a root cause analysis to address the issue of hospital onset HCAIs . <ul style="list-style-type: none"> ▪ C-Diff: reduce the number of hospital onset infections by 15% and maintain for 4 months (from a baseline of the average number of cases in quarter 3 of 13 cases to no more than 11 per month) ▪ E-coli: reduce the number of hospital onset infections by 15% and maintain for 4 months (from a baseline of the average number of cases in quarter 3 of 10 cases to no more than 8 per month) 	SM-53	4H
	68% of complaints that had final reply (Reg 24)/interim reply (Reg 26) to be closed within less than 30 working days of concern received maintained for 3 months	SM-54	4H
	Effective response from the health board to external reports and reviews including those from Audit Wales, Public Services Ombudsman, Royal Colleges and HIW resulting in sustainable improvements.	SM-55	4H
	Demonstrate how service user and staff experience/involvement is being used to improve quality processes and inform service development across the organisation.	SM-56	4H
	Demonstrate the progress made against implementing the requirements of the Duty of Candour and Duty of Quality including the embedding of the Care and Quality Standards throughout the organisation from Board to service area delivery.	SM-57	4H
	Oversight of safeguarding arrangements to ensure the Board has sufficient, meaningful assurance that the organisation is delivering against its safeguarding statutory responsibilities.	SM-58	4H
	Use of national clinical audit and outcome review programme and Value in Health dashboards to support quality improvement and address unwarranted variation in care (including the use of patient and staff feedback to influence service design).	SM-59	4H
	Population Health & Prevention	Demonstrate that primary and community care is supported by strong clinical leadership , at Board and Executive level, an effective integrated improvement plan , project management structure and effective transformation support.	SM-60
Evidence of improved activity within community opportunities , urgent primary care centres.		SM-61	2B
A clear strategy and plans for GMS managed practices fragile GMS practices and community dental provision.		SM-62	2A 2B
All GDS and PDS dental contracts in place with a clear plan for the commissioning of tier 2 dental services across North Wales		SM-63	2A

Ministerial Advisory Group (MAG) on NHS Wales Performance and Productivity Recommendations for Health Boards – April 2025

Area	Recommendation	Ref	Where covered in the plan
Planned Care	Recommendation 1: All health boards should develop a plan to reduce referrals to outpatients in high volume specialities with a particular focus on unwarranted variation and ensure the adoption of new models and best practice in outpatient management.	MAG-01	3B
	Recommendation 2: All health boards should work to reduce variation in outpatient waiting times by adopting best practices in outpatient service management.	MAG-02	3B
	Recommendation 3: All health boards should take action to improve waiting list management . 3a) Better prioritisation of available capacity for the longest-wait patients should become a pre-condition for receipt of additional funding from Welsh Government for elective recovery.	MAG-03	3B 3C
	Recommendation 4a: All health boards should reduce unwarranted variation in treatment waiting times and adopt best practice in theatre management to be overseen by the establishment of Health Board Theatre Optimisation Boards.	MAG-04	3B
	Recommendation 4b: Health boards should seek accreditation for all Surgical Hubs and this should be a condition of further funding.	MAG-05	3B
Diagnostics	Recommendation 7: With the support of the NHS Wales Performance and Improvement (NHS Wales P&I) regions should develop a plan to create a regional pathology service which is safe, sustainable and fit for the future. This should include the full implementation of digital pathology as a key service enabler to address workforce shortages.	MAG-06	3B
Urgent & Emergency Care	Recommendation 14: Health boards should make improvement in processes, partnerships and investment in specific community pathways to reduce delayed pathways of care .	MAG-07	3A
	Recommendation 14a: Hospitals must ensure that all admitted patients are placed on D2RA pathways in line with the national Hospital Discharge Guidance , and delays by pathways should be published within 3 months.	MAG-08	3A
	Recommendation 15: Health boards should ensure that no ambulance handover exceeds 45 minutes , with a focus on achieving the 15 minute handover target wherever possible.	MAG-09	3A
	Recommendation 16: Progress against the Six Goals for Urgent & Emergency Care Programme should be reported publicly, using the monthly health board performance reports (see Recommendation 21).	MAG-10	3A
	Recommendation 17: A consistent framework for escalation levels within the Urgent & Emergency care system should be introduced by October 2025, using the OPEL framework in England, adapted for the Welsh service where needed.	MAG-11	3A

Operating model & accountability framework	Recommendation 21: Health boards should commission the Welsh NHS Confederation to develop a standardised health board performance dashboard . The dashboard should be used in the public part of board meetings and to support the Performance and Productivity meetings.	MAG-12	4A 4D
Measuring productivity	Recommendation 22: A total factor productivity model and workforce productivity model should be developed for NHS Wales and implemented in advance of the next budget.	MAG-13	4J
	Recommendation 23: From the June health board meeting cycle of the 2025/26 annual year going forward, workforce head count and productivity data should be reported to the monthly public meeting of the health board . This should include data on both directly employed and the GMS and other independent contractor workforce . Working with the PPU the health boards should agree annual workforce productivity targets.	MAG-14	4J
The regions and capital as levers for change	Recommendation 27: In addition to the plan for pathology and endoscopy (Recommendations 6 and 7), health boards should work together as regions to identify two priority fragile services to be addressed in 2025/26 and thereafter a further two on an annual and ongoing basis . To facilitate this work, resources and support will be provided by NHS Wales P&I.	MAG-15	3C

NOTE: This table covers recommendations for Health Boards only and those that are for other parties are not included. This means the recommendation referencing from the original report does not appear sequential in this table.

Cabinet Secretary 3rd July 2025 Letter - Improving Performance Together: Priority Delivery Actions for Better Health and Care 2025/26 – areas that are not already covered elsewhere

Priority Area	Priorities	Ref	Where covered in the plan
Reducing waiting times	Reduce the total waiting list in Wales by 200,000 .	IPT-01	3B
	Ensure no patient always waits longer than 45 minutes for ambulance patient handover.	IPT-02	3A
Pathways of care delays	Improve patient flow and reduce hospital discharge delays so that the number of days delayed comes down by 20% and the total number of delays by 15% .	IPT-03	3A
Improving women's health services	Ensure there is a women's health hub in each health board area.	IPT-04	2C 3G
Modernising leadership & culture	Use our primary care education and care academy model to offer more training and skills development to community health workers and attract and deploy more advanced practitioners in the community to enable us to deliver more care close to in in people's homes.	IPT-05	2A 3A
	Introduce accelerated clinical skills training to support timely access to care and treatment for endoscopy and perioperative staff .	IPT-06	4C

	Strengthen clinical leadership nationally, in NHS Wales P&I, regionally and locally to ensure that policy, planning and services are all clinically led.	IPT-07	4B
Getting better at regional working	Open a North Wales regional orthopaedic centre in Llandudno.	IPT-08	3C
	Task each health board with developing and implementing regional delivery plans to address high volume and fragile services.	IPT-09	3C
Improving openness, accountability and collaboration	We will ensure health boards and trusts make better and more routine use of comparative data of all sorts, such as the VAULT , to inform service improvement and commit to make publicly available a wider range of NHS performance information , following a Transparency Statement this autumn.	IPT-10	4D
More effective prevention	Ensure the NHS delivers a falls service to support those with minor injuries or illnesses (Levels 1 & 2) without hospital admission.	IPT-11	3A
	Roll out local breathlessness hubs to provide specialised support and care for people experiencing chronic breathlessness.	IPT-12	2B
Putting more services into the community	Open seven new integrated health and care hubs to deliver better access to community-based preventative care and make best use of the health and social care estate.	IPT-13	2C 4I
	Expect health boards to quantify their current spend on primary and community services as a baseline, and to agree with us a 5 year plan to shift more services from hospitals to community-based services , and the increase in primary and community investment that they will commit in order to deliver this.	IPT-14	4K
	Local health boards will work with GP practices to support patients with the highest frailty to be cared for in the community , through proactive management of the high risk (0.5%) population.	IPT-15	2A
Realising the potential of digital and innovation	Implement a maternity system in all health boards so that the NHS can deliver joined-up care for mothers and babies wherever that care is provided.	IPT-16	3F 3G
	Drive up the deployment of the Electronic Prescribing and Medicine Administration (ePMA) system to deliver a step change in the way medicines are managed and reducing the risk of prescription errors.	IPT-17	3H
	Roll out AI and automation tools for the clinical and practitioner workforce to reduce administrative burden, increase efficiency and impact positively on quality of care such as supporting clinicians with note taking and speed up communication with patients , and making diagnostic tests more accurate and efficient.	IPT-18	3B 4D

NOTE: This table covers recommendations for Health Boards only and those that are for other parties are not included.

Additional requirements contained within NHS Wales Planning Framework Correspondence

Priority Area	Priorities	Ref	Where covered in the plan
Timely access to care	Strengthen communication with patients on waiting lists .	AR-01	3B
	Prevention and early intervention specifically quitting smoking, live healthier lives, reduce obesity rates, managing chronic diseases, childhood immunisation .	AR-02	1A 3F
Population Health and Prevention	Population health management approaches, especially at community level.	AR-03	Section 5
	Work with partners to apply Marmot principles including early childhood, education, employment, preventing ill-health, housing and community well-being.	AR-04	1C 4B Section 5
	National lung cancer screening programme.	AR-05	1B
Community by Design	Co-designed integrated services in the community supporting people with long-term conditions and frailty .	AR-06	2A 2B
	Increase proportionate spend on Primary and Community services .	AR-07	4K
	Collective effort with social care to avoid unnecessary hospital admissions and improve timeliness of hospital discharges .	AR-08	3A
Mental Health Access	Services align to Mental Health and Well-being Strategy 2025-35 .	AR-09	3D 3E
Women's Health	Address health inequalities women continue to face – the Women's Health Plan sets out improvements required.	AR-10	3G
Quality and Safety	Address harm, waste, unwarranted variation .	AR-11	4G 4H 4J / 4K
	Incorporation of strong guiding principles on what 'good services' should aspire to from the series of de-03s including Cancer, Circulatory Diseases, Diabetes and Palliative and End of Life Care .	AR-12	2B 3B 4H

	Identify and address clinical services that meet the principles for fragility in the National Clinical Framework.	AR-13	4C
	Address variation reported in the National Outcomes Framework and National Clinical Audit and Outcome Review Programme	AR-14	4G
	Duty of Quality and associated 12 Health and Care Quality Standards .	AR-15	4H
Equality, Diversity and Inclusion	Wider approach to Equality, Diversity and Inclusion including Anti Racism Action Plans .	AR-16	4J

Requirements within the NHS Wales Performance Framework that aren't covered elsewhere

Quadruple Aim	Performance Measure and Target	Ref	Where covered in the plan
Quadruple Aim 1: People in Wales have improved health and well-being with better prevention and self-management.	Percentage of adult smokers who make a quit attempt via smoking cessation services. 7.5% annual target: 1.5% by Q1, 3.5% by Q2, 5.5% by Q3, 7.5% by Q4	QA-01	1A
	Percentage of adult smokers who made a quit attempt via smoking cessation services who are CO-validated as quit at 4 weeks. Target: 40% each quarter	QA-02	1A
	Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs or alcohol). Target: 80%	QA-03	3D
	Percentage of children who are up to date with all routine scheduled vaccinations by age 5. Target: 95%	QA-04	1D
	Percentage of children receiving the Human Papillomavirus (HPV) vaccination by the age of 15. Target: 90%	QA-05	1D
	Percentage uptake of the influenza vaccination amongst adults aged 65 years and over Applicable during: 01.09.2026 - 31.03.2027 Target: 75% tpg-153	QA-06	1D
	Percentage uptake of the Respiratory Syncytial Virus (RSV) vaccination for those turning 75 years old. Target: 70%	QA-07	1D

	Percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment. Target: 90%	QA-08	1B 3B
	Percentage of patients (aged 12 years and over) with diabetes who have had foot surveillance recorded within last 15 months. Target: 80%	QA-09	2A 3F
	Percentage of patients (aged 12 years and over) with diabetes who have had their urine albumin recorded within last 15 months. Target: 80%	QA-10	2A 3F
	Percentage of population (adult) receiving NHS dental care over a 24-month period - General Dental Services (GDS). Target: Improvement compared to the same period in the previous year	QA-11	2A
	Percentage of population (child) receiving NHS dental care over a 12-month period - General Dental Services (GDS). Target: Improvement compared to the same period in the previous year	QA-12	2A
Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement.	Percentage of community pharmacies providing Pharmacist Independent Prescribing service (PIPS). Target: 70% or an increase of at least 20 percentage points on the March 2026 baseline towards 70%	QA-13	3H
	Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for people aged under 18 years . Target: 80%	QA-14	3E
	Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for people aged under 18 years . Target: 80%	QA-15	3E
	Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for adults aged 18 years and over. Target: 80%	QA-16	3D
	Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for adults aged 18 years and over. Target: 80%	QA-17	3D

Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment . Target: 80%	QA-18	3E
Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health. Target: 80%	QA-19	3D
Percentage of people to have a heartbeat restored after a period of cardiac arrest which is subsequently retained until arrival at hospital (Return Of Spontaneous Circulation). Target: End of quarter on end quarter improvement	QA-20	
Median emergency ambulance response time to purple: arrest category calls. Target: Expected target range 6-8 minutes	QA-21	3A
Median emergency ambulance response time to red: emergency category calls. Target: Expected target range 6-8 minutes	QA-22	3A
Percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge. Target: 95%	QA-23	3A
Percentage of R1 patient pathways , which have a target date allocated, waiting within their clinical target date or within 25% beyond their clinical target date for an outpatient appointment . Target: 95%	QA-24	3B
Number of patients (all ages) waiting more than 14 weeks for a specified therapy . Target: Zero	QA-25	3B
Number of adults waiting more than 14 weeks for all audiology pathways (to include new and existing pathways for hearing aids, tinnitus and balance). Target: Zero	QA-26	
Number of children waiting more than 6 weeks for all audiology pathways (to include new assessment and intervention pathways). Target: Zero	QA-27	
Number of patients waiting more than 26 weeks for a new outpatient appointment .	QA-28	3B

Target: Zero		3C
Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100% . Target: Reduction of at least 25% on March 2026 baseline	QA-29	3B
Turnover rate of nurse, midwifery, medical and dental registered staff leaving NHS Wales. Target: Rolling 12 month reduction against a baseline of 2025-26	QA-30	4J
Nationally reportable incidents open over 12 months . Target: Zero	QA-31	4H
Cumulative number of hospital onset Klebsiella spp BSI cases. Target: 10% reduction (AB, BCU, CV, CTM, HD) / 20% reduction (SB) on the 2024-25 baseline	QA-32	4H
Cumulative number of hospital onset Pseudomonas aeruginosa BSI cases. Target: 10% reduction (BCU, CTM, SB) / 25% reduction (AB, CV, HD) on the 2024-25 baseline	QA-33	4H
Cumulative number of hospital onset E.coli BSI cases. Target: 10% reduction (BCU, CV, CTM, HD, SB) / 15% reduction (AB) on the 2024-25 baseline	QA-34	4H
Cumulative number of MSSA BSI cases. Target: 20% reduction on the 2024-25 baseline	QA-35	4H
Cumulative number of C.difficile infection cases. Target: 25% reduction on the 2024-25 baseline	QA-36	4H
Gabapentin and pregabalin DDDs per 1,000 patients. Target: 10% reduction compared to same period in the previous year	QA-37	3H
Average quantity per item prescribed from start period for the reference basket of medicines. Target: Prescribing interval of 35 days or where average is ≥ 35 days in March 2026, an increase of at least 10% on March 2026 baseline	QA-38	3H
Number of low Global Warming Potential (GWP) inhalers as a percentage of all inhalers prescribed. Target: 80% or an increase of at least 15 percentage points on the March 2026 baseline towards 80%	QA-39	3H
Number of never events . Target: Zero	QA-40	4H
Overall HB patient experience score.	QA-41	4H

Target: 8.5 (out of 10)

Requirements within the NHS Wales Technical Planning Guidance that aren't covered elsewhere

Priority Area	Priorities	Ref	Where covered in the plan
Well-being of Future Generations	Plans must include evidence of how your work is further embedding the principles and actions consistent with the Well-being Act . This is closely linked to Value in Health.	TPG-01	1A 4B
	Plans must include a review of the organisations' Well-being objectives in line with the Social Partnership and Public Procurement (Wales) Act 2023 (SPPP Act). Ideally these will be the same as the organisation's overarching Strategic Objectives and align to the organisation's Value in Health work, organisational strategies, delivery plans and be embedded in your governance structures.	TPG-02	4B
	Under section 18 of the Social Partnership Duty, public bodies must prepare a social partnership report in respect of each financial year on what they have done to comply with the social partnership duty. The report must be agreed with the public body's recognised trade unions or contain a statement explaining why it was not agreed. The report must also be published and submitted to the Social Partnership Council (SPC) as soon as reasonably practicable after the end of the financial year.	TPG-03	4J
Health Inequalities	Boards will need to be assured that decisions of a strategic nature about how to exercise its function are in line with the Health Impact Assessment (Wales) Regulations 2025, which will come into force on 6 April 2027, and that Equality Impact Assessments and Welsh Language Impact Assessments are informing necessary actions and are set out in the plan to tackle and eliminate inequalities.	TPG-04	4B Section 5
Cabinet Secretary's Key Strategic Priorities	We expect plans to clearly articulate the transformational changes to strengthen integrated services in the community and move away from the acute hospital setting where it is appropriate to do so.	TPG-05	2A 2B
	NHS Boards must ensure compliance with the National Strategic Programmes' requirements, methodologies and guidance to optimise the opportunities for improvement and efficiency .	TPG-06	3E
Timely Access to Care	Fully implement the Waiting Well / Prehabilitation (3Ps – Promote, Prevent, Prepare) policy and ensure patients are directed to the right treatment at the right time. This includes robust waiting list validation and drawing on multidisciplinary models proven through the Bevan Exemplar Planned Care Improvement Programme . Health boards are expected to work with the third sector to ensure support is in place for patients waiting for treatment and for their carers. This plays an integral part in supporting self-management and reinforcing the patient's role in their care pathway.	TPG-07	3B

<p>Prioritise planned care closer to home, with clear and detailed actions and trajectories that give confidence to Boards, Ministers and the public. Plans must demonstrate full compliance with national programme requirements and set out any remedial actions necessary to achieve that compliance.</p>	<p>TPG-08</p>	<p>2A 2B 3B</p>
<p>Maximise pathway redesign, including strengthened joint working between primary and secondary care (e.g. pathway alliances, advice and guidance, new optometry contract, embedding gluten free food supply scheme to clinical pathways). Plans must demonstrate full use of all professional groups in pathway design, including Allied Health Professionals.</p>	<p>TPG-09</p>	<p>2A 3B 4C</p>
<p>National lung cancer screening programme.</p>	<p>TPG-10</p>	<p>3B</p>
<p>Planned Care and Cancer - Improved Planned Care performance will need effective commissioning arrangements and prioritisation of support from primary care, community services, third sector and hospital services, to deliver the standards that we all want to see.</p>	<p>TPG-11</p>	<p>3B</p>
<p>Planned Care and Cancer - Modernise outpatient redesign (new to follow-up care) - including role of SoS and PIFU, and active discharge, virtual reviews, exploring use of high-volume clinic model.</p>	<p>TPG-12</p>	<p>3B</p>
<p>Planned Care and Cancer - Maximise the use of interventions by the allied health professions to reduce waiting times by implementing and expanding proven models such as Bevan exemplars in the Planned Care Improvement Programme.</p>	<p>TPG-13</p>	<p>3B</p>
<p>UEC enabling action 1: Community-Based Falls Response Services – Outcomes by end of 2026/27: 1a) Reduce ambulance conveyance of level 1 and level 2 fallers to emergency departments by 10-15% on the 2025/2026 baseline.</p>	<p>TPG-14</p>	<p>3A</p>
<p>UEC enabling action 1: Community-Based Falls Response Services – Outcomes by end of 2026/27: 1b) Reduce emergency admissions of level 1 and level 2 fallers by 10-15% on the 2025/2026 baseline.</p>	<p>TPG-15</p>	<p>3A</p>
<p>UEC enabling action 2: SPOA – 2a) ≥80% patients referred to health board SPOAs will safely avoid direction to major emergency departments following the Clinical Consultation before Conveyance pathway (CCBC), with progress measured by achieving at least a 10% reduction in the number of conveyances from the 2025/2026 baseline.</p>	<p>TPG-16</p>	<p>3A</p>
<p>UEC enabling action 2: SPOA – 2b) Increase the number of community referrals of >75s by 10-15% on the 2025/2026 baseline by the end of December 2026, sustained until the end of March 2027.</p>	<p>TPG-17</p>	<p>3A</p>
<p>UEC enabling action 2: SPOA – 2c) Increase direct referral pathways from SPOAs into community services including but not limited to UPCCs, UTCs, SDUC by 10-15% on the 2025/2026 baseline by the end of December 2026, sustained until the end of March 2027.</p>	<p>TPG-18</p>	<p>3A</p>

UEC enabling action 2: SPOA – 2d) All health boards must have in place referral pathways from SPOA into wider community by design work supported by 7-day community nursing, supported by robust data collection of response times by Q4 2026/27.	TPG-19	3A
UEC enabling action 3: Acute Hospital ‘Front Door’ Flow – 3a) Any handover exceeding 45 minutes will be treated as a performance failure, requiring immediate escalation, investigation, and corrective action.	TPG-20	3A
UEC enabling action 3: Acute Hospital ‘Front Door’ Flow – 3b) Health boards must ensure that site-level leadership, patient flow systems, and operational processes are designed and staffed to prevent any handover delay beyond the stated threshold.	TPG-21	3A
UEC enabling action 3: Acute Hospital ‘Front Door’ Flow – 3c) A breach of the 12-hour standard from April 2026 onwards is unacceptable and will be subject to: i) Immediate operational review, ii) Formal reporting to the Executive Team, iii) Rapid recovery actions at site and board level.	TPG-22	3A
UEC enabling action 3: Acute Hospital ‘Front Door’ Flow – 3d) Health boards must ensure that capacity, staffing, decision-making processes and escalation frameworks are robust enough to eliminate all 12-hour waits.	TPG-23	3A
UEC enabling action 4: Same Day Emergency Care and Acute Frailty Services at the Front Door – 4a) Deliver the recommendations set out in the NHS P&I local health board SDEC reports (November 2025) by end of Q2.	TPG-24	3A
UEC enabling action 4: Same Day Emergency Care and Acute Frailty Services at the Front Door – 4b) Increase community and ED referrals to medical SDEC services, discharging at least 80% on the same day of referral.	TPG-25	3A
UEC enabling action 4: Same Day Emergency Care and Acute Frailty Services at the Front Door – 4c) Reduce emergency admissions of >75s from emergency departments to hospital by 10-15% on the 2025/2026 baseline by the end of December, sustained until the end of March 2027.	TPG-26	3A
UEC enabling action 5: Acute and Community Hospital ‘Back Door’ Flow – 5a) Lessons should be learnt from the 2025-26 ‘Winter Sprints’, with a focus on 7-day working with leaner acute hospital processes and more efficient discharge transport services to facilitate earlier discharges and increasing weekend discharges.	TPG-27	3A
UEC enabling action 5: Acute and Community Hospital ‘Back Door’ Flow – 5b) Consistently realise 33% of discharges by midday.	TPG-28	3A
UEC enabling action 5: Acute and Community Hospital ‘Back Door’ Flow – 5c) Achieve a minimum of 20% of total weekly discharges on weekends (Saturday and Sunday) by the end of December 2026, and exceed 25% by the end of March 2027, while maintaining mid-week discharge volumes at current levels.	TPG-29	3A
Palliative & End of Life Care – Health Boards They must work closely with the third sector, charitable hospices, care homes, domiciliary care agencies, local authorities, informal carers/families and friends to deliver and continually strive to improve services for all people across all services in Wales.	TPG-30	2B 4K

	<p>Palliative & End of Life Care – All people in their last 1000 days should be given the opportunity and support for conversations with someone well placed to discuss their personal needs, wishes and preferences for care at the end of life, through regularly reviewed Advance and Future Care Planning.</p>	TPG-31	2B
	<p>Palliative & End of Life Care – Health boards should also ensure that evidenced-based seamless pathways, careful planning and close collaboration is in place between services for transition from paediatric and young persons to adult services.</p>	TPG-32	2B 3F 4K
	<p>Palliative & End of Life Care – Hospices play a critical role in enabling health boards to meet their responsibilities for palliative and end-of-life care. This role must be formally recognised and adequately resourced, in accordance with national hospice commissioning guidance.</p>	TPG-33	2B 4K
	<p>Bereavement – Health boards are expected to work together with local authorities and all relevant partners to implement bereavement pathways being published as part of the National Framework for the Delivery of Bereavement Care in Wales (https://www.gov.wales/national-framework-delivery-bereavement-care).</p>	TPG-34	2B
	<p>Bereavement – Health boards should also focus on strengthening bereavement co-ordination and care after death services, improving access to all types of bereavement support in line with the NICE components of bereavement care (Universal, Targeted, Indicated).</p>	TPG-35	2B
	<p>Bereavement – Health boards must also implement the offer to bereaved patients and families identified through investigations following patient safety incidents of nosocomial COVID-19 (Covid response).</p>	TPG-36	2B 4H
Population Health and Prevention	<p>Population Health - Organisations must ensure that work in this space is visible within plans, including evidence of how population health analysis and population health management (segmentation and stratification) are shaping implementation of strategies and delivery of services that wholly embrace place based and preventative approaches.</p>	TPG-37	4B 4C 4D
	<p>Population Health - organisations must continue to optimise vaccination opportunities for children, young people, and adults - including health and social care staff – to protect themselves and others from a range of illness and conditions throughout their life.</p>	TPG-38	1C 1D 3F
	<p>Population Health - Making every NHS contact count is a means by which individuals can be encouraged to adopt positive health behaviours. Plans must include clear actions and milestones that will begin to turn off the tap of demands across the system and put in place equitable pathways towards improved outcomes for patients.</p>	TPG-39	1A
	<p>Prevention - NHS organisations must be committed to taking action in partnership with local authorities and other Regional Partnership Board (RPB) partners to improve health outcomes and reduce inequalities across our communities as also demonstrated in cluster plans. Preventing the development of ill health and poor wellbeing, preventing deterioration once people are ill, preventing harm when patients are in hospital care from incidents or delayed pathways.</p>	TPG-40	1A 1B 1C

		4B
		4C
Primary prevention interventions – Acting on the conditions that influence risk factors for ill-health (e.g. environmental, social or economic interventions), including promoting a state of good mental and physical health through assessment of impact.	TPG-41	1A 1B
Primary prevention interventions – Intersectoral action.	TPG-42	1A 1B
Primary prevention interventions – Reducing risk factors for ill-health (e.g. tobacco control, tackling obesity).	TPG-43	1A 3F
Primary prevention interventions - Promoting well-being and healthy communities.	TPG-44	1A
Primary prevention interventions - Increasing vaccination uptake and reducing vaccine inequity.	TPG-45	1C 1D
Secondary prevention interventions - Systematic data driven approaches to identifying people at risk using population health management and risk segmentation and stratification approaches.	TPG-46	1A 1B 4D
Secondary prevention interventions - Detecting disease or disease precursors early and intervening such as clinical detection (glucose intolerance) or high blood pressure.	TPG-47	1A 1B
Secondary prevention interventions - Developing a strategic approach to acute physical deterioration through the use of Prevention, Identification, Escalation, and Response pathways and the introduction standardised Early Warning Scores NEWS2, national PEWS, NEWTT2 and MEWS (Standardising the management of acute deterioration (WHC/2024/035) GOV.WALES)	TPG-48	4C
Secondary prevention interventions - Adopting a patient and family-initiated escalation approach for immediate help and advice about deteriorating health and ensuring its application to all age groups on all in-patient acute sites (Adopting a patient and family-initiated escalation approach (WHC/2024/040) GOV.WALES)	TPG-49	
Secondary prevention interventions - Enabling people to remain well for as long as possible, keeping them active in their communities and roles and managing long term conditions to avoid / reduce deterioration and complications.	TPG-50	1A 1B
Tertiary prevention interventions - Clear and strong board level commitment to prevention and tackling health inequalities based on the 5 ways of working in the Well-being for Future Generations Act (long-term, prevention, collaboration, integration and involvement) and on Value in Health interventions.	TPG-51	1C 4B

	Tertiary prevention interventions - Developing Inclusion Health Services to meet the needs of vulnerable groups.	TPG-52	1C
	Tertiary prevention interventions - Work to expand provision of pre-diabetes prevention programme to all clusters in the health board.	TPG-53	1B
	Tertiary prevention interventions - Preventive health measures are accessible at all stages across the life course – from prenatal, infancy and childhood, to adolescence, adulthood, and through to older age, and across all communities.	TPG-54	1B 3F
	Tertiary prevention interventions - Work to implement Health Child Wales Programme Part 2.	TPG-55	3F
	Tertiary prevention interventions - How NHS Organisations are working collaboratively with education colleagues to comply with the duties set out in the Additional Learning Needs and Education Tribunal (Wales) Act (ALNET) Additional Learning Needs and Education Tribunal (Wales) Act 2018	TPG-56	4F
	Tertiary prevention interventions - Commitments to priorities in Mwy na geiriau / More than just words and priorities in national equality plans.	TPG-57	Section 5
	Tertiary prevention interventions - How NHS Organisations are investing in value-based health and care and thereby moving towards higher investment in prevention to reduce ill-health.	TPG-58	4C 4G
	Tertiary prevention interventions - How NHS Organisations are an exemplar anchor organisation and support and catalyse action with and from partners. Take targeted action as an employer, procurer for services and managing estates to support healthier communities.	TPG-59	1C 4C
	Tertiary prevention interventions - How NHS Organisations are delivering a collective and cohesive effort across the health, social care, housing and education sector to create and enhance the types of environments needed to support individuals to lead healthy lives.	TPG-60	Section 5
	Tertiary prevention interventions - Progress to achieve the nationally agreed 80/50/80 fracture liaison service (FLS) standard — meaning 80% of eligible patients are identified, 50% receive treatment, and 80% are monitored — by delivering consistent, high-quality care for patients who suffer fractures due to falls. This approach supports better outcomes, reduces hospital admissions, and strengthens long-term bone health across Wales.	TPG-61	1B 3A
	Tertiary prevention interventions - How NHS Organisations will take meaningful and sustained action to increase vaccination rates amongst eligible cohorts (including staff) and meet the national targets set in respect to maternity, childhood, adolescent, adult (with specific attention on respiratory) vaccination uptake.	TPG-62	1C 1D 3F
Community by Design	How Health Boards plan to co-design these service models with your communities , working with clusters, contracting professions and allied health professionals, as well as other key partners and stakeholders, to deliver integrated services in the community and how you will balance proportionate spend across NHS primary and secondary care services over the course of 2026-29.	TPG-63	4B 4C 4K

	It is essential that plans support a collective effort with social care to avoid unnecessary hospital admissions and improve timely hospital discharge .	TPG-64	3A
	Health boards must also demonstrate how they are using primary care intelligence and contractual mechanisms to support early intervention, avoid admissions , and redesign pathways in line with Community by Design. This includes showing how primary care plays an active, embedded role in identifying risks earlier, supporting people to remain well at home, and ensuring coordinated, whole-system approaches to managing demand. Alignment with and commitment to delivering Regional Partnership Board (RPB) plans will be key.	TPG-65	2A
	<p>Health boards should be required to demonstrate how CbD principles have been applied in the planning, delivery, and evaluation of services. This includes:</p> <ul style="list-style-type: none"> ▪ Starting with community-first options for service delivery. ▪ Evidencing the resource shift to community settings. ▪ Community-based alternatives and pathways in all recovery and transformation plans. ▪ Justification for any service remaining hospital-based. ▪ Use of national CbD metrics. 	TPG-66	4B 4C
	Working in partnership at a system level through RPBs, to deliver the Integrated Community Care System (ICCS) for Wales ambitions.	TPG-67	Section 5 2B
	Using Cluster, Pan Cluster Planning Group and RPB plans to develop primary and community services in line with assessed population need, and Inclusion Health Services for vulnerable groups. That are 7-day services and meet nationally agreed response times.	TPG-68	2A 2B
	Maximising the opportunities provided by the contracts and assurance mechanisms for General Medical Services, Community Pharmacy, Optometry and Dentistry to improve collaboration and the effective use of professional time and expertise, and requiring health boards to demonstrate robust systems of assurance on these contracts, specifically how contract performance, outcomes and compliance are informing service planning, early-intervention approaches, and pathway redesign in line with Community by Design.	TPG-69	2A 4K
	Providing any new Supplementary Services , where appropriate, on a cluster or pan-cluster population footprint, and health boards must demonstrate how they ensure governance, quality and contract oversight for these supplementary services at cluster and pan-cluster level , including how this oversight aligns with and supports wider service-transformation objectives.	TPG-70	4B 4C
	Promoting the use of NHS 111 and 111 [Press 2] .	TPG-71	3A 3D

	Health boards must also set out how they are shifting resource and activity into primary and community care , and demonstrate how these shifts are evidenced through contractual delivery, performance data, and active engagement with primary care partners.	TPG-72	4C
	Eye Health Care – Health Boards must set out how they are shifting activity from secondary care ophthalmology into primary care.	TPG-73	3C
	Eye Health Care – Health Boards must Align IMTPs and delivery plans for implementation of national integrated pathways and standards set through the combined CIN and ECWC.	TPG-74	3C
	Eye Health Care – Health boards will advise Welsh Government on system-wide readiness and prioritisation to support data, workforce, digital and estates developments required to deliver pathways. <ul style="list-style-type: none"> ▪ Integrated referral and sharing system across primary and secondary care ▪ Standardised data capture and reporting ▪ Modernised, fit-for-purpose estates that support the integrated pathway 	TPG-75	3C 4C 4D 4I
	Hearing Health Care – Health Boards must set out how they are shifting resource and activity from secondary care ENT to secondary care audiology and extending audiology into primary care.	TPG-76	Complete
	Hearing Health Care – Align IMTPs and delivery plans for implementation of national integrated pathways and standards set through the combined CIN and Audiology Board.	TPG-77	4B 4C
	Hearing Health Care – Health boards will advise Welsh Government on system-wide readiness and prioritisation to support data, workforce, digital and estates developments required to deliver pathways. <ul style="list-style-type: none"> ▪ Integrated referral and sharing system across primary and secondary care ▪ Standardised data capture and reporting ▪ Modernised, fit-for-purpose estates that support the integrated pathway 	TPG-78	4C 4D 4I
Mental Health Access	Plans should be underpinned by a clear and resourced Digital Mental Health Plan that addresses electronic patient records and the mental health core dataset.	TPG-79	3D 4D
	Health boards should also work with the Strategic Programme for Mental Health and collectively to deliver a new model of acute and crisis care , including planning and action to move to regional and national approaches to mental health inpatient care, and reducing the use of out of area beds .	TPG-80	3D
	Health Boards will be expected to routinely measure and report nationally on: <ul style="list-style-type: none"> ▪ Outcomes and experience, starting with a focus on in mental health inpatient care ▪ 72-hour follow up from inpatient care ▪ Access to and outcomes in Early Intervention in Psychosis Services ▪ The quality of outcome focussed care and treatment planning 	TPG-81	3D 4H

	<ul style="list-style-type: none"> ▪ Learning from mortality in line with the All-Wales Learning from Mortality Review Framework and Duty of Quality 		
	<p>Quality control and quality assurance mechanisms should be established for discharge and anti-ligature processes, with audit against the Wales safe discharge standards and Wales anti-ligature standard.</p>	TPG-82	3D 4I
	<p>People accessing mental health services are identified as a priority group in Mwy na geiriau / More than just words – our plan for the Welsh language in health and social care. We expect plans to include priorities for increasing the use of Welsh across clinical settings, for all priority groups.</p>	TPG-83	Section 5
	<p>Suicide and Self-harm Management and Prevention - Health boards should encourage all staff to complete the ESR modules on basic suicide awareness, and basic self-harm awareness, and monitor and report take-up of the learning. Learning and development leads to familiarise themselves with the learning outcomes relating to suicide and self-harm now available to all health and care undergraduate and pre-registration programmes across Wales to support staff in training (Learning for undergraduate, pre-registration and pre-qualifying health and social care students in Wales - SSHP)</p>	TPG-84	4J 3D
	<p>Dementia - Health boards need to demonstrate that there are plans in place to meet waiting time targets on a sustainable basis for memory assessment services.</p>	TPG-85	3I
	<p>Dementia - Health boards need to ensure that their plans reflect the wider ambitions set out in the Dementia Action Plan, to improve the quality of care across all pathways (including adherence to the published dementia care standards), with an emphasis on providing person centred and needs led care.</p>	TPG-86	3I
	<p>Dementia - Plans should show clearly how engagement has taken place with Regional Partnership Boards (RPBs), as they are required to approve the plans in relation to how the dementia action plan ring fenced health board allocation is used.</p>	TPG-87	3I
	<p>Dementia - People with dementia are identified as a priority group in Mwy na geiriau / More than just words – our plan for the Welsh language in health and social care. We expect plans to include priorities for increasing the use of Welsh across clinical settings, for all priority groups.</p>	TPG-88	3I Section 5
	<p>Substance Misuse - Plans should also include assurance for the planning and delivery of NHS substance misuse services with an emphasis on better integration with mental health pathways. As part of this, plans should show clearly how engagement has taken place with Area Planning Boards (APBs) who commission substance misuse services. APBs should approve the plans for how the substance misuse ring fenced health board allocation is used.</p>	TPG-89	3D
	<p>Neurodivergence (ND) - Plans should reflect active engagement with the Neurodivergence Improvement Programme and integrated working with partners in Regional Partnership Boards, including Education.</p>	TPG-90	3E 3D

	Neurodivergence (ND) - Health boards should take into account the requirements of the Statutory Code of Practice on the Delivery of Autism Services , which is being expanded to include other ND conditions and due to be consulted on during 2026.	TPG-91	3E
	Neurodivergence (ND) - There should be an emphasis on delivering early help and support based upon need, reducing assessment waiting times for children and young people in particular and addressing gaps in provision for adults particularly for ADHD assessment, and on-going prescribing support where required. There should also be a focus on improving workforce knowledge and skills to ensure that reasonable adjustments can be made where required in the delivery of healthcare services.	TPG-92	3E
	Learning Disabilities - Health boards should focus on reducing health inequalities and early mortality experienced by people with learning disabilities as reflected in the Learning Disability Strategic Action Plan 2022 to 2026 [HTML] GOV.WALES .	TPG-93	3D 3E
	Learning Disabilities - They should demonstrate plans to improve outcomes through ensuring annual health checks are offered and taken up by everyone with a learning disability and improve workforce knowledge and skills to ensure reasonable adjustments are made across health services. This includes ensuring the Paul Ridd Learning Disability Training continues to be rolled out for staff.	TPG-94	3D 3E
	Learning Disabilities - Action should be taken to support people with learning disabilities with mental health needs, providing early intervention and preventing an escalation of need and crisis intervention through a multi professional approach.	TPG-95	3D 3E
	Learning Disabilities - Urgent action is required to reduce the numbers of individuals who are admitted to specialist inpatient services, and reducing the length of time people spend in an inpatient environment, where some are experiencing significant delays in discharge to suitable community settings.	TPG-96	3D 3E
	Learning Disabilities - People with learning disabilities are identified as a priority group in Mwy na geiriau / More than just words – our plan for the Welsh language in health and social care. We expect plans to include priorities for increasing the use of Welsh across clinical settings, for all priority groups.	TPG-97	Section 5
Women's Health	Women's Health Hub model - Expansion should consist of opening further hubs to expand population coverage and/or broadening the scope of services provided through the hub model to incorporate further priority areas aligned to the Women's Health Plan.	TPG-98	3G
	Health boards are expected to develop a plan for local implementation of the broader actions in the Women's Health Plan which includes areas such as contraception and abortion care .	TPG-99	3G
	The quality statement for Women and Girls also describes what is expected to ensure good quality health services to support women and girls. Quality statement for women and girls' health GOV.WALES	TPG-100	3G
Quality and Safety	Quality Impact Assessments (QIAs) - Boards must assure themselves that there are robust quality assurance arrangements in place and that there has been sufficient scrutiny of quality impacts of any changes on people,	TPG-101	4B

	<p>their organisation and wider partners such as the third sector. Organisations will need to be able to evidence how they have quality impact assessed operational and strategic plans.</p>		
	<p>Fragile Services - NHS organisation should identify and plan to address clinical services that meet the principles for fragility described in the National clinical framework: a learning health and care system GOV.WALES. Addressing harm, waste and unwarranted variation in clinical services must be at the forefront of organisational planning and operational delivery.</p>	TPG-102	3C 4C 4H
	<p>All patient safety incidents, including near misses, must be reported across NHS Wales through the national reporting system, developed to ensure consistent national data collection and analysis.</p>	TPG-103	4H
	<p>Investigations and learning - NHS organisations must have robust systems and process in place to investigate incidents, identify risks, themes and trends to extract learning for their organisation in order to learn from what may have gone wrong and make improvements to prevent reoccurrence.</p>	TPG-104	4H
	<p>Patient Experience - The National People’s Experience Survey (PES) and the People’s Experience Framework launched in April 2025 under a Welsh Health Circular. Welsh Government requires both the Framework and the PES to be adopted and implemented consistently across NHS Wales.</p>	TPG-105	4H
	<p>Patient Experience - All NHS organisations must embed patient feedback, lived experience, and engagement at the heart of service design, delivery, and improvement. The PES provides real-time, anonymous insights into the quality and impact of care from the patient’s perspective, and this information must be used to inform service planning and the development of the integrated medium-term plan.</p>	TPG-106	4B 4H
	<p>Patient Experience - Feedback must be used to celebrate successes, identify areas for improvement, and be made publicly available in accessible formats, clearly demonstrating how it has informed change (for example, through “You said, we did” communications).</p>	TPG-107	4B 4H
	<p>Patient Experience - The Framework sets out an annual self-assessment maturity matrix, which all organisations must use to evaluate their current position and develop robust improvement plans for people’s experience, applying a value-based approach. Organisations are required to complete a local self-assessment (Red-Amber-Green rating) for each framework element.</p>	TPG-108	4B 4H
	<p>Patient Experience - The Framework applies to all NHS Wales services, including commissioned services. Quality and experience indicators must be integrated into all arrangements and used for contractual monitoring and compliance.</p>	TPG-109	4H
	<p>Patient Experience - Transparency in feedback processes is essential to drive a continuous cycle of learning and improvement, delivering long-term benefits for Wales. Organisations must regularly report and publish people’s experience data, co-producing quality improvement plans with stakeholders. Reports should be accessible, transparent, and reflect feedback from external bodies.</p>	TPG-110	4H
	<p>Listening to People - NHS Wales Concerns, Complaints and Redress process. Updates to the National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011, come into force on 1st April</p>	TPG-111	4H

	2026. NHS organisations will be required to meet the amending Regulations. The amendments aim to improve the responsiveness, transparency, and person-centred nature of the complaints and redress process. The updated model, named 'Listening to People' replaces "Putting Things Right"		
Enabling Plans – Digital, Technology & Innovation	Have in place an organisational wide digital and data strategy that is underpinned by a sustainable financial plan and aligns to: <ul style="list-style-type: none"> the future national state architecture (once published) digital goals within health board, NHS trust and special health authority IMTPs/ annual plans national policy including the Digital and Data Strategy and A Healthier Wales (this includes action to support the recording, tracking and sharing of language and communication needs of patients and those accessing services, in line with Mwy na geiriau / More than just words and the All Wales Accessible Communication and Information Standards). 	TPG-112	4D
	Have in place plans to phase out unsupported systems over a timely period that takes into consideration safety and the risks of prolonging the use of legacy systems and technologies.	TPG-113	4D
	Undertake regular board development sessions to develop digital and data competence.	TPG-114	4D
	Embed accountable digital leadership across the organisations to improve quality and safety of care.	TPG-115	4D
	Create digital skills programs for all staff to support technology adoption and patient engagement.	TPG-116	4D
	Ensure that digital clinical safety, cyber security and information governance risks in relation to digital are considered by the board.	TPG-117	4D
	Cyber, Information Governance and Infrastructure - Implement the Cyber Assessment Framework (CAF) profiles and achieve the minimum standard (the baseline profile) and put in place measures to work towards the advanced profile if this cannot currently be achieved.	TPG-118	4D
	Cyber, Information Governance and Infrastructure - Target of 85% of staff having undertaken Cyber Training.	TPG-119	4D
	Cyber, Information Governance and Infrastructure - Target of 85% of staff having undertaken Information Governance Training.	TPG-120	4D
	Cyber, Information Governance and Infrastructure - Establish a process for reducing cyber risk and managing incidents in a timely manner with mitigation plans, investment strategies, and progress reviewed regularly.	TPG-121	4D
	Cyber, Information Governance and Infrastructure - Continue collaborative working on electronic health records and adhere to national policy once published.	TPG-122	4D
	Cyber, Information Governance and Infrastructure - Establish Local Enterprise Architecture governance to ensure compliance with national standards and alignment with ongoing development of National Architecture including completing mapping exercise of systems into Ardoq.	TPG-123	4D

	National Systems - Increase use and uptake of appropriate electronic testing referrals in Welsh Clinical Portal in radiology and pathology.	TPG-124	4D
	Clinical Coding - Clear plans that outline how health boards will explore and adopt the use of AI to improve clinical coding with governance and oversight in place for safe and responsible adoption.	TPG-125	4D
	AI and Automation - Adoption of relevant advice, guidance and standards relating to the implementation of AI as reviewed by Welsh Government and sector partners including the Office for AI and AI Advisory Group for Health and Social Care.	TPG-126	4D
	AI and Automation - Clear plans and actions to adopt innovative approaches to improving patient care and reducing waiting lists or improving administrative processes using proven and safe AI and Automation technology prioritising technologies that have been approved through successful health technology assessments by partners including Health Technology Wales and NICE and/or established through in-house or academic developments. Ensuring safe and ethical adoption in a timely manner.	TPG-127	4D
	AI and Automation - Exploiting opportunities for digital innovation for administrative areas of work, treatment, prevention, testing, monitoring, systems and patient level devices and tests must be taken to utilise available technology and AI. There are already excellent examples in stroke care, genomics, diabetes etc and where these are proven to be efficacious, they must be scaled across health and care.	TPG-128	4D
	Advanced Therapies - Clear organisational commitment to advanced therapies, aligned with national priorities and the Delivery Plan for Advanced Therapies in Wales, evidenced in local strategies.	TPG-129	4B
	<p>Advanced Therapies - Designation of an Advanced Therapies Champion within each health board to:</p> <ul style="list-style-type: none"> ▪ Promote clinical awareness of Advanced Therapies. ▪ Share information on developments within the Delivery Plan for Advanced Therapies Wales. ▪ Act as a point of contact for Advanced Therapies within the organisation and represent the organisation at ATW key events. 	TPG-130	4B
	Advanced Therapies - Engage with the Advanced Therapies Wales Programme to raise awareness among clinicians and patients, including: education on Advanced Therapies trials and treatment pathways.	TPG-131	4B
	<p>Advanced Therapies - Support and engage in agreed key initiatives of the ATW Programme for the next 12-36 months:</p> <ul style="list-style-type: none"> ▪ Therapeutic Apheresis programme ▪ Pharmacy provisions ▪ Developing case for GMP facilities 	TPG-132	4B
	Advanced Therapies - Receive the updated Horizon Scanning for Advanced Therapies documentation and raise awareness of the therapies coming through.	TPG-133	4B

Genomics - The Genomics Delivery Plan for Wales 2022- 2025 (and next iteration under development for 2026-2029 - The Genomics Delivery Plan for Wales 2026 – 2029) outlines the required actions and collaborative approach to exploit the opportunities that genomics presents.	TPG-134	4B
Genomics – Diabetes: Medical consultants and clinical nurse specialists in diabetes to be trained to identify individuals who may have monogenic diabetes and arrange genomic testing for them.	TPG-135	1B 4B
Genomics – Cancer: Medical doctors, surgeons and other appropriate clinical professionals caring for patients with cancer (including haematological malignancies) to be trained to offer tumour or germline genomic testing to eligible patients, to inform diagnosis and treatment decisions, in line with national recommendations for precision medicine.	TPG-136	3B 4B
Genomics – Cardiac: Specialist nurses or healthcare professionals in lipid clinics should be educated to offer familial hypercholesterolaemia genomic testing to eligible patients.	TPG-137	3B 4B
Genomics – Cardiac: Cardiologists and clinical nurse specialists to identify individuals who may have an inherited cardiac condition where screening or intervention may be advantageous.	TPG-138	3B 4B
Genomics – Mental health: Psychiatrists and psychiatric nurses to identify patients who would benefit from referral to the psychiatric genomics service for further investigation.	TPG-139	3D 4B
Genomics – Women’s health: Specialists in women’s cancer should be trained to offer genomic testing as appropriate (see Cancer above). Healthcare professionals who look after women during pregnancy should be trained to include genomics as appropriate in the clinical pathways.	TPG-140	3G 4B
Genomics - Infectious disease: Infection Prevention and Control staff, medical consultants and other relevant healthcare staff to be trained to utilise pathogen genomic data to support the detection and response to outbreaks. This training should also cover the use of genomics to support retrospective analysis to help prevent outbreaks in future.	TPG-141	1D 4B
Genomics - Pharmacogenomics (relevant to a number of clinical areas): Preparatory planning is needed in collaboration with the clinical networks and local clinical teams within each organisation to enable future implementation of commissioned pharmacogenomic testing safely and effectively into current clinical pathway using a phased approach. The need for Point of Care (POCT) testing approaches may also need to be explored including the commissioning aspects depending on the clinical indication.	TPG-142	3H 4B
Innovation - Governance and accountability at Board level for innovation activities in line with the national Innovation Framework and resources at www.hsciw.wales and using quality and clinical priorities.	TPG-143	4E
Innovation - Planning and monitoring of the organisation’s innovation portfolio, including demonstrating clear metrics on people, projects, budgets, partnerships (e.g. with academia, industry and others) and external income / resources secured that support innovation activity.	TPG-144	4E

	Innovation - Plan for meeting new regulatory and existing Directions for proven health technologies as part of adopting and scaling for access in relevant care pathways and in line with clinical priorities taking into account equitable access.	TPG-145	4E
	Innovation - Engagement with organisations and networks funded to support local and regional innovation and the adoption and scaling of priority innovations across NHS Wales through the Innovation, Technology and Partnerships programme, including NHS P&I, Contracts for Innovation Cymru (formerly SBRI Wales), Health Technology Wales, the NHS Wales Innovation Leads network, our Intensive Learning Academies, Life Sciences Hub Wales, the Bevan Commission, the Cancer Innovation Adoption Pathway and Regional Innovation Coordination (RIC) Hubs within each Regional Partnership Board area.	TPG-146	4E
	Innovation - Having an up-to-date Intellectual Property (IP) policy. This includes creating reporting mechanisms and routes to ensuring that IP opportunities are utilised for the benefit of the organisation and the public. New IP guidance for NHS Wales will be released in early 2026 to support this work.	TPG-147	4E
	Value-Based Healthcare (VBHC) - Strengthened organisational planning and leadership action for VBHC; including education, motivation and incentivisation for staff to undertake VBHC projects.	TPG-148	4G
	Value-Based Healthcare (VBHC) - Effective measurement of activity and resources linked to VBHC (clinical staff, administrative staff, budgets, buildings, energy etc) to improve patient outcomes, patient experience and resource efficiency to ensure value and patient-centred care.	TPG-149	4G
	Value-Based Healthcare (VBHC) - Use of guidance on designing services responding to key population level intelligence including OECD PaRIS report 2025 - Value in Health and through service level Patient Reported Outcome Measurements (PROMs), Patient Reported Experience Measurements (PREMs) and social value measures for procurement.	TPG-150	3D 4G
	Value-Based Healthcare (VBHC) - In developing plans for achieving 'value' we expect all health bodies to make greater use of the value-based approach that also provides the discipline to stop low-value activity, shifting finite resources to prevention and earlier access, community-based care, better-value interventions, and supporting people to manage more of their own health. All major investment and dis-investment decisions should therefore be assessed according to their impact on outcomes, experiences, and the value generated from resources used.	TPG-151	4G
Enabling Plans – Financial Planning, Value and Sustainability	Health bodies will need to ensure clarity and visibility for significant savings in non-core areas and overheads to prioritise front-line services , to ensure that savings and mitigations delivered in 2025/26 are maintained in full on a recurrent basis, and to deliver the savings and cost mitigations that are required to achieve financial balance.	TPG-152	4K
	We expect your plans to show how you will shift activity and resource from a secondary care setting into primary and community care .	TPG-153	4K
Enabling Plans – Regional Planning	Plans for 2026-29 are therefore expected to confirm regional delivery commitments and associated milestones.	TPG-154	4B

Enabling Plans – Research and Development	To support NHS organisations, the ‘ NHS Framework for R&D: Research Matters – What excellence looks like in NHS Wales ’ was published in July 2023, to help embed research into the culture of the NHS. This sets out a set of expected standards required by Welsh Government across 10 pillars that outline the features of a research supportive organisation.	TPG-155	4E
	NHS organisations are required to complete a ‘ 2 year on’ assessment exercise against the implementation of the NHS R&D framework . This follows the initial baseline assessment undertaken in 2023. Whilst this is a separate process to the Planning Framework and IMTP process, this exercise will run concurrently alongside the planning cycle. The assessment should include future priorities and plans for R&D - that are highlighted in the NHS R&D Framework. Guidance on the completion of the R&D Framework assessment has been issued in a letter to Executive Leads for R&D.	TPG-156	4E
Enabling Plans – Welsh Language	Mwy na geiriau / More than just words: Welsh language plan in health and social care GOV.WALES 2022-27 was published in August 2022. The five-year plan aims to strengthen Welsh language provision in health and social care, recognising that a person’s language and communication needs are fundamental to delivering the Duty of Quality and providing safe, equitable and person-centred care.	TPG-157	Section 5
	Organisations need not only to ensure that they know who in their organisation speaks Welsh but also to support their staff to use their Welsh language skills and plan to ensure that there are sufficient numbers of staff to provide Welsh language services especially in priority areas. Increasing the number of posts which are identified as Welsh essential , and / or with a level of Welsh speaking defined , will help with this.	TPG-158	Section 5
	A mandatory Welsh language awareness course was launched in 2023 which explains how important Cymraeg is in service delivery and in meeting patient need. Large numbers of staff have completed the course but it is important to ensure that it is completed by all members of staff.	TPG-159	Section 5
	Organisations also need to use data to measure progress towards the Active Offer (responsibility on health and social care providers to offer services in Welsh, rather than on the patient or service user having to request them) and identify gaps that would further help measure progress.	TPG-160	Section 5
	Delivery of Standard 110 to increase the use of Welsh across clinical settings.	TPG-161	Section 5
	Health and well-being of staff – and support for the Welsh Language across staff Networks .	TPG-162	Section 5
Enabling Plans – National Equality Plans	Due regard must be paid to and action that must be taken by NHS organisation in relation to the wider equalities agenda . This includes the Anti-Racist Wales Action Plan, the LGBTQ+ Action Plan, the Disabled People’s Rights Action Plan, and the Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV) Blueprints, as well as the implementation of the All Wales Accessible Communication and Information Standards in healthcare.	TPG-163	4J
Enabling Plans – Workforce Planning and Well-Being	Organisations should have a robust workforce planning process that includes accurate forecasting of likely Whole-Time Equivalent (WTE) numbers. This process should align operational demand with available financial resources through effective triangulation.	TPG-164	4J

	<p>NHS organisations must demonstrate how they are using robust workforce data, the various national workforce plans for professions and services and population intelligence to plan.</p>	TPG-165	4J
	<p>NHS organisations also need to demonstrate how they are listening to and responding to staff voices to improve staff experience which in turn, impacts patient experience and retention. The annual NHS Staff Survey is a key data source that also feeds a better understanding of structural issues at the heart of staff experience and well-being.</p>	TPG-166	4A 4J
	<p>The National Programme Board for NHS Workforce Safety has been established to prevent and reduce unacceptable behaviour towards NHS staff and to ensure robust processes are in place when incidents occur. Linking in with the NHS Wales Framework for Speaking up Safely and priorities in national equality plans (including the Anti-racist Wales Action Plan, the LGBTQ+ Action Plan, the Disabled People’s Rights Action Plan, and the Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV) Blueprints), the Board will support the critical focus on system-level prevention of risks to staff mental and physical health and well-being. NHS Wales organisations will need to evidence their engagement with this agenda and continue to provide appropriate support to staff who have adverse experiences at work.</p>	TPG-167	4J

4) Capital Programme Detail

Capital Programme for 2026/2027 and 2027/2028

Capital 2-year Programme	Estimated cost £m	2026 /2027 £m	2027 /2028 £m	Comments
Divisions	10.191	3.604	5.994	
Audiology YG	1.000	0.010	0.990	Review all funding Q1
YG Expansion of Ophthalmology OPD	1.100	0.010	1.090	Review all funding Q1
Upgrade of the kitchen (phased programme over 3 years)	1.105	0.265	0.840	
Alaw Unit, YG (Wash hand basins)	0.100			Review adding to SCC
Security MHLD Centre - Hafod	0.012	0.012		
Replacement of the currently non-functioning security patient tagging system on the Children's Unit	0.077	0.077		
Plas Gororau Phase 2	4.200	2.400	1.800	
YG Sleep accommodation	0.100	0.010	0.090	
YG Emergency Care - EDOU	0.600	0.600		
NWCTC, YGC (Wash hand basins)	0.100			Review adding to SCC
MHLD Centre - Bryn Hesketh	0.070	0.070		
YGC Replacement of fire doors, and permanent covered area/roof for the outdoor play, Children's Unit. YGC	0.110	0.110		
Bryn Beryl Community hospital additional site Parking	0.330	0.015	0.315	
West and East - Nurse Call Bell systems in clinical areas - Wrexham Maternity Unit and St David's Maternity Outpatients	0.024			Review TEF funding

Capital 2-year Programme	Estimated cost £m	2026 /2027 £m	2027 /2028 £m	Comments
Mortuary Module YGC	0.350	0.025	0.325	
IPC Site Development plan for wash hand basins	0.318			Review adding to SCC
Abergele Hospital CCTV	0.044		0.044	
YG Additional car parking	0.250		0.250	
Refurbishment works in Ty Derbyn for Respiratory Physiology	0.250		0.250	
WMH RAAC	0.050	0.000		WG funding support
Antiligature	9.540	0.630	1.000	30% TEF Contribution
Medical Devices - Refer to full list tab "Medical Devices "	8.285	4.979	3.307	
Informatics	7.411	2.850	2.631	
North Wales Bone Unit and Osteoporosis Service	0.011	0.011		
Core 2 Hub Room - WMH	0.675	0.675		
Core 2 Hub Room - YG	0.675	0.675		
(a) MDT Audio Visual and Videoconferencing upgrades (250k) (b) Data Centre Server connectivity (Nexus switches) (250k) (c) Network Infrastructure Hardware replacement (520k) (d) Wireless Network hardware replacement and improvement (400k)	1.420	0.489	0.931	
(a) Desktop Hardware (4m) (b) Symphony Mobile Device replacement (250k) (c) Replace 80 outdated PCs in preparation for replacement Patient Management System (80k) (d) iPad (100k)	4.430	0.800	1.7	

Capital 2-year Programme	Estimated cost £m	2026 /2027 £m	2027 /2028 £m	Comments
Cloud Server Replacement (200k)	0.200	0.200		
Estates	10.988	2.372	3.673	
TEF 30%		0.725		
Ty Powys boilers	0.035	0.035		
Ty Derbyn Boiler	0.065	0.065		
Pharmacy Boilers	0.080	0.080		
Replacement of Lifts WMH (7 lifts to upgrade at £280k each)	0.840	0.280	0.280	
Replace POD system WMH	0.080	0.080		
replace switch room 15 Electrical boards	0.020		0.020	
WMH -nurse call main wards	0.075		0.050	
Deeside Hospital CCTV Upgrade	0.025		0.025	
Revolving Door extra cost	0.050		0.050	
UPS battery Upgrade - review if replace UPS?	0.060		0.060	
Llay Fuel oil tank	0.020		0.020	
Wrexham Dental - Boiler Upgrade	0.035		0.035	
Upgrade duct extract in joiner's workshop WMH	0.035		0.035	
Bron y Nant Boiler	0.025		0.025	
Upgrade roads and footpaths pan East	0.270			
Upgrade Auto doors within East	0.100			
Mold Clinic - Upgrade environment	0.020			

Capital 2-year Programme	Estimated cost £m	2026 /2027 £m	2027 /2028 £m	Comments
CCTV upgrade at WMH	0.175			
Upgrade HV RMU - WMH	0.040			
LLGH - lower boiler house - boilers	0.200	0.200		
Replacement of Lifts YG (6 lifts to upgrade at £300k each)	0.900	0.300	0.300	
UPS battery Upgrade - review if replace UPS?	0.100	0.050	0.050	
Upgrade roads and footpaths pan West	0.400	0.100	0.150	
Upgrade Boilers at BYN	0.150		0.100	
YG Upgrade Exterior Lights	0.020		0.030	
YPS Main Switch Board Corrosion	0.150		0.150	
Upgrade ceiling within catering department at YG - ceiling failing	0.150		0.150	
Upgrade N/Homes Boilers Llys yr Onnen	0.150		0.100	
YG stairwell upgrade to include flooring and windows - address damp issues	0.225		0.150	
YG 2.4 PR/m Corroded Duct	0.030		0.030	
Upgrade oil pipework at YG	0.018		0.018	
Upgrade duct extract in joiner's workshop YG	0.040		0.040	
Replace obsolete ACB's @£5k each	0.060			
LLGH Morfa-Llywelyn Nurse Call	0.070			
Upgrade drainage system within SDEC following building defect	0.035			
YG SCBU Boilers	0.100			

Capital 2-year Programme	Estimated cost £m	2026 /2027 £m	2027 /2028 £m	Comments
YG Hergest Boilers	0.100			
YG Replacement Renal Roof	0.200			
CCTV upgrade at YG	0.050		0.025	
Upgrade Auto doors within West	0.090		0.030	
Bryn Beryl Oil Compound	0.025			
Upgrade Bodfan Boilers	0.140		0.070	
Replacement Roof Community Equipment Store at BYN	0.250			
Upgrade Boilers at Bryn Beryl	0.030			
Upgrade Boilers at YG	0.400		0.200	
Upgrade of Lift at CBCH - Continuation of 2025-26 project	0.017	0.017		
RAH upgrade lightning conductor	0.085	0.085		
RAH accommodation for Estates within site	0.050	0.050		
YGC - Centre Core Lift 1 (Bed Lift)	0.170		0.170	
Upgrade ACB - Electrical system improvements - YGC	0.050	0.050		
NWAS ABH - Heating Upgrade	0.040	0.040		
Abergele Clinic Roof	0.125	0.125		
Upgrade of CBCH Roof	0.050			
YGC - NWCTC - Upgrade fuel storage system	0.035			
YGC - Mains Water - upgrade on ring main valves	0.150			
RCH- Upgrade hot water heater system	0.035			

Capital 2-year Programme	Estimated cost £m	2026 /2027 £m	2027 /2028 £m	Comments
Upgrade duct extract in joiner's workshop YGC	0.040			
Upgrade roads and footpaths pan Central	0.350		0.200	
NW BIU New Boiler	0.040			
RAH Upgrade existing flue	0.040			
Denbigh Famau ward - N/Call	0.045			
CBCH Nurse call - 2No wards	0.080			
RCH Upgrade flooring	0.008			
ABH - N/Homes - Boiler Replacement	0.08			
YGC - Cath lab Boiler Replacement	0.1			
YGC - Creche - Upgrade boiler	0.035			
YGC - Upgrade of heating and hot water systems upgrade	0.08			
Fire Compliance Improvement Works	1.5			
Programme of works to mitigate impact on Waste Legislation - Storage	0.2		1	
LED Upgrade Projects	1.45	0.09	0.11	
Facilities	1.954	0.511	0.594	
Bryn y Neuadd is the only site that does not have a fit for purpose and fully functional kitchen	0.048	0.048		
Porters Van for movement of medical record YGC	0.034	0.034		
Facilities Replacement dishwasher YGC	0.011	0.011		

Capital 2-year Programme	Estimated cost £m	2026 /2027 £m	2027 /2028 £m	Comments
Catering - Replacement of HPV (Hydrogen Peroxide Vapour Cleaning Equipment	0.082	0.082		
Catering Dishwasher for Colwyn Bay Hospital	0.011	0.011		
Catering - new installation of a roller shutter door to the main entry into the stores area in WMH. Datix 5691	0.015	0.015		
Catering - equipment used to transport Patient meals at Bryn y Neuadd	0.030	0.030		
Catering replacement of the twin 100 litre kettles	0.065	0.065		
Catering - replacement brat pan - Datix ID 5658	0.014	0.014		
Catering - Replacement vehicle used for onsite deliveries and collections across YG	0.038	0.038		
Catering - WMH new tow truck Risk ID 4518 at tier 3	0.018	0.018		
Domestics - replacement two hot serving counters and refrigerated display LLGH	0.020	0.020		
Catering to be purchased with for 117	0.015	0.015		
Catering - 2 replacement washing machines YMH	0.011	0.011		
Catering The refurbishment of Residential Accommodation on the YGC site	0.850			Scope to be reviewed at CPMT
Portering - Dishwasher- Patient Jugs & Glasses YG	0.030	0.030		
Domestic Services - This Capital Bid is to change the digital locks on the blocks of accommodation to swipe access	0.068	0.068		
Replacement of Hydrogen Peroxide Vapour (HPV) high level disinfection equipment (hld)	0.115		0.115	
Portering Services - Replacement of Forklift truck YG	0.020		0.020	

Capital 2-year Programme	Estimated cost £m	2026 /2027 £m	2027 /2028 £m	Comments
Domestics - Purchase of 2 new UV-C360 Room Enhanced Disinfectors Central	0.066		0.066	
Catering - replace the unreliable 80 Litre food mixer with a mixer that has 20 Litre capacity WMH	0.008		0.008	
Domestic Services - Purchase Ultraviolet Light decontamination equipment	0.096		0.096	
Facilities - Residential Accommodation - replacement 6 burner gas stove for Glan Clwyd Hospital	0.009		0.009	
Domestic - purchase washing machines and tumble dryers - There will be an on-going saving after purchasing the items Year 1 of £109,231.92	0.029		0.029	
Catering Services - Replacement of the current oven (Eryri)	0.010		0.010	
Portering WHM - sealing the unsuitable parquet floor area in the main stores WMH	0.006		0.006	
Portering Services - purchase a new piece of equipment that provides a high-level disinfection of wards/departments HLD	0.029		0.029	
Catering - Boiler direct steam, Ysbyty Gwynedd	0.015		0.015	
Catering WXM - Patient Meal Trolleys (heated)	0.038		0.038	
Catering - purchasing a Burlodge Regen Trolley for Denbigh Infirmary	0.001		0.001	
Catering - Induction Stove/oven range conversion to electric, Ysbyty Bryn Beryl	0.025		0.025	
Catering Services - replacement Combination oven 10 grid Deeside	0.014		0.014	
Portering - Purchase of 2 new HPV machines for Central	0.099		0.099	

Capital 2-year Programme	Estimated cost £m	2026 /2027 £m	2027 /2028 £m	Comments
Catering YG - Boiler direct steam, Ysbyty Gwynedd	0.013		0.013	

Targeted Estates Fund – Approved Funding

BCUHB - TEF Funding Approvals									
	2025-26	WG Cont	HB Cont	2026- 27	WG Cont	HB Cont	Total WG Cont	Total HB cont	Overall total
Fire	2.375	1.663	0.713	2.400	1.680	0.720	3.343	1.433	4.775
Infrastructure	3.099	2.169	0.930	4.326	3.028	1.298	5.198	2.228	7.425
Decarbonisation	0.232	0.162	0.070	2.467	1.727	0.740	1.889	0.810	2.699
Mental Health	2.026	1.418	0.608	2.111	1.478	0.633	2.896	1.241	4.137
Infection Prevention Control	0.792	0.554	0.238	0.600	0.420	0.180	0.974	0.418	1.392
Decontamination	0.775	0.543	0.233	0.783	0.548	0.235	1.091	0.467	1.558
Total	9.299	6.509	2.790	12.687	8.881	3.806	15.390	6.596	21.986

5) Abbreviations & Glossary

A Healthier Wales refresh		A set of refreshed actions that have been agreed to support the delivery of A Healthier Wales.
Adopt and Adapt	A&A	Health Board are expected to learn from each other, so that those with further to go in delivering a particular service adopt and adapt good practice from those who have made better practice.
Activities of Daily Living	ADLs	Activities of daily living are the essential tasks that individuals perform as part of their daily routines, for example eating, drinking, bathing and dressing. These activities are fundamental for maintaining a good quality of life and form the basis of the assessments that health and social care professionals undertake to determine an individual's functional abilities and needs.
Annual Delivery Plan	ADP	A structured framework that outlines the key priorities, targets, and actions for healthcare services over a financial year.
Anchor institution		Anchor institutions are public sector organisations whose long-term sustainability is intrinsically tied to the wellbeing of the populations they serve. Anchor institutions have a significant opportunity to make large impacts upon their local communities depending upon how they approach procurement, the use of their buildings and estate, their workforce policies, how they work together, and environmental impact.
Atrial Fibrillation	AF	Atrial fibrillation is a heart condition where the heartbeat is irregular. It is important because the irregularity can affect blood flow leading to clots and strokes unless effectively treated.
Attention Deficit Hyperactivity Disorder	ADHD	ADHD is a condition, most usually diagnosed in childhood that is characterised by hyperactivity and impulsiveness.
Audit Wales		Audit Wales in the organisation that provides independent scrutiny and audit of public service providers in Wales.
Autistic Spectrum Disorders	ASD	Autistic Spectrum Disorder is term used to describe a closely related range of developmental condition, previously commonly referred to as 'autism'.
Board		The Board governs the organisation. Membership of the Board comprises of the Chairman, the Vice Chair, Independent Members (who are appointed by the Minister for Health and Social Services), and Executive Members. Together, they form a unitary Board.

Board Assurance Framework	BAF	The BAF brings together information related to risks of not delivering the board's strategic objectives, including how those risks are being managed and mitigated.
Board Committee		The Health Board has a number of Board Committees that each have specific areas of responsibility, for example Audit Committee and Performance, Finance and Information Governance Committee. Board Committees provide scrutiny and report assurance to the Board.
Building Community Capacity	BCC	This is one of the Ministerial Priorities which covers a number of areas.
Business Case	BC	Business Case provides justification for undertaking a project, programme or portfolio on the basis of its expected benefit.
Business continuity		Business Continuity arrangements are the plans put in place by organisations to ensure that they can respond and continue to deliver essential services when incidents occur that threaten this, for example losses of power, IT failures and major incidents affecting staffing availability.
Business partnering		Business partnering is an approach that aligns functional expertise in areas such as finance, workforce, and improvement science, with the operational teams throughout the organisation.
Care of the Elderly	COTE	Our care of the elderly looks after older patients. Improving the care of older people; Ageing well and supporting people living with frailty; health ageing and caring.
Child and Adolescent Mental Health Services	CAMHS	The overarching term for mental health services for those aged under 18. This comprises of a range of in-reach services, community services, inpatient and high intensity services, and specialist services.
Chronic Obstructive Pulmonary Disease	COPD	COPD is a long-term condition, including emphysema and chronic bronchitis, which affects breathing. Most cases of COPD are associated with a history of smoking, making COPD a preventable condition for many.
Civil contingencies		The Civil Contingencies Act 2004 places obligations on Health Board and other public services to prepare for emergencies.
Clinical Services Plan	CSP	A plan for how to configure the delivery of clinical services in order to deliver the strategic intent of the Health Board.
Cluster		A collaboration, covering populations of around 25,000 to 50,000, that brings together Health Board service colleagues, Local Authority, independent contractor health care services, third sector, and others, to identify improved ways of meeting the community health and social care needs to local residents.

Colonoscopy		An examination of the bowel using a fine, flexible tube with a camera attached.
Community Health Pathways		Community Health Pathways, or Health Pathways, is a portal for healthcare professionals providing guidance aimed at reducing unnecessary referrals to secondary care hospital services.
Community pharmacy		Sometimes termed 'high street pharmacy', community pharmacy providers dispense prescriptions, sell over the counter products, but also do much more, including providing consultations on a range of healthcare problems and prescribing of certain medications.
Compassionate leadership		Compassionate leadership is an approach to leadership that involves actively listening to, understanding, and supporting colleagues. It is well researched to lead to more engaged and motivated staff, higher levels of well-being and the delivery of higher quality care.
Computerised Tomography	CT	Computerised tomography is a type of scan that uses x-rays inside a large tube in which the patient lies.
Continuing healthcare funding	CHC	Continuing healthcare funding, also known as CHC funding, is an NHS framework that assesses individuals who have significant ongoing healthcare needs outside of hospital. If the CHC threshold is met, then ongoing care needs are fully funded by the NHS.
Control total		A financial control totals represents financial targets that must be achieved and defines the maximum amount of spending allowed.
Decarbonisation Action Plan	DAP	The Health Board plan to reduce greenhouse emissions.
Delivery plan 2024-25		The Health Board annual delivery plan for 2024-25 provides a detailed mapping of how and when the priorities for 2024-25 in the plan will be delivered and who the senior accountable officer overseeing delivery is for each element.
Demand and Capacity	D&C	This is the overarching term used to describe the methodologies of identifying how much planned care capacity there is compared to what the expected demand will be from referrals.
Discharge to Recover then Assess	D2RA	This approach supports people to remain at home or to be discharged as soon as possible to recover at home before being assessed for any ongoing need.
District General Hospital	DGH	A district general hospital is a traditional term given to a hospital delivering secondary care services within a particular area, or district. In North Wales we have three hospitals that would be considered to be DGH's, Ysbyty Gwynedd in Bangor, Ysbyty Glan Clwyd in Bodelwyddan, and Wrexham Maelor Hospital in Wrexham.

Digital Data & Technology	DDaT	Digital is about how organisations change their business models to take advantage of the technologies of the internet age in order to enable better outcomes. This takes into consideration the technologies and tools used both inside and outside the enterprise by customers/patients/citizens. DDAT combined is the common term used for the profession and the operating model, which when effectively delivered, results in the best value.
Duty of Quality		The Health and Social Care (Quality and Engagement) (Wales) Act 2020 includes the Duty of Quality with the goal of continually enhancing the quality of services provided. The Duty of Quality applies to all aspects of NHS Wales, whether clinical or non-clinical.
Electronic Health Record	EHR	A computerised medical record that fully replaces the use of handwritten paper records.
Emergency Preparedness, Resilience, and Response	EPRR	EPRR is the term given to the continual planning and preparation undertaken by NHS organizations in order to be able to swiftly and effectively respond to a range of incidents and emergencies that could impact health or patient care, such as infectious disease outbreaks, extreme weather, and major accidents.
Endoscopy		Endoscopy is a diagnostic test that uses a long, thin tube with a small camera inside, called an endoscope.
Executive Member		Executive Directors are responsible for the operational running of the organisation. Within Health Board arrangements in Wales, Executive Directors work alongside Independent Members as equal members of the unitary Board.
Executive Team		The Executive members of the unitary Board, led by the Chief Executive Officer. They are the most senior officers of the organisation, responsible for the operational leadership of the Health Board.
Equality Impact Assessment	EqIA	A framework for demonstrating due regard through considering evidence and analysis to help identify the likely positive and negative impacts that policy proposals may have on certain protected groups and to estimate whether such impacts disproportionately affect such groups.
Full Business Case	FBC	The Full Business Case (FBC) is the final stage in the 'Five Case Model' often used in government and large organisation to justify investments.
Funded Nursing Care	FNC	FNC is closely related to continuing healthcare funding. Individuals not eligible for CHC funding may be eligible for FNC if they are living in a care home setting and require care from a registered nurse. If eligible FNC covers the nursing care component of costs.
Foundation for the Future	FFF	'Foundations for the Future' (<i>formerly the Operating Model Review</i>) is one of BCUHB's Four Major Change Programmes and is utilising a model based on Tushman and

		O'Reilly 'Leading Organisational Change and Renewal. For the organisation to be effective, it needs an Operating Model that enables both the day-to-day leadership and management of services and improvement to take place systematically. This means giving equal weight to strategy, people, culture, processes, and structures.
Further, Faster		Further Faster is a workstream of the A Healthier Wales long term plan to increase momentum in community care to reduce pressures on hospitals.
General Medical Service contract	GMS	The way in which independent GP/Primary Care practitioners work with the Health Board to run their practices.
Genomic Medicine	GM	Genomics is the study of individual patient's genes to make more accurate or earlier diagnoses. It is anticipated that this will make it possible for genetic information to be matched to the most effective medications and interventions.
Getting It Right First Time	GIRFT	GIRFT is a national NHS programme designed to improve the treatment and care of patients by reducing unwarranted variations using benchmarking data and applying the best practice from high performing providers to others.
GP with a special interest	GPwSI	Also referred to as a General Practitioner with Extended Roles (GPwER), a GPwSI is a GP who takes on a role that extends beyond the normal scope of general practice in a particular specialist area. GPwSI often take relevant referrals from other GPs as an alternative to referring patients to hospital specialists.
Health and Safety Executive	HSE	The Health and Safety Executive is the UK national regulator for workplace health and safety.
Health Education and Improvement Wales	HEIW	Health Education and Improvement Wales (HEIW) is the strategic workforce body for NHS Wales and provide strategic and specialist workforce support and advice across Wales.
Hybrid Closed Loop	HCL	A hybrid closed-loop system is a type of technology used to manage diabetes, particularly for people with type 1 diabetes. It combines an insulin pump with a continuous glucose monitor (CGM) to automate insulin delivery. Here's how it works.
High Volume, Low Complexity	HVLC	High Volume Low Complexity procedures are routine surgical procedures, such as cataract removal, and straight forward joint replacements, that can be delivered more efficiently by agreeing standardised pathways, pooling capacity and resources, and improving theatre use and day case rates.
Human Papilloma Virus	HPV	Human papillomavirus is the term given to a group of viruses, a small number of which can cause genital warts or cancer.
Improvement Cymru		Improvement Cymru is the improvement service for NHS Wales, hosted by Public Health Wales.

Insourcing		Provision of additional capacity delivered by the independent sector using BCUHB premises.
Independent Member	IM	Within Health Board arrangements in Wales, Independent Members work alongside Executive Directors as equal members of the unitary Board.
Independent Prescribing	IP	The prescribing of prescription only medication by healthcare professionals who are not doctors, after being given additional training.
Institute of Healthcare Improvement	IHI	The Institute for Healthcare Improvement is an independent not-for-profit organisation, international recognised, that provides advice and support in the field of healthcare improvement science.
Institution Of Occupational Safety and Health	IOSH	The IOSH is an international organisation that sets standards for, and provides guidance to, professionals working in the fields of workplace health and safety.
Integrated Health Community	IHC	IHC is the term given to the three geographical divisions within the Health Board - East, Centre and West. Each IHC is responsible for organising and delivering the general healthcare services within the District General Hospital within the respective area alongside the community services in the area.
Integrated Medium-Term Plan	IMTP	An IMTP is a plan, set within a three-year context that sets out the how the Health Board intends to deliver the long-term vision for NHS services in Wales. IMTPs must reflect the strategic and legislative landscape within Wales, including Ministerial priorities.
Integrated Planning Framework		The Framework in the Health Board that draws together the various aspects across the organisation where planning skills are required.
Integration and Rebalancing Capital Fund	IRCF	A Wales-wide funding initiative aimed at enhancing health and social care services.
Internal Audit		Internal Audit is a function, independent of the Health Board that audits services and governance systems within the Health Board. Internal Audit services are hosted by NHS Wales Shared Services Partnership.
Inverse Care Law	ICL	The Inverse Care law describes the phenomenon where people who most need health care are least likely to receive it, leading to disparities in access. This often occurs when those who are less well-off face barriers.
NHS Wales Planning Framework	NWPF	The NHS Planning Framework provides Ministerial statutory Directions to the service to produce financially balanced strategic plans. It is intended to help direct Health Board resources and capacity, while continuing to deliver the universal range of services in a proportionate way and shape the decisions that boards will need to make including workforce and finance considerations. The statutory requirement for an approvable Integrated Medium-Term Plan (IMTP).

NHS Wales Joint Commissioning Committee	NlanguageWJCC	The NHS Wales Joint Commissioning Committee (NWJCC) is a Joint Committee of the seven Health Boards acting collectively on their behalf. Established in April 2024, the NWJCC replaces EASC and WHSSC and will assume responsibility for the services previously commissioned by these committees and the NCCU, together with the commissioning of NHS 111 Wales services, and the Sexual Assault Referral Centres for Wales.
Joint Advisory Group (JAG) on GI Endoscopy Accreditation		JAG accreditation is a nationally recognised accreditation system used to quality assure gastrointestinal endoscopy services.
Klebsiella		Klebsiella is a bacterium that can cause serious infections, especially in hospital settings, and that can sometimes be resistant to common antibiotics.
Lay Carer Administration (CARIAD)		The CARIAD package is about lay carer-administration of subcutaneous (SC) as-needed medication for five common symptoms in the last days of life. This will allow the carer(s) to treat breakthrough symptoms without having to rely on repeated home visits by health care professionals.
Length of Stay	LoS	The number of days that an inpatient stay in hospital.
Living Healthier, Staying Well'		The Health Board strategy consulted upon in 2017 and published 2018 is the current Health Board's 10 year strategy.
Llais		Llais is the national, independent body set up by the Welsh Government to give the people of Wales a stronger voice in their health and social care services.
Long Term Condition	LTC	Long-term conditions are illnesses that cannot be cured although they may be controlled with medicines or other treatments, for example asthma and diabetes.
Magnetic Resonance Imaging	MRI	Magnetic resonance imaging is a type of scan that uses magnetic fields and radio waves inside a large tube in which the patient lies.
Mass immunity		Sometimes referred to as 'herd immunity' mass immunity describes the need to vaccinate a certain percentage of the population in order to prevent the ongoing spread of an infectious illness in those not fully vaccinated. Once mass immunity has been reached, disease gradually disappears from the population.
Medically Fit for Discharge	MFD	This is the point from which an individual remains in hospital for reasons other than because they require inpatient medical oversight.
Methicillin Resistant Staphylococcus Aureus	MRSA	MRSA is a type of bacterial infection that can cause serious infection if it gets into the body. It can be associated with the overuse of antibiotics.
Methicillin-Susceptible Staphylococcus Aureus	MSSA	MSSA is a type of bacterial infection similar to MRSA but more likely to be treatable with antibiotics.

Mid-Wales Collaborative		The Mid Wales Healthcare Collaborative, now the Mid Wales Joint Committee for Health and Care, was established in response to the Mid Wales Healthcare Study with the aim of ensuring that healthcare services in Mid Wales are effective for its population.
Minor Injury Unit	MIU	MIUs are a walk-in service able to deal with minor injuries without needing to visit an Emergency Department. The Health Board has 9 MIUs.
Ministerial Priorities		The ministerial priorities have been set within the NHS Planning Framework 2025/28. Priorities need to be underpinned by a focus on quality, safety and prevention as part of the planned activity, with good medical outcomes at the heart of the NHS services.
Minimum Data Set	MDS	A quarterly reporting tool that underpins the Integrated Medium-Term Plan (or Annual Operating Plan) and contains a set of activity, workforce, and financial data requirements.
More Than Just Words'		More Than Just Words 'Five Year Plan' is the Welsh Government's framework for promoting the use of the Welsh language in health and social care.
National Framework for Social Prescribing	NFfSP	The NFfSP sets out to describe the preferred model of social prescribing in Wales, help develop a shared understanding of the language used to describe social prescribing and seeks to ensure consistency of delivery regardless of the setting.
Neurodevelopmental services	ND	The branch of healthcare services that manages neurodevelopmental conditions. The most common conditions are Autistic Spectrum Disorders and Attention Deficit Hyperactivity Disorder.
Nuclear Medicine		Nuclear medicine uses radioactive material to diagnose disease. Due to the use of radioactivity, nuclear medicine is subject to tight legislative regulation and inspection.
Outline Business Case	OBC	Outline Business (OBC) is a preliminary project framework that sets out the preliminary thoughts regarding proposed project. It identifies the spending option which optimises value for money.
Out of Hours	OOH	A GP service offered to the public outside normal surgery hours, accessed via NHS 111 Wales. Out of Hours period is between 6:30pm to 08:00am on weekdays, and all day at weekends and on bank holidays.
Outsourcing		Provision of additional (clinic, diagnostic or surgical) capacity provided by the independent sector from their own premises.
Operating model		A financial control totals represents financial targets that must be achieved and defines the maximum amount of spending allowed.
Organisational Development	OD	Organisational development is the approach taken to systematically support those working within an organisation to be their best and most satisfied. This involves

		promoting a positive organisational culture, developing workforce and leadership skills and enhancing communication.
Pan Cluster Planning Groups	PCPGs	Pan Cluster Planning Groups (PCPG) are strategic partnership groups set up to deliver needs-based planning and service co-ordination for the local community. Working on a county footprint, PCPGs commission services to fill gaps in local provision.
Palliative and End of Life Care, and Bereavement	PEoLC	The National Palliative and End of Life care Programme provides national leadership and support and acts as a forum to drive forward change and oversee health boards' efforts to deliver the Welsh Government's vision for improving end of life care in Wales.
Patient Initiated Follow Up	PIFU	Follow up clinics appointments only booked at the request of the patient.
Patient Reported Experience Measure	PREM	PREMS are tools where individuals can report the experience of receiving health care from their perspective. They are often used following treatments or interventions to assess how receiving interventions feel for individuals in order to improve services.
Patient Reported Outcome Measure	PROM	PROMS are tools where individuals can report health outcomes from their perspective. They are often used following treatments or interventions to assess the impact that those interventions have had.
Pharmaceutical Needs Assessment	PNA	The PNA is an assessment of the current and future pharmaceutical service requirements within individual areas. The Health Board uses the PNA to inform planning to improve pharmacy services.
Planning template		The mandatory templates issued to Health Boards by NHS Wales used to provide structured additional detail for plan priorities.
Prevention and Population Health	P&PH	This is about preventing poor health in NHS Wales and tackling inequalities.
Population Needs Assessment	PNA	The population needs assessment is an assessment of the care and support needs in North Wales, identifying the services available to meet those needs and any gaps and actions required. It has been created by North Wales Regional Partnership Board, in line with the requirements of the Social Services and Well-being (Wales) Act 2014. The most recent PNA was completed in 2022, though kept under continual review.
Portfolio & Programme Management Office	PMO	A support structure within the Health Board that ensures improvement and change management science is best utilised when managing business change. This is sometimes referred to as making sure we are "doing the right work and doing it in the right way" when delivering major change.
Positron Emission Tomography	PET	A positron emission tomography (PET) scan is a modern type of nuclear medicine imaging test that provides detailed 3-dimensional images of the inside of the body.

Primary Care Model for Wales		The national model for Primary Care in the future in Wales. It makes better use of the skills of everyone working in the local area, and that empowers individuals to take control of their own health and choices.
Prioritisation		The process by which healthcare service improvements that offer the highest value to individuals and communities are progressed when allocating the use of limited resources.
Public Service Board	PSB	PSBs were established by the Well-being of Future Generations (Wales) Act. There are 3 PSBs in North Wales. Each board must carry out a well-being assessment and publish an annual local well-being plan.
Quadruple Aim		The Quadruple Aim is an internationally recognised approach to driving improvements in healthcare. The four themes of the Quadruple Aim, interpreted for Wales are improved population health and wellbeing; better quality and more accessible health and social care services; higher value health and social care; and a motivated and sustainable health and social care workforce.
Quality Management System	QMS	An effective Quality Management System (QMS) is about much more than Quality Improvement. Rather, it draws together the interrelated elements of quality planning, quality improvement, quality control, and quality assurance to create a system of quality that spans everything undertaken in the organisation.
Referral to Treatment	RTT	In n NHS Wales , the referral to treatment (RTT) process involves the time from when a patient is referred by a GP to when they receive treatment.
Regional Partnership Board	RPB	RPBs have been established as part of the Social Services and Well Being Act to improve the well-being of the population and to improve how health and care services are delivered. There is 1 RPB in North Wales. Members of the RPB includes Health Boards' Board members and senior officers, Local Authority Elected Members, Local Authority Social Services Directors, representatives from the Emergency Services, from housing, education, 3rd sector and carers.
Risk Register		A risk register provides a structured record of any significant risks being managed by the Health Board that might impact upon the work of the Health Board. Risk registers are regularly reviewed and include response plans to how the risks are being reduced or controlled.
Same Day Emergency Care	SDEC	Same day emergency care (SDEC) is a service providing urgent care to patients without the need for an overnight admission to hospital.

See on Symptom (SOS) and Patient Initiated Follow-up (PIFU)	SOS & PIFU	See on Symptom (SOS) and Patient Initiated Follow-Up (PIFU) are two ways we deliver care to outpatients. These services empower patients to take control by giving them the choice and flexibility around when they access our care.
Sentinel stroke national audit programme	SSNAP	The Sentinel Stroke National Audit Programme (SSNAP) is a quality improvement initiative. SSNAP measures the quality and organisation of stroke care.
Service Level Agreement	SLA	A documented agreement between a service provider and a commissioner of that service that clearly lays out the level of service expected and the monitoring arrangements that will be used.
Six goals for Urgent and Emergency Care Programme	6 Goals	The 6 Goals Programme is a national programme of initiatives to help transform access to urgent and emergency care.
Single Integrated Clinical Assessment and Treatment	SICAT	Ensures patients are seen by the right person at the right place and time will prevent lengthy delays at the front door of ED, allow vehicles to remain in the local area available to respond to red calls, reduce your overall cycle time and may even allow you to finish on time.
Single Point of Access	APOA	The Single Point of Access (SPOA) is the entry point for referrals to specialist Emotional Wellbeing & Mental Health services.
Social Prescribing	SP	Social prescribing is defined in Wales as an umbrella term that describes a person-centred approach to connecting people to local community assets. It can help empower individuals to recognise their own needs, strengths, and personal assets and to connect with their own communities for support with their personal health and wellbeing (WSSPR & PHW, 2023).
Social Partnership and Procurement (Wales) Act	SPPP	A statutory framework that aims to improve population wellbeing by enhancing public services through social partnership working, promoting fair work and socially responsible public procurement.
Small Business Research Initiative Centre of Excellence	SBRI	The Small Business Research Initiative Centre of Excellence in Wales is hosted by the Health Board and collaborates with public sector bodies in Wales. By running competitions and inviting industry participation, the SBRI Centre of Excellence aims to develop innovative solutions that enhance the health and well-being of those living in Wales. It is funded by the Welsh Government.
Special Measures		Special measures', now referred to as level 5 escalation, is highest level of escalation within the NHS Wales escalation and intervention framework arrangements.
Standard Operating Procedure	SOP	A Standard Operating Procedure is a set of step-by-step instructions to guide those carrying out particular tasks, with the intention of improving efficiency, quality, and consistency.

Stereotactic Ablative Radiotherapy	SAbR	Stereotactic Ablative Radiotherapy is a highly specialised type of precision focused radiation treatment.
Straight to Test	STT	The approach of requesting diagnostic tests, such as scans, before a patient is seen in outpatients, so that a treatment decision can be made when they are seen.
System		Sometimes referred to as 'whole system', the term is usually used to describe the collaborative approach involving multiple partners that is required to best deliver health and care services. The Health Board cannot deliver its best if it works in isolation without drawing in the support of others.
Systemic anti-cancer therapy	SACT	Systemic anti-cancer therapy is a description given to a range of treatments used to target cancer, such as chemotherapy.
SWAN Model		The SWAN is an enabling model which supports staff in clinical areas to give personalised end of life and bereavement care. Its ethos is about empowering staff and giving them permission to go the extra mile in order to meet patient and family needs.
Timely Access to Care	TAtC	These are five strategic priorities that must be delivered by all health boards and other NHS organisations over the next three years.
Third sector		The 'third sector' is an umbrella term covering a range of organisations with different structures and purposes, belonging neither to the public sector nor to the private sector. This includes charities, housing associations, voluntary and community organisations and social enterprises and cooperatives.
Unscheduled care		Now usually referred to as 'urgent and emergency care', this relates to the unplanned care requirements of patients that are either urgent or emergencies in nature. This includes services delivered in Emergency Departments but also includes many other services, for example the use of 111, minor injury units, out of hours primary care services, community pharmacy minor illness services.
Value and Sustainability Board		A national collaborative healthcare approach in Wales to identify and benchmark opportunities to increase value within the NHS, and to make services more sustainable. Individual Health Boards are expected to apply the findings to the services they deliver.
Value based care		Value-based care is an established approach to healthcare in Wales that aims to improve patient outcomes by making the best use of the resources available. It is about achieving meaningful results that matter most to patients.
Well-being goals		The seven well-being goals established by the Well-being of Future Generations Act
Well-being of Future Generations		The Well-being of Future Generations Act in Wales requires public bodies such as the Health Board to work better with others and take a joined up, long-term approach, thinking about the long-term impact of decisions, working better with people,

		communities and each other. The act is about improving the social, economic, environmental, and cultural well-being of Wales.
Welsh Index of Multiple Deprivation	WIMD	This is the Welsh Government's official measure of relative deprivation for small areas in Wales, made up of 1,909 areas ranked from 1 (most deprived) to 1,909 (least deprived).
Wider Determinants of Health		The wider determinants of health describe a wide range of social, economic, and environmental factors that significantly influence people's mental and physical well-being. For example, poverty, poor housing, a lack of employment, and access to green spaces.
Women's Health Hub	WHH	The Women's Health Hub in Wales is part of a broader initiative to improve healthcare services for women across the country. The hubs will be set up in every part of Wales by 2026 to help close the gender health gap.



Health Board

ALL WALES APPROVED CLINICIANS AND SECTION 12(2) DOCTORS **BOARD REPORT – MARCH 2026**

Date of Meeting	26 March 2026
Publication Status	Open/Public
	Not Applicable
Report Author name and title	Meryl Roberts, All Wales Approvals Manager
Lead Executive Team Member name and title	Dr Clara Day, Executive Medical Director

Report Purpose	Endorse for Board Approval
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Executive Summary

This report summarises recent approvals for **Approved Clinicians** and **Section 12(2) Doctors** across Wales, ensuring compliance with the Mental Health Act 1983 (amended 2007) and written approval processes. Betsi Cadwaladr University Health Board is the central approving board for all Health Boards and exercises this delegated function on behalf of Welsh Government.

Applications for approval under the Mental Health Act are checked and scrutinised by the Approvals Team then assessed by the All Wales Approval Panel who make recommendations for approval. The Approval Panel comprises of clinical Panel Members, a Vice-Chair and Chair drawn from all Health Boards and several Local Authorities. The Panel's recommendations for approval are then submitted in writing to the Executive Medical Director for approval using authority delegated at the March 2023 Board meeting. The Panel's recommendations are submitting in writing to the Executive Medical Director for approval, using authority delegated by the Board in March 2023. Approvals are then fully reported and ratified by the Board through this paper.

The approval process complies with Welsh Government delegated authority, Mental Health Act legislation, policies and written approval processes. It promotes transparency with details of recent approvals listed in Appendices 1 and 2.



Following completion of an All Wales Approval Panel recruitment process, a candidate has been appointed to the role of Chair of the All Wales Approval Panel following interview by a multi-professional selection panel. The selection panel comprised of the Executive Medical Director, the All Wales Approval Acting Panel Chair as well as external professional representation from RCPsych (Wales) Division and the RCN. The successful candidate has accepted the three year reviewable appointment and documentation to formalise the role is currently being completed. The Chair will provide independent leadership of All Wales Approval Panel proceedings and support robust governance of the Panel’s decision making processes.

Board Actions Requested:

- Note the contents of the report.
- Ratify the Approved Clinician and Section 12(2) approvals contained within Appendices 1 and 2.

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Dates	Outcome, Evidence and Data
Internal action letters submitted by the All Wales Approvals Manager to Executive Medical Director (EMD) and/or Deputy Executive Medical Director (DEMD) seeking ratification of Panel recommendations for approval or reapproval.	January 2026 to March 2026 Details below	Please see below.
DEMD	13.01.2026	Action letter for approvals submitted. Four approved; one approval required additional assurances from an employing health board which was received then subsequently approved.
DEMD	14.01.2026	Action letter for approval submitted and approved
DEMD	23.01.2026	Action letters for approval submitted and approved
DEMD	27.01.2026	Action letter for approvals submitted and approved
DEMD	03.02.2026	Action letter for approvals submitted and approved
DEMD	09.02.2026	Action letter for approvals submitted and approved

EMD	16.02.2026	Action letter for approvals submitted and approved
DEMD	24.02.2026	Action letter for approvals submitted and approved
EMD/Acting All Wales Approval Panel Chair/External professional representation	27.02.2026	Multi-disciplinary interview panel - for the All Wales Approval Panel Chair role
DEMD	03.03.2026	Action letter for approvals submitted and approved
DEMD	10.03.2026	Action letter for approvals submitted and approved
Acronyms / Glossary of Terms		
EMD	Executive Medical Director	
DEMD	Deputy Executive Medical Director	
RCPsych	The Royal College of Psychiatrists	
RNC	The Royal College of Nursing	

All Wales Approved Clinicians and Section 12(2) Doctors – Board Assurance

1. SITUATION

- 1.1 This report provides Board assurance on the operation of the All Wales Approved Clinicians and Section 12(2) Doctors approval process and seeks ratification of approvals; authorised under delegated authority.

2 BACKGROUND

- 2.1 Betsi Cadwaladr University Health Board undertakes the All Wales approval function for all Health Boards on behalf of Welsh Government. Approvals for approved clinicians are made in accordance with the Mental Health Act 1983 (amended 2007), the Approved Clinicians (Wales) Directions 2018, the Approval of Approved Clinicians Welsh Government Guidance Document and the All Wales Approved Clinician Procedural Arrangements Document. Approvals for Section 12(2) Doctors are made in accordance with the Mental Health Act 1983 (amended 2007) and the All Wales Section 12(2) Process and Criteria Document.
- 2.2 Applications for approval are scrutinised by the Approvals Team then assessed against written criteria by the All Wales Approval Panel.

3 SPECIFIC MATTERS FOR CONSIDERATION

- 3.1 Ratification of approvals previously authorised via action letter by the Executive Medical Director or the Deputy Executive Medical Director.








4 **KEY RISKS / MATTERS FOR ESCALATION**

4.1 No significant risks identified.

5 **RECOMMENDATIONS**

5.1 The Board is asked to:

- Ratify approvals
- Note the recent appointment of the All Wales Approval Panel Chair

ASSESSMENT	
Link to Strategic Priorities	    
	Choose an item.
	Improving quality, outcomes and experience
Design Principles	Consistency with Organisational Values If more than one applies, please list below:
Corporate Risks and Board Assurance Framework	
Wellbeing of Future Generations Act – Wellbeing Goals	A Healthier Wales
	If more than one applies, please list below:

IMPACT ASSESSMENTS		
Equality <i>Have you undertaken an Equality Impact Assessment Screening (which includes the requirements of the Welsh Language Standards)</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	
	If no, please include rationale:	A formal assessment is not required as the report relates solely to governance and assurance arrangements only and does not introduce changes to service delivery.
Socio-Economic Impact Assessment	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	



<p><i>Have you undertaken a Socio-Economic Impact Assessment</i></p>	<p>If no, please include rationale:</p>	<p>A formal assessment is not required as the report relates solely to governance and assurance arrangements only and does not introduce changes to service delivery.</p>
<p>Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i></p>	<p>Enablers of Quality Choose an item.</p>	<p>Domains of Quality Choose an item.</p>
	<p>If more than one applies, please list below:</p>	<p>If more than one applies, please list below:</p>
<p>Wellbeing of Future Generations Act – Wellbeing Goals</p>	<p>A Healthier Wales</p>	
<p>Environmental /Sustainability Impact (5Rs)</p>	<p>If more than one applies, please list below:</p>	
	<p>Choose an item.</p>	
<p>Armed Forces Covenant Due Regard Duty Have you considered the Armed Forces Covenant Due Regard Duty?</p>	<p>Yes: <input type="checkbox"/></p>	<p>No: <input checked="" type="checkbox"/></p>
	<p>Outcome:</p>	<p>A formal assessment is not required as the report relates solely to governance and assurance arrangements only and does not introduce changes to service delivery.</p>
	<p>If no, please include rationale:</p>	
<p>Data Protection Impact Assessment <i>Have you undertaken a Data Protection Impact Assessment Screening?</i></p>	<p>Yes: <input type="checkbox"/></p>	<p>No: <input checked="" type="checkbox"/></p>
	<p>Outcome:</p>	
	<p>If no, please include rationale:</p>	<p>A formal assessment is not required as the report relates solely to governance and assurance arrangements only and does not</p>



		introduce changes to service delivery.
Counter Fraud Impact Assessment <i>Have you considered the counter fraud impacts</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	
	If no, please include rationale:	A formal assessment is not required as the report relates solely to governance and assurance arrangements only and does not introduce changes to service delivery.
Legal	Yes (Include further detail below) The approval and ratification processes described in this report are undertaken in accordance with Welsh Minister delegation to Betsi Cadwaladr University Health Board, the Mental Health Act (1983) (as amended), Welsh Government Guidance document, Approved Clinician Directions 2018 and S12(2) Process and Criteria Document (the written approval process). There are no identified legal concerns arising from the recommendations within this report.	
Reputational	Yes (Include further detail below) Robust governance of Approved Clinicians and Section 12(2) Doctor approvals is essential to maintaining public protection and public confidence in mental health services in Wales. The arrangements outlined in this report provide high level assurance that approvals are subject to appropriate scrutiny, transparency and Board oversight. No reputational risks have been identified.	
Resource Impact <i>(People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report.	
	There is no direct financial or workforce impact arising from the matters outlined in this report. The activity described, represents continuation of existing All Wales approval arrangements within current resources.	

APPENDIX 1

<u>Update of Register of Approved Clinicians in Wales</u>	
	Approved Clinicians
Approvals and Re-approvals	21
Approvals suspended	0
Approvals re-instated	0
Left Wales and Removed from Register)	1
Retired	0
No longer Registered or Licensed to Practise with Professional Body	7
Transferred from AC register (to S12 Register)	0
Removed from S12 – Became AC approved	0
Approval Ended	0
Death in Service	0
Performance Metrics	
Reporting period: 6 th January 2026 – 10 th March 2026	
Total number of AC applications processed	30
Number awaiting completion of application by the applicant	4
Pending Approvals	5
Average approval time per completed application.	12.67 days
Number of lapsed approvals due to missed deadlines by the applicant	0

APPENDIX 1

Mental Health Act 1983 (as amended by the Mental Health Act 2007)
Mental Health Act 1983 Approved Clinician (Wales) Directions 2018
Update of Register of Approved Clinicians - Wales
Ratification Period: 6th January 2026 – 10th March 2026

Approvals and Re-approvals: 21

Surname	First Name	Workplace	Date Approval Expires
Abdul	Sirwan	Cardiff and Vale University Health Board, Hamadryad CMHT, Hamadryad Road, Cardiff, CF10 5UY	5 th January 2031
Al-Amin	Mariam	Cygnnet Healthcare, Delfryn House, Argoed Hall Lane, Mold, Flintshire, CH7 6FQ	5 th January 2031
Heke	Sian	Swansea Bay University Health Board, The Forge Centre, Forge Road, Port Talbot, SA13 1PA	8 th January 2031
Riyadh	Mohamed	Cardiff and Vale University Health Board, St David's Hospital, CAMHS Department, Canton, CF11 9XB	28 th June 2026
Ali	Safdar	Betsi Cadwaladr University Health Board, Hergest Unit, Ysbyty Gwynedd, Penrhosgarnedd, Bangor, Gwynedd, LL57 2PW	30 th June 2029
Mushtaq	Muhammad	Swansea Bay University Health Board, Fendrod Ward, Tawe Clinic, Cefn Coed Hospital, Waunarlwydd Road, Cockett, Swansea, SA2 0GH	3 rd April 2029

Surname	First Name	Workplace	Date Approval Expires
Venkatesh	Kuppahalli	Powys Teaching Health Board, Bryntirion Resource Centre, Salop Road, Welshpool, SY21 7DU	19 th January 2031
Ariadka	Rahul Rai	Powys Teaching Health Board, Erwood Ward, Bronllys Hospital, Bronllys, Powys LD3 0LU	14 th August 2026
Tukpe	Victor	Cwm Taf Morgannwg University Health Board, Mental Health Unit, Royal Glamorgan Hospital, Ynysmaerdy, Pontyclun, CF72 8XR	4 th June 2028
Mohan	Deni	Cardiff and Vale University Health Board, Llanfair Unit, University Hospital of Llandough, Penlan Road, Penarth, CF64 2XX	26 th January 2031
Bhattacharyya	Sarmishtha	Betsi Cadwaladr University Health Board, Older Person's Mental Health Service, Plas Gororau, Ellice Way, Wrexham, LL13 7YY	1 st February 2031
Baker	Owain	Swansea Bay University Health Board, Ysbryd y Coed, Cefn Coed Hospital, Waunarlwydd Road, Cockett, Swansea, SA2 0GH	10 th February 2031
Sebastian	Jain	Powys Teaching Health Board, The Park Offices, The Park, Newtown, Powys, SY16 2NZ	3 rd February 2031
Konstantinidi	Efstathia	Elysium Healthcare, Ty Gwyn Hall Hospital, Llantilio Pertholey, Abergavenny, Monmouthshire, NP7 6NY	17 th February 2031
Mustafa	Saima	Betsi Cadwaladr University Health Board, Heddfan Psychiatric Unit, Wrexham Maelor Hospital, Croesnewydd Road, Wrexham, LL13 7TD	19 th February 2031
Walton	Catherine	Swansea Bay University Health Board, Mental Health and Learning Disability Services, Ty Penfro, 67a Pembroke Road, Cardiff, CF5 1QQ	19 th February 2031
Catrin	Comeau	Cardiff and Vale University Health Board, Hafan Y Coed, University Hospital of Llandough, Penlan Road, Penarth, Cardiff, CF64 2XX	2 nd March 2031
Lusby	Joshua	Cwm Taf Morgannwg University Health Board, Tonteg Hospital, Church Road, Tonteg, Pontypridd, CF38 1HE	2 nd March 2031

Surname	First Name	Workplace	Date Approval Expires
Klenka	Lucie	Betsi Cadwaladr University Health Board, Plas Gororau, Ellice Way, Wrexham, LL13 7YY	3 rd March 2031
O'Connor	Graham	Hywel Dda University Health Board, Heddfan Unit, Y Delyn Unit, Glangwili Hospital, Carmarthen, SA31 2AF	3 rd March 2031
Anamdi	Chike	Cygnnet Healthcare, Delfryn Lodge, Argoed Hall Lane, Mold, CH7 6FQ	7 th August 2027

Approvals Suspended: 0

Surname	First Name	Workplace	Date Approval Expires

Approvals Reinstated: 0

Surname	First Name	Workplace	Date Approval Expires

Left Wales and Removed from AC Register: 1

Surname	First Name	Workplace	Date Approval Expired
Mahajan	Deepali	Cardiff and Vale University Health Board, Gabalfa Clinic, CMHT, 213 North Road, Gabalfa, Cardiff, CF14 3AG	9 th March 2026

Retired: 0

Surname	First Name	Workplace	Date Approval Expired

No longer Registered or Licensed to Practice with Professional Body: 7

Surname	First Name	Workplace	Date Approval Ended
Abdul	Sirwan	Cardiff and Vale University Health Board, Hamadryad CMHT, Hamadryad Road, Cardiff, CF10 5UY	6 th January 2026
Bright	Catherine	Aneurin Bevan University Health Board, Secondary Care Liaison Team, Alders House, Llanfrechfa Grange, Cwmbran, NP44 8YN	6 th February 2026
Steadman	David	Cardiff and Vale University Health Board, North East Cardiff Community Mental Health Team, Pentwyn Health Centre, Brynheulog, Pentwyn, Cardiff, CF23 7JD	6 th February 2026
Ibitoye	Fade	Cygnnet Healthcare, Delfryn Lodge, Argoed Hall Lane, Mold, Flintshire, CH7 6FQ	9 th February 2026
Karunakaran	Kanapathippillai	Betsi Cadwaladr University Health Board, Swyn y Coed, Grove Road, Wrexham, LL11 1DY	3 rd March 2026
Sood	Ruchit	Formerly Betsi Cadwaladr University Health Board, Heddfan Unit, Wrexham Maelor Hospital, Croesnewydd Road, Wrexham, LL13 7TD	25 th November 2025
Ellis	Elin Mererid	Aneurin Bevan University Health Board, Cwm Coch, Ysbyty Aneurin Bevan, Lime Avenue, Ebbw Vale, Blaenau Gwent, NP23 6GL	

Transferred from AC Register to S12 Register: 0

Surname	First Name	Workplace	Date Approval Expires

Approval Expired or Ended: 0

Surname	First Name	Workplace	Date Approval Expired

Death in Service: 0

Surname	First Name	Workplace	Date Approval Expired

APPENDIX 2

<u>Update of Register of Section 12(2) Approved Doctors - Wales</u>	
	Section 12(2) Approved Doctors
Approvals and Re-approvals	11
Approvals suspended	0
Approvals re-instated/ transferred/returned to work in Wales	1
Removed (Left Wales)	5
Retired	0
Registered without a licence to practise and retired	0
Transferred from AC register (to S12 Register)	0
Became AC approved	10
Approval Ended or Expired	2
Death in Service	0
Performance Metrics - Reporting period: 6th January 2026 – 10th March 2026	
Total number of Section 12(2) doctor applications processed	15
Pending approvals	2
Number awaiting completion of application by the applicant	2
Average approval time per completed application	18.25 days
Number of lapsed approvals due to missed deadlines by the applicant.	0

APPENDIX 2

**Mental Health Act 1983 (as amended by the Mental Health Act 2007)
Mental Health Act 1983 – All Wales Section 12(2) Process and Criteria Document**

Update of Register of Section 12(2) Doctors - Wales
Ratification Period: 6th January 2026 – 10th March 2026

S12 Approvals and Re-approvals: 11

Surname	First Name	Workplace	Date Approval Expires
Jha	Urmi	Betsi Cadwaladr University Health Board, Hafod Community CMHT, Beechwood Road, Rhyl, Denbighshire, LL18 3EU	6 th January 2031
Ikwegbue	Kenneth	Hywel Dda University Health Board, Community Learning Disabilities Team, 1 Penlan Road, Carmarthen, SA31 1DN	11 th January 2031
Kumar	Gulesh	Aneurin Bevan University Health Board, South Caerphilly Community Mental Health, 1 Mill Road, Caerphilly, CF83 3FD	23 rd January 2031
Anees	Saba	Hywel Dda University Health Board, Canolfan Gwili Glangwili, General Hospital, Carmarthen, SA31 2AF	1 st February 2031
McCann	Llinos	Swansea Bay University Health Board, Caswell Clinic Medium Secure Unit, Glanrhyd Hospital, Tondu Road, Bridgend, CF31 4LN	3 rd February 2031
Satti	Salih	Swansea Bay University Health Board, Learning Disabilities Directorate, Rowan House, Treseder Way, Cardiff CF5 5WF	4 th February 2031
Drury	Hazel	Betsi Cadwaladr University Health Board, Gwrych Medical Centre, Cae Eithin, Abergele, Conwy, LL22 8LJ	8 th February 2031

Surname	First Name	Workplace	Date Approval Expires
Hastings	Stephen	Hywel Dda University Health Board, Gorwelion Community Centre, Llanbadarn Road, Aberystwyth, SY23 1HB	15 th February 2031
Okeke	Chuka Stanley	Cwm Taf Morgannwg University Health Board, Cwm Cynon Hospital, New Road, Mountain Ash CF45 4BZ	18 th February 2031
Naseema	Arif Aneesh Abdul Samad	Swansea Bay University Health Board, Cefn Coed Hospital, Cockett, Swansea, SA2 0GH	24 th February 2031
Abdulkhader	Hisham	Swansea Bay University Health Board, Area II, Central Clinic, Swansea, SA1 5AT	2 nd March 2031

S12 suspended: 0

Surname	First Name	Workplace	Date Approval Expires

S12 Approval Reinstated/Transferred/Returned to Wales: 1

Surname	First Name	Workplace	Date Approval Expires
Wing	Emily	Cwm Taf Morgannwg University Health Board, Community Drug and Alcohol Team Dewi Sant Hospital, Albert Road, Pontypridd, CF37 1LB	26 th May 2030

S12 Ended – Became an Approved Clinician: 10

Surname	First Name	Workplace	Date Approval Ended
Soundararajan	Sathyan	Betsi Cadwaladr University Health Board, Wepre House, Civic Way, Connah's Quay, Deeside, Flintshire, CH5 4HA	6 th February 2026

Surname	First Name	Workplace	Date Approval Ended
Adeitan	Oluwaseun	Cardiff and Vale University Health Board, Llandough Hospital, Penlan Road, Cardiff, CF64 2XX	6 th February 2026
Devasabai	Dushitharan	Swansea Bay University Health Board, CAMHS, Block D, Neath Port Talbot Hospital, Baglan Way, Port Talbot, SA12 7BX	20 th February 2026
Konstantinidi	Efstathia	Elysium Healthcare, Ty Gwyn Hall Hospital, Llantillio Pertholey, Abergavenny, NP7 6NY	26 th February 2026
McKeown	Christopher	Betsi Cadwaladr University Health Board, Heddfan, Croesnewydd Road, Wrexham, LL13 7TD	26 th February 2026
Thorn	Laura	Cwm Taf Morgannwg University Health Board, Princess of Wales Hospital, Coity Road, Bridgend, CF31 1RQ	26 th February 2026
Anjam	Muhammad	Cwm Taf Morgannwg University Health Board, Ysbyty Cwm Cynon, New Road, Mountain Ash, CF45 4BZ	26 th February 2026
Leong	Kok Keong	Aneurin Bevan University Health Board, Ysbyty Ystrad Fawr, Ystrad Fawr Way, Ystrad Mynach, Hengoed, CF82 7GP	26 th February 2026
Khalid	Ali	Hywel Dda University Health Board, CTLD, Llanion House, Pembroke Dock, SA72 6DY	26 th February 2026
Tomlinson	Peter	Cardiff and Vale University Health Board, Forensic CMHT, Llanfair unit, UHL, Penarth, CF64 2XX	26 th February 2026

Removed (Left Wales): 5

Surname	First Name	Workplace	Date Approval Expires
Eid	Bahi Ibrahim	Swansea Bay University Health Board, Llwyneryr Unit, Learning Disability Services, Clasemont Road, Morriston, Swansea, SA6 6AH.	3 rd December 2030
Scanlon	Kathleen	Aneurin Bevan University Health Board, Lodge Road, Caerleon, Newport, NP18 3XQ	30 th November 2030

Surname	First Name	Workplace	Date Approval Expires
Bhagyappa	Kavitha	Betsi Cadwaladr University Health Board, Hergest Unit, Ysbyty Gwynedd, Penrhosgarnedd, Bangor, LL57 2PW	4 th July 2029
Naseema	Arif	Swansea Bay University Health Board, Cefn Coed Hospital, Cockett, Swansea, SA2 0GH	24 th February 2031
Talib	Muhammad	Cwm Taf Morgannwg University Health Board, Trealaw Resource Centre, Brynteg Terrace, Tonypany, CF40 2PD.	16 th June 2026

Retired: 0

Surname	First Name	Workplace	Date Approval Expired

Registered Without a Licence and Retired: 0

Surname	First Name	Workplace	Date Approval Ended

S12 Approval Ended or Expired: 2

Surname	First Name	Workplace	Date Approval Expired
Guy	Jennifer	Cardiff and Vale University Health Board, St David's Hospital, Cowbridge Road, Cardiff, CF11 9XB	24 th January 2031
Kendall	Kimberley	Cwm Taf Morgannwg University Health Board, Outreach and Recovery Team, Keir Hardie Health Park, Aberdare Road, Merthyr Tydfil, CT48 1BZ	23 rd February 2026

Death in Service: 0

Surname	First Name	Workplace	Date Approval Ended



**ASSURANCE REPORT
NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE**

Reporting Committee	Shared Services Partnership Committee
Chaired by	Professor Tracy Myhill OBE, NWSSP Chair
Lead Executive	Neil Frow OBE, Managing Director, NWSSP
Author and Contact Details	Roxann Davies, Corporate Services Manager and James Quance, Assistant Director of Corporate Services
Date of Meeting	22 January 2026
Summary of key matters including achievements and progress considered by the Committee and any related decisions made	
<p>Chair’s Report - The Chair updated the Committee on activities since the last meeting, in addition to routine duties, approvals, and providing support to NHS Wales Shared Services Partnership (NWSSP), which included:</p> <ul style="list-style-type: none"> • extensive engagement in the Welsh Government’s independent review of NWSSP Accountability and Governance, welcoming the published outcome and confirming constructive joint work with the Chair of Velindre University NHS Trust (Velindre); • strengthened working relationship with Velindre through several positive one-to-one meetings and joint review of draft recommendations; • ongoing participation in key stakeholder engagement forums, including the Chairs’ Meeting and the Welsh Risk Pool Committee; and • contribution to the NWSSP Annual Staff Recognition Awards, supporting organisational culture and staff celebration. <p>The Committee NOTED the Chair’s Report.</p>	
<p>Managing Director Update - The Managing Director provided a comprehensive update which included an overview of operational activity, driven by Integrated Medium-Term Plan (IMTP) development and wider system pressures. Preparations for NWSSP’s 15-year anniversary in April 2026 continue, alongside the successful virtual Staff Recognition Awards held on 13 January, which highlighted staff professionalism and contribution across NWSSP and NHS Wales. The Welsh Government Independent Review outcome confirmed NWSSP’s governance framework is fundamentally sound, setting out recommendations for strengthening and improvement. Financially, a £6m non-recurrent distribution has now been confirmed for partners, with improved clarity on Welsh Risk Pool allocation, though year-end financial management remains a priority.</p> <p>Progress continues across Radiopharmacy, with the South East Hub’s new isolators undergoing testing and validation ahead of a June go-live and ongoing collaboration with Aneurin Bevan University Health Board to mitigate staffing pressures. Credible site options for the South West and North Wales developments have been identified, and project momentum is increasing. Over one million vaccines have been delivered nationally, with planning underway for next year, building on lessons gleaned from 2025. Primary Care and Medical Examiner Services remain under high demand and activity continues to be monitored, with current performance in line with expectations, reflecting the strength of</p>	

the winter planning and preparedness undertaken. There is ongoing work with DHCW to automate the redirection of mis-addressed hospital letters. Engagement on Welsh Risk Pool matters is continuing ahead of the Chairs' meeting, and implementation of the Future Workforce Solution is progressing rapidly with identified pathfinders, though a significant risk persists due to funding uncertainty beyond year two, which is currently subject to active discussion with Welsh Government.

The report also provided updates on the Laundry Service, accommodation, decarbonisation and adaptation activity, and personal protective equipment, alongside an overview of engagement events, staff awards and recognition.

The Committee **NOTED** and **DISCUSSED** the Managing Director's Report.

Welsh Government Independent Review of NWSSP Accountability and Governance Arrangements

The Committee welcomed the publication of the outcome report, noting satisfaction that the report confirms NWSSP's governance and accountability framework is "*fundamentally sound.*" After 15 years of significant growth and diversification, it is appropriate that areas for strengthening have been identified. The review contains 19 recommendations, several of which relate specifically to partner organisations. It was highlighted that Welsh Government has issued a formal response, which will inform the next phase of work. A working group will be established to take forward the recommendations and this marks an opportunity to address some of the challenges of the past year and ensure hosting arrangements better support partnership functioning. Early reflections from Committee Members on how their organisations were considering the recommendations were invited.

The Committee **DISCUSSED** and **NOTED** the update provided in respect of the Welsh Government Independent Review of NWSSP Accountability and Governance Arrangements outcome, and the next steps regarding the implementation of recommendations.

Items for Approval

NWSSP Integrated Medium Term Plan (IMTP) 2026-2029 – The Committee **APPROVED** the Plan for submission, subject to any feedback received prior to 13 February 2026. The publication reflects the Welsh Government planning framework and statutory submission requirements, shaped by a strong focus on supporting Health Organisations' planning. The plan is people-led and iterative, aligned to Ministerial priorities and system expectations, underpinned by robust financial scrutiny amid significant resource pressures and known delivery risks. It sets out clear strategic priorities including digital transformation, workforce, service modernisation, sustainability and collaboration across NHS Wales, introduces a new focus on strengthening partnerships, and is supported by impact assessments, case studies and a planned programme of engagement ahead of submission.

Expenditure and Purchase Approval for the Influenza Vaccines Required for the 2026/27 Influenza Vaccination Programme - The Committee **APPROVED** the proposal, noting the requirement for urgent procurement due to manufacturing lead-in times. NWSSP has been commissioned by Welsh Government to deliver a single national procurement, with the contract extended for a further year to support the forthcoming campaign, securing 912,000 doses at a total cost of £12.6m and achieving cost efficiencies through consolidation to a single vaccine. The vaccines will be fully funded by Welsh Government, with corresponding approvals progressed through Velindre Trust Board to authorise the Chief Executive Officer to approve the requisition.

Remote Advice and Guidance Contract Extension – The Committee **APPROVED** the contract extension proposal for a further 12 months to March 2027, noting its role in enabling cross-organisational access to clinical advice and NWSSP’s function as lead organisation on behalf of NHS Wales Performance and Improvement (NHS P&I). Assurance was provided that the extension is fully funded by Welsh Government, with no financial risk to NWSSP. The corresponding approval would be progressed through Velindre Trust Board to authorise the Chief Executive Officer to approve the requisition.

Power Resilience at IP5 to include Radiopharmacy and TrAMS Hub - The Committee **APPROVED** the proposed approach, noting its alignment with the wider estates strategy and its critical role in supporting delivery of the TrAMS programme. The solution, endorsed through programme governance, involves a phased approach with separate procurements for enabling works and generation infrastructure. At this stage, approval enables progression of a funding submission to Welsh Government, with no contractual commitment entered into, and the matter will return to the Committee for a formal investment decision once funding approval is secured.

Forensic and Statement Reconciliation Software Contract Renewal - The Committee **APPROVED** the contract renewal, noting its critical role in supporting accounts payable controls, fraud risk management and financial assurance across NHS Wales. The proposal consolidates two existing contracts into a single arrangement to improve value for money and streamline management, with assurance provided that the existing supplier remains the most cost-effective option. Learning was noted in relation to procurement lead-in times for digital contracts, and the renewal was endorsed to ensure continuity of service and system robustness. The corresponding approval would be progressed through Velindre Trust Board to authorise the Chief Executive Officer to approve the requisition.

e-Expenses System Contract Renewal - The Committee **APPROVED** the contract renewal, noting its critical role in supporting the processing of NHS Wales staff expenses and the need for contractual flexibility amid wider system change. The proposed structure provides assurance and continuity while accommodating potential future alignment with the Future Workforce Solution and evolving medical and dental workforce arrangements. Assurance was provided that there are no financial implications for local organisations, with the renewal fully supported through existing central funding and a compliant procurement approach. The corresponding approval would be progressed through Velindre Trust Board to authorise the Chief Executive Officer to approve the requisition.

TRAC Recruitment System Contract Renewal - The Committee **APPROVED** the contract renewal, noting its critical role in maintaining recruitment stability and performance across NHS Wales. The proposed structure provides continuity while allowing alignment with the Future Workforce Solution and a managed transition as onboarding capability is developed. Assurance was provided on the system’s effectiveness in improving recruitment timescales, with the renewal supporting service continuity while preserving flexibility for a future exit strategy. The corresponding approval would be progressed through Velindre Trust Board to authorise the Chief Executive Officer to approve the requisition.

Companies House Lease Renewal - The Committee **APPROVED** the lease renewal and to authorise instruction to Legal and Risk Services to progress with documentation, noting the conclusion of complex negotiations and the agreement of favourable terms that balance operational stability with flexibility, including a capped service charge and break option. The reduced estate footprint aligns with the Agile Working Strategy. The corresponding approval would be progressed through Velindre Trust Board.

IP5 Lease Variation – The Committee **APPROVED** a minor variation to the lease to support delivery of the RadioPharmacy project, noting that the change is straightforward, presents no additional operational impact, enabling progression through to Velindre Trust Board for approval and application of the corporate seal.

Items for Noting and Discussion

NWSSP Decarbonisation and Adaptation Activity Update - The Committee received the bi-annual update provided in relation to NWSSP’s decarbonisation and adaptation activity, noting steady progress against the 2024–2026 Decarbonisation Action Plan and alignment of the forthcoming plan to the new NHS Wales Strategic Delivery Plan. Performance remained amber across carbon management, estates, transport and procurement, with green ratings for adaptation and healthcare approaches, and only a small number of actions outstanding. Significant achievements included completion of organisation-wide adaptation risk workshops; installation of solar panels at Matrix House and EV chargers at IP5; and delivery of notable case studies such as the NHS Wales Tray Wrap Project, a well-received decarbonisation staff event, and national recognition for the Welsh Health Environment Forum. NWSSP secured approval for 17 electric vehicles for 2026, with further work underway on governance for the new strategy, net-zero building guidance, sustainable transport plans, expanded solar installations, waste strategy development and continued fleet replacement.

The Committee **NOTED** the NWSSP Decarbonisation and Adaptation Activity Update.

Finance, Performance, People, Programme and Governance Updates

Finance Report – The Committee noted the financial position as at 31 December 2025, with a year-to-date surplus of £4.278m and a confirmed £6m forecast surplus following quarter four projections. Capital expenditure totalled £4.129m against the £11.372m Capital Expenditure Limit, supported by recent approvals including the IP5 roof overlay, year-end bids for laundry, digital and IT infrastructure, and next year’s approved fleet business case. Discretionary capital has reduced to £0.409m due to the Transforming Estates Funding contribution. A significant deterioration in the Welsh Risk Pool position was noted, with month 9 Departmental Expenditure Limit reaching £116.731m against the £109m allocation and a refreshed forecast of £183.848m to £194.591m, triggering £74m–£85m under the Risk Share Agreement. Welsh Government has confirmed up to £49m, which may be fully required. Detailed case review, close monitoring and ongoing engagement with the Financial Planning and Delivery Unit continue to assess emerging risks and next-year pressures.

People and Organisational Development Report – The Committee received the latest workforce update to 31 December 2025, confirming continued headcount growth, improved turnover performance (reducing to 8.87%, excluding SLE), and stable sickness rates at 3.16%, remaining below the NHS Wales average. Statutory and mandatory learning compliance remained high at 92.55%, with Anti-Racism training above target and strong 83.14% PADR compliance. Positive movement across previously red indicators, particularly in non-mandatory learning and targeted improvement areas, was noted. The Committee discussed rising voluntary resignations within the first year of employment, with fixed-term contracts and limited insight from exit questionnaires identified as contributing factors; benchmarking indicates this trend is common across NHS and wider sectors.

Performance Information Report – The Committee received the report detailing strong performance across Key Performance Indicators (KPIs) from August to November 2025.

Quarter 2 reports were issued in October and quarter 3 reports would follow at the end of January, with forthcoming organisational and divisional performance meetings to support deeper IMTP oversight. Professional influence benefits totalled £86m to the end of November, with only three KPIs not meeting target, each accompanied by clear explanations and remedial actions. Recruitment Time-to-Hire continues to meet the All-Wales target, sustaining over 12 months of compliance despite organisational variation.

Outcome Measures Report – The Committee received the report focused on outcomes aligned to NWSSP’s strategic objectives across services, people and value. NWSSP continues to demonstrate progress in evidencing impact. Work is underway to further enhance the report for the next IMTP cycle, including a new partnership-focused section and improved tailoring of data to better support Health Organisations’ local performance and decision-making. The report highlighted positive customer satisfaction, stronger employee engagement, and increased contributions to decarbonisation and the foundational economy, with consistently positive ‘Voice of the Customer’ themes and active improvement work across recruitment, audit timeliness, procurement transparency, payroll communication and system development.

Transformation Management Office (TMO) Update Report – The Committee received an update on the breadth of programme activity within the TMO, confirming no material change in RAG status since the last iteration, but noting significant forthcoming capacity pressures arising from major programmes including the Future Workforce Solution, the new Resident Doctors Contract, and the TrAMS programme. A new North Wales-based Project Manager has been appointed, strengthening regional presence and Welsh-language capability.

NWSSP Corporate Risk Register – The Committee received the latest Risk Register update, which was reported as stable and continues to be scrutinised regularly at each Senior Leadership Group meeting. The latest position identifies 20 risks for action, comprising six red, 11 amber and three yellow rated risks. Four red risks remain unchanged insofar as trends and two new red-rated risks have been escalated insofar as challenges around the accuracy of forecasting for Welsh Risk Pool and the impending expiration of Microsoft licenses. In addition, five risks are recorded for monitoring, including two amber and three yellow, of which one is a newly escalated risk to organisational reputation arising from public perception that the statutory implementation of the Medical Examiner Service in September 2024 has caused significant delays in the death certification process.

The Committee **DISCUSSED** and **NOTED** the above Reports.

Part B - Private

The Committee **APPROVED** the proposed approach for the All-Wales Finance and Procurement System Replacement and **NOTED** the update provided in respect of the Future Workforce Solution for NHS Wales.

Matters requiring Board/Committee level consideration and/or approval

The Board is asked to **NOTE** the work of the Shared Services Partnership Committee.

Date of next meeting	Thursday 19 March 2026, 10.00am to 12.00pm
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GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Standing Orders

Reservation and Delegation of Powers

Betsi Cadwaladr University Health Board

Foreword

These Model Standing Orders are issued by Welsh Ministers to Local Health Boards using powers of direction provided in section 12 (3) of the National Health Service (Wales) Act 2006. Local Health Boards (LHBs) in Wales must agree Standing Orders (SOs) for the regulation of their proceedings and business. When agreeing SOs LHBs must ensure they are made in accordance with directions as may be issued by Welsh Ministers.

These SOs are designed to translate the statutory requirements set out in the Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulations 2009 (S.I. 2009/779 (W.67)) into day to day operating practice, and, together with the adoption of a Scheme of decisions reserved to the Board; a Scheme of delegations to officers and others; and Standing Financial Instructions (SFIs), they provide the regulatory framework for the business conduct of the LHB.

These documents form the basis upon which the LHB's governance and accountability framework is developed and, together with the adoption of the LHB's Standards of Business Conduct Policy, is designed to ensure the achievement of the standards of good governance set for the NHS in Wales.

All LHB Board members and officers must be made aware of these Standing Orders and, where appropriate, should be familiar with their detailed content. The Director of Corporate Governance/Board Secretary will be able to provide further advice and guidance on any aspect of the Standing Orders or the wider governance arrangements within the LHB.

Further information on governance in the NHS in Wales may be accessed at <https://nwssp.nhs.wales/all-wales-programmes/governance-e-manual/>.

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Section A – Introduction

Statutory Framework

- i) The Betsi Cadwaladr University Health Board (the Local Health Board - LHB) is a statutory body that was established on 1st June 2009 and became operational on the 1 October 2009 under **The Local Health Boards (Establishment and Dissolution) (Wales) Order 2009 (S.I. 2009/778)**, “the Establishment Order”.
- ii) The principal place of business of the LHB is – Ysbyty Gwynedd, Penrhosgarnedd, Bangor, Gwynedd, LL57 2PW
- iii) All business shall be conducted in the name of Betsi Cadwaladr University Health Board, and all funds received in trust shall be held in the name of the LHB as a corporate Trustee.
- iv) LHBs are corporate bodies and their functions must be carried out in accordance with their statutory powers and duties. Their statutory powers and duties are mainly contained in the **NHS (Wales) Act 2006** which is the principal legislation relating to the NHS in Wales. Whilst the **NHS Act 2006** applies equivalent legislation to the NHS in England, it also contains some legislation that applies to both England and Wales. The NHS (Wales) Act 2006 and the NHS Act 2006 are a consolidation of the NHS Act 1977 and other health legislation which has now been repealed. The NHS (Wales) Act 2006 contains various powers of the Welsh Ministers to make subordinate legislation and details how LHBs are governed and their functions.
- ix) Under powers set out in paragraph 4 of Schedule 2 to the NHS (Wales) Act 2006, the Welsh Ministers have made **the Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulations 2009 (S.I. 2009/779)** (“The Constitution Regulations”) which set out the constitution and membership arrangements of LHBs, which includes a requirement for LHBs to make SOs for the regulation of its proceedings and business including provision for the Boards suspension. Sections 12 and 13 of the NHS (Wales) Act 2006 provide for Welsh Ministers to confer functions on LHBs and to give directions about how they exercise those functions. LHBs must act in accordance with those directions. Most of the LHB’s statutory functions are set out in the **Local Health Boards (Directed Functions) (Wales) Regulations 2009 (S.I. 2009/1511)**.
- v) **The National Health Service Joint Commissioning Committee (Wales) Directions 2024 (WG24-06)** provide that the seven LHBs in Wales will establish a joint committee to exercise the functions of planning, securing and commissioning:
 - (a) Specialised services for –
 - (i) Cancer and blood disorders,

- (ii) Cardiac conditions,
- (iii) Mental health and vulnerable groups,
- (iv) Neurosciences, and
- (v) Women and children,
- (b) Services where there is agreement between the Local Health Boards that they should be arranged on a regional and national basis
- (c) Emergency medical services,
- (d) Non-emergency patient transport services
- (e) Emergency medical retrieval and transfer services
- (f) NHS 111 services
- (g) Sexual assault referral centres, and
- (h) Other services as directed by the Welsh Ministers

Under powers set out in paragraph 4 of Schedule 2 to the NHS (Wales) Act 2006, the Welsh Ministers have made the **National Health Service Joint Commissioning Committee (Wales) Regulations 2024 (2024 No. 135 (W29))**, which makes provision for the constitution and membership of the Joint Commissioning Committee, including its procedures and administrative arrangements.

- vi) In addition to directions the Welsh Ministers may from time to time issue guidance which LHBs must take into account when exercising any function. However in some cases the relevant function may be contained in other legislation. In exercising their powers LHBs must be clear about the statutory basis for exercising such powers.
- vii) As a statutory body, the LHB has specified powers to contract in its own name and to act as a corporate trustee. The LHB also has statutory powers under sections 194 and 195 of the NHS (Wales) Act 2006 to fund projects jointly planned with local authorities, voluntary organisations and other bodies.
- viii) The **National Health Service Bodies and Local Authorities Partnership Arrangements (Wales) Regulations 2000 (S.I. 2000/2993)** have effect as made under section 33 of the NHS (Wales) Act 2006 enable LHBs, NHS Trusts and Local Authorities to enter into any partnership arrangements to exercise certain NHS functions and health-related functions as specified in the Regulations. The arrangement can only be made if it is likely to lead to an improvement in the way in which NHS functions and health-related functions are exercised, and the partners have consulted jointly with all affected parties, and the arrangements fulfil the objectives set out in the Area Plan developed in accordance with the **Social Services and Well-being (Wales) Act 2014 (2014)**.
- ix) Section 72 of the NHS Act 2006 places a duty on NHS bodies to co-operate with each other in exercising their functions. NHS bodies includes the NHS bodies in England such as the NHS Commissioning Board, NHS Trust and NHS Foundation Trusts and, for the purpose of this duty, also

includes bodies such as NICE, the Health and Social Care Information Centre and Health Education England.

- x) Section 82 of the NHS Act 2006 places a duty on NHS bodies and local authorities to co-operate with one another in order to secure and advance the health and welfare of the people of England and Wales.
- xi) Further duties and powers placed on health boards in relation to co-operation and partnership with local authorities and other partners in Wales are set out in the **Social Services and Well-being (Wales) Act 2014**. This Act establishes the legal framework for meeting people's needs for care and support and imposes general and strategic duties on local authorities and LHBs in order to effectively plan and provide a sufficient range and level of care and support services. The **Partnership Arrangements (Wales) Regulations 2015 (2015/1989)**, made under Part 9 of the **Social Services and Well-being (Wales) Act 2014** set out the arrangements made and provides for LHBs and local authorities to pool funds for the purpose of providing specified services.

Guidance on the provisions of Part 9 can be found at <https://gov.wales/sites/default/files/publications/2020-02/part-9-statutory-guidance-partnership-arrangements.pdf>

- xii) **The Health and Social Care (Quality and Engagement) (Wales) Act 2020 (2020 asc 1)** (the 2020 Act) makes provision for:
 - Ensuring NHS bodies and ministers consider how their decisions will secure an improvement in the quality of health services (the Duty of Quality);
 - Ensuring NHS bodies and primary care services are open and honest with patients, when something may have gone wrong in their care (the Duty of Candour);
 - The creation of a new Citizens Voice Body for Health and Social Care, Wales (to be known as Llais) to represent the views of and advocate for people across health and social care in respect of complaints about services; and

The act has been commenced at various stages with the final provision, relating to the preparation and publication of a code of practice regarding access to premises coming into effect in June 2023.

Local Health Boards will need ensure they comply with the provisions of the 2020 Act and the requirements of the statutory guidance.

The Duty of Quality statutory guidance 2023 can be found at <https://www.gov.wales/duty-quality-healthcare>

The NHS Duty of Candour statutory guidance 2023 can be found at <https://www.gov.wales/duty-candour-statutory-guidance-2023>

- xiii) The **Well-being of Future Generations (Wales) Act 2015** also places duties on LHBs and some Trusts in Wales. Sustainable development in the context of the Act means the process of improving economic, social, environmental and cultural well-being of Wales by taking action, in accordance with the sustainable development principle, aimed at achieving the well-being goals.
- xiv) The Welsh Language (Wales) Measure 2011 makes provision with regards to the development of standards of conduct relating to the Welsh language. These standards replace the requirement for a Welsh Language Scheme previously provided for by Section 5 of the Welsh Language Act 1993. The Welsh Language Standards (No.7) Regulations 2018 (2018/411) came into force on the 29 June 2018 and specifies standards in relation to the conduct of Local Health Boards. The Local Health Board will ensure that it has arrangements in place to meet those standards which the Welsh Language Commissioner has required by way of a compliance notice under section 44 of the 2011 Measure.
- xv) LHBs are also bound by any other statutes and legal provisions which govern the way they do business. The powers of LHBs established under statute shall be exercised by LHBs meeting in public session, except as otherwise provided by these SOs.

NHS Framework

- xvi) In addition to the statutory requirements set out above, LHBs must carry out all business in a manner that enables them to contribute fully to the achievement of the Welsh Government's vision for the NHS in Wales and its standards for public service delivery. The governance standards set for the NHS in Wales are based upon the Welsh Government's Citizen Centred Governance principles. These principles provide the framework for good governance and embody the values and standards of behaviour that are expected at all levels of the service, locally and nationally.
- xvii) Adoption of the principles will better equip LHBs to take a balanced, holistic view of their organisations and their capacity to deliver high quality, safe healthcare services for all its citizens within the NHS framework set nationally.
- xviii) The overarching NHS governance and accountability framework incorporates these SOs; the Schedules of Reservation and Delegation of Powers; SFIs together with a range of other frameworks designed to cover specific aspects. These include the NHS Values and Standards of Behaviour Framework*; the Health and Care Quality Standards 2023, the NHS Risk and Assurance Framework, and the NHS planning and performance management systems.

* The NHS Wales Values and Standards of Behaviour Framework can be accessed via the following link: <https://nwssp.nhs.wales/all-wales-programmes/governance-e-manual/living-public-service-values/values-and-standards-of-behaviour-framework/>

- xix) The Welsh Ministers, reflecting their constitutional obligations and legal duties under the **Well-being of Future Generations (Wales) Act 2015**, have stated that sustainable development should be the central organising principle for the public sector and a core objective for the NHS in all it does.
- xx) Full, up to date details of the other requirements that fall within the NHS framework – as well as further information on the Welsh Government’s Citizen Centred Governance principles - are provided on the NHS Wales Governance e-manual which can be accessed at <https://nwssp.nhs.wales/all-wales-programmes/governance-e-manual/>. Directions or guidance on specific aspects of LHB business are also issued electronically, usually under cover of a Welsh Health Circular.

Local Health Board Framework

- xxi) Schedule 2 provides details of the key documents that, together with these SOs, make up the LHB’s governance and accountability framework. These documents must be read in conjunction with these SOs and will have the same effect as if the details within them were incorporated within the SOs themselves. The Standing Financial Instructions form Schedule 2.1 of these SOs.
- xxii) LHBs will from time to time agree and approve policy statements which apply to the LHB’s Board members and/or all or specific groups of staff employed by Betsi Cadwaladr University Health Board and others. The decisions to approve these policies will be recorded in an appropriate Board minute and, where appropriate, will also be considered to be an integral part of the LHB’s SOs and SFIs. Details of the LHB’s key policy statements are also included in Schedule 2.
- xxiii) LHBs shall ensure that an official is designated to undertake the role of the Director of Corporate Governance/Board Secretary (the role of which is set out in paragraph xxxiii below).
- xxiv) For the purposes of these SOs, the members of the LHB shall collectively to be known as “the Board” or “Board members”; the officer and non-officer members shall be referred to as Executive Directors and Independent Members respectively; and the Chief Officer and the Chief Finance Officer shall respectively be known as the Chief Executive and the Director of Finance – SOs 1.1.2 refers.

Applying Standing Orders

- xxv) The SOs of the LHB (together with SFIs and the Standards of Business Conduct Policy), will, as far as they are applicable, also apply to meetings of any formal Committees established by the LHB, including any Advisory Groups, sub-Committees, joint-Committees and joint sub-Committees. These SOs may be amended or adapted for the Committees as appropriate, with the approval of the Board. *Further details on committees may be found in Schedule 3 of these SOs and further details on joint-Committees may be found in Schedule 4.*
- xxvi) Full details of any non-compliance with these SOs, including an explanation of the reasons and circumstances must be reported in the first instance to the Director of Corporate Governance/Board Secretary, who will ask the Audit Committee to formally consider the matter and make proposals to the Board on any action to be taken. All Board members and LHB officers have a duty to report any non-compliance to the Director of Corporate Governance/Board Secretary as soon as they are aware of any circumstance that has not previously been reported.
- xxvii) **Ultimately, failure to comply with SOs is a disciplinary matter that could result in an individual's dismissal from employment or removal from the Board.**

Variation and amendment of Standing Orders

- xxviii) Although these SOs are subject to regular, annual review by the LHB, there may, exceptionally, be an occasion where it is necessary to vary or amend the SOs during the year. In these circumstances, the Director of Corporate Governance/Board Secretary shall advise the Board of the implications of any decision to vary or amend SOs, and such a decision may only be made if:
- The variation or amendment is in accordance with regulation 15 of the Constitution Regulations and does not contravene a statutory provision or direction made by the Welsh Ministers;
 - The proposed variation or amendment has been considered and approved by the Audit Committee and is the subject of a formal report to the Board; and
 - A notice of motion under Standing Order 7.5.14 has been given.

Interpretation

- xxix) During any Board meeting where there is doubt as to the applicability or interpretation of the SOs, the Chair of the LHB shall have the final say, provided that his or her decision does not conflict with rights, liabilities or duties as prescribed by law. In doing so, the Chair shall take appropriate advice from the Director of Corporate Governance/Board Secretary and, where appropriate the Chief Executive or the Director of Finance (in the

case of SFIs).

- xxx) The terms and provisions contained within these SOs aim to reflect those covered within all applicable health legislation. The legislation takes precedence over these SOs when interpreting any term or provision covered by legislation.

The role of the Director of Corporate Governance/Board Secretary

- xxxi) The role of the Director of Corporate Governance/Board Secretary is crucial to the ongoing development and maintenance of a strong governance framework within LHBs, and is a key source of advice and support to the LHB Chair and other Board members. Independent of the Board, the Director of Corporate Governance/Board Secretary acts as the guardian of good governance within the LHB. The Director of Corporate Governance/Board Secretary is responsible for:

- Providing advice to the Board as a whole and to individual Board members on all aspects of governance;
- Facilitating the effective conduct of LHB business through meetings of the Board, its Advisory Groups and Committees;
- Ensuring that Board members have the right information to enable them to make informed decisions and fulfil their responsibilities in accordance with the provisions of these SOs;
- Ensuring that in all its dealings, the Board acts fairly, with integrity, and without prejudice or discrimination;
- Contributing to the development of an organisational culture that embodies NHS values and standards of behaviour; and
- Monitoring the LHB's compliance with the law, SOs and the governance and accountability framework set by the Welsh Ministers;

As advisor to the Board, the Director of Corporate Governance/Board Secretary's role does not affect the specific responsibilities of Board members for governing the organisation. The Director of Corporate Governance/Board Secretary is directly accountable for the conduct of their role to the Chair in respect of matters relating to responsibilities of the Board, its Committees and Advisory Groups, and reports on a day to day basis to the Chief Executive with regard to the wider governance of the organisation and their personal responsibilities.

- xxxxiv) Further details on the role of the Director of Corporate Governance/Board Secretary within Betsi Cadwaladr University Health Board, including details on how to contact them, are available at [Health Board Members - Betsi Cadwaladr University Health Board \(nhs.wales\)](#)

Section B – Standing Orders

1. THE LOCAL HEALTH BOARD

- 1.0.1 The LHB's principal role is to ensure the effective planning and delivery of the local NHS system, within a robust governance framework, to achieve the highest standards of patient safety and public service delivery, improve health and reduce inequalities and achieve the best possible outcomes for its citizens, and in a manner that promotes human rights.
- 1.0.2 The LHB was established by the **Local Health Boards (Establishment and Dissolution) (Wales) Order 2009** (S.I. 2009/778) and most of its functions are contained in the **Local Health Boards (Directed Functions) (Wales) Regulations 2009** (S.I. 2009/1511). The LHB must ensure that all its activities are in exercise of those functions or other statutory functions that are conferred on it.
- 1.0.3 To fulfil this role, the LHB will work with all its partners and stakeholders in the best interests of its population.

1.1 Membership of the Local Health Board

- 1.1.1 The membership of the LHB shall be no more than 24 members comprising the Chair, Vice Chair, non-officer members (appointed by the Minister for Health and Social Services), Associate Members, the Chief Executive (appointed by the Board with the involvement of the Chief Executive, NHS Wales) and officer members (appointed by Non-Executive Members of the Board and the Chief Executive).
- 1.1.2 For the purposes of these SOs, the members of the LHB shall collectively to be known as "the Board" or "Board members"; the officer and non-officer members (which will include the Chair) shall be referred to as Executive Directors and Independent Members respectively; and the Chief Officer and the Chief Finance Officer shall respectively be known as the Chief Executive and the Executive Director of Finance. Officer and non-officer members shall have full voting rights. Associate Members do not have voting rights.

Officer Members [to be known as Executive Directors]

- 1.1.3 A total of 9 (including the Chief Executive), appointed in accordance with the Constitution, Membership and Procedures Regulations, whose responsibilities include the following areas: Medical; Finance; Nursing; Primary Care and Community and Mental Health Services; Strategic and Operational Planning; Workforce and Organisational Development; Public Health; Therapies and Health Science. Executive Directors may have other responsibilities as determined by the Board and set out in the

scheme of delegation to officers.

Non Officer Members [to be known as Independent Members]

- 1.1.4 A total of 9, appointed by the Minister for Health and Social Services, including: an elected member of a local authority whose area falls within the LHB area; a nominated current member or employee of a Third Sector organisation within the LHB area; a nominated trade union official; a person who holds a post in a University that is related to health; and five other Independent Members who together have experience and expertise in legal; finance; estates; Information Technology; and community knowledge and understanding.
- 1.1.5 In addition to the eligibility, disqualification, suspension and removal provisions contained within the Constitution Regulations, an individual shall not normally serve concurrently as a non-officer member on the Board of more than one NHS body in Wales.

Associate Members

- 1.1.6 A total of 4 associate members may be appointed to the Board. They will attend Board meetings on an ex-officio basis, but will not have any voting rights.
- 1.1.7 No more than three Associate Members may be appointed by the Minister for Health and Social Services. This may include:
- Director of Social Services (nominated by local authorities in the LHB area)
 - Chair of the Stakeholder Reference Group
 - Chair of the Healthcare Professionals' Forum
- 1.1.8 The Board may appoint an additional Associate Member to assist in carrying out its functions, subject to the agreement of the Minister for Health and Social Services.

Use of the term 'Independent Members'

- 1.1.9 For the purposes of these SOs, use of the term 'Independent Members' refers to the following voting members of the Board:
- Chair
 - Vice Chair
 - Non Officer Members

unless otherwise stated.

1.2 Joint Directors

- 1.2.1 Where a post of Executive Director of the LHB is shared between more than one person because of their being appointed jointly to a post:
- i) Either or both persons may attend and take part in Board meetings;
 - ii) If both are present at a meeting, they shall cast one vote if they agree;
 - iii) In the case of disagreement, no vote shall be cast; and
 - iv) The presence of both or one person will count as one person in relation to the quorum.

1.3 Tenure of Board members

- 1.3.1 Independent Members and Associate Members appointed by the Minister for Health and Social Services shall be appointed for a period specified by the Welsh Ministers, but for no longer than 4 years in any one term. These members can be reappointed but may not hold office as a member or associate member for the same Board for a total period of more than 8 years. Time served need not be consecutive and will still be counted towards the total period even where there is a break in the term.
- 1.3.2 Any Associate Member appointed by the Board will be for a period of up to one year. An Associate member may be re-appointed if necessary or expedient for the performance of the LHBs functions. If re-appointed they may not hold office as an Associate Member for the same Board for a total period of more than four years. Time served includes time as a Ministerial appointment (if relevant) which need not be consecutive and will still be counted towards the total period even where there is a break in the term. An Independent or Associate Member appointed by the Minister for Health and Social Services who has already served the maximum 8 years as a Ministerial appointment to the same Board will not be eligible for appointment by the Board as an Associate Member.
- 1.3.3 Executive Directors' tenure of office as Board members will be determined by their contract of appointment.
- 1.3.4 All Board members' tenure of appointment will cease in the event that they no longer meet any of the eligibility requirements, so far as they are applicable, as specified in Schedule 2 of the Constitution Regulations. Any member must inform the Chair as soon as is reasonably practicable to do so in respect of any issue which may impact on their eligibility to hold office. The Chair will advise the Minister in writing of any such cases immediately.
- 1.3.5 The LHB will require Board members to confirm in writing their continued eligibility on an annual basis.

1.4 The Role of the LHB Board and responsibilities of individual members

Role

- 1.4.1 The principal role of the LHB is set out in SO 1.0.1. The Board's main role is to add value to the organisation through the exercise of strong leadership and control, including:
- Setting the organisation's strategic direction
 - Establishing and upholding the organisation's governance and accountability framework, including its values and standards of behaviour
 - Ensuring delivery of the organisation's aims and objectives through effective challenge and scrutiny of the LHB's performance across all areas of activity.

Responsibilities

- 1.4.2 The Board will function as a corporate decision-making body, Executive Directors and Independent Members being full and equal members and sharing corporate responsibility for all the decisions of the Board.
- 1.4.3 Independent Members who are appointed to bring a particular perspective, skill or area of expertise to the Board must do so in a balanced manner, ensuring that any opinion expressed is objective and based upon the best interests of the health service. Similarly, Board members must not place an over reliance on those individual members with specialist expertise to cover specific aspects of Board business, and must be prepared to scrutinise and ask questions about any contribution that may be made by that member.
- 1.4.4 LHBs shall issue an indemnity to any Chair and Independent Member in the following terms: "A Board [or Committee] member, who has acted honestly and in good faith, will not have to meet out of their personal resources any personal liability which is incurred in the execution of their Board function. Such cover excludes the reckless or those who have acted in bad faith".
- 1.4.5 Associate Members, whilst not sharing corporate responsibility for the decisions of the Board, are nevertheless required to act in a corporate manner at all times, as are their fellow Board members who have voting rights.
- 1.4.6 All Board members must comply with their terms of appointment. They must equip themselves to fulfil the breadth of their responsibilities by participating in appropriate personal and organisational development programmes, engaging fully in Board activities and promoting the LHB within the communities it serves.
- 1.4.7 **The Chair** – The Chair is responsible for the effective operation of the Board, chairing Board meetings when present and ensuring that all Board business is conducted in accordance with these SOs. The Chair may have certain specific powers delegated by the Board and set out in the Scheme of Delegation.

- 1.4.8 The Chair shall work in close harmony with the Chief Executive and, supported by the Director of Governance/Board Secretary, shall ensure that key and appropriate issues are discussed by the Board in a timely manner with all the necessary information and advice being made available to the Board to inform the debate and ultimate resolutions.
- 1.4.9 **The Vice-Chair** – The Vice-Chair shall deputise for the Chair in their absence for any reason, and will do so until either the existing chair resumes their duties or a new chair is appointed.
- 1.4.10 In addition to their corporate role across the breadth of the Board’s responsibilities, the Vice-Chair has a specific brief to oversee the LHB’s performance in the planning, delivery and evaluation of primary care, community health and mental health services ensuring a balanced care model to meet the needs of the population within the LHB’s area.
- 1.4.11 **Chief Executive** – The Chief Executive is responsible for the overall performance of the executive functions of the LHB. They are the appointed Accountable Officer for the LHB and shall be responsible for meeting all the responsibilities of that role, as set out in their Accountable Officer Memorandum.
- 1.4.12 **Lead roles for Board members** – The Chair will ensure that individual Board members are designated as lead roles or “champions” as required by the Welsh Ministers or as set out in any statutory or other guidance. Any such role must be clearly defined and must operate in accordance with the requirements set by the LHB, the Welsh Ministers or others. In particular, no operational responsibilities will be placed upon any Independent Member fulfilling such a role. The identification of a Board member in this way shall not make them more vulnerable to individual criticism, nor does it remove the corporate responsibility of the other Board members for that particular aspect of Board business.

2. RESERVATION AND DELEGATION OF LHB FUNCTIONS

- 2.0.1 Subject to any directions that may be given by the Welsh Ministers, the Board shall make arrangements for certain functions to be carried out on its behalf so that the day to day business of the LHB may be carried out effectively and in a manner that secures the achievement of its aims and objectives. In doing so, the Board must set out clearly the terms and conditions upon which any delegation is being made.
- 2.0.2 The Board’s determination of those matters that it will retain, and those that will be delegated to others shall be set out in a:
- i) Schedule of matters reserved to the Board;
 - ii) Scheme of delegation to committees and others; and

- iii) Scheme of delegation to officers.

all of which must be formally adopted by the Board in full session and form part of these SOs.

- 2.0.3 Subject to Standing Order 4, the LHB retains full responsibility for any functions delegated to others to carry out on its behalf.

2.1 Chair's action on urgent matters

- 2.1.1 There may, occasionally, be circumstances where decisions which would normally be made by the Board need to be taken between scheduled meetings, and it is not practicable to call a meeting of the Board. In these circumstances, the Chair and the Chief Executive, supported by the Director of Corporate Governance/Board Secretary as appropriate, may deal with the matter on behalf of the Board - after first consulting with at least two other Independent Members. The Director of Corporate Governance/Board Secretary must ensure that any such action is formally recorded and reported to the next meeting of the Board for consideration and ratification.

- 2.1.2 Chair's action may not be taken where either the Chair or the Chief Executive has a personal or business interest in an urgent matter requiring decision. In this circumstance, the Vice-Chair or the Executive Director acting on behalf of the Chief Executive will take a decision on the urgent matter, as appropriate.

2.2 Delegation of Board functions

- 2.2.1 The Board may agree the delegation of any of their functions, except for those set out within the 'Schedule of Matters Reserved for the Board' within the Model Standing Orders (see paragraph 2.0.2.(i)) to Committees and others, setting any conditions and restrictions it considers necessary and following any directions or regulations given by the Welsh Ministers. These functions may be carried out:

- i) By a committee, sub-Committee or officer of the LHB (or of another LHB or Trust); or
- ii) By another LHB; NHS Trust; Strategic Health Authority or Primary Care Trust in England; Special Health Authority; or
- iii) Jointly with one or more bodies including local authorities through a joint-Committee, sub-Committee or joint sub-Committee.

- 2.2.2 The Board may agree and formally approve the delegation of specific executive powers to be exercised by Committees, sub-Committees, joint-Committees or joint sub-Committees which it has formally constituted.

2.3 Delegation to officers

- 2.3.1 The Board may delegate certain functions to the Chief Executive. For these aspects, the Chief Executive, when compiling the Scheme of Delegation to Officers, shall set out proposals for those functions they will perform personally and shall nominate other officers to undertake the remaining functions. The Chief Executive will still be accountable to the Board for all functions delegated to them irrespective of any further delegation to other officers.
- 2.3.2 This must be considered and approved by the Board (subject to any amendment agreed during the discussion). The Chief Executive may periodically propose amendments to the Scheme of Delegation to Officers and any such amendments must also be considered and approved by the Board.
- 2.3.3 Individual Executive Directors are in turn responsible for delegation within their own directorates/departments/localities in accordance with the framework established by the Chief Executive and agreed by the Board.

3. COMMITTEES

3.1 LHB Committees

- 3.1.1 The Board may and, where directed by the Welsh Ministers must, appoint Committees of the LHB either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by Committees. The Board shall, wherever possible, require its Committees to hold meetings in public unless there are specific, valid reasons for not doing so.

Use of the term 'Committee'

- 3.1.2 For the purposes of these SOs, use of the term 'Committee' incorporates the following:
- Board Committee
 - Joint-Committee
 - Sub-Committee
 - Joint Sub-Committee

unless otherwise stated. The Board's Advisory Groups are referred to separately.

3.2 Joint Committees

- 3.2.1 The Board may, and where directed by the Welsh Ministers must, together with one or more LHBs or NHS Trusts or the local authorities operating within the LHB's area, appoint joint-Committees or joint sub-Committees. These may consist wholly or partly of the LHB's Board members or Board

members of other health service bodies or of persons who are not LHB Board members or Board members of other health service bodies. Any such appointments must be made in accordance with the Board's defined requirements on membership (including definition of member roles, powers and terms and conditions of appointment) and any directions given by the Welsh Ministers.

3.2.2 The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out by others on its behalf. The Board shall wherever possible determine, in agreement with its partners, that its joint-Committees hold meetings in public unless there are specific, valid reasons for not doing so.

3.2.3 The Board shall establish, as a minimum, the following joint-Committee(s):

- The National Health Service Wales Joint Commissioning Committee (JCC)

Joint Committee Standing Orders, terms of reference and operating arrangements

3.2.4 The Board shall formally approve SOs or terms of reference and operating arrangements for each joint-Committee established. These must establish its governance and ways of working, setting out, as a minimum:

- The scope of its work (including its purpose and any delegated powers and authority);
- Membership (including member appointment and removal; role, responsibilities and accountability; and terms and conditions of office) and quorum;
- Meeting arrangements;
- Communications;
- Relationships and accountabilities with others (including the LHB Board its Committees and Advisory Groups);
- Any budget, financial and accounting responsibility;
- Secretariat and other support;
- Training, development and performance; and
- Reporting and assurance arrangements.

3.2.5 In doing so, the Board shall specify which aspects of these SOs are not applicable to the operation of the joint-Committee, keeping any such aspects to the minimum necessary. The detailed SOs or terms of reference and operating arrangements for those joint-Committees established by the Board are set out in Schedule 4.

3.3 Sub-Committees

3.3.1 A Committee appointed by the Board may establish a sub-Committee to assist it in the conduct of its business provided that the Board approves

such action. Where the Board has authorised a Committee to establish sub-Committees they cannot delegate any executive powers to the sub-Committee unless authorised to do so by the Board.

3.4 Committees established by the LHB

3.4.1 The Board shall establish a Committee structure that it determines best meets its own needs, taking account of any regulatory or Welsh Government requirements. As a minimum, it must establish Committees which cover the following aspects of Board business:

- Quality and Safety;
- Audit;
- Information governance;
- Charitable Funds;
- Remuneration and Terms of Service; and
- Mental Health Act requirements.

3.4.2 In designing its Committee structure and operating arrangements, the Board shall take full account of the need to:

- Embed corporate standards, priorities and requirements, e.g., equality and human rights across all areas of activity; and
- Maximise cohesion and integration across all aspects of governance and assurance.

3.4.3 Each Committee established by or on behalf of the Board must have its own SOs or detailed terms of reference and operating arrangements, which must be formally approved by the Board. These must establish its governance and ways of working, setting out, as a minimum:

- The scope of its work (including its purpose and any delegated powers and authority);
- Membership and quorum;
- Meeting arrangements;
- Relationships and accountabilities with others (including the Board its Committees and Advisory Groups)
- Any budget and financial responsibility, where appropriate;
- Secretariat and other support;
- Training, development and performance; and
- Reporting and assurance arrangements.

3.4.4 In doing so, the Board shall specify which aspects of these SOs are not applicable to the operation of the Committee, keeping any such aspects to the minimum necessary.

3.4.5 The membership of any such Committees - including the designation of Chair; definition of member roles and powers and terms and conditions of appointment (including remuneration and reimbursement) - will usually be determined by the Board, based on the recommendation of the LHB Chair, and subject to any specific requirements, directions or regulations made by the Welsh Ministers. Depending on the Committee's defined role and

remit, membership may be drawn from the LHB Board, its staff (subject to the conditions set in Standing Order 3.4.6) or others not employed by the LHB.

- 3.4.6 Executive Directors or other LHB officers shall not be appointed as Committee Chairs, nor should they be appointed to serve as members on any Committee set up to review the exercise of functions delegated to officers or to review Mental Health Tribunals (in accordance with the Mental Health Act 1983). Designated LHB officers shall, however, be in attendance at such Committees, as appropriate.

Full details of the Committee structure established by the Board, including detailed terms of reference for each of these Committees are set out in Schedule 3.

3.5 Other Committees

- 3.5.1 The Board may also establish other Committees to help the LHB in the conduct of its business.

3.6 Confidentiality

- 3.6.1 Committee members and attendees must not disclose any matter dealt with by or brought before a Committee in confidence without the permission of the Committee's Chair.

3.7 Reporting activity to the Board

- 3.7.1 The Board must ensure that the Chairs of all Committees operating on its behalf report formally, regularly and on a timely basis to the Board on their activities. Committee Chairs shall bring to the Boards specific attention any significant matters under consideration and report on the totality of its activities through the production of minutes or other written reports.

4. NHS WALES SHARED SERVICES PARTNERSHIP

- 4.0.1 From 1 June 2012 the function of managing and providing Shared Services to the health service in Wales was given to Velindre NHS Trust. The Trust's Establishment Order has been amended to reflect the fact that the Shared Services function has been conferred on it.

- 4.0.2 The **Velindre National Health Service Trust Shared Services Committee (Wales) Regulations 2012** (S.I. 2012/1261) ("the Shared Services Regulations") require the Velindre NHS Trust to establish a Shared Services Committee which will be responsible for exercising the Trust's Shared Services functions. The Shared Services Regulations (as amended) prescribe the membership of the Shared Services Committee in order to ensure that all LHBs, Trusts and Special Health Authorities in Wales have a member on the Shared Services Committee and that the

views of all the NHS organisations in Wales are taken into account when making decisions in respect of Shared Services activities.

- 4.0.3 The Director of Shared Services will be designated as Accountable Officer for Shared Services.
- 4.0.4 These arrangements necessitate putting in place a Memorandum of Co-operation Agreement and a Hosting Agreement between all LHBs and Trusts setting out the obligations of NHS bodies to participate in the Shared Services Committee and to take collective responsibility for setting the policy and delivery of the Shared Services to the health service in Wales. Responsibility for the exercise of the Shared Services functions will not rest with the Board of Velindre NHS Trust but will be a shared responsibility of all NHS bodies in Wales.
- 4.0.5 The Shared Services Committee is to be known as the Shared Services Partnership Committee for operational purposes.

5. ADVISORY GROUPS

- 5.0.1 The LHB has a statutory duty to take account of representations made by persons and organisations who represent the interests of the communities it serves, its officers and healthcare professionals. To help discharge this duty, the Board may and where directed by the Welsh Ministers must, appoint Advisory Groups to the LHB to provide advice to the Board in the exercise of its functions.
- 5.0.2 The LHB's Advisory Groups include a Stakeholder Reference Group, Healthcare Professionals' Forum and Local Partnership Forum. *The membership and terms of reference for these groups are set out in Schedule 5.*
- 5.0.3 The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out by others to advise it in the conduct of its business. The Board shall, wherever possible, require its Advisory Groups to hold meetings in public unless there are specific, valid reasons for not doing so.

5.1 Terms of reference and operating arrangements

- 5.1.1 The Board must formally approve terms of reference and operating arrangements for the Advisory Groups. These must establish the governance arrangements and ways of working, setting out, as a minimum:
- The scope of its work (including its purpose and any delegated powers and authority);
 - Membership (including member appointment and removal, role,

responsibilities and accountabilities, and terms and conditions of office) and quorum;

- Meeting arrangements;
- Communications;
- Relationships with others (including the LHB Board, its Committees and Advisory Groups) as well as other relevant local and national groups);
- Any budget and financial responsibility;
- Secretariat and other support;
- Training, development and performance; and
- Reporting and assurance arrangements.

5.1.2 In doing so, the Board shall specify which of these SOs are not applicable to the operation of the Advisory Group, keeping any such aspects to the minimum necessary. The detailed terms of reference and operating arrangements are set out in Schedule 5.

5.1.3 The Board may determine that the Advisory Group shall be supported by sub-groups to assist it in the conduct of its work, or the Advisory Group may itself determine such arrangements, provided that the Board approves such action.

5.2 Support to the Advisory Groups

5.2.1 The LHB's Director of Corporate Governance/Board Secretary, on behalf of the Chair, will ensure that the Advisory Groups are properly equipped to carry out their role by:

- Co-ordinating and facilitating appropriate induction and organisational development activity;
- Ensuring the provision of governance advice and support to the Advisory Group Chair on the conduct of its business and its relationship with the LHB and others;
- Ensuring the provision of secretariat support for Advisory Group meetings (for specific arrangements relating to Local Partnership Forum see Schedule 5.3, paragraph 1.7.1);
- Ensuring that the Advisory Group receives the information it needs on a timely basis;
- Ensuring strong links to communities/groups/professionals as appropriate; and
- Facilitating effective reporting to the Board

enabling the Board to gain assurance that the conduct of business within the Advisory Group accords with the governance and operating framework it has set.

5.3 Confidentiality

5.3.1 Advisory Group members and attendees must not disclose any matter

dealt with by or brought before a Group in confidence without the permission of the Advisory Group Chair.

5.4 Advice and feedback

5.4.1 The LHB may specifically request advice and feedback from the Advisory Groups on any aspect of its business, and they may also offer advice and feedback even if not specifically requested by the LHB. The Groups may provide advice to the Board:

- At Board meetings, through the SRG and HPF Chair's participation as Associate Members;
- In written advice;
- In any other form specified by the Board.

5.5 Reporting activity

5.5.1 The Board shall ensure that the Chairs of all Advisory Groups report formally, regularly and on a timely basis to the Board on their activities. Advisory Group Chairs shall bring to the Board's specific attention any significant matters under consideration and report on the totality of its activities through the production of minutes or other written reports.

5.5.2 Each Advisory Group shall also submit an annual report to the Board through the Chair within 6 weeks of the end of the reporting year setting out its activities during the year and detailing the results of a review of its performance and that of any sub-groups it has established.

5.5.3 Each Advisory Group shall report regularly on its activities to those whose interests they represent.

5.6 THE STAKEHOLDER REFERENCE GROUP (SRG)

Role

5.6.1 The SRG's role is to provide independent advice on any aspect of LHB business. This may include:

- Early engagement and involvement in the determination of the LHB's overall strategic direction;
- Provision of advice on specific service proposals prior to formal consultation; as well as
- Feedback on the impact of the LHB's operations on the communities it serves.

5.6.2 The SRG provides a forum to facilitate full engagement and active debate amongst stakeholders from across the communities served by the LHB, with the aim of reaching and presenting a cohesive and balanced stakeholder perspective to inform the LHB's decision making.

5.6.3 The SRG's role is distinctive from that of Llais, who have a statutory role in representing the interests of patients and the public in their areas. The SRG shall represent those stakeholders who have an interest in, and whose own role and activities may be impacted by the decisions of the LHB. Membership may include community partners, provider organisations, special interest and other groups operating within the LHBs area.

5.6.4 It does not cover those stakeholders whose interests are represented within the remit of other Advisory Groups established by the LHB, e.g., the Healthcare Professionals' Forum and Local Partnership Forum.

5.6.5 In addition to the provisions above the Board must set out, the relationships and accountabilities with others, such as the Regional Partnership Board.

5.7 Relationship with the Board

5.7.1 The SRG's main link with the Board is through the SRG Chair's membership of the Board as an Associate Member.

5.7.2 The Board may determine that designated Board members or LHB officers shall be in attendance at Advisory Group meetings. The SRG's Chair may also request the attendance of Board members or LHB officers, subject to the agreement of the LHB Chair.

5.7.3 The Board shall determine the arrangements for any joint meetings between the LHB Board and the SRG.

5.7.4 The Board's Chair shall put in place arrangements to meet with the SRG Chair on a regular basis to discuss the SRG's activities and operation.

5.8 Relationship between the SRG and others

5.8.1 The Board must ensure that the SRG's advice represents a balanced, co-ordinated stakeholder perspective from across the local communities served by the LHB. The SRG shall:

- Ensure effective links and relationships with other advisory groups, local and community partnerships and other key stakeholders who do not form part of the SRG membership;
- Ensure its role, responsibilities and activities are known and understood by others; and
- Take care to avoid unnecessary duplication of activity with other bodies/groups with an interest in the planning and provision of NHS services, e.g., Regional Partnership Boards.

5.9 Working with Llais

5.9.1 The SRG shall make arrangements to ensure designated Llais members receive the SRG's papers and are invited to attend SRG meetings.

5.9.2 The SRG shall work together with Llais within the area covered by the LHB to engage and involve those within the local communities served whose views may not otherwise be heard.

Refer to Schedule 5.1 for detailed Terms of Reference and Operating Arrangements

5.10 THE HEALTHCARE PROFESSIONALS' FORUM (HPF)

Role

5.10.1 The HPF's role is to provide a balanced, multi-disciplinary view of healthcare professional issues to advise the Board on local strategy and delivery. Its role does not include consideration of healthcare professional terms and conditions of service.

5.10.2 The HPF shall facilitate engagement and debate amongst the wide range of clinical interests within the LHB's area of activity, with the aim of reaching and presenting a cohesive and balanced healthcare professional perspective to inform the LHB's decision making.

5.11 Terms of reference and operating arrangements

5.11.1 In addition to the provisions in 5.2.1 above the Board must set out, the relationships and accountabilities with others, as well as the National Professional Advisory Group.

5.12 Relationship with the Board

5.12.1 The HPF's main link with the Board is through the HPF Chair's membership of the Board as an Associate Member.

5.12.2 The Board may determine that designated Board members or LHB officers shall be in attendance at Advisory Group meetings. The HPF's Chair may also request the attendance of Board members or LHB officers, subject to the agreement of the LHB Chair.

5.12.3 The Board shall determine the arrangements for any joint meetings between the LHB Board and the HPF.

5.12.4 The Board's Chair shall put in place arrangements to meet with the HPF Chair on a regular basis to discuss the HPF's activities and operation.

5.13 Rights of Access to the LHB Board for Professional Groups

5.13.1 The LHB Chair, on the advice of the Chief Executive and/or Director of Corporate Governance/Board Secretary, may recommend that the Board afford direct right of access to any professional group, in the following, exceptional circumstances:

- i) Where the HPF recommends that a matter should be presented to the Board by a particular healthcare professional grouping, e.g., due to the specialist nature of the issues concerned; or
- ii) Where a healthcare professional group has demonstrated that the HPF has not afforded it due consideration in the determination of its advice to the Board on a particular issue.

5.13.2 The Board may itself determine that it wishes to seek the views of a particular healthcare professional grouping on a specific matter, in accordance with Standing Order 7.5.7.

5.14 Relationship with the National Professional Advisory Group

5.14.1 The HPF Chair (or HPF Vice-Chair) will be a member of the National Professional Advisory Group.

Refer to Schedule 5.2 for detailed Terms of Reference and Operating Arrangements

5.15 THE LOCAL PARTNERSHIP FORUM (LPF)

Role

5.15.1 The LPF's role is to provide a formal mechanism where the LHB, as employer, and trade unions/professional bodies representing LHB employees (hereafter referred to as staff organisations) work together to improve health services for the citizens served by the LHB - achieved through a regular and timely process of consultation, negotiation and communication. In doing so, the LPF must effectively represent the views and interests of the LHB's workforce.

5.15.2 It is the forum where the LHB and staff organisations will engage with each other to inform, debate and seek to agree local priorities on workforce and health service issues; and inform thinking around national priorities on health matters.

5.16 Relationship with the Board and others

5.16.1 The LPF's main link with the Board is through the Executive members of the LPF.

5.16.2 The Board may determine that designated Board members or LHB staff shall be in attendance at LPF meetings. The LPF's Chair may also request the attendance of Board members or LHB staff, subject to the agreement of the LHB Chair.

5.16.3 The Board shall determine the arrangements for any joint meetings between the LHB Board and the LPF's staff representative members.

5.16.4 The Board's Chair shall put in place arrangements to meet with the LPG's Joint Chairs on a regular basis to discuss the LPF's activities and operation.

5.16.5 The LPF shall ensure effective links and relationships with other groups/fora at a local and, where appropriate, national level.

Refer to Schedule 5.3 for detailed Terms of Reference and Operating Arrangements

6. WORKING IN PARTNERSHIP

6.0.1 The LHB shall work constructively in partnership with others to plan and secure the delivery of an equitable, high quality, whole system approach to health, well-being and social care for its citizens. This will be delivered in accordance with its statutory duties and any specific requirements or directions made by the Welsh Ministers, e.g., the development of population assessments and area plans.

6.0.2 The Chair shall ensure that the Board has identified all its key partners and other stakeholders and established clear mechanisms for engaging with and involving them in the work of the LHB through:

- The LHB's own structures and operating arrangements, e.g., Advisory Groups; and
- The involvement (at very local and community wide levels) in partnerships and community groups – such as Regional Partnership and Public Service Boards – of Board members and LHB officers with delegated authority to represent the LHB and, as appropriate, take decisions on its behalf.

6.0.3 The Social Services and Well-Being (Wales) Act 2014 sets out duties for working in partnership with local authorities complementing existing duties under section 82 of the NHS Act 2006 (duty to cooperate with local authorities) and sections 10 (arrangements with other bodies) and 38 (duty to make services available to enable the discharge of local authority functions) of the NHS (Wales) Act 2006. This includes "Partnership Arrangements" established under the direction of Regional Partnership Boards and under which the LHB may carry out any of the specified functions on behalf of the partnership body and may established pooled funds for specified purposes. An advice note on partnership working – implications for health boards and NHS Trusts from the Social Services and Well-being (Wales) Act 2014 and the Well-being of Future

Generations (Wales) Act 2015 has been published and it can be found here: https://socialcare.wales/cms_assets/hub-downloads/Partnership-working—implications-for-health-boards-and-NHS-Trusts.pdf

6.0.4 The Board shall keep under review its partnership arrangements to ensure continued clarity around purpose, desired outcomes and partner responsibilities. It must ensure timely action to change, adapt or end partnerships where they no longer serve a useful purpose, in accordance with its statutory duties; any specific requirements or directions made by the Welsh Ministers; and the agreed terms and conditions for the partnership.

6.1 The Citizen Voice Body for Health and Social Care, Wales (to be known as Llais)

6.1.1 Part 4 of the **Health and Social Care (Quality and Engagement) (Wales) Act 2020 (2020 asc 1)** (the 2020 Act) places a range of duties on LHBs in relation to the engagement and involvement of Llais in its operations.

6.1.2 The 2020 Act places a statutory duty on the LHB to have regard to any representations made to them by Llais. Statutory Guidance on Representations has been published to guide NHS bodies, local authorities and Llais in how these representations should be made and considered.

6.1.3 The Statutory Guidance on Representations made by the Citizen Voice Body can be found at <https://www.gov.wales/sites/default/files/publications/2023-04/statutory-guidance-on-representations-made-by-the-citizen-voice-body.pdf>

6.1.4 The 2020 Act also places a statutory duty on the LHB to promote awareness of Llais and make arrangements to engage and co-operate with Llais with the view to supporting each other in the exercise of their relevant functions. Promoting and facilitating engagement between individuals and Llais through access to relevant premises can help strengthen the public's voice and participation in shaping the design and delivery of services. The LHB must have regard to the Code of Practice on Access to Premises and Engagement with Individuals (so far as the code is relevant).

6.1.5 The Code of Practice on Access to Premises and Engagement with Individuals can be found at

<https://www.gov.wales/code-practice-llais-accessing-premises-and-engaging-people>

6.1.6 In discharging these duties, the Board shall work constructively with Llais

to ensure both organisations are able to discharge their duties. They will ensure their involvement in:

- The planning of the provision of its healthcare services;
- The development and consideration of proposals for service change and the way in which those services are provided;
- The Board's decisions affecting the operation of those healthcare services that it has responsibility for; and
- Engaging, formally consulting and working jointly within the LHB's area on any proposals for substantial development or change of the services it is responsible for, in line with the Guidance on Changes to Health Services in Wales 2023.

The Guidance on Changes to Health Services can be found at <https://www.gov.wales/guidance-changes-health-services>

6.1.7 The Board shall ensure that Llais is provided with the information it needs on a timely basis to enable it to effectively discharge its functions.

Relationship with the Board

6.1.8 The Board may determine that a designated Llais representative(s) shall be invited to attend Board meetings.

The Board shall ensure arrangements are in place for regular meetings between LHB officers and regional representatives of Llais.

6.1.9 The Board's Chair shall put in place arrangements to meet with the Regional Director and relevant representatives of Llais on a regular basis to discuss matters of common interest.

7. MEETINGS

7.1 Putting Citizens first

7.1.1 The LHB's business will be carried out openly and transparently in a manner that encourages the active engagement of its citizens, community partners and other stakeholders. The LHB, through the planning and conduct of meetings held in public, shall facilitate this in a number of ways, including:

- Active communication of forthcoming business and activities;
- The selection of accessible, suitable venues for meetings when these are not held via electronic means;
- The availability of papers in English and Welsh languages and in accessible formats, such as Braille, large print, easy read (where requested or required) and in electronic formats;

- Requesting that attendees notify the LHB of any access needs sufficiently in advance of a proposed meeting, and responding appropriately, e.g., arranging British Sign Language (BSL) interpretation at meetings; and
- Where appropriate, ensuring suitable translation arrangements are in place to enable the conduct of meetings in either English or Welsh,

in accordance with legislative requirements, e.g., Disability Discrimination Act, as well as its Communication Strategy and provisions made in response to the compliance notice issued by the Welsh Language Commissioner under section 44 of the Welsh Language (Wales) Measure 2011 .

7.1.2 The Chair will ensure that, in determining the matters to be considered by the Board, full account is taken of the views and interests of the communities served by the LHB, including any views expressed formally to the LHB, e.g., through the SRG or Llais.

7.2 Annual Plan of Board Business

7.2.1 The Director of Corporate Governance/Board Secretary, on behalf of the Chair, shall produce an Annual Plan of Board business. This plan will include proposals on meeting dates, venues and coverage of business activity during the year, taking account that ordinary meetings of the Board will be held at regular intervals and as a minimum six times a year. The Plan shall also set out any standing items that will appear on every Board agenda.

7.2.2 The plan shall set out the arrangements in place to enable the LHB to meet its obligations to its citizens as outlined in paragraph 6.1.1 whilst also allowing Board members to contribute in either English or Welsh languages, where appropriate.

7.2.3 The plan shall also incorporate formal Board meetings, regular Board Development sessions and, where appropriate, the planned activities of the Board's Committees and Advisory Groups.

7.2.4 The Board shall agree the plan for the forthcoming year by the end of March, and this plan will be published on the organisations website.

Annual General Meeting (AGM)

7.2.5 The LHB must hold an AGM in public no later than the 31 July each year [Note: no later than 30 September 2023 for year 2022/2023]. At least 10 calendar days prior to the meeting a public notice of the intention to hold the meeting, the time and place of the meeting, and the agenda, shall be displayed bilingually (in English and Welsh) on the LHB's website.

The notice shall state that:

- Electronic or paper copies of the Annual Report and Accounts of the LHB are available, on request, prior to the meeting; and
- State how copies can be obtained, in what language and in what format, e.g. as Braille, large print, easy read etc.

The AGM must include presentation of the Annual Report and audited accounts, together with (where applicable), an audited abridged version of the annual accounts and funds held on trust accounts, and may also include presentation of other reports of interest to citizens and others.

7.2.6 A record of the meeting shall be submitted to the next ordinary meeting of the Board for agreement.

7.3 Calling Meetings

7.3.1 In addition to the planned meetings agreed by the Board, the Chair may call a meeting of the Board at any time. Individual Board members may also request that the Chair call a meeting provided that at least one third of the whole number of Board members, support such a request.

7.3.2 If the Chair does not call a meeting within seven days after receiving such a request from Board members, then those Board members may themselves call a meeting.

7.4 Preparing for Meetings

Setting the agenda

7.4.1 The Chair, in consultation with the Chief Executive and Director of Corporate Governance/Board Secretary, will set the Agenda. In doing so, they will take account of the planned activity set in the annual cycle of Board business; any standing items agreed by the Board; any applicable items received from the Board's Committees and Advisory Groups; and the priorities facing the LHB. The Chair must ensure that all relevant matters are brought before the Board on a timely basis.

7.4.2 Any Board member may request that a matter is placed on the Agenda by writing to the Chair, copied to the Director of Corporate Governance/Board Secretary, at least 12 calendar days before the meeting. The request must set out whether the item of business is proposed to be transacted in public and shall include appropriate supporting information. The Chair may, at their discretion, include items on the agenda that have been requested after the 12 day notice period if this would be beneficial to the conduct of board business.

Notifying and equipping Board members

7.4.3 Board members shall be sent an Agenda and a complete set of supporting

papers at least 5 clear days before a formal Board meeting. This information may be provided to Board members electronically or in paper form, in an accessible format, to the address provided, and in accordance with their stated preference. Supporting papers may, exceptionally, be provided, after this time provided that the Chair is satisfied that the Board's ability to consider the issues contained within the paper would not be impaired.

- 7.4.4 No papers will be included for consideration and decision by the Board unless the Chair is satisfied (subject to advice from the Director of Corporate Governance/Board Secretary, as appropriate) that the information contained within it is sufficient to enable the Board to take a reasonable decision. This will include evidence that appropriate impact assessments have been undertaken and taken into consideration. Impact assessments shall be undertaken on all new or revised policies, strategies, guidance and or practice to be considered by the Board, and the outcome of that assessment shall accompany the report to the Board to enable the Board to make an informed decision.
- 7.4.5 In the event that at least half of the Board members do not receive the Agenda and papers for the meeting as set out above, the Chair must consider whether or not the Board would still be capable of fulfilling its role and meeting its responsibilities through the conduct of the meeting. Where the Chair determines that the meeting should go ahead, their decision, and the reason for it, shall be recorded in the minutes.
- 7.4.6 In the case of a meeting called by Board members, notice of that meeting must be signed by those members and the business conducted will be limited to that set out in the notice.

Notifying the public and others

- 7.4.7 Except for meetings called in accordance with Standing Order 7.3, at least 10 calendar days before each meeting of the Board a public notice of the time and place of the meeting, shall be displayed bilingually (in English and Welsh):
- On the LHB's website, as well as
 - Through other methods of communication as set out in the LHB's communication strategy.
- 7.4.8 When providing notification of the forthcoming meeting, the LHB shall set out when and how the Agenda and the papers supporting the public part of the Agenda may be accessed, in what language and in what format, e.g., as Braille, large print, easy read, etc. The agenda and papers will be made available to the public at least 5 clear days before each meeting of the Board.

7.5 Conducting Board Meetings

Admission of the public, the press and other observers

- 7.5.1 The LHB shall encourage attendance at its formal Board meetings by the public and members of the press as well as LHB officers or representatives from organisations who have an interest in LHB business. The venue for such meetings shall be appropriate to facilitate easy access for attendees and translation services; and shall have appropriate facilities to maximise accessibility.
- 7.5.2 The Board and its committees shall conduct as much of its formal business in public as possible. There may be circumstances where it would not be in the public interest to discuss a matter in public, e.g., business that relates to a confidential matter. In such cases the Chair (advised by the Director of Corporate Governance/Board Secretary where appropriate) shall schedule these issues accordingly and require that any observers withdraw from the meeting. In doing so, the Board shall resolve:
- 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 (c.67).*
- 7.5.3 In these circumstances, when the Board is not meeting in public session it shall operate in private session, formally reporting any decisions taken to the next meeting of the Board in public session. Wherever possible, that reporting shall take place at the end of a private session, by reconvening a Board meeting held in public session.
- 7.5.4 The Director of Corporate Governance/Board Secretary, on behalf of the Chair, shall keep under review the nature and volume of business conducted in private session to ensure such arrangements are adopted only when absolutely necessary.
- 7.5.5 In encouraging entry to formal Board Meetings from members of the public and others, the Board shall make clear that attendees are welcomed as observers. The Chair shall take all necessary steps to ensure that the Board's business is conducted without interruption and disruption. In exceptional circumstances, this may include a requirement that observers leave the meeting.
- 7.5.6 Unless the Board has given prior and specific agreement, members of the public or other observers will not be allowed to record proceedings in any way other than in writing.

Addressing the Board, its Committees and Advisory Groups

- 7.5.7 The Board will decide what arrangements and terms and conditions it feels are appropriate in extending an invitation to observers to attend and address any meetings of the Board, its Committees and Advisory Groups, and may change, alter or vary these terms and conditions as it considers appropriate. In doing so, the Board will take account of its responsibility to actively encourage the engagement and, where appropriate, involvement of citizens and stakeholders in the work of the LHB, (whether directly or through the activities of bodies such as Llais and the LHB's Advisory Groups representing citizens and other stakeholders) and to demonstrate openness and transparency in the conduct of business.

Chairing Board Meetings

- 7.5.8 The Chair of the LHB will preside at any meeting of the Board unless they are absent for any reason (including any temporary absence or disqualification from participation on the grounds of a conflict of interest). In these circumstances the Vice Chair shall preside. If both the Chair and vice-chair are absent or disqualified, the Independent Members present shall elect one of the Independent Members to preside.
- 7.5.9 The Chair must ensure that the meeting is handled in a manner that enables the Board to reach effective decisions on the matters before it. This includes ensuring that Board members' contributions are timely and relevant and move business along at an appropriate pace. In doing so, the Board must have access to appropriate advice on the conduct of the meeting through the attendance of the nominated Director of Corporate Governance/Board Secretary. The Chair has the final say on any matter relating to the conduct of Board business.

Quorum

- 7.5.10 At least six Board members, at least three of whom are Executive Directors and three are Independent Members, must be present to allow any formal business to take place at a Board meeting.
- 7.5.11 If the Chief Executive or an Executive Director is unable to attend a Board meeting, then a nominated deputy may attend in their absence and may participate in the meeting, provided that the Chair has agreed the nomination before the meeting. However, Board members' voting rights cannot be delegated so the nominated deputy may not vote or be counted towards the quorum. If a deputy is already a Board member in their own right, e.g., a person deputising for the Chief Executive will usually be an Executive Director, they will be able to exercise their own vote in the usual way but they will not have any additional voting rights.
- 7.5.12 The quorum must be maintained during a meeting to allow formal business to be conducted, i.e., any decisions to be made. Any Board member

disqualified through conflict of interest from participating in the discussion on any matter and/or from voting on any resolution will no longer count towards the quorum. If this results in the quorum not being met that particular matter or resolution cannot be considered further at that meeting, and must be noted in the minutes.

Dealing with motions

- 7.5.13 In the normal course of Board business items included on the agenda are subject to discussion and decisions based on consensus. Considering a motion is therefore not a routine matter and may be regarded as exceptional, e.g. where an aspect of service delivery is a cause for particular concern, a Board member may put forward a motion proposing that a formal review of that service area is undertaken by a Committee of the Board. The Director of Corporate Governance/Board Secretary will advise the Chair on the formal process for dealing with motions. No motion or amendment to a motion will be considered by the Board unless moved by a Board member and seconded by another Board member (including the Chair).
- 7.5.14 **Proposing a formal notice of motion** – Any Board member wishing to propose a motion must notify the Chair in writing of the proposed motion at least 12 days before a planned meeting. Exceptionally, an emergency motion may be proposed up to one hour before the fixed start of the meeting, provided that the reasons for the urgency are clearly set out. Where sufficient notice has been provided, and the Chair has determined that the proposed motion is relevant to the Board's business, the matter shall be included on the Agenda, or, where an emergency motion has been proposed, the Chair shall declare the motion at the start of the meeting as an additional item to be included on the agenda.
- 7.5.15 The Chair also has the discretion to accept a motion proposed during a meeting provided that the matter is considered of sufficient importance and its inclusion would not adversely affect the conduct of Board business.
- 7.5.16 **Amendments** - Any Board member may propose an amendment to the motion at any time before or during a meeting and this proposal must be considered by the Board alongside the motion.
- 7.5.17 If there are a number of proposed amendments to the motion, each amendment will be considered in turn, and if passed, the amended motion becomes the basis on which the further amendments are considered, i.e., the substantive motion.
- 7.5.18 **Motions under discussion** – When a motion is under discussion, any Board member may propose that:
- The motion be amended;
 - The meeting should be adjourned;
 - The discussion should be adjourned and the meeting proceed to

the next item of business;

- A Board member may not be heard further;
- The Board decides upon the motion before them;
- An ad hoc Committee should be appointed to deal with a specific item of business; or
- The public, including the press, should be excluded.

7.5.19 Rights of reply to motions – The mover of a motion (including an amendment) shall have a right of reply at the close of any debate on the motion or the amendment immediately prior to a vote on the proposal.

7.5.20 Withdrawal of motion or amendments – A motion or an amendment to a motion, once moved and seconded, may be withdrawn by the proposer with the agreement of the seconder and the Chair.

7.5.21 Motion to rescind a resolution – The Board may not consider a motion to amend or rescind any resolution (or the general substance of any resolution) which has been passed within the preceding six months unless the motion is supported by the (simple) majority of Board members.

7.5.22 A motion that has been decided upon by the Board cannot be proposed again within six months except by the Chair, unless the motion relates to the receipt of a report or the recommendations of a Committee/Chief Executive to which a matter has been referred.

Voting

7.5.23 The Chair will determine whether Board members' decisions should be expressed orally, through a show of hands, by secret ballot or by recorded vote. The Chair must require a secret ballot or recorded vote if the majority of voting Board members request it. Where voting on any question is conducted, a record of the vote shall be maintained. In the case of a secret ballot the decision shall record the number voting for, against or abstaining. Where a recorded vote has been used the Minutes shall record the name of the individual and the way in which they voted. Associate Members may not vote in any meetings or proceedings of the Board.

7.5.24 In determining every question at a meeting the Board members must take account, where relevant, of the views expressed and representations made by individuals or organisations who represent the interests of the community and healthcare professionals within the LHB's area. Such views will usually be presented to the Board through the Chairs of the LHB's Advisory Groups and the Llais representative(s).

7.5.25 The Board will make decisions based on a simple majority view held by the Board members present. In the event of a split decision, i.e., no majority view being expressed, the Chair shall have a second and casting vote.

7.5.26 In no circumstances may an absent Board member or nominated deputy vote by proxy. Absence is defined as being absent at the time of the vote.

7.6 Record of Proceedings

7.6.1 A record of the proceedings of formal Board meetings (and any other meetings of the board where the Board members determine) shall be drawn up as 'minutes'. These minutes shall include a record of Board member attendance (including the Chair) together with apologies for absence, and shall be submitted for agreement at the next meeting of the Board, where any discussion shall be limited to matters of accuracy. Any agreed amendment to the minutes must be formally recorded.

7.6.2 Agreed minutes shall be circulated in accordance with Board members' wishes, and, where providing a record of a formal Board meeting shall be made available to the public both on the LHB's website and in hard copy or other accessible format on request, in accordance with any legislative requirements, e.g., Data Protection Act 2018, the General Data Protection Regulation 2018, and the LHB's Communication Strategy and Welsh language requirements.

7.7 Confidentiality

7.7.1 All Board members (including Associate Members), together with members of any Committee or Advisory Group established by or on behalf of the Board and LHB officials must respect the confidentiality of all matters considered by the LHB in private session or set out in documents which are not publicly available. Disclosure of any such matters may only be made with the express permission of the Chair of the Board or relevant Committee, as appropriate, and in accordance with any other requirements set out elsewhere, e.g., in contracts of employment, within the Standards of Business Conduct Policy, or legislation such as the Freedom of Information Act 2000, etc.

8. VALUES AND STANDARDS OF BEHAVIOUR

8.0.1 The Board must adopt a set of values and standards of behaviour for the LHB that meets the requirements of the NHS Wales Values and Standards of Behaviour framework. These values and standards of behaviour will apply to all those conducting business by or on behalf of the LHB, including Board members, LHB officers and others, as appropriate. The framework adopted by the Board, the Standards of Business Conduct Policy will form part of these SOs.

8.1 Declaring and recording Board members' interests

8.1.1 ***Declaration of interests*** – It is a requirement that all Board members must declare any personal or business interests they may have which may

affect, or be perceived to affect the conduct of their role as a Board member. This includes any interests that may influence or be perceived to influence their judgement in the course of conducting the Board's business. Board members must be familiar with the Standards of Business Conduct Policy, and their statutory duties under the Constitution Regulations. Board members must notify the Chair and Director of Corporate Governance/Board Secretary of any such interests at the time of their appointment, and any further interests as they arise throughout their tenure as Board members.

- 8.1.2 Board members must also declare any interests held by family members or persons or bodies with which they are connected. The Director of Corporate Governance/Board Secretary will provide advice to the Chair and the Board on what should be considered as an 'interest', taking account of the regulatory requirements and any further guidance, e.g., the Values and Standards of Behaviour framework. If individual Board members are in any doubt about what may be considered as an interest, they should seek advice from the Director of Corporate Governance/Board Secretary. However, the onus regarding declaration will reside with the individual Board member.
- 8.1.3 **Register of interests** – The Chief Executive, through the Director of Corporate Governance/Board Secretary will ensure that a Register of Interests is established and maintained as a formal record of interests declared by all Board members. The register will include details of all Directorships and other relevant and material interests which have been declared by Board members.
- 8.1.4 The register will be held by the Director of Corporate Governance/Board Secretary, and will be updated during the year, as appropriate, to record any new interests, or changes to the interests declared by Board members. The Director of Corporate Governance/Board Secretary will also arrange an annual review of the Register, through which Board members will be required to confirm the accuracy and completeness of the register relating to their own interests.
- 8.1.5 In line with the Board's commitment to openness and transparency, the Director of Corporate Governance/Board Secretary must take reasonable steps to ensure that the citizens served by the LHB are made aware of, and have access to view the LHB's Register of Interests. This may include publication on the LHB's website.
- 8.1.6 **Publication of declared interests in Annual Report** – Board members' directorships of companies or positions in other organisations likely or possibly seeking to do business with the NHS shall be published in the LHB's Annual Report.

8.2 Dealing with Members' interests during Board meetings

- 8.2.1 The Chair, advised by the **Director of Corporate Governance/Board Secretary**, must ensure that the Board's decisions on all matters brought before it are taken in an open, balanced, objective and unbiased manner. In turn, individual Board members must demonstrate, through their actions, that their contribution to the Board's decision making is based upon the best interests of the LHB and the NHS in Wales.
- 8.2.2 Where individual Board members identify an interest in relation to any aspect of Board business set out in the Board's meeting agenda, that member must declare an interest at the start of the Board meeting. Board members should seek advice from the Chair, through the Director of Corporate Governance/Board Secretary before the start of the Board meeting if they are in any doubt as to whether they should declare an interest at the meeting. All declarations of interest made at a meeting must be recorded in the Board minutes.
- 8.2.3 It is the responsibility of the Chair, on behalf of the Board, to determine the action to be taken in response to a declaration of interest, taking account of any regulatory requirements or directions made by the Welsh Ministers. The range of possible actions may include determination that:
- i) The declaration is formally noted and recorded, but that the Board member should participate fully in the Board's discussion and decision, including voting. This may be appropriate, for example where the Board is considering matters of strategy relating to a particular aspect of healthcare and an Independent Member is a healthcare professional whose profession may be affected by that strategy determined by the Board;
 - ii) The declaration is formally noted and recorded, and the Board member participates fully in the Board's discussion, but takes no part in the Board's decision;
 - iii) The declaration is formally noted and recorded, and the Board member takes no part in the Board discussion or decision;
 - iv) The declaration is formally noted and recorded, and the Board member is excluded for that part of the meeting when the matter is being discussed. A Board member must be excluded, where that member has a direct or indirect financial interest in a matter being considered by the Board.
- 8.2.4 In extreme cases, it may be necessary for the member to reflect on whether their position as a Board member is compatible with an identified conflict of interest.
- 8.2.5 Where the Chair is the individual declaring an interest, any decision on the action to be taken shall be made by the Vice Chair, on behalf of the Board.
- 8.2.6 In all cases the decision of the Chair (or the Vice Chair in the case of an interest declared by the Chair) is binding on all Board members. The Chair should take advice from the Director of Corporate

Governance/Board Secretary when determining the action to take in response to declared interests; taking care to ensure their exercise of judgement is consistently applied.

8.2.7 **Members with pecuniary (financial) interests** – Where a Board member, or any person they are connected with¹ has any direct or indirect pecuniary interest in any matter being considered by the Board, including a contract or proposed contract, that member must not take part in the consideration or discussion of that matter or vote on any question related to it. The Board may determine that the Board member concerned shall be excluded from that part of the meeting.

8.2.8 The Constitution Regulations define ‘direct’ and ‘indirect’ pecuniary interests and these definitions always apply when determining whether a member has an interest. These SOs must be interpreted in accordance with these definitions.

8.2.9 **Members with Professional Interests** - During the conduct of a Board meeting, an individual Board member may establish a clear conflict of interest between their role as a LHB Board member and that of their professional role outside of the Board. In any such circumstance, the Board shall take action that is proportionate to the nature of the conflict, taking account of the advice provided by the Director of Corporate Governance/Board Secretary.

8.3 Dealing with officers’ interests

8.3.1 The Board must ensure that the Director of Corporate Governance/Board Secretary, on behalf of the Chief Executive, establishes and maintains a system for the declaration, recording and handling of LHB officers’ interests in accordance with the Values and Standards of Behaviour Framework.

8.4 Reviewing how Interests are handled

8.4.1 The Audit Committee will review and report to the Board upon the adequacy of the arrangements for declaring, registering and handling interests at least annually.

8.5 Dealing with offers of gifts², hospitality and sponsorship

8.5.1 The Values and Standards of Behaviour Framework [**Standards of Business Conduct**] approved by the Board prohibits Board members and

¹ In the case of persons who are married to each other or in a civil partnership with each other or who are living together as if married or civil partners, the interest of one person shall, if known to the other, be deemed for the purpose of this Standing Order to be also an interest of the other.

²The term gift refers also to any reward or benefit.

LHB officers from receiving gifts, hospitality or benefits in kind from a third party which may reasonably give rise to suspicion of conflict between their official duty and their private interest, or may reasonably be seen to compromise their personal integrity in any way.

8.5.2 Gifts, benefits or hospitality must never be solicited. Any Board member or LHB officer who is offered a gift, benefit or hospitality which may or may be seen to compromise their position must refuse to accept it. This may in certain circumstances also include a gift, benefit or hospitality offered to a family member of a Board member or LHB officer. Failure to observe this requirement may result in disciplinary and/or legal action.

8.5.3 In determining whether any offer of a gift or hospitality should be accepted, an individual must make an active assessment of the circumstances within which the offer is being made, seeking advice from the Director of Corporate Governance/Board Secretary as appropriate. In assessing whether an offer should be accepted, individuals must take into account:

- **Relationship:** Contacts which are made for the purpose of information gathering are generally less likely to cause problems than those which could result in a contractual relationship, in which case accepting a gift or hospitality could cause embarrassment or be seen as giving rise to an obligation;
- **Legitimate Interest:** Regard should be paid to the reason for the contact on both sides and whether it is a contact that is likely to benefit the LHB;
- **Value:** Gifts and benefits of a trivial or inexpensive seasonal nature, e.g., diaries/calendars, are more likely to be acceptable and can be distinguished from more substantial offers. Similarly, hospitality in the form of a working lunch would not be treated in the same way as more expensive social functions, travel or accommodation (although in some circumstances these may also be accepted);
- **Frequency:** Acceptance of frequent or regular invitations particularly from the same source would breach the required standards of conduct. Isolated acceptance of, for example, meals, tickets to public, cultural or social events would only be acceptable if attendance is justifiable in that it benefits the LHB; and
- **Reputation:** If the body concerned is known to be under investigation by or has been publicly criticised by a public body, regulators or inspectors, acceptance of a gift or hospitality might be seen as supporting the body or affecting in some way the investigation or negotiations and it should always be declined.

8.5.4 A distinction may be drawn between items offered as hospitality and items

offered in substitution for fees for broadcasts, speeches, lectures or other work done. There may be circumstances where the latter may be accepted if they can be used for official purposes.

8.6 Sponsorship

8.6.1 In addition, gifts and hospitality individuals and the organisation may also receive sponsorship. Sponsorship is an offer of funding to an individual, department or the organisation as a whole from an external source whether in cash, goods, services or benefits. It could include an offer to sponsor a research or operational post, training, attendance at a conference, costs associated with meetings, conferences or a working visit. The sponsorship may cover some or all of the costs.

8.6.2 All sponsorship must be approved prior to acceptance in accordance with the **Standards of Business Conduct Policy** and relevant procedures. A record of all sponsorship accepted or declined will also be maintained.

8.7 Register of Gifts, Hospitality and Sponsorship

8.7.1 The Director of Corporate Governance/Board Secretary, on behalf of the Chair, will maintain a register of Gifts, Hospitality and Sponsorship to record offers of gifts, hospitality and sponsorship made to Board members. Executive Directors will adopt a similar mechanism in relation to LHB officers working within their Directorates.

8.7.2 Every Board member and LHB officer has a personal responsibility to volunteer information in relation to offers of gifts, hospitality and sponsorship, including those offers that have been refused. The Director of Corporate Governance/Board Secretary, on behalf of the Chair and Chief Executive, will ensure the incidence and patterns of offers and receipt of gifts, hospitality and sponsorship are kept under active review, taking appropriate action where necessary.

8.7.3 When determining what should be included in the Register with regard to gifts and hospitality, individuals shall apply the following principles, subject to the considerations in Standing Order 8.5.3:

- **Gifts:** Generally, only gifts of material value should be recorded. Those with a nominal value, e.g., seasonal items such as diaries/calendars would not usually need to be recorded.
- **Hospitality:** Only significant hospitality offered or received should be recorded. Occasional offers of 'modest and proportionate'³

³ Examples of 'modest and proportionate' hospitality that need not be included in a Hospitality register include a working sandwich lunch or a buffet lunch incidental to a conference or seminar attended by a variety of participants.

hospitality need not be included in the Register.

- 8.7.4 Board members and LHB officers may accept the occasional offer of modest and proportionate hospitality but in doing so must consider whether the following conditions are met:
- Acceptance would further the aims of the LHB;
 - The level of hospitality is reasonable in the circumstances;
 - It has been openly offered; and,
 - It could not be construed as any form of inducement and will not put the individual under any obligation to those offering it.
- 8.7.5 The Director of Corporate Governance/Board Secretary will arrange for a full report of all offers of Gifts, Hospitality and Sponsorship recorded by the LHB to be submitted to the Audit Committee (or equivalent) at least annually. The Audit Committee will then review and report to the Board upon the adequacy of the LHB's arrangements for dealing with offers of gifts, hospitality and sponsorship.

9. SIGNING AND SEALING DOCUMENTS

- 9.0.1 The common seal of the LHB is primarily used to seal legal documents such as transfers of land, lease agreements and other important/key contracts. The seal may only be fixed to a document if the Board has determined it shall be sealed, or if a transaction to which the document relates has been approved by the Board.
- 9.0.2 Where it is decided that a document shall be sealed it shall be fixed in the presence of the Chair or Vice Chair (or other authorised independent Member) and the Chief Executive (or another authorised individual) both of whom must witness the seal.

9.1. Register of Sealing

- 9.1.1 The Director of Corporate Governance/Board Secretary shall keep a register that records the sealing of every document. Each entry must be signed by the persons who approved and authorised the document and who witnessed the seal. A report of all sealings shall be presented to the Board at least bi-annually.

9.2 Signature of Documents

- 9.2.1 Where a signature is required for any document connected with legal proceedings involving the LHB, it shall be signed by the Chief Executive, except where the Board has authorised another person or has been otherwise directed to allow or require another person to provide a signature.
- 9.2.2 The Chief Executive or nominated officers may be authorised by the Board

to sign on behalf of the LHB any agreement or other document (not required to be executed as a deed) where the subject matter has been approved either by the Board or a Committee to which the Board has delegated appropriate authority.

9.3 Custody of Seal

9.3.1 The Common Seal of the LHB shall be kept securely by the Director of Corporate Governance/Board Secretary.

10. GAINING ASSURANCE ON THE CONDUCT OF LHB BUSINESS

10.0.1 The Board shall set out explicitly, within a Risk and Assurance Framework, how it will be assured on the conduct of LHB business, its governance and the effective management of the organisation's risks in pursuance of its aims and objectives. It shall set out clearly the various sources of assurance, and where and when that assurance will be provided, in accordance with any requirements determined by the Welsh Ministers.

10.0.2 The Board shall ensure that its assurance arrangements are operating effectively, advised by its Audit Committee (or equivalent).

10.0.3 Assurances in respect of the services provided by the NHS Wales Shared Services Partnership shall primarily be achieved by the reports of the Director of Shared Services to the Shared Services Partnership Committee, and reported back by the Chief Executive (or their nominated representative). Where appropriate, and by exception, the Board may seek assurances direct from the Director of Shared Services. The Director of Shared Services and the Shared Services Partnership Committee shall be under an obligation to comply with any internal or external audit functions being undertaken by or on behalf of the LHB.

10.0.4 Assurances in respect of the functions discharged by the National Health Service Wales Joint Commissioning Committee (the JCC) shall be achieved by the reports of the respective Joint Committee Chair, and reported back by the Chief Executive. Reference should be made to paragraph 3.2 above regarding the governance arrangements which should be agreed for each of the Joint Committees.

10.0.5 Arrangements for seeking and providing assurance in respect of any other services provided on behalf of or in association with the LHB shall be clearly identified and reflected within the practice of the organisation and within the relevant agreements.

10.1 The role of Internal Audit in providing independent internal assurance

10.1.1 The Board shall ensure the effective provision of an independent internal audit function as a key source of its internal assurance arrangements, in

accordance with NHS Wales Internal Auditing Standards and any other requirements determined by the Welsh Ministers.

10.1.2 The Board shall set out the relationship between the Head of Internal Audit (HIA), the Audit Committee (or equivalent) and the Board. It shall:

- Approve the Internal Audit Charter (incorporating the definition of internal audit) and adopt the Internal Auditing Standards (incorporating the code of ethics);
- Ensure the HIA communicates and interacts directly with the Board, facilitating direct and unrestricted access;
- Require Internal Audit to confirm its independence annually; and
- Ensure that the Head of Internal Audit reports periodically to the Board on its activities, including its purpose, authority, responsibility and performance. Such reporting will include governance issues and significant risk exposures.

10.2 Reviewing the performance of the Board, its Committees and Advisory Groups

10.2.1 The Board shall introduce a process of regular and rigorous self-assessment and evaluation of its own operations and performance and that of its Committees and Advisory Groups. Where appropriate, the Board may determine that such evaluation may be independently facilitated.

10.2.2 Each Committee and, where appropriate, Advisory Group must also submit an annual report to the Board through the Chair within 6 weeks of the end of the reporting year setting out its activities during the year and including the review of its performance and that of any sub-Committees it has established.

10.2.3 The Board shall use the information from this evaluation activity to inform:

- The ongoing development of its governance arrangements, including its structures and processes;
- Its Board Development Programme, as part of an overall Organisation Development framework; and
- The Board's report of its alignment with the Welsh Government's Citizen Centred Governance Principles.

10.3 External Assurance

10.3.1 The Board shall ensure it develops effective working arrangements and relationships with those bodies that have a role in providing independent, external assurance to the public and others on the LHB's operations, e.g., the Auditor General for Wales and Healthcare Inspectorate Wales.

10.3.2 The Board may be assured, from the work carried out by external audit and others, on the adequacy of its own assurance framework, but that external assurance activity shall not form part of, or replace its own

internal assurance arrangements, except in relation to any additional work that the Board itself may commission specifically for that purpose.

10.3.3 The Board shall keep under review and ensure that, where appropriate, the LHB implements any recommendations relevant to its business made by the Welsh Government's Audit Committee, the Senedd Cymru/Welsh Parliament's Public Accounts Committee and other appropriate bodies.

10.3.4 The LHB shall provide the Auditor General for Wales with any assistance, information and explanation which the Auditor General thinks necessary for the discharge of their statutory powers and responsibilities.

11. DEMONSTRATING ACCOUNTABILITY

11.0.1 Taking account of the arrangements set out within these SOs, the Board shall demonstrate to the communities it serves and to the Welsh Ministers a clear framework of accountability within which it:

- Conducts its business internally;
- Works collaboratively with NHS colleagues, partners, service providers and others; and
- Responds to the views and representations made by those who represent the interests of the communities it serves and other stakeholders, including its officers and healthcare professionals.

11.0.2 The Board shall, in publishing its strategic and operational level plans, set out how those plans have been developed taking account of the views of others, and how they will be delivered by working with their community and other partners.

11.0.3 The Board shall also facilitate effective scrutiny of the LHB's operations through the publication of regular reports on activity and performance, including publication of an Annual Report.

11.0.4 The Board shall ensure that within the LHB, individuals at all levels are supported in their roles, and held to account for their personal performance through effective performance management arrangements.

12. REVIEW OF STANDING ORDERS

12.0.1 *[The Director of Corporate Governance/Board Secretary shall arrange for an appropriate impact assessment to be carried out on a draft of these SOs prior to their formal adoption by the Board, the results of which shall be presented to the Board for consideration and action, as appropriate. The fact that an assessment has been carried out shall be noted in the SOs.]*

12.0.2 These SOs shall be reviewed annually by the Audit Committee [or equivalent], which shall report any proposed amendments to the Board for consideration. The requirement for review extends to all documents having the effect as if incorporated in SOs, including the appropriate impact assessments.

Schedule 1

**MODEL SCHEME OF RESERVATION AND DELEGATION
OF POWERS**

**This Schedule forms part of, and shall have effect as if incorporated in the
Local Health Board Standing Orders**

MODEL SCHEME OF RESERVATION AND DELEGATION OF POWERS

Introduction

As set out in Standing Order 2, the Board - subject to any directions that may be made by the Welsh Ministers - shall make appropriate arrangements for certain functions to be carried out on its behalf so that the day to day business of the LHB may be carried out effectively, and in a manner that secures the achievement of the organisation's aims and objectives. The Board may delegate functions to:

- i) A Committee, e.g., Quality and Safety Committee;
- ii) A sub-Committee, e.g., a locality based Quality and Safety Committee taking forward matters within a defined area. Any such delegation would, subject to the Board's authority, usually be via a main Committee of the Board;
- iii) A joint-Committee or joint sub-Committee, e.g., with other LHBs established to take forward matters relating to specialist services; and
- iv) Officers of the LHB (who may, subject to the Board's authority, delegate further to other officers and, where appropriate, other third parties, e.g. shared/support services, through a formal scheme of delegation)

and in doing so, must set out clearly the terms and conditions upon which any delegation is being made. These terms and conditions must include a requirement that the Board is notified of any matters that may affect the operation and/or reputation of the LHB.

The Board's determination of those matters that it will retain, and those that will be delegated to others are set out in the following:

- Schedule of matters reserved to the Board;
- Scheme of delegation to Committees and others; and
- Scheme of delegation to officers.

all of which form part of the LHB's SOs.

DECIDING WHAT TO RETAIN AND WHAT TO DELEGATE: GUIDING PRINCIPLES

The Board will take full account of the following principles when determining those matters that it reserves, and those which it will delegate to others to carry out on its behalf:

- ***Everything is retained by the Board unless it is specifically delegated in accordance with the requirements set out in SOs or SFIs***
- ***The Board must retain that which it is required to retain (whether by statute or as determined by the Welsh Ministers) as well as that which it considers is essential to enable it to fulfil its role in setting the organisation's direction, equipping the organisation to deliver and ensuring achievement of its aims and objectives through effective performance management***
- ***Any decision made by the Board to delegate functions must be based upon an assessment of the capacity and capability of those to whom it is delegating responsibility***
- ***The Board must ensure that those to whom it has delegated powers (whether a Committee, partnership or individuals) remain equipped to deliver on those responsibilities through an ongoing programme of personal, professional and organisational development***
- ***The Board must take appropriate action to assure itself that all matters delegated are effectively carried out***
- ***The framework of delegation will be kept under active review and, where appropriate, will be revised to take account of organisational developments, review findings or other changes***
- ***Except where explicitly set out, the Board retains the right to decide upon any matter for which it has statutory responsibility, even if that matter has been delegated to others***
- ***The Board may delegate authority to act, but retains overall responsibility and accountability***
- ***When delegating powers, the Board will determine whether (and the extent to which) those to whom it is delegating will, in turn, have powers to further delegate those functions to others.***

HANDLING ARRANGEMENTS FOR THE RESERVATION AND DELEGATION OF POWERS: WHO DOES WHAT

The Board

The Board will formally agree, review and, where appropriate revise schedules of reservation and delegation of powers in accordance with the guiding principles set out earlier.

The Chief Executive

The Chief Executive will propose a Scheme of Delegation to Officers, setting out the functions they will perform personally and which functions will be delegated to other officers. The Board must formally agree this scheme.

In preparing the scheme of delegation to officers, the Chief Executive will take account of:

- The guiding principles set out earlier (including any specific statutory responsibilities designated to individual roles);
- Their personal responsibility and accountability to the Chief Executive, NHS Wales in relation to their role as designated Accountable Officer; and
- Associated arrangements for the delegation of financial authority to equip officers to deliver on their delegated responsibilities (and set out in SFIs).

The Chief Executive may re-assume any of the powers they have delegated to others at any time.

The Director of Corporate Governance/Board Secretary

The Director of Corporate Governance/Board Secretary will support the Board in its handling of reservations and delegations by ensuring that:

- A proposed schedule of matters reserved for decision by the Board is presented to the Board for its formal agreement;
- Effective arrangements are in place for the delegation of LHB functions within the organisation and to others, as appropriate; and
- Arrangements for reservation and delegation are kept under review and presented to the Board for revision, as appropriate.

The Audit⁴ Committee

The Audit Committee will provide assurance to the Board of the effectiveness of its arrangements for handling reservations and delegations.

Individuals to who powers have been delegated

Individuals will be personally responsible for:

- Equipping themselves to deliver on any matter delegated to them, through the conduct of appropriate training and development activity; and
- Exercising any powers delegated to them in a manner that accords with the LHB's values and standards of behaviour.

Where an individual does not feel that they are equipped to deliver on a matter delegated to them, they must notify the Chief Executive of their concern as soon as possible in so that an appropriate and timely decision may be made on the matter.

In the absence of an officer to whom powers have been delegated, those powers will be exercised by the individual to whom that officer reports, unless the Board has set out alternative arrangements.

If the Chief Executive is absent their nominated Deputy may exercise those powers delegated to the Chief Executive on their behalf. However, the guiding principles governing delegations will still apply, and so the Board may determine that it will reassume certain powers delegated to the Chief Executive or reallocate powers, e.g., to a Committee or another officer.

SCOPE OF THESE ARRANGEMENTS FOR THE RESERVATION AND DELEGATION OF POWERS

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

⁴ LHB to insert title for the committee that carries out these functions.

SCHEDULE OF MATTERS RESERVED TO THE BOARD⁵

THE BOARD		AREA	DECISIONS RESERVED TO THE BOARD
1	FULL	GENERAL	Board may determine any matter for which it has statutory or delegated authority in accordance with SOs (except for those decisions delegated to the NHS Wales Joint Commissioning Committee (the JCC)).
2	FULL	GENERAL	The Board must determine any matter that will be reserved to the whole Board. These are: Items listed on the Board's Cycle of Business
3	FULL	GENERAL	Approve the LHB's Governance Framework
4	FULL	OPERATING ARRANGEMENTS	<p>Approve, vary and amend:</p> <ul style="list-style-type: none"> ▪ SOs; ▪ SFIs; ▪ Schedule of matters reserved to the LHB; ▪ Scheme of delegation to Committees and others; and ▪ Scheme of delegation to officers. <p>In accordance with any directions set by the Welsh Ministers.</p>
5	FULL	OPERATING ARRANGEMENTS	Ratify any urgent decisions taken by the Chair and the Chief Executive in accordance with Standing Order requirements

⁵ Any decision to reserve a matter, and the manner in which that retained responsibility is carried out will be in accordance with any regulatory and/or Welsh Government requirements.

6	NO – Audit Committee	OPERATING ARRANGEMENTS	Formal consideration of report of Director of Corporate Governance/Board Secretary on any non-compliance with Standing Orders, making proposals to the Board on any action to be taken.
7	FULL	OPERATING ARRANGEMENTS	Receive report and proposals regarding any non-compliance with Standing Orders, and where required ratify in public session any action required in response to failure to comply with SOs.
8	FULL	OPERATING ARRANGEMENTS	Authorise use of the LHB's official seal
9	FULL	OPERATING ARRANGEMENTS	Approve the Standards of Business Conduct Policy
10	NO - Chair on behalf of Joint Committee, Vice-Chair on behalf of Joint Committee if Chair is declaring interest	ORGANISATION STRUCTURE & STAFFING	Require, receive and determine action in response to the declaration of Board members' interests, in accordance with advice received, e.g. From Audit Committee or Director of Corporate Governance/Board Secretary
11	FULL	STRATEGY & PLANNING	Determine the LHB's strategic aims, objectives and priorities
12	FULL	STRATEGY & PLANNING	Approve the LHB's key strategies and programmes related to: <ul style="list-style-type: none"> ▪ Population Health Needs Assessment and Commissioning Plan ▪ The development and delivery of patient and population centred health and care/clinical services ▪ Improving quality and patient safety outcomes ▪ Workforce and Organisational Development ▪ Infrastructure, including IM &T, Estates and Capital (including major capital

			investment and disposal plans)
13	FULL	STRATEGY & PLANNING	Approval of Joint Area Plan prepared under the direction of the Regional Partnership Board and in response to the population assessment
14	FULL	STRATEGY & PLANNING	Agreement of Well-being objectives in accordance with the requirements of the Well-being and Future Generations (Wales) Act 2015
15	FULL	STRATEGY & PLANNING	Approval of Well-being Plan prepared and agreed by the Public Service Board
16	FULL	STRATEGY & PLANNING	Approve the LHB's Integrated Medium Term Plan, including the balanced Medium Term Financial Plan
17	FULL	STRATEGY & PLANNING	Approve the LHB's budget and financial framework (including overall distribution of the financial allocation and unbudgeted expenditure)
18	FULL	OPERATING ARRANGEMENTS	Approve the LHB's framework and strategy for performance management.
19	FULL	STRATEGY & PLANNING	Approve the LHB's framework and strategy for risk and assurance.
20	FULL	OPERATING ARRANGEMENTS	Ratify policies for dealing with raising concerns, complaints and incidents in accordance with the Putting Things Right and health and safety requirements.
21	FULL	OPERATING ARRANGEMENTS	Agree the arrangements for ensuring the adoption of standards of governance and performance (including the quality and safety of healthcare, and the patient experience) to be met by the LHB, including standards/ requirements determined by Welsh Government, regulators, professional bodies/others, e.g. National Institute of Health and Care Excellence (NICE)
22	FULL	STRATEGY & PLANNING	Approve the LHB's patient, public, staff, partnership and stakeholder engagement and co-production strategies.
23	FULL	OPERATING	Approve the introduction or discontinuance of any significant activity or operation. Any

		ARRANGEMENTS	activity or operation shall be regarded as significant if the Board determines it so based upon its contribution/impact on the achievement of the LHB's aims, objectives and priorities
24	FULL	ORGANISATION STRUCTURE & STAFFING	Appointment of officer members of the Board (Chief Executive and Directors) in accordance with the provisions of the Regulations and in accordance with Ministerial Instructions
25	NO – Remuneration and Terms of Service Committee	ORGANISATION STRUCTURE & STAFFING	Termination of appointment and suspension officer members in accordance with the provisions of the Regulations and in accordance with Ministerial instructions
26	NO – Remuneration and Terms of Service Committee	ORGANISATION STRUCTURE & STAFFING	Consider appraisal of officer members of the Board (Chief Executive and Directors)

27	NO – Remuneration and Terms of Service Committee	ORGANISATION STRUCTURE & STAFFING	Approve the appointment, appraisal, discipline and dismissal of any other Board level appointments and other senior employees, in accordance with Ministerial Instructions e.g. the Director of Corporate Governance/Board Secretary
28	NO – Remuneration and Terms of Service Committee	ORGANISATION STRUCTURE & STAFFING	Consider and approve redundancy and Early Release Applications, noting that where the settlement is £50,000 or above subsequent agreement of Welsh Government is required.
29	FULL	ORGANISATION STRUCTURE & STAFFING	Approve, [arrange the] review, and revise the LHB's top level organisation structure and corporate policies
30	FULL	ORGANISATION STRUCTURE & STAFFING	Appoint, [arrange the] review, revise and dismiss LHB Committees, including any joint-Committees directly accountable to the Board
31	FULL	ORGANISATION STRUCTURE & STAFFING	Appoint, equip, review and (where appropriate) dismiss the Chair and members of any Committee, joint-Committee or Group set up by the Board
32	FULL	ORGANISATION STRUCTURE & STAFFING	Appoint, equip, review and (where appropriate) dismiss individuals appointed to represent the Board on outside bodies and groups
33	FULL	ORGANISATION STRUCTURE & STAFFING	Approve the standing orders and terms of reference and reporting arrangements of all Committees, joint-Committees and groups established by the Board
34	NO – Audit Committee	OPERATING ARRANGEMENTS	Approve arrangements relating to the discharge of the LHB's responsibility as a bailee for patients' property

35	FULL - except where Chapter 6 specifies appropriate to delegate to a committee, Chief Executive or Officers	OPERATING ARRANGEMENTS	Approve individual compensation payments in line with the provisions of Annex 4 to Chapter 6 of the Welsh Government Manual for Accounts
36	FULL - except where Chapter 6 specifies appropriate to delegate to a committee, Chief Executive or Officers	OPERATING ARRANGEMENTS	Approve individual cases for the write off of losses or making of special payments above the limits of delegation to the Chief Executive and officers
37	FULL	OPERATING ARRANGEMENTS	Approve proposals for action on litigation on behalf of the LHB
38	FULL	ORGANISATION STRUCTURE & STAFFING	Approve the arrangements relating to the discharge of the LHB's responsibilities as a corporate trustee of funds held on trust in accordance with the provision of Paragraph 20 of the Standing Financial Instructions.

39	FULL	STRATEGY & PLANNING	Approve new contracts for the LHB to provide, or to secure provision from providers for Personal Medical; Dental; Pharmacy; Optometry services to some or all of the LHB's population where the value exceeds the delegated limit of the Chief Executive
40	FULL	STRATEGY & PLANNING	Approve individual contracts (other than NHS contracts) above the limit delegated to the Chief Executive set out in the Standing Financial Instructions
41	FULL	PERFORMANCE & ASSURANCE	Approve the LHB's audit and assurance arrangements
42	FULL	PERFORMANCE & ASSURANCE	Receive reports from the LHB's Executive on progress and performance in the delivery of the LHB's strategic aims, objectives and priorities and approve action required, including improvement plans, as appropriate
43	FULL	PERFORMANCE & ASSURANCE	Receive reports from the LHB's Committees, groups and other internal sources on the LHB's performance and approve action required, including improvement plans, as appropriate
44	FULL	PERFORMANCE & ASSURANCE	Receive reports on the LHB's performance produced by external regulators and inspectors (including, e.g., Audit Wales, HIW, etc) that raise significant issue or concerns impacting on the LHB's ability to achieve its aims and objectives and approve action required, including improvement plans, taking account of the advice of Board Committees (as appropriate)
45	FULL	PERFORMANCE & ASSURANCE	Receive the annual opinion of the LHB's Chief Internal Auditor and approve action required, including improvement plans
46	FULL	PERFORMANCE & ASSURANCE	Receive the annual management report from the Auditor General for Wales and approve action required, including improvement plans
47	FULL	PERFORMANCE & ASSURANCE	Receive assurance regarding the LHB's performance against the Health and Care Standards for Wales and the arrangements for approving required action, including improvement plans.
48	FULL	REPORTING	Approve the LHB's Reporting Arrangements, including reports on activity and performance locally, to citizens, partners and stakeholders and nationally to the Welsh Government where required

49	FULL	REPORTING	Receive, approve and ensure the publication of LHB reports, including its Annual Report and annual financial accounts in accordance with directions and guidance issued
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ADDITIONAL AREAS OF RESPONSIBILITY DELEGATED TO CHAIR, VICE CHAIR AND INDEPENDENT MEMBERS			
	CHAIR		This will be developed after consultation with the Chair and CEO
	VICE CHAIR		To be determined when Vice Chair is appointed and in consultation with the Chair
	CHAMPION/ NOMINATED LEAD		To be determined after consultation with the Chair

DELEGATION OF POWERS TO COMMITTEES AND OTHERS⁶

Standing Order 2 provides that the Board may delegate powers to Committees and others. In doing so, the Board has formally determined:

- the composition, terms of reference and reporting requirements in respect of any such Committees; and
- the governance arrangements, terms and conditions and reporting requirements in respect of any delegation to others, including [individual LHBs to insert details]

in accordance with any regulatory requirements and any directions set by the Welsh Ministers.

The Board has delegated a range of its powers to the following Committees and others:

- **Audit Committee**
- **Charitable Funds Committee**
- **Mental Health and Capacity Compliance Committee**
- **Quality, Safety and Experience Committee**
- **Partnership, People and Population Health Committee**
- **Performance, Finance and Information Governance Committee**
- **Remuneration and Terms of Service Committee**

The scope of the powers delegated, together with the requirements set by the Board in relation to the exercise of those powers are as set out in i) Committee terms of reference, and ii) Formal arrangements for the delegation of powers to others. Collectively, these documents form the LHB's Scheme of Delegation to Committees.

⁶ As defined in Standing Orders

SCHEME OF DELEGATION TO EXECUTIVE DIRECTORS, OTHER DIRECTORS AND OFFICERS

The LHB SOs and SFIs 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, set out in **[insert details]**, together with the schedule of additional delegations below and the associated financial delegations set out in the SFIs form the basis of the LHB's Scheme of Delegation to Officers.

DELEGATED MATTER	RESPONSIBLE OFFICER(S)
[LHB to determine]	[LHB to determine] The existing documents will be developed for the Board to consider on 28 Sept 2023 Existing links to current is below Standing Orders and Financial Instructions - Betsi Cadwaladr University Health Board (nhs.wales)

This scheme only relates to matters delegated by the Board to the Chief Executive and their Executive Directors, together with certain other specific matters referred to in SFIs.

Each Executive Director is responsible for delegation within their department. They shall produce a scheme of delegation for matters within their department, which shall also set out how departmental budget and procedures for approval of expenditure are delegated.

Schedule 2

KEY GUIDANCE, INSTRUCTIONS AND OTHER RELATED DOCUMENTS

This Schedule forms part of, and shall have effect as if incorporated in the Local Health Board Standing Orders

LHB framework

The LHB's governance and accountability framework comprises these SOs, incorporating schedules of Powers reserved for the Board and Delegation to others, together with the following documents:

- *SFIs (see Schedule 2.1 below)*
- *Values and Standards of Behaviour Framework (Standards of Business Conduct Policy)*
- *Board Assurance Framework (BAF)*
- *Risk Management Strategy and Policy*
- *Living Healthier, Staying Well (LHSW)*
- *Annual Plan*

agreed by the Board. These documents must be read in conjunction with the SOs and will have the same effect as if the details within them were incorporated within the SOs themselves.

These documents may be accessed by:

<https://bcuhb.nhs.wales/about-us/governance-and-assurance/standing-orders-and-financial-instructions/>

NHS Wales framework

Full, up to date details of the guidance, instructions and other documents that together make up the framework of governance, accountability and assurance for the NHS in Wales are published on the NHS Wales Governance e-Manual which can be accessed at <https://nwssp.nhs.wales/all-wales-programmes/governance-e-manual/>. Directions or guidance on specific aspects of LHB business are also issued electronically, usually under cover of a Welsh Health Circular.

Schedule 2.1

**MODEL STANDING FINANCIAL INSTRUCTIONS FOR
LOCAL HEALTH BOARDS**

**This Schedule forms part of, and shall have effect as if incorporated in the
Local Health Board Standing Orders**

[please see separate Schedule 2.1 for SFIs]

Schedule 3

BOARD COMMITTEE ARRANGEMENTS

This Schedule forms part of, and shall have effect as if incorporated in the
Local Health Board Standing Orders

*[LHB to insert details, including detailed Terms of Reference
and Operating Arrangements for each Committee]*

*Terms of Reference available for all Committees on the Health Board
[website](#)*

Schedule 4

JOINT COMMITTEE ARRANGEMENTS

This Schedule forms part of, and shall have effect as if incorporated in the
Local Health Board Standing Orders

Schedule 4.1 – National Health Services Joint Commissioning Committee

[Appendix A, Document 2: Standing Orders for the NHS Wales Joint Commissioning Committee](#)

[Appendix A, Document 3: Scheme of Delegation and Reservation of Powers for the NHS Wales Joint Commissioning Committee](#)

[Appendix B, Document 1: Standing Financial Instructions for the NHS Wales Joint Commissioning Committee](#)

[Appendix C: Accountability Map](#)

Schedule 5

ADVISORY GROUPS

Terms of Reference and Operating Arrangements

This Schedule forms part of, and shall have effect as if incorporated in the Local Health Board Standing Orders

Schedule 5.1 – Stakeholder Reference Group
Schedule 5.2 – Health Professionals Forum
Schedule 5.3 – Local Partnership Forum

Terms of Reference available for all Advisory Groups on the Health Board [website](#)

Schedule 5.1

Stakeholder Reference Group

Terms of Reference and Operating Arrangements

THE STAKEHOLDER REFERENCE GROUP (SRG)

1.1 Role

1.1.1 The SRG's role is to provide independent advice on any aspect of LHB business. This may include:

- Early engagement and involvement in the determination of the LHB's overall strategic direction;
- Provision of advice on specific service proposals prior to formal consultation; as well as
- Feedback on the impact of the LHB's operations on the communities it serves.

1.1.2 The SRG provides a forum to facilitate full engagement and active debate amongst stakeholders from across the communities served by the LHB, with the aim of reaching and presenting a cohesive and balanced stakeholder perspective to inform the LHB's decision making.

1.1.3 The SRG's role is distinctive from that of Llais, who have a statutory role in representing the interests of patients and the public in their areas. The SRG shall represent those stakeholders who have an interest in, and whose own role and activities may be impacted by the decisions of the LHB. Membership may include community partners, provider organisations, special interest and other groups operating within the LHBs area.

1.1.4 It does not cover those stakeholders whose interests are represented within the remit of other Advisory Groups established by the LHB, e.g., the Healthcare Professionals' Forum and Local Partnership Forum.

1.1.5 In addition to the provisions in 1.1.3 above the Board must set out, the relationships and accountabilities with others, such as the Regional Partnership Board.

1.2 Membership

1.2.1 The membership of the SRG, including the approval of nominations to the Group; the appointment of Chair and Vice Chair; definition of member

roles, powers and terms and conditions of appointment (including remuneration and reimbursement) will be determined by the Board, taking account of the views of its stakeholders.

- 1.2.2 There shall be no minimum or maximum requirement in terms of membership size. In determining the number of members, the Board shall take account of the need to ensure the SRG's size is optimal to ensure focused and inclusive activity.
- 1.2.3 Membership must be drawn from within the area served by LHB, and shall ensure involvement from a range of bodies and groups operating within the communities serviced by the LHB. Where the Board determines it appropriate, the LHB may extend membership to individuals in order to represent a key stakeholder group where there are not already formal bodies or groups established or operating within the area and who may represent the interests of these stakeholders on the SRG.
- 1.2.4 In determining the overall size and composition of the SRG, the Board must take account of the:
 - Demography of the areas served by the LHB;
 - Need to encourage and reflect the diversity of the locality, to incorporate different ages, race, religion and beliefs, sexual orientation, gender, including transgender, disability and socio-economic status. Where appropriate, the LHB shall support positive action to increase representation;
 - Balance needed in both the range of difference stakeholders and the geographical areas covered, taking particular care to avoid domination by any particular stakeholder type or geographical area;
 - Design and operation of the partnership/stakeholder fora already influencing the work of the LHB at local community levels;
 - Need to complement, and not duplicate the work of Llais; and
 - Need to guard against the over involvement of particular stakeholders through their roles across the range of partnership/stakeholder arrangements in place.
- 1.2.5 The Board shall keep under review the size and composition of the SRG to ensure it continues to reflect an appropriate balance in stakeholder representation.

1.3 Member Responsibilities and Accountability:

The Chair

- 1.3.1 The Chair is responsible for the effective operation of the SRG:
 - Chairing Group meetings;
 - Establishing and ensuring adherence to the standards of good governance set for the NHS in Wales, ensuring that all Group business is conducted in accordance with its agreed operating

arrangements; and

- Developing positive and professional relationships amongst the Group's membership and between the Group and the LHB's Board and its Chair and Chief Executive.

1.3.2 The Chair shall work in close harmony with the Chairs of the LHB's other advisory groups, and, supported by the Director of Corporate Governance/Board Secretary, shall ensure that key and appropriate issues are discussed by the Group in a timely manner with all the necessary information and advice being made available to members to inform the debate and ultimate resolutions.

1.3.3 As Chair of the SRG, they may as an Associate Member of the LHB Board. The Chair is accountable for the conduct of their role as Associate Member on the LHB Board to the Minister, through the LHB Chair. They are also accountable to the LHB Board for the conduct of business in accordance with the governance and operating framework set by the LHB.

The Vice Chair

1.3.4 The Vice-Chair shall deputise for the Chair in their absence for any reason, and will do so until either the existing Chair resumes their duties or a new chair is appointed, and this deputisation includes acting in the role of Associate Member of the LHB Board.

1.3.5 The Vice Chair is accountable, through the SRG Chair to the LHB Board, for their performance as Vice Chair, and to their nominating body or grouping for the way in which they represent their views at the SRG.

Members

1.3.6 The SRG shall function as a coherent Advisory Body, all members being full and equal members and sharing responsibility for the decisions of the SRG.

1.3.7 All members must:

- Be prepared to engage with and contribute fully to the SRG's activities and in a manner that upholds the standards of good governance – including the values and standards of behaviour – set for the NHS in Wales;
- Comply with their terms and conditions of appointment;
- Equip themselves to fulfil the breadth of their responsibilities by participating in appropriate personal and organisational development programmes; and
- Promote the work of the SRG within the communities it represents.

1.3.8 SRG members are accountable, through the SRG Chair to the LHB Board for their performance as Group members, and to their nominating body or grouping for the way in which they represent the views of their body or grouping at the SRG.

1.4 Appointment and terms of office

1.4.1 Appointments to the SRG shall be made by the Board, based upon nominations received from stakeholder bodies/groupings. The Board may seek independent expressions of interest to represent a key stakeholder group where it has determined that formal bodies or groups are not already established or operating within the area that may represent the interests of these stakeholders on the SRG.

1.4.2 The nomination and appointment process shall be open and transparent, and in accordance with any specific requirements or directions made by the Welsh Ministers. The appointments process shall be designed in a manner that meets the communication and involvement needs of all stakeholders eligible for appointment;

1.4.3 The Director of Corporate Governance/Board Secretary, on behalf of the Chair of the LHB, will oversee the process of nomination and appointment to the SRG.

1.4.4 Members shall be appointed for a period specified by the Board, but for no longer than 3 years in any one term. Those members can be reappointed but may not serve a total period of more than 5 years consecutively. The Board may, where it considers it appropriate, make interim or short term appointments to the SRG to fulfil a particular purpose or need.

1.4.5 The **Chair** shall be nominated from within the membership of the SRG, by its members, in a manner determined by the Board, subject to any specific requirements or directions made by the Welsh Ministers. The nomination shall be subject to consideration by the LHB Board, who must submit a recommendation on the nomination to the Minister for Health and Social Services. The appointment as Chair shall be made by the Minister, but it shall not be a formal public appointment. The Constitution Regulations provide that the Welsh Ministers may appoint an Associate Member of the Board, and the appointment of the Chair to this role is on the basis of the conditions of appointment for Associate Members set out in the Regulations.

1.4.6 The Chair's term of office shall be for a period of up to two (2) years, with the ability to stand as Chair for an additional one (1) year, in line with that individual's term of office as a member of the SRG. That individual may remain in office for the remainder of their term as a member of the SRG after their term of appointment as Chair has ended.

1.4.7 The **Vice Chair** shall be nominated from within the membership of the

SRG, by its members, in a manner determined by the Board, subject to any specific requirements or directions made by the Welsh Ministers. The nomination shall be subject to consideration and appointment by the LHB Board. The Constitution Regulations provide that the Welsh Ministers may appoint an Associate Member of the Board. In the SRG Chair's absence, the Vice Chair shall also perform the role of Associate Member on the LHB Board. The appointment of the Vice Chair is therefore also on the basis of the conditions of appointment for Associate Members set out in the Regulations.

- 1.4.8 The Vice Chair's term of office shall be for a period of up to two (2) years, with the ability to stand as Vice Chair for an additional one (1) year, in line with that individual's term of office as a member of the SRG. That individual may remain in office for the remainder of their term as a member of the SRG after their term of appointment as Vice Chair has ended.
- 1.4.9 A member's tenure of appointment will cease in the event that they no longer meet any of the eligibility requirements determined for the position. A member must inform the SRG Chair as soon as is reasonably practicable to do so in respect of any issue which may impact on their eligibility to hold office. The SRG Chair will advise the Board in writing of any such cases immediately.
- 1.4.10 The LHB will require SRG members to confirm in writing their continued eligibility on an annual basis.

1.5 Resignation, suspension and removal of members

- 1.5.1 A member of the SRG may resign office at any time during the period of appointment by giving notice in writing to the SRG Chair and the Board.
- 1.5.2 If the Board, having consulted with the SRG Chair and the nominating body or group, considers that:
- It is not in the interests of the health service in the area covered by the SRG that a person should continue to hold office as a member; or
 - It is not conducive to the effective operation of the SRG

it shall remove that person from office by giving immediate notice in writing to the person and the relevant nominating body or group.

- 1.5.3 A nominating body or group may request the removal of a member appointed to the SRG to represent their interests by writing to the Board setting out an explanation and full reasons for removal.
- 1.5.4 If an SRG member fails to attend any meeting of the Group for a period of six months or more, the Board may remove that person from office unless they are satisfied that:

- i) The absence was due to a reasonable cause; and
- ii) The person will be able to attend such meetings within such period as the Board considers reasonable.

1.5.5 Before making a decision to remove a person from office, the Board may suspend the tenure of office of that person for a limited period (as determined by the Board) to enable it to carry out a proper investigation of the circumstances leading to the consideration of removal. Where the Board suspends any member, that member shall be advised immediately in writing of the reasons for their suspension. Any such member shall not perform any of the functions of membership during a period of suspension.

1.6 Relationship with the Board

1.6.1 The SRG's main link with the Board is through the SRG Chair's membership of the Board as an Associate Member.

1.6.2 The Board may determine that designated Board members or LHB officers shall be in attendance at Advisory Group meetings. The SRG's Chair may also request the attendance of Board members or LHB officers, subject to the agreement of the LHB Chair.

1.6.3 The Board shall determine the arrangements for any joint meetings between the LHB Board and the SRG.

1.6.4 The Board's Chair shall put in place arrangements to meet with the SRG Chair on a regular basis to discuss the SRG's activities and operation.

1.7 Relationship between the SRG and others

1.7.1 The Board must ensure that the SRG's advice represents a balanced, co-ordinated stakeholder perspective from across the local communities served by the LHB. The SRG shall:

- Ensure effective links and relationships with other advisory groups, local and community partnerships and other key stakeholders who do not form part of the SRG membership;
- Ensure its role, responsibilities and activities are known and understood by others; and
- Take care to avoid unnecessary duplication of activity with other bodies/groups with an interest in the planning and provision of NHS services, e.g., Regional Partnership Boards.

1.8 Working with Llais

1.8.1 The SRG shall make arrangements to ensure designated Llais members receive the SRG's papers and are invited to attend SRG meetings.

1.8.2 The SRG shall work together with Llais within the area covered by the LHB to engage and involve those within the local communities served whose views may not otherwise be heard.

Schedule 5.2

Health Professionals' Forum

Terms of Reference and Operating Arrangements

THE HEALTHCARE PROFESSIONALS' FORUM (HPF)

1.1 Role

- 1.1.1 The HPF's role is to provide a balanced, multi-disciplinary view of healthcare professional issues to advise the Board on local strategy and delivery. Its role does not include consideration of healthcare professional terms and conditions of service.
- 1.1.2 The HPF shall facilitate engagement and debate amongst the wide range of clinical interests within the LHB's area of activity, with the aim of reaching and presenting a cohesive and balanced healthcare professional perspective to inform the LHB's decision making.

1.2 Terms of reference and operating arrangements

- 1.2.1 The Board must set out, the relationships and accountabilities with others, as well as the National Professional Advisory Group.

1.3 Membership

- 1.3.1 The membership of the HPF reflects the structure of the seven health Statutory Professional Advisory Committees set up in accordance with Section 190 of the NHS (Wales) Act 2006. Membership of the HPF shall therefore comprise the following eleven (11) members, as a minimum:
- Welsh Medical Committee
 - Primary and Community Care Medical representative
 - Mental Health Medical representative
 - Specialist and Tertiary Care medical representative
 - Welsh Nursing and Midwifery Committee
 - Community Nursing and Midwifery representative
 - Hospital Nursing and Midwifery representative
 - Welsh Therapies Advisory Committee
 - Therapies representative
 - Welsh Scientific Advisory Committee

- Scientific representative
- Welsh Optometric Committee
 - Optometry representative
- Welsh Dental Committee
 - Dental representative
- Welsh Pharmaceutical Committee
 - Hospital Pharmacists representative
 - Community Pharmacists representative

1.3.2 Where the Board determines it appropriate, the LHB may extend membership to other individuals in order to ensure an appropriate balance in representation amongst healthcare professional groupings and across the range of primary, community and secondary service provision.

1.4 Member Responsibilities and Accountability:

The Chair

1.4.1 The Chair is responsible for the effective operation of the HPF:

- Chairing meetings;
- Establishing and ensuring adherence to the standards of good governance set for the NHS in Wales, ensuring that all business is conducted in accordance with its agreed operating arrangements; and
- Developing positive and professional relationships amongst the HPF's membership and between the HPF and the LHB's Board, and in particular its Chair, Chief Executive and clinical Directors.

1.4.2 The Chair shall work in close harmony with the Chairs of the LHB's other advisory groups, and, supported by the Director of Corporate Governance/Board Secretary, shall ensure that key and appropriate issues are discussed by the HPF in a timely manner with all the necessary information and advice being made available to members to inform the debate and ultimate resolutions.

1.4.3 As Chair of the HPF, they will be appointed as an Associate Member of the LHB Board. The Chair is accountable for the conduct of their role as Associate Member on the LHB Board to the Minister, through the LHB Chair. They are also accountable to the LHB Board for the conduct of business in accordance with the governance and operating framework set by the LHB.

The Vice Chair

1.4.4 The Vice-Chair shall deputise for the Chair in their absence for any

reason, and will do so until either the existing chair resumes their duties or a new chair is appointed, and this deputisation includes acting in the role of Associate Member of the LHB Board.

- 1.4.5 The Vice Chair is accountable through the HPF Chair to the LHB Board for their performance as Vice Chair, and to their nominating body or grouping for the way in which they represent their views at the HPF.

Members

- 1.4.6 The HPF shall function as a coherent advisory group, all members being full and equal members and sharing responsibility for the decisions of the HPF.

- 1.4.7 All members must:

- Be prepared to engage with and contribute fully to the HPF's activities and in a manner that upholds the standards of good governance – including the values and standards of behaviour – set for the NHS in Wales;
- Comply with their terms and conditions of appointment;
- Equip themselves to fulfil the breadth of their responsibilities by participating in appropriate personal and organisational development programmes; and
- Promote the work of the HPF within the healthcare professional discipline they represent.

- 1.4.8 Forum members are accountable through the HPF Chair to the LHB Board for their performance as Group members, and to their nominating body or grouping for the way in which they represent the views of their body or grouping at the HPF.

1.5 Appointment and terms of office

- 1.5.1 Appointments to the HPF shall be made by the Board, based upon nominations received from the relevant healthcare professional group, and in accordance with any specific requirements or directions made by the Welsh Ministers. Members shall be appointed for a period specified by the Board, but for no longer than 4 years in any one term. Those members can be reappointed but may not serve a total period of more than 8 years consecutively.

- 1.5.2 The **Chair** will be nominated from within the membership of the HPF, by its members, in a manner determined by the Board, subject to any specific requirements or directions made by the Welsh Ministers. The nomination will be subject to consideration by the Board, who must submit a recommendation on the nomination to the Minister for Health and Social Services. Their appointment as Chair will be made by the Minister, but it will not be a formal public appointment. The Constitution Regulations

provide that the Welsh Ministers may appoint an Associate Member of the Board, and the appointment of the Chair to this role is on the basis of the conditions of appointment for Associate Members set out in the Regulations.

- 1.5.3 The Chair's term of office will be for a period of up to two (2) years, with the ability to stand as Chair for an additional one (1) year, in line with that individual's term of office as a member of the HPF. That individual may remain in office for the remainder of their term as a member of the HPF after their term of appointment as Chair has ended.
- 1.5.4 The **Vice Chair** will be nominated from within the membership of the HPF, by its members, in a manner determined by the Board, subject to the condition that they be appointed from a different healthcare discipline to that of the Chair, along with any specific requirements or directions made by the Welsh Ministers. The nomination shall be subject to consideration and appointment by the Board. The Constitution Regulations provide that the Welsh Ministers may appoint an Associate Member of the Board. In the HPF Chair's absence, the Vice Chair will also perform the role of Associate Member on the LHB Board. The appointment of the Vice Chair is therefore also on the basis of the conditions of appointment for Associate Members set out in the Regulations.
- 1.5.5 The Vice Chair's term of office will be for a period of up to two (2) years, with the ability to stand as Vice Chair for an additional one (1) year, in line with that individual's term of office as a member of the HPF. That individual may remain in office for the remainder of their term as a member of the HPF after their term of appointment as Vice Chair has ended.
- 1.5.6 A member's tenure of appointment will cease in the event that they no longer meet any of the eligibility requirements determined for the position. A member must inform the HPF Chair as soon as is reasonably practicable to do so in respect of any issue which may impact on their eligibility to hold office. The HPF Chair will advise the Board in writing of any such cases immediately.
- 1.5.7 The LHB will require Forum members to confirm in writing their continued eligibility on an annual basis.

1.6 Resignation, suspension and removal of members

- 1.6.1 A member of the HPF may resign office at any time during the period of appointment by giving notice in writing to the HPF Chair and the Board.
- 1.6.2 If the Board, having consulted with the HPF Chair and the nominating body or group, considers that:
 - It is not in the interests of the health service in the area covered by the HPF that a person should continue to hold office as a member;
 - or

- It is not conducive to the effective operation of the HPF

it shall remove that person from office by giving immediate notice in writing to the person and the relevant nominating body or group.

- 1.6.3 A nominating body or group may request the removal of a member appointed to the HPF to represent their interests by writing to the Board setting out an explanation and full reasons for removal.
- 1.6.4 If a member fails to attend any meeting of the HPF for a period of six months or more, the Board may remove that person from office unless they are satisfied that:
- i) The absence was due to a reasonable cause; and
 - ii) The person will be able to attend such meetings within such period as the Board considers reasonable.
- 1.6.5 Before making a decision to remove a person from office, the Board may suspend the tenure of office of that person for a limited period (as determined by the Board) to enable it to carry out a proper investigation of the circumstances leading to the consideration of removal. Where the Board suspends any member, that member shall be advised immediately in writing of the reasons for their suspension. Any such member shall not perform any of the functions of membership during a period of suspension.

1.7 Relationship with the Board

- 1.7.1 The HPF's main link with the Board is through the HPF Chair's membership of the Board as an Associate Member.
- 1.7.2 The Board may determine that designated Board members or LHB officers shall be in attendance at Advisory Group meetings. The HPF's Chair may also request the attendance of Board members or LHB officers, subject to the agreement of the LHB Chair.
- 1.7.3 The Board shall determine the arrangements for any joint meetings between the LHB Board and the HPF.
- 1.7.4 The Board's Chair shall put in place arrangements to meet with the HPF Chair on a regular basis to discuss the HPF's activities and operation.

1.8 Rights of Access to the LHB Board for Professional Groups

- 1.8.1 The LHB Chair, on the advice of the Chief Executive and/or Director of Corporate Governance/Board Secretary, may recommend that the Board afford direct right of access to any professional group, in the following, exceptional circumstances:
- i) Where the HPF recommends that a matter should be presented to the Board by a particular healthcare professional grouping,

e.g., due to the specialist nature of the issues concerned; or

- ii) Where a healthcare professional group has demonstrated that the HPF has not afforded it due consideration in the determination of its advice to the Board on a particular issue.

1.8.2 The Board may itself determine that it wishes to seek the views of a particular healthcare professional grouping on a specific matter, in accordance with Standing Order 6.5.7.

1.9 Relationship with the National Professional Advisory Group

1.9.1 The HPF Chair (or HPF Vice-Chair) will be a member of the National Professional Advisory Group.

Schedule 5.3

Local Partnership Forum Advisory Group Terms of Reference and Operating Arrangements

1.1 Role and Purpose

- 1.1.1 The LHB Local Partnership Forum (LPF) is the formal mechanism where NHS Wales's employers and trade unions/professional bodies (hereafter referred to as staff organisations) work together to improve health services for the people of Wales. It is the forum where key stakeholders will engage with each other to inform, debate and seek to agree local priorities on workforce and health service issues.
- 1.1.2 At the earliest opportunity, the Board will engage with staff organisations in the key discussions at the LHB Board, LPF and Locality/Divisional level.
- 1.1.3 All members are full and equal members of the forum and collectively share responsibility for the decisions made.
- 1.1.4 The LPF will provide the formal mechanism for consultation, negotiation and communication between the staff organisations and management. The TUC principles of partnership will apply. These principles are attached at Appendix 1.
- 1.1.5 The purpose of the LPF will be to:
- Establish a regular and formal dialogue between the Board's Executive and staff organisations on matters relating to workforce and health service issues.
 - Enable employers and staff organisations to put forward issues affecting the workforce.
 - Provide opportunities for staff organisations and managers to input into organisation service development plans at an early stage.
 - Consider the implications on staff of service reviews and identify and seek to agree new ways of working.
 - Consider the implications for staff of NHS reorganisations at a national or local level and to work in partnership to achieve mutually successful implementation.

- Appraise and discuss in partnership the financial performance of the organisation on a regular basis.
- Appraise and discuss in partnership the Board services and activity and its implications.
- Provide opportunities to identify and seek to agree quality issues, including clinical governance, particularly where such issues have implications for staff.
- Communicate to the partners the key decisions taken by the Board and senior management.
- Consider national developments in NHS Wales Workforce and Organisational Strategy and the implications for the Board including matters of service re-profiling.
- Negotiate on matters subject to local determination.
- Ensure staff organisation representatives are afforded reasonable paid time off to undertake trade union duties
- To develop in partnership appropriate facilities arrangements using A4C Facilities Agreement as a minimum standard.

1.1.6 In addition the LPF can establish LPF sub groups to establish ongoing dialogue, communication and consultation on service and operational management issues specific to Divisions/Directorates/Service areas. Where these sub groups are developed they must report to the LHB LPF.

1.2 General Principles

1.2.1 The LHB and LPF accepts that partnerships help the workforce and management work through challenges and to grow and strengthen their organisations. Relationships are built on trust and confidence and demonstrate a real commitment to work together.

1.2.2 The principles of true partnership working between staff organisations and Management are as follows:

- Staff organisations and management show joint commitment to the success of the organisation with a positive and constructive approach
- They recognise the legitimacy of other partners and their interests and treat all parties with trust and mutual respect
- They demonstrate commitment to employment security for workers and flexible ways of working
- They share success – rewards must be felt to be fair
- They practice open and transparent communication – sharing information widely with openness, honesty and transparency

- They must bring effective representation of the views and interests of the workforce
- They must demonstrate a commitment to work with and learn from each other

All members must:

- be prepared to engage with and contribute fully to the LPF's activities and in a manner that upholds the standards of good governance set for the NHS in Wales;
- comply with their terms and conditions of appointment;
- equip themselves to fulfil the breadth of their responsibilities by participating in appropriate personal and organisational development programmes; and
- promote the work of the LPF within the professional discipline they represent.

1.2.3 A Code of Conduct is attached as Appendix 2.

1.3 Membership

1.3.1 All members of the LPF are full and equal members and share responsibility for the decisions of the LPF. The NHS organisation shall agree the overall size and composition of the LPF in consultation with those staff organisations the LHB recognises for collective bargaining. The Trade Union member of the LHB Board will be expected to attend the LPF in an ex-officio capacity. As a minimum, the membership of the LPF shall comprise:

Management Representatives

1.3.2 Management will normally consist of the following members of management representatives:

- Chief Executive
- Finance Director
- General Managers/Divisional Managers (as locally identified)
- Director of Workforce and OD
- Workforce and OD staff (as locally identified)

1.3.3 Other Executive Directors and others may also be members or may be co-opted dependent upon the agenda.

Staff Representatives

1.3.4 The Board recognises those staff organisations listed in Appendix 3 for the representation of members who are employed by the organisation.

1.3.5 Staff representatives must be employed by the organisation and

accredited by their respective organisations for the purposes of bargaining. If a representative ceases to be employed by the Board or ceases to be a member of a nominating organisation then they will automatically cease to be a member of the LPF. Full time officers of the staff organisations may attend meetings subject to prior notification and agreement.

- 1.3.6 Members of the LPF who are unable to attend a meeting may send a deputy, providing such deputies are eligible for appointment to the LPF.

1.4 Quorum

- 1.4.1 Every effort will be made by all parties to maintain a stable membership. There should be 50% attendance of both parties for the meeting to be quorate.

- 1.4.2 If the meeting is not quorate no decisions can be made but information may be exchanged. Where joint chairs agree extraordinary meeting may be scheduled within 7 calendar days' notice.

- 1.4.3 Consistent attendance and commitment to participate in discussions is essential. Where a member of the LPF does not attend on 3 consecutive occasions, the Joint Secretaries will write to the member and bring the response to the next meeting for further consideration and possible removal.

1.5 Officers

- 1.5.1 The Staff Organisation Chair, Vice Chair and Secretary will be elected from the LPF annually. Best practice requires these three officers to come from different staff organisations.

1.6 Chairs

- 1.6.1 The Management and Staff Organisation Chair will chair the LPF. This will be done on a rotational basis. In the absence of the Chair(s) the Vice Chair(s) will act as Chair. The Chairs shall work in partnership with each other and, as appropriate, with the Chairs of the Board's other advisory groups. Supported by the Director of Corporate Governance/Board Secretary, Chairs shall ensure that key and appropriate issues are discussed by the LPF in a timely manner with all the necessary information and advice being made available to members to inform the debate and ultimate resolutions.

1.7 Joint Secretaries

- 1.7.1 Each side of the LPF should appoint/elect its own Joint Secretary. The Management and Staff Organisation Secretary will be responsible for the preparation of the agendas and minutes of the meetings held, and for obtaining the agreement of the Management and Staff Organisation

Chairs.

- 1.7.2 The Director of Workforce and OD will act as Management Secretary and will be responsible for the maintenance of the constitution of the membership, the circulation of agenda and minutes and notification of meetings.

1.8 Sub Committees

- 1.8.1 When is considered appropriate, the LPF can decide to appoint a subcommittee, to hold detailed discussion on a particular issue(s). Nominated representatives to sub committees will communicate and report regularly to the LPF.

1.9 Management of Meetings

- 1.9.1 Meetings will be held bi-monthly but this may be changed to reflect the need of either staff organisations or management.
- 1.9.2 The business of the meeting shall be restricted to matters pertaining to LPF issues and should include local operational issues. Board wide strategic issues and issues that have LHB wide implications shall be referred to the Welsh Partnership Forum via the LHB Board.
- 1.9.3 The minutes shall normally be distributed 10 days after the meeting and no later than 7 days prior to meeting. Items for the agenda and supporting papers should be notified to the Management Secretary as early as possible, and in the event at least two weeks in advance of the meeting.
- 1.9.4 The LPF has the capacity to co-opt others onto the LPF or its sub groups as deemed necessary by agreement.

Appendix 1

Six Principles of Partnership Working

- a shared commitment to the success of the organisation
- a focus on the quality of working life
- recognition of the legitimate roles of the employer and the trade union
- a commitment by the employer to employment security
- openness on both sides and a willingness by the employer to share information and discuss the future plans for the organisation
- adding value – a shared understanding that the partnership is delivering measurable improvements for the employer, the union and employees

Appendix 2

Code of Conduct

A code of conduct for meetings sets ground rules for all participants:

- Respect the meeting start time and arrive punctually
- Attend the meeting well-prepared, willing to contribute and with a positive attitude
- Listen actively. Allow others to explain or clarify when necessary
- Observe the requirement that only one person speaks at a time
- Avoid 'put downs' of views or points made by colleagues
- Respect a colleague's point of view
- Avoid using negative behaviours e.g. sarcasm, point-scoring, personalisation
- Try not to react negatively to criticism or take as a personal slight
- Put forward criticism in a positive way
- Be mindful that decisions have to be made and it is not possible to accommodate all individual views
- No 'side-meetings' to take place
- Respect the Chair
- Failure to adhere to the Code of Conduct may result in the suspension or removal of the LPF member.

Appendix 3

List of Recognised Trade Unions/Professional Bodies referred to as 'staff organisations' within these Standing Orders

- British Medical Association (BMA)
- Royal College of Nursing (RCN)
- Royal College of Midwives (RCM)
- UNISON
- UNITE
- GMB
- British Orthoptic Society
- Society of Radiographers
- British Dental Association
- Society of Chiropodists and Podiatrists
- Federation of Clinical Scientists
- Chartered Society of Physiotherapy (CSP)
- British Dietetic Association
- British Association of Occupational Therapists (BAOT)



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

STANDING ORDERS

Scheme of Reservation and Delegation of Powers

(Schedule 1 of the Standing Orders)

SCHEME OF RESERVATION AND DELEGATION OF POWERS

**This Schedule forms part of, and shall have effect as if incorporated in the
Local Health Board Standing Orders**

Date approved by Health Board:

MODEL SCHEME OF RESERVATION AND DELEGATION OF POWERS

Introduction

As set out in Standing Order 2, the Board, subject to any directions that may be made by the Welsh Ministers, shall make arrangements for certain functions to be carried out on its behalf so that the day to day business of the LHB may be carried out effectively, and in a manner that secures the achievement of its aims and objectives. The Board may delegate functions to:

- i) A Committee, e.g., Performance, Finance and Information Governance Committee (PFIG);
- ii) A sub-Committee, e.g., a locality based Performance, Finance and Information Governance (PFIG) Committee taking forward matters within a defined area. Any such delegation would, subject to the Board's authority, usually be via a main Committee of the Board;
- iii) A joint-Committee or joint sub-Committee, e.g., with other LHBs or Local Authorities established to take forward matters relating to services; and
- iv) Officers of the LHB (who may, subject to the Board's authority, delegate further to other officers and, where appropriate, other third parties, e.g., shared/support services, through a formal scheme of delegation)

and in doing so, must set out clearly the terms and conditions upon which any delegation is being made. These terms and conditions must include a requirement that the Board is notified of any matters that may affect the operation and/or reputation of the LHB.

The Board's determination of those matters that it will retain, and those that will be delegated to others are set out in the following:

- Schedule of matters reserved to the Board;
- Scheme of delegation to Committees and others; and
- Scheme of delegation to officers.

all of which must be formally adopted by the Board in full session and form part of the LHB's SOs.

DECIDING WHAT TO RETAIN AND WHAT TO DELEGATE: GUIDING PRINCIPLES

The Board will take full account of the following principles when determining those matters that it reserves, and those which it will delegate to others to carry out on its behalf:

- Everything is retained by the Board unless it is specifically delegated in accordance with the requirements set out in Standing Orders or Standing Financial Instructions.
- The Board must retain that which it is required to retain (whether by statute or as determined by the Welsh Ministers) as well as that which it considers is essential to enable it to fulfil its role in setting the organisation's direction, equipping the organisation to deliver and ensuring achievement of its aims and objectives through effective performance management
- Any decision made by the Board to delegate functions must be based upon an assessment of the capacity and capability of those to whom it is delegating responsibility
- The Board must ensure that those to whom it has delegated powers (whether a Committee, partnership or individuals) remain equipped to deliver on those responsibilities through an ongoing programme of personal, professional and organisational development
- The Board must take appropriate action to assure itself that all matters delegated are effectively carried out
- The framework of delegation will be kept under active review and, where appropriate, will be revised to take account of organisational developments, review findings or other changes
- Except where explicitly set out, the Board retains the right to decide upon any matter for which it has statutory responsibility, even if that matter has been delegated to others
- The Board may delegate authority to act, but retains overall responsibility and accountability
- When delegating powers, the Board will determine whether (and the extent to which) those to whom it is delegating will, in turn, have powers to further delegate those functions to others.

HANDLING ARRANGEMENTS FOR THE RESERVATION AND DELEGATION OF POWERS: WHO DOES WHAT

The Board

The Board will formally agree, review and, where appropriate revise schedules of reservation and delegation of powers in accordance with the guiding principles set out earlier.

The Chief Executive

The Chief Executive will propose a Scheme of Delegation to Officers, setting out the functions they will perform personally and which functions will be delegated to other officers. The Board must formally agree this scheme.

In preparing the scheme of delegation to officers, the Chief Executive will take account of:

- The guiding principles set out earlier (including any specific statutory responsibilities designated to individual roles);
- Their personal responsibility and accountability to the Chief Executive, NHS Wales in relation to their role as designated Accountable Officer; and
- Associated arrangements for the delegation of financial authority to equip officers to deliver on their delegated responsibilities (and set out in Standing Financial Instructions).

The Chief Executive may re-assume any of the powers they have delegated to others at any time.

The Director of Corporate Governance

The Director of Corporate Governance will support the Board in its handling of reservations and delegations by ensuring that:

- A proposed schedule of matters reserved for decision by the Board is presented to the Board for its formal agreement;
- Effective arrangements are in place for the delegation of LHB functions within the organisation and to others, as appropriate; and
- Arrangements for reservation and delegation are kept under review and presented to the Board for revision, as appropriate.

The Audit Committee

The Audit Committee will provide assurance to the Board of the effectiveness of its arrangements for handling reservations and delegations.

Individuals to who powers have been delegated

Individuals will be personally responsible for:

- Equipping themselves to deliver on any matter delegated to them, through the conduct of appropriate training and development activity; and
- Exercising any powers delegated to them in a manner that accords with the LHB's values and standards of behaviour.

Where an individual does not feel that they are equipped to deliver on a matter delegated to them, they must notify the Chief Executive or the Director of Corporate Governance of their concern as soon as possible in so that an appropriate and timely decision may be made on the matter.

In the absence of an officer to whom powers have been delegated, those powers will be exercised by the individual to whom that officer reports, unless the Board has set out alternative arrangements.

If the Chief Executive is absent their nominated Deputy may exercise those powers delegated to the Chief Executive on their behalf. However, the guiding principles governing delegations will still apply, and so the Board may determine that it will reassume certain powers delegated to the Chief Executive or reallocate powers, e.g., to a Committee or another officer.

SCOPE OF THESE ARRANGEMENTS FOR THE RESERVATION AND DELEGATION OF POWERS

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

SCHEDULE OF MATTERS RESERVED TO THE BOARD¹

THE BOARD		AREA	DECISIONS RESERVED TO THE BOARD
1	FULL	GENERAL	Board may determine any matter for which it has statutory or delegated authority in accordance with SOs (except for those decisions delegated to the NHS Wales Joint Commissioning Committee (the JCC)).
2	FULL	GENERAL	The Board must determine any matter that will be reserved to the whole Board. These will be set out within Schedule of Matters Reserved to the Board.
3	FULL	GENERAL	Approve the LHB's Governance Framework
4	FULL	OPERATING ARRANGEMENTS	<p>Approve, vary and amend:</p> <ul style="list-style-type: none"> ▪ Standing Orders; ▪ Standing Financial Instructions; ▪ Schedule of matters reserved to the LHB; ▪ Scheme of delegation to Committees and others; and ▪ Scheme of delegation to officers. <p>In accordance with any directions set by the Welsh Ministers.</p>
5	FULL	OPERATING ARRANGEMENTS	Ratify any urgent decisions taken by the Chair and the Chief Executive in accordance with Standing Order requirements
6	NO – Audit Committee	OPERATING ARRANGEMENTS	Formal consideration of report of Director of Corporate Governance on any non-compliance with Standing Orders, making proposals to the Board on any action to be taken.

¹ Any decision to reserve a matter, and the manner in which that retained responsibility is carried out will be in accordance with any regulatory and/or Welsh Government requirements.

7	FULL	OPERATING ARRANGEMENTS	Receive report and proposals regarding any non-compliance with Standing Orders, and where required ratify in public session any action required in response to failure to comply with SOs.
8	FULL	OPERATING ARRANGEMENTS	Authorise use of the LHB's official seal.
9	FULL	OPERATING ARRANGEMENTS	Approve the Standards of Business Conduct Policy.
10	NO - Chair on behalf of Joint Committee, Vice-Chair on behalf of Joint Committee if Chair is declaring interest	ORGANISATION STRUCTURE & STAFFING	Require, receive and determine action in response to the declaration of Board members' interests, in accordance with advice received, e.g. from Audit Committee or Director of Corporate Governance
11	FULL	STRATEGY & PLANNING	Determine the LHB's strategic aims, objectives and priorities
12	FULL	STRATEGY & PLANNING	Approve the LHB's key strategies and programmes related to: <ul style="list-style-type: none"> ▪ Population Health Needs Assessment and Commissioning Plan ▪ The development and delivery of patient and population centred health and care/clinical services ▪ Improving quality and patient safety outcomes ▪ Workforce and Organisational Development ▪ Infrastructure, including IM &T, Estates and Capital (including major capital investment and disposal plans)

13	FULL	STRATEGY & PLANNING	Approval of Joint Area Plan prepared under the direction of the Regional Partnership Board and in response to the population assessment
14	FULL	STRATEGY & PLANNING	Agreement of Well-being objectives in accordance with the requirements of the Well-being and Future Generations (Wales) Act 2015
15	FULL	STRATEGY & PLANNING	Approval of Well-being Plan prepared and agreed by the Public Service Board
16	FULL	STRATEGY & PLANNING	Approve the LHB's Integrated Medium Term Plan, including the balanced Medium-Term Financial Plan
17	FULL	STRATEGY & PLANNING	Approve the LHB's budget and financial framework (including overall distribution of the financial allocation and unbudgeted expenditure)
18	FULL	OPERATING ARRANGEMENTS	Approve the LHB's framework and strategy for performance management.
19	FULL	STRATEGY & PLANNING	Approve the LHB's framework and strategy for risk and assurance.
20	FULL	OPERATING ARRANGEMENTS	Ratify policies for dealing with raising concerns, complaints and incidents in accordance with the Putting Things Right and health and safety requirements.
21	FULL	OPERATING ARRANGEMENTS	Agree the arrangements for ensuring the adoption of standards of governance and performance (including the quality and safety of healthcare, and the patient experience) to be met by the LHB, including standards/ requirements determined by Welsh Government, regulators, professional bodies/others, e.g. National Institute of Health and Care Excellence (NICE)
22	FULL	STRATEGY & PLANNING	Approve the LHB's patient, public, staff, partnership and stakeholder engagement and co-production strategies.

23	FULL	OPERATING ARRANGEMENTS	Approve the introduction or discontinuance of any significant activity or operation. Any activity or operation shall be regarded as significant if the Board determines it so based upon its contribution/impact on the achievement of the LHB's aims, objectives and priorities
24	FULL	ORGANISATION STRUCTURE & STAFFING	Appointment of officer members of the Board (Chief Executive and Directors) in accordance with the provisions of the Regulations and in accordance with Ministerial Instructions
25	NO – Remuneration and Terms of Service Committee	ORGANISATION STRUCTURE & STAFFING	Termination of appointment and suspension officer members in accordance with the provisions of the Regulations and in accordance with Ministerial instructions
26	NO – Remuneration and Terms of Service Committee	ORGANISATION STRUCTURE & STAFFING	Consider appraisal of officer members of the Board (Chief Executive and Directors)

27	NO – Remuneration and Terms of Service Committee	ORGANISATION STRUCTURE & STAFFING	Approve the appointment, appraisal, discipline and dismissal of any other Board level appointments and other senior employees, in accordance with Ministerial Instructions e.g. the Director of Corporate Governance
28	NO – Remuneration and Terms of Service Committee	ORGANISATION STRUCTURE & STAFFING	Consider and approve redundancy and Early Release Applications, noting that where the settlement is £50,000 or above subsequent agreement of Welsh Government is required.
29	FULL	ORGANISATION STRUCTURE & STAFFING	Approve, [arrange the] review, and revise the LHB's top level organisation structure and corporate policies
30	FULL	ORGANISATION STRUCTURE & STAFFING	Appoint, [arrange the] review, revise and dismiss LHB Committees, including any joint-Committees directly accountable to the Board
31	FULL	ORGANISATION STRUCTURE & STAFFING	Appoint, equip, review and (where appropriate) dismiss the Chair and members of any Committee, joint-Committee or Group set up by the Board
32	FULL	ORGANISATION STRUCTURE & STAFFING	Appoint, equip, review and (where appropriate) dismiss individuals appointed to represent the Board on outside bodies and groups
33	FULL	ORGANISATION STRUCTURE & STAFFING	Approve the standing orders and terms of reference and reporting arrangements of all Committees, joint-Committees and groups established by the Board

34	NO – Audit Committee	OPERATING ARRANGEMENTS	Approve arrangements relating to the discharge of the LHB’s responsibility as a bailee for patients’ property
35	FULL - except where Chapter 6 specifies appropriate to delegate to a committee, Chief Executive or Officers	OPERATING ARRANGEMENTS	Approve individual compensation payments in line with the provisions of Annex 4 to Chapter 6 of the Welsh Government Manual for Accounts
36	FULL - except where Chapter 6 specifies appropriate to delegate to a committee, Chief Executive or Officers	OPERATING ARRANGEMENTS	Approve individual cases for the write off of losses or making of special payments above the limits of delegation to the Chief Executive and officers
37	FULL	OPERATING ARRANGEMENTS	Approve proposals for action on litigation on behalf of the LHB
38	FULL	ORGANISATION STRUCTURE & STAFFING	Approve the arrangements relating to the discharge of the LHB's responsibilities as a corporate trustee of funds held on trust in accordance with the provision of Paragraph 20 of the Standing Financial Instructions.

39	FULL	STRATEGY & PLANNING	Approve new contracts for the LHB to provide, or to secure provision from providers for Personal Medical; Dental; Pharmacy; Optometry services to some or all of the LHB's population where the value exceeds the delegated limit of the Chief Executive
40	FULL	STRATEGY & PLANNING	Approve individual contracts (other than NHS contracts) above the limit delegated to the Chief Executive set out in the Standing Financial Instructions
41	FULL	PERFORMANCE & ASSURANCE	Approve the LHB's audit and assurance arrangements
42	FULL	PERFORMANCE & ASSURANCE	Receive reports from the LHB's Executive on progress and performance in the delivery of the LHB's strategic aims, objectives and priorities and approve action required, including improvement plans, as appropriate
43	FULL	PERFORMANCE & ASSURANCE	Receive reports from the LHB's Committees, groups and other internal sources on the LHB's performance and approve action required, including improvement plans, as appropriate
44	FULL	PERFORMANCE & ASSURANCE	Receive reports on the LHB's performance produced by external regulators and inspectors (including, e.g., Audit Wales, HIW, etc) that raise significant issue or concerns impacting on the LHB's ability to achieve its aims and objectives and approve action required, including improvement plans, taking account of the advice of Board Committees (as appropriate)
45	FULL	PERFORMANCE & ASSURANCE	Receive the annual opinion of the LHB's Chief Internal Auditor and approve action required, including improvement plans
46	FULL	PERFORMANCE & ASSURANCE	Receive the annual management report from the Auditor General for Wales and approve action required, including improvement plans

47	FULL	PERFORMANCE & ASSURANCE	Receive assurance regarding the LHB's performance against the Health and Care Standards for Wales and the arrangements for approving required action, including improvement plans.
48	FULL	REPORTING	Approve the LHB's Reporting Arrangements, including reports on activity and performance locally, to citizens, partners and stakeholders and nationally to the Welsh Government where required
49	FULL	REPORTING	Receive, approve and ensure the publication of LHB reports, including its Annual Report and annual financial accounts in accordance with directions and guidance issued

DRAFT FOR BOARD

DELEGATION OF POWERS TO COMMITTEES AND OTHERS²

Standing Order 2 provides that the Board may delegate powers to Committees and others. In doing so, the Board has formally determined:

- the composition, terms of reference and reporting requirements in respect of any such Committees; and
- the governance arrangements, terms and conditions and reporting requirements in respect of any delegation to others, in accordance with any regulatory requirements and any directions set by the Welsh Ministers.

The Board has delegated a range of its powers to the following Committees and others:

- Audit Committee
- Charitable Funds Committee
- Mental Health Legislation Committee
- Quality, Safety and Experience Committee
- Partnership, People and Population Health Committee
- Performance, Finance and Information Governance Committee
- Executive Committee
- Remuneration Committee

The scope of the powers delegated, together with the requirements set by the Board in relation to the exercise of those powers are as set out in i) Committee terms of reference, and ii) Formal arrangements for the delegation of powers to others. Collectively, these documents form the LHB's Scheme of Delegation to Committees.

² As defined in Standing Orders

SCHEME OF DELEGATION TO EXECUTIVE DIRECTORS, OTHER DIRECTORS AND OPERATIONAL BUDGET MANAGERS

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. 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.

This element of the scheme of delegation only relates to matters delegated by the Board to the Chief Executive and the Executive Directors which are not covered by the Standing Financial Instructions.

Delegated Matter	Table Reference No.
MEETINGS	1
PERSONNEL	2
ENGAGEMENT OF STAFF (NOT ON THE ESTABLISHMENT)	3
REPORTING INCIDENTS TO THE POLICE	4
LEGAL PROCEEDINGS	5
INSURANCE POLICIES AND RISK MANAGEMENT	6
CLINICAL AUDIT	7
PUTTING THINGS RIGHT REGULATIONS	8
SEAL	9
GIFTS & HOSPITALITY	10
DECLARATION OF INTERESTS	11
INFORMATICS AND THE DATA PROTECTION ACT	12
AUTHORISATION OF NEW DRUGS	13
AUTHORISATION OF RESEARCH PROJECTS	14
AUTHORISATION OF CLINICAL TRIALS	15
INFECTIOUS DISEASES & NOTIFIABLE OUTBREAKS	16
REVIEW OF FIRE PRECAUTIONS	17
HEALTH & SAFETY	18
MEDICINES INSPECTORATE REGULATIONS	19
ENVIRONMENTAL REGULATIONS	20
COSTS/NOTIONAL RENT/THIRD PARTY DEVELOPER/IMPROVEMENT GRANTS	21
COMPLIANCE LEAD ROLES: CALDICOTT GUARDIAN, DPO, SIRO	22
EMERGENCY PLANNING	23
STATUTORY COMPLIANCE WITH RESPECTIVE LEGISLATION	24
APPOINTMENT OF MEDICAL & DENTAL CONSULTANT POSTS	25
HUMAN TISSUE ACT 2004	26
IONISING RADIATION (MEDICAL EXPOSURE) REGULATIONS 2017 [IR(ME)R]	27
NURSE STAFFING LEVELS (WALES) ACT 2016	28
WELSH LANGUAGE STANDARD REPORTING	29
CONTROLLED DRUGS ACCOUNTABLE OFFICER	30
UPHOLDING PROFESSIONAL STANDARDS IN WALES (UPSW)	31

Board Member Responsible (Tiers 2, 3 or 4): in line with the Standing Orders, delegated approval to the relevant Board Member, Board Committee, **Executive Director or Executive Team member**. Where there is more than one **Executive Director Team member named** the applicable responsibility is in relation to their individual service area.

Specific Delegation Where Applicable: The intention is to delegate to the Operational Divisions wherever possible, however some Matters are either delegated through a Director, Associate or Assistant then to the Operational Division, or they are not delegated beyond this secondary level. This column sets out the delegation flow where relevant. Where there is more than one 'Accountable Lead' named the applicable responsibility is in relation to their individual service area.

Operational Responsibility (Tier 4): – where Matters are delegated to the Operational Divisions, the generic term “Service Director” has been used to identify the Accountable Lead, for example IHC Director, Director of Mental Health, Cancer, and Support Functions. It is also recognised that these Matters are delegated within Health Board Policy and where relevant are directly supported by Finance, People Services and other Support Functions.

DELEGATED MATTER	BOARD MEMBER RESPONSIBLE	SPECIFIC DELEGATION WHERE APPLICABLE	OPERATIONAL RESPONSIBILITY
1. Meetings			
a) Calling meetings of the LHB	Chair	Director of Corporate Governance	Not Delegated
b) Chair all LHB Board meetings and associated responsibilities	Chair or Vice Chair in Chair's absence	Not Delegated	Not Delegated
2. Personnel			
All Matters locally supported by CFO / FD / People			
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.	Executive Director People and OD	Supported by Members of the Executive Committee	Service Director
b) Approve the commencement of employment prior to all pre-employment checks being completed.	Executive Director People and OD	Associate Director People Services	Not delegated
c) Authority to fill funded post on the establishment with permanent staff.	Executive Director People and OD	Deputy Director Workforce & OD / Associate Director of People Services (IHC / PAN BCU / Support Services)	Service Director
d) Travel & subsistence expenses			
Authority to authorise travel & subsistence expenses	Executive Director People and OD	Direct to Operational Services	(Tier 4)
Maintenance of a list of managers authorised to sign payroll and travel expense documentation (and via e-expense systems)	Executive Director People and OD	Deputy Director of Workforce & OD	Service Director

DELEGATED MATTER	BOARD MEMBER RESPONSIBLE	SPECIFIC DELEGATION WHERE APPLICABLE	OPERATIONAL RESPONSIBILITY
e) Leave			
Approval of annual leave in accordance with LHB policy	Executive Director People and OD	Direct to Operational Services	Service Director
Carry-over of annual leave in exceptional circumstances up to a maximum of 5 days	Executive Director People and OD	Direct to Operational Services	(Tier 4)
Compassionate leave	Executive Director People and OD	Direct to Operational Services	Service Director
Special leave arrangements (to be applied in accordance with All Wales Policy)	Executive Director People and OD	Direct to Operational Services	Service Director
Leave without pay	Executive Director People and OD	Direct to Operational Services	(Tier 4)
Medical Staff Leave of Absence – paid and unpaid	Executive Director People and OD	Direct to Operational Services	Service Director
Consultants Special Leave	Executive Medical Director	Direct to Operational Services	(Tier 4)
Time off in lieu	Executive Director People and OD	Direct to Operational Services	Service Director
Maternity / Paternity Leave – paid and unpaid	Executive Director People and OD	Direct to Operational Services	(Tier 4)
f) Annualised hours/flexible working hours system-maintenance of adequate records	Executive Director People and OD	Direct to Operational Services	Service Director

DELEGATED MATTER	BOARD MEMBER RESPONSIBLE	SPECIFIC DELEGATION WHERE APPLICABLE	OPERATIONAL RESPONSIBILITY
g) Sick Leave			
Extension of sick leave on half pay up to three months	Executive Director People and OD	Direct to Operational Services in conjunction with Associate Director of People Services	Not delegated
Return to work part-time on full pay to assist recovery	Executive Director People and OD	Direct to Operational Services in conjunction with Associate Director of People Services	Service Director (Tier 4)
Extension of sick leave on full pay	Executive Director People and OD	Direct to Operational Services in conjunction with Associate Director of People Services	Not delegated
h) Study Leave			
Study leave outside the UK (non-medical staff excluding clinical staff)	Executive Director People and OD	Direct to Operational Services	Service Director
Medical staff study leave (UK)	Executive Medical Director / Executive Director People and OD	Direct to Operational Services	(Tier 4)
Consultant Medical Staff Leave (UK)	Executive Medical Director	Direct to Operational Services	Service Director
All Medical and non-Medical Clinical Staff study leave outside the UK (as per relevant professional lead)	Executive Medical Director / Executive Director of Nursing & Midwifery / Executive Director of Therapies & Health Science / Chief Operating Officer	Direct to Operational Services	(Tier 4)
All other study leave (UK)	Executive Director People and OD	Direct to Operational Services	Service Director

DELEGATED MATTER	BOARD MEMBER RESPONSIBLE	SPECIFIC DELEGATION WHERE APPLICABLE	OPERATIONAL RESPONSIBILITY
i) Removal Expenses			
Authorisation of payment of removal expenses incurred by officers taking up new appointments (providing consideration was promised at interview)	Executive Director People and OD	Direct to Operational Services → In accordance with BCUHB policy / approval from the Executive Director People and OD	Service Director
j) Respect & Resolution Procedure	Executive Director People and OD	Direct to Operational Services	(Tier 4)
k) Professional Misconduct/Competence-Medical and Dental Staff	Executive Medical Director / Executive Director People and OD	Deputy Responsible Officer / Deputy Medical Director / Deputy Director of Workforce & OD	Not Delegated
l) Suspension of Doctors employed directly by the LHB	Executive Medical Director	Deputy Responsible Officer / Deputy Medical Director / Deputy Director of Workforce & OD	Not Delegated
m) Formal actions as required under The Performers List	Chief Executive	Executive Medical Director supported Executive Director People and OD and Chief Operating Officer	Not Delegated to Operational Divisions, cover for Executive Medical Director provided through the Deputy Responsible Officer or Deputy Medical Director
n) Requests for new posts to be authorised as car users	Executive Director of Finance	Direct to Operational Services	Service Director
o) Renewal of Fixed Term Contract	Executive Director People and OD	Direct to Operational Services	(Tier 4)

DELEGATED MATTER	BOARD MEMBER RESPONSIBLE	SPECIFIC DELEGATION WHERE APPLICABLE	OPERATIONAL RESPONSIBILITY
p) Ill Health Retirement Decision to pursue retirement on the grounds of ill-health following advice from Workforce & OD Department	Executive Director People and OD	Associate Director of People Services	Service Director for local implementation: Ultimate Approval is via NHS Pensions Agency
q) Disciplinary Procedure (excluding Executive Directors)	Executive Director People and OD	Executive Directors and Members of the Executive Committee	Service Director (Tier 4)
3. Engagement of Staff Not On the Establishment			
a) Non clinical Consultancy Staff	Executive Director of Finance	Supported by Executive Team	Service Director
b) Medical Locum staff	Executive Medical Director	Direct to Operational Services	(Tier 4)
c) Booking of Agency Nursing Staff	Executive Director of Nursing & Midwifery	Direct to Operational Services	Service Director (Tier 4)
d) Booking of Bank Staff:			
Nursing	Executive Director of Nursing & Midwifery	Direct to Operational Services	Service Director (Tier 4)
Other Staffing Groups	Executive Director People and OD	Direct to Operational Services	Service Director (Tier 4)

DELEGATED MATTER	BOARD MEMBER RESPONSIBLE	SPECIFIC DELEGATION WHERE APPLICABLE	OPERATIONAL RESPONSIBILITY
4. Procedure to follow after reporting of incidents to the Police (refer to Standing Operating Process in relation to reporting requirement to Security Advisors)			
a) Where a criminal offence is suspected	Executive Director of Finance and Executive Director of People and OD	Direct to Operational Services	Service Director for implementation and compliance
b) Criminal offence of a sexual or violent nature	Ex Executive Director of People and OD Executive Director of Workforce & OD	Direct to Operational Services	Service Director for implementation and compliance
c) Arson or theft	Executive Director of Finance and Executive Director of People and OD	Direct to Operational Services	Service Director for implementation and compliance
d) Other	Chief Executive and Executive Director of Finance and Executive Director of People and OD	Direct to Operational Services → dependent upon the nature of the suspected offence	Service Director for implementation and compliance
5. Legal Proceedings			
a) Engagement of the LHB's Legal Services	Director of Corporate Governance	Deputy Director for Legal Services	List of officers authorised to instruct Legal Services will be detailed in the Legal Services Policy Out of Hours approval via Gold On-Call.

DELEGATED MATTER	BOARD MEMBER RESPONSIBLE	SPECIFIC DELEGATION WHERE APPLICABLE	OPERATIONAL RESPONSIBILITY
b) Approve and sign all documents on behalf of the LHB which will be necessary in legal proceedings	Director of Corporate Governance	Any Director of the Board or the Deputy Director for Legal Services provided such approval is in accordance with advice from a regulated legal professional – all contrary decisions are reserved for the Chief Executive	Not Delegated
c) Sign on behalf of the LHB any agreement or document not requested to be executed as a deed	Chief Executive	Any Executive Director of the Board or an officer formally nominated by the Chief Executive	Not Delegated
6. Insurance Policies (incorporating Risk Management)			
Insurance Policies (incorporating Risk Management)	Chief Executive	Executive Director of Finance and Director of Corporate Governance	Not Delegated except for matters relating to the Welsh Risk Pool where the Deputy Director for Legal Services may act
7. Clinical Audit			
Clinical Audit	Chief Executive	Executive Medical Director	Service Director (Tier 4)

DELEGATED MATTER	BOARD MEMBER RESPONSIBLE	SPECIFIC DELEGATION WHERE APPLICABLE	OPERATIONAL RESPONSIBILITY
8. Putting Things Right Regulations (in line with WRP Policy & Guidance)			
a) Overall responsibility for ensuring that all concerns (as defined in PTR Regulations) are dealt with effectively	Chief Executive	Executive Director of Nursing & Midwifery / Director of Corporate Governance (for redress, personal injury claims and clinical negligence claims)	Service Director Patient Safety Team, and Patient and Carer Experience/Complaints Team/Legal Services Team for implementation
b) Responsibility for ensuring complaints are investigated thoroughly, and learning is embedded.	Chief Executive	Executive Director of Nursing & Midwifery	Service Director and Patient and Carer Experience/Complaints Team for implementation
c) Medico – Legal Matters - Co-ordination of their management (including redress, personal injury claims and clinical negligence claims)	Director of Corporate Governance	Deputy Director for Legal Services	Legal Services Team
9. Seal			
a) The keeping of a register of seal and safekeeping of the seal	Chief Executive	Director of Corporate Governance	Not Delegated
b) Attestation of seal in accordance with Standing Orders	Chief Executive and Chair	Director of Corporate Governance	Not Delegated
c) Signing and sealing documents in accordance with Standing Orders	Chief Executive and Chair	Director of Corporate Governance	Not Delegated

DELEGATED MATTER	BOARD MEMBER RESPONSIBLE	SPECIFIC DELEGATION WHERE APPLICABLE	OPERATIONAL RESPONSIBILITY
10. Gifts and Hospitality			
a) Keeping of gifts and hospitality register	Chief Executive	Director of Corporate Governance	Service Director for implementation and compliance
11. Declaration of Interests			
a) Maintaining a register of interests	Chief Executive	Director of Corporate Governance	Service Director for implementation and compliance
12. Informatics and the Data Protection Act			
a) Review of LHB's compliance with the Data Protection Act	Chief Executive	Chief Digital and Information Officer	Data Protection Officer
b) Responsibility for Informatics policy and strategy	Chief Executive	Chief Digital and Information Officer	Service Director
c) Responsibility for ensuring that adequate management (audit) trails exist in Informatics systems	Chief Executive	Chief Digital and Information Officer	(Tier 4)

DELEGATED MATTER	BOARD MEMBER RESPONSIBLE	SPECIFIC DELEGATION WHERE APPLICABLE	OPERATIONAL RESPONSIBILITY
13. Authorisation of New Drugs			
Authorisation of New Drugs	Chief Executive	Executive Medical Director on the advice of the appropriate professional bodies (Clinical approval via NICE Implementation Group and Drugs and Therapy Group for onward financial approval by Executive Committee)	Not Delegated
14. Authorisation of Research Projects (individuals responsible for their own declaration of interest to UKPI and BCUHB)			
Authorisation of Research Projects (individuals responsible for their own declaration of interest to UKPI and BCUHB)	Executive Medical Director	Director of Research & Development	Service Director (Tier 4)
15. Authorisation of Clinical Trials			
Authorisation of Clinical Trials	Chief Executive	Executive Medical Director	Service Director (Tier 4)
16. Infectious Diseases & Notifiable Outbreaks – outbreak control / public health monitoring and surveillance / provision of public health advice			
	Chief Executive	Executive Director of Public Health	Not Delegated

DELEGATED MATTER	BOARD MEMBER RESPONSIBLE	SPECIFIC DELEGATION WHERE APPLICABLE	OPERATIONAL RESPONSIBILITY
17. Review of Fire Precautions			
Review of Fire Precautions	Chief Executive	Director of Environment and Estates	Not Delegated
18. Health & Safety			
Review of all statutory compliance legislation and Health and Safety requirements (including associated mandatory staff awareness training).	Chief Executive	Director of Environment and Estates	Not Delegated
19. Medicines Inspectorate Regulations			
Review Regulations Compliance	Chief Executive	Executive Medical Director supported by Chief Pharmacist	Service Director via Head of Medicines Management
20. Environmental Regulations			
Review of compliance with environmental regulations, for example those relating to clean air and waste disposal	Chief Executive	Director of Estates and Environment	Not Delegated
21. Cost/Notional Rent/Third Party Developer/Improvement Grants		All Matters locally supported by CFO / FD	
Approval of all schedules of payments	Chief Executive	Chief Operating Officer	Service Director (Tier 4)
Submission to Welsh Government for all new GP premises or major extensions in accordance with BCU Strategy	Chief Executive	Chief Operating Officer and Director of Estates and Environment	Not Delegated

DELEGATED MATTER	BOARD MEMBER RESPONSIBLE	SPECIFIC DELEGATION WHERE APPLICABLE	OPERATIONAL RESPONSIBILITY
22. Compliance Lead Roles:			
<ul style="list-style-type: none"> a) Caldicott Guardian b) Data Protection Officer c) Senior Information Risk Owner 	<ul style="list-style-type: none"> Chief Executive Chief Executive Chief Executive 	<ul style="list-style-type: none"> Executive Medical Director Data Protection Officer Chief Digital Information Officer 	<ul style="list-style-type: none"> Deputy Medical Director Head of Information Governance Not Delegated
23. Emergency Planning & Major Incidents – Civil Contingencies Act (Category 1 Responder)			
Emergency Planning & Major Incidents – Civil Contingencies Act (Category 1 Responder)	Chief Executive	Executive Director of Public Health	Head of Emergency Preparedness Response and Resilience
24. Statutory compliance with respective Legislation			
Individual Board Members responsible for the implementation of respective legislation	Chief Executive	Director of Corporate Governance	Service Director for implementation
25. 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.			
Appointment of all Medical and Dental Consultant posts	Board	Chair of ACC's and reported to the People and Culture Committee	Not Delegated

DELEGATED MATTER	BOARD MEMBER RESPONSIBLE	SPECIFIC DELEGATION WHERE APPLICABLE	OPERATIONAL RESPONSIBILITY
26. Human Tissue Act 2004			
Compliance with the Human Tissues Act	Chief Executive	Executive Medical Director	Service Director for implementation
27. Ionising Radiation (Medical Exposure) Regulations 2017			
Compliance Ionising Radiation (Medical Exposure) Regulations 2017	Chief Executive	Executive Director of Allied Health Professionals and Health Science / Executive Medical Director	Service Director for implementation
28. Nurse Staffing Levels Act (Wales) 2016			
Compliance with Nurse Staffing Levels Act (Wales) 2016	Chief Executive	Executive Director of Nursing & Midwifery	Service Director for implementation
29. Welsh Language Standard Reporting			
Compliance with the Welsh Language Standards	Chief Executive	Executive Director of Allied Health Professionals and Health Science	Service Director for implementation
30. Controlled Drugs Accountable Officer			
Controlled Drugs Accountable Officer	Chief Executive	Chief Pharmacist	Not Delegated

DELEGATED MATTER	BOARD MEMBER RESPONSIBLE	SPECIFIC DELEGATION WHERE APPLICABLE	OPERATIONAL RESPONSIBILITY
31. Upholding Professional Standards in Wales (UPSW)			
Responsible Officer	Executive Medical Director (SRO)	Deputy Medical Director (Deputy Responsible Officer)	Service Director for implementation
Appointing a Designated Board Member	Health Board Chair	Remuneration Committee	Not Delegated

DRAFT FOR BOARD

SCHEME OF DELEGATION LINKED TO STANDING FINANCIAL INSTRUCTIONS

Introduction

This Schedule of additional delegations identifies those specific areas within the Standing Financial Instructions which require additional delegations from the Board, Chief Executive and the Executive Director of Finance and other Officers.

This Schedule should not be read in isolation and needs to be used alongside the full set of Standing Financial Instructions at Schedule 3 of Standing Orders.

The following principles will apply:

- i. Financial limits are at the discretion of the Board;
- ii. Each cost centre must have a single approved budget holder who is accountable for ensuring budgets do not overspend and that expenditure is committed within the Health Board's delegated approved levels as detailed in the budget holder signed Accountability Agreement;
- iii. In an officer's absence, financial limits can be delegated in part or in total either generally or for specific items;
- iv. Directors can assign delegated budget holders with approval limits up to £150k at their discretion
- v. These limits apply to requisition authorisation, which is where the control lies;
- vi. In exceptional circumstances, the Chair may have delegated authority on behalf of the Board, and the use of the delegated authority to the Chair must be included in the minutes of the next meeting of the Board;
- vii. Each Director has the responsibility of cascading the delegation within their area and ensuring that authorised signatories are in place but will remain ultimately accountable for their budget. It may be appropriate for some areas of expenditure to be notified to the Board even if they are within the budget holder's limits;
- viii. The delegations and approval levels apply to all financial activity of the Health Board, irrespective of the income source relating to the expenditure, for example, any ringfenced income and expenditure must still follow this Scheme of Delegation.

Responsibility for **authorising contracts for the purchase of goods and services (including capital schemes)**, Service Level Agreements and Memorandum of Understandings, with **non-NHS bodies** are subject to the **maximum** delegated levels of authority **and also other approval requirements and delegations as detailed in the Scheme of Delegation**, as follows:

Financial Delegations

Tier	Authority Delegated to Financial-delegation	Financial delegation Authority Delegated to	Oracle Approvers
0	Board	Above £1,000,000	Chief Executive following approval by Board and Welsh Government
1	Chief Executive	Up to £1,000,000	Chief Executive
2	Executive Director of Finance	Up to £500,000	Executive Director of Finance
3	Executive Directors	Up to £300,000	Executive Directors
4	Senior Officers (<i>not included in tier 3 including Finance Director: Commissioning and Financial Planning; Director of Corporate Governance; Director of Performance and Commissioning; Director of Communications and Engagement; Chief Digital and Information Officer; and Director of Estates and Environment</i>)	Up to £250,000	Senior Officers (<i>not included in tier 3 including Finance Director: Commissioning and Financial Planning; Director of Corporate Governance; Director of Performance and Commissioning; Director of Communications and Engagement; Chief Digital and Information Officer; and Director of Estates and Environment</i>)
5	Assistant / Associate / Deputy Directors or Heads of Service	Up to £150,000	Assistant / Associate / Deputy Directors or Heads of Service
6	Service Contract Manager or Head of Operations	Up to £50,000	Service Contract Manager or Head of Operations

7	Service Lead or Site / General Manager	Up to £30,000	Service Lead or Site / General Manager
8	Nominated Budget Holder for specific cost centres	Up to £25,000	Nominated Budget Holder for specific cost centres

DRAFT FOR BOARD

1. General Requirements, Overriding Financial Instructions and Financial Provisions and Obligations

Ref	SFI requirement	SFI Ref.	Accountability for delivery and compliance with the SFI sits with	Related responsibilities delegated to
1A	Health Board's must agree Standing Financial Instructions (SFIs) for the regulation of their financial proceedings and business. They shall have the effect as if incorporated in the Standing Orders (SOs).	1.1.1	Board	Director of Corporate Governance working with the Executive Director of Finance to ensure SFIs are in place and agreed by the full Board.
1B	All financial policies procedures must be approved by the Executive Director of Finance and Audit Committee.	1.1.3	Executive Director of Finance Audit Committee	No further delegation
1C	Should any difficulties arise in the interpretation of any of the SFIs then advice of the Director of Corporate Governance Board Secretary and Executive Director of Finance should be sought before acting. The users of SFIs should also be familiar with the provisions of the health boards SOs.	1.1.4	All Board Members and Officers of the Health Board	Director of Corporate Governance is responsible for ensuring all Board members are aware of this requirement Executive Directors are responsible for ensuring that their teams are aware of this requirement.

Ref	SFI requirement	SFI Ref.	Accountability for delivery and compliance with the SFI sits with	Related responsibilities delegated to
1D	Full details of any non-compliance with SFIs and explanation of the reasons for non-compliance to be reported to the Executive Director of Finance and Director of Corporate Governance Board Secretary .	1.2.1	All Board Members and Officers of the Health Board	Director of Corporate Governance is responsible for ensuring all Board members are aware of this requirement Members of the Executive Committee are responsible for ensuring that their teams are aware of this requirement.
1E	Executive Director of Finance and Director of Corporate Governance Board Secretary to refer any matters of non-compliance to the Audit Committee to formally consider the matter. Audit Committee to make proposals to the Board on any action to be taken.	1.2.1	Executive Director of Finance/ Director of Corporate Governance Audit Committee	Finance Director: Commissioning and Financial Planning in the absence of the Executive Director of Finance <u>and</u> the Head of Corporate Affairs in the absence of the Director of Corporate Governance.
1F	The Board as a whole and the Chief Executive in particular, in their role as the Accountable Officer must ensure that the health board meets its statutory obligation to perform its functions within the available financial resources.	1.3.1	Board Chief Executive specifically	No further delegation. Guidance on the responsibility of budget holders is set out later in this document.

2. Responsibilities and delegation

Ref	SFI requirement	SFI Ref.	Accountability for delivery and compliance with the SFI sits with	Related responsibilities delegated to
2A	<p>The Board exercises financial supervision and control by:</p> <p>a) Formulating the Medium-Term Financial Plan (MTFP) as part of the Integrated Medium-Term Plan (IMTP);</p> <p>b) Requiring the submission and approval of budgets within approved allocations/overall funding</p> <p>c) Defining and approving essential features in respect of important financial policies, systems and controls (including the need to obtain value for money and sustainability); and</p> <p>d) Defining specific responsibilities placed on Board members and Health Board officers, and Health Board committees and Advisory Groups as indicated in the 'Scheme of delegation' document.</p>	2.1.1	Board	<p>Coordination and management of the development of the IMTP - Executive Director of Transformation, Strategic Planning & Commissioning</p> <p>Coordination and development of the MTFP – Executive Director of Finance</p>
2B	Responsibility for the health board's system of internal control.	2.2.2	Chief Executive	Executive Directors are responsible for ensuring adequate systems of internal control are in place across their areas of responsibility.

Ref	SFI requirement	SFI Ref.	Accountability for delivery and compliance with the SFI sits with	Related responsibilities delegated to
2C	It is the duty of the Chief Executive to ensure that Board members, health board officers, and all new appointees are notified of, and put in a position to understand their responsibilities within these SFIs	2.2.3	Chief Executive	<p>Director of Corporate Governance and Executive Director of Finance are responsible for ensuring all Board members understand their responsibilities.</p> <p>Executive Directors are responsible for ensuring that their teams understand their responsibilities.</p>
2D	<p>The Executive Director of Finance is responsible for:</p> <p>a) Implementing the health board’s financial policies and for coordinating any corrective action necessary to further these policies;</p> <p>b) Maintaining an effective system of internal financial control including ensuring that detailed financial procedures and systems incorporating the principles of separation of duties and internal checks are prepared, documented and maintained to supplement these instructions;</p>	2.3.1	Executive Director of Finance	<p>Finance Director: Commissioning and Financial Planning</p> <p>Finance Director: Commissioning and Financial Planning</p>

Ref	SFI requirement	SFI Ref.	Accountability for delivery and compliance with the SFI sits with	Related responsibilities delegated to
	<p>c) Ensuring that sufficient records are maintained to show and explain the health board's transactions, in order to disclose, with reasonable accuracy, the financial position of the health board at any time; and</p> <p>d) Without prejudice to any other functions of the health board, Board members and health board officers, the duties of the Executive Director of Finance include:</p> <ul style="list-style-type: none"> (i) the provision of financial advice to other Board members and health board officers, and health board committees and Advisory Groups, (ii) the design, implementation and supervision of systems of internal financial control, and (iii) the preparation and maintenance of such accounts, certificates, estimates, records and reports as the health board may require for the purpose of carrying out its statutory duties. 			<p>Finance Director: Commissioning and Financial Planning</p> <p>No further delegation</p>
2E	The Executive Director of Finance is responsible for ensuring an ongoing training and communication programme is in place to affect these SFIs.	2.3.2	Executive Director of Finance	Finance Director: Commissioning and Financial Planning

Ref	SFI requirement	SFI Ref.	Accountability for delivery and compliance with the SFI sits with	Related responsibilities delegated to
2F	<p>All Board members and health board officers, and health board Committees and Advisory Groups, severally and collectively, are responsible for:</p> <p>a) The security of the property of the health board; b) Avoiding loss; c) Exercising economy, efficiency and sustainability in the use of resources; and d) Conforming to the requirements of SOs, SFIs, Financial Control Procedures and the Scheme of delegation.</p>	2.4.1	All Board members, officers, Committees and Advisory Groups	No further delegation
2G	<p>Any contractor or employee of a contractor who is empowered by the health board to commit the health board to expenditure or who is authorised to obtain income shall be covered by the SFIs. It is the responsibility of the Chief Executive to ensure that such persons are made aware of this.</p>	2.5.1	Chief Executive	Executive Directors are responsible for ensuring this is understood by contractors working in their area.

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3. Audit, Fraud and Corruption, and Security Management

Ref	SFI requirement	SFI Ref.	Accountability for delivery and compliance with the SFI sits with	Related responsibilities delegated to
3A	In accordance with SOs the Board shall formally establish an Audit Committee with clearly defined terms of reference.	3.1.1	Board	No further delegation. Director of Corporate Governance will support the establishment of the Committee and ensure clear terms of reference are in place.
3B	The Audit Committee will follow the guidance set out in the NHS Wales Audit Committee Handbook. <i>Note: if new or revised guidance is issued in addition to / replacement of the Handbook, the Committee should follow the revised guidance.</i>	3.1.1	Chair of Audit Committee	No further delegation. Chair of Audit Committee to be supported by Director of Corporate Governance.
3C	Ensuring there are arrangements in place to review, evaluate and report on the effectiveness of internal financial control, including the establishment of an effective Internal Audit function.	3.2.1 (a)	Chief Executive	Director of Corporate Governance
3D	Ensuring that the Internal Audit function meets the required standards and provides sufficient independent and objective assurance to the Audit Committee and the Accountable Officer.	3.2.1 (b)	Chief Executive	Chief Executive to be supported by Director of Corporate Governance Head of Internal Audit

Ref	SFI requirement	SFI Ref.	Accountability for delivery and compliance with the SFI sits with	Related responsibilities delegated to
3E	Deciding at what stage to involve the police in cases of misappropriation and other irregularities not involving fraud or corruption	3.2.1 (c)	Chief Executive	Director of Corporate Governance and Executive Director of Finance or Executive Director of People Services and Organisational Development
3F	Ensuring that an annual Internal Audit report is prepared for the consideration of the Audit Committee and the Board.	3.2.1 (d)	Chief Executive	Head of Internal Audit and Director of Corporate Governance
3G	The health board's Audit Committee must ensure that a cost-effective external audit service is delivered.	3.4.1	Audit Committee	Director of Corporate Governance and Executive Director of Finance to support the Audit Committee.
3H	The Audit Committee should consider the annual audit plan prepared by the external auditors and the associated fees. The Audit Committee should consider material changes to the annual audit plan.	3.4.3	Audit Committee	No further delegation. Director of Corporate Governance to ensure review scheduled in to the Committee's work programme
3I	The Auditor General's representative should be invited to attend every Audit Committee.	3.4.4	Director of Corporate Governance	

Ref	SFI requirement	SFI Ref.	Accountability for delivery and compliance with the SFI sits with	Related responsibilities delegated to
3J	The health board will provide the Auditor General and his representatives with whatever facilities are necessary to facilities audits, including accommodation and access to IT facilities.	3.4.7	Executive Director of Finance	Finance Director: Commissioning and Financial Planning
3K	The Chief Executive and Executive Director of Finance shall monitor and ensure compliance with Directions issued by the Welsh Ministers on fraud and corruption.	3.5.1	Chief Executive and Executive Director of Finance	No further delegation The Executive Director of Finance will be responsible for regular liaison with Counter Fraud Services
3L	The health board shall nominate a suitable person to carry out the duties of the Local Counter Fraud Specialist.	3.5.2	Board	Executive Director of Finance to put arrangements in place. Audit Committee to review adequacy of arrangements.
3M	Local Counter Fraud Specialist to provide a written report to the Executive Director of Finance and Audit Committee at least annually, on counter fraud work within the health board	3.5.4	Local Counter Fraud Specialist	No further delegation. Director of Corporate Governance to ensure report scheduled in to the work programme of the Audit Committee.

Ref	SFI requirement	SFI Ref.	Accountability for delivery and compliance with the SFI sits with	Related responsibilities delegated to
3N	<p>The health board must participate in the annual National Fraud Initiative.</p> <p>The Audit Committee should consider the health board's participation in additional dataset matching in order to support the detection of fraud across the whole public sector.</p>	3.5.5	<p>Executive Director of Finance</p> <p>Audit Committee</p>	Director of Corporate Governance to ensure review scheduled in to the work programme of the Audit Committee.
3O	The Chief Executive will monitor and ensure compliance with Directions issued by the Welsh Ministers on NHS security management.	3.6.1	Chief Executive	Executive Director of Finance, with support from relevant Directors.
3P	The Chief Executive has overall responsibility for controlling and co-ordinating security.	3.6.2	Chief Executive	Executive Director of Finance, with support from relevant Directors.

4. Financial Duties

Ref	SFI requirement	SFI Ref.	Accountability for delivery and compliance with the SFI sits with	Related responsibilities delegated to
4A	<p>The Executive Director of Finance of the Health Board will:</p> <p>a) Prior to the start of each financial year, submit to the Board for approval a report showing the total allocations received, assumed in-year adjustments and their proposed distribution, including any sums to be held in reserve;</p> <p>b) Ensure that any ring-fenced or non-discretionary allocations are disbursed in accordance with Welsh Ministers' requirements;</p> <p>c) Periodically review any assumed in-year allocations to ensure that these are reasonable and realistic; and</p> <p>d) Regularly update the Board on significant changes to the initial allocation and the application of such funds.</p>	4.2.4	Executive Director of Finance	No further delegation
4B	<p>The Chief Executive has overall executive responsibility for the health board's activities and is responsible to the Board for ensuring that it meets its financial duty to breakeven.</p>	4.2.5	Chief Executive	Executive Directors

Ref	SFI requirement	SFI Ref.	Accountability for delivery and compliance with the SFI sits with	Related responsibilities delegated to
4C	The Chief Executive will compile and submit to the Board, on an annual basis, the rolling 3 year Integrated Medium Term Plan.	4.3.7	Chief Executive	Executive Director of Transformation and Strategic Planning
4D	The Board will: <ul style="list-style-type: none"> a) Approve the Integrated Medium-Term Plan (IMTP) prior to the beginning of the financial year of implementation. b) Approve a balanced Medium Term Financial Plan (MTFP) as part of the Integrated Medium-Term Plan, which meets all probity and value for money requirements; and c) Prepare and agree with the Welsh Government a robust and sustainable recovery plan in accordance with Welsh Ministers' guidance where the health board plan is not in place or in balance. 	4.3.8	Board	Performance, Finance and Information Governance Committee and the Planning, Population and Health Partnership Committee will scrutinise the draft IMTP and MTFP and make recommendations to the Board.
4E	The Board approved Integrated Medium-Term Plan will be submitted to the Welsh Government in line with the requirements of the Integrated Planning Framework.	4.3.9	Board	Chief Executive on Board's behalf

5. Financial Management and Budgetary Control

Ref	SFI requirement	SFI Ref.	Accountability for delivery and compliance with the SFI sits with	Related responsibilities delegated to
5A	Prior to the start of the financial year the Executive Director of Finance will, on behalf of the Chief Executive, prepare and submit budgets for approval and delegation by the Board.	5.1.1	Executive Director of Finance	No further delegation
5B	Approval and Delegation of budgets	5.1.1	Board	No further delegation
5Bi	Approval of annual detailed budget for Directorates within budget approved by Board	Local	Executive and Associate Directors	No further delegation
5Bii	Delegation of budgets to budget holders including ensuring the appropriate documentation is completed and returned to the Finance Directorate	Local	Executive and Associate Directors	No further delegation
5Biii	Authorisation of expenditure above budget	Local	Chief Executive	Reported to Audit Committee See Table 5B (1) below
5C	The Chief Executive may delegate, via the Executive Director of Finance, the management of a budget to permit the performance of a defined range of activities, including pooled budget arrangements under Regulations made in accordance with Section 33 of the NHS (Wales) Act 2006 (C.42). This delegation must be in writing, in the form of a letter	5.2.1	Chief Executive	Executive Director of Finance

Ref	SFI requirement	SFI Ref.	Accountability for delivery and compliance with the SFI sits with	Related responsibilities delegated to
	of accountability, and be accompanied by a clear definition of: a) The amount of the budget; b) The purpose(s) of each budget heading; c) Individual or committee responsibilities; d) Arrangements during periods of absence; e) Authority to exercise virement; f) Achievement of planned levels of service; and g) The provision of regular reports.			
5D	Delegation to include the authority to exercise virement and budget transfers	5.2.1	Chief Executive	Executive Director of Finance See Table 5D (1) below
5E	The Chief Executive, Executive Director of Finance and delegated budget holders must not exceed the budgetary total or virement limits set by the Board.	5.2.2	Chief Executive	Executive Director of Finance Budget Holders
5F	Non-recurring budgets should not be used to finance recurring expenditure without the authority in writing of the Chief Executive, as advised by the Executive Director of Finance.	5.2.4	Chief Executive <i>[advised by Executive Director of Finance]</i>	No further delegation
5G	All budget holders must provide information as required by the Executive Director of Finance to enable budgets to be compiled and managed appropriately.	5.2.5	Budget Holders	No further delegation
5H	All budget holders are required to sign up to their allocated budgets at the start of the financial year.	5.2.6	Budget Holders	See Table 5H (1) below

Ref	SFI requirement	SFI Ref.	Accountability for delivery and compliance with the SFI sits with	Related responsibilities delegated to
5l	The Executive Director of Finance has a responsibility to ensure that appropriate and timely financial information is provided to budget holders and that adequate training is delivered on an on-going basis to assist budget holders managing their budgets successfully.	5.2.7	Executive Director of Finance	Chief Finance Officers

Table 5B (1) - Authority to commit resources above expenditure baselines set within delegated budgets

Ref	Revenue Business Case Value (Total Value)	Approved by:
1	Up to £0.25m	Chief Executive and Executive Director of Finance All approvals retrospectively reported to Executive Committee
2	Above £0.25m, up to £0.5m	Relevant Executive Director and Executive Director of Finance and then approval by Executive Committee
3	Above £0.5m, up to £1.0m	Relevant Executive Director and Executive Director of Finance and then approval by Executive Committee plus the Performance, Finance & Information Governance Committee
4	Above £1.0m	Relevant Executive Director and Executive Director of Finance and then approval by Executive Committee plus the Performance, Finance & Information Governance Committee plus approval by Board and Welsh Government

Table 5D (1) -Approval of variation of budgets, including authority to vire

Delegated Authority	Between budget lines	Capital to Revenue budgets & vice versa
Within own budget* a department	Budget manager*	Executive Director of Finance in liaison with Welsh Government
Within a directorate; between departments: Between Area Teams, Hospital Teams or Corporate Departments*	Executive Director and Chief Finance Officer Relevant Tier 3 or 4 Officer(s)*	
Between Area Teams, Hospital Teams or Corporate Departments directorates: Above Tier 3 or 4 Officer's delegated limit and up to £0.5m	Relevant Tier 3 or 4 Officer(s) Executive Director of both directorates and the Finance Director – Commissioning and Financial Planning	
Between Area Teams, Hospital Teams or Corporate Departments directorates: Above £0.5m and up to £1.0m	Relevant Tier 3 or 4 Officer(s) Executive Director of both directorates and the Executive Director of Finance or Chief Executive	
Between Area Teams, Hospital Teams or Corporate Departments directorates: Above £1.0m	Board	
* Virement requests for increases in STAT (WTE)	*Also require approval of Finance Director: Commissioning and Financial Planning	
Budget transfers between Reserves and delegated budgets	Finance Director: Commissioning and Financial Planning	

Delegated Authority	Between budget lines	Capital to Revenue budgets & vice versa
Notification of virement to Directorate of Finance to ensure budget updated	Individual authorising the virement	

Table 5H (1)

Delegated Matter	Delegated to:	Agreed by:
Delegation of the management of defined Revenue budgets to budget holders: <ul style="list-style-type: none"> i. Revenue budgets for Clinical Directorates ii. Revenue budgets for Corporate Directorates iii. Reserves 	<ul style="list-style-type: none"> i. Budget Holders ii. Budget Holders iii. Finance Director: Commissioning and Financial Planning 	<ul style="list-style-type: none"> i. Executive Directors ii. Executive Directors iii. Executive Director of Finance

Ref	SFI requirement	SFI Ref.	Accountability for delivery and compliance with the SFI sits with	Related responsibilities delegated to
5J	<p>Monitor financial performance against budget and plans and report the current and forecast position, and financial risks, on a monthly basis and at every Board meeting.</p> <p>Any significant variances should be reported to the Board as soon as they come to light and the Board shall be advised on any action to be taken in respect of such variances.</p>	5.3.1	Executive Director of Finance	No further Delegation [Finance Director: Commissioning and Financial Planning supports preparation]
5K	Devise and maintain systems of financial management, performance reporting and budgetary control.	5.3.2	Executive Director of Finance	Finance Director: Commissioning and Financial Planning
5L	<p>Each Budget Holder is responsible for ensuring that:</p> <p>a) Any likely overspending or reduction of income that cannot be met by virement is not incurred without the prior consent of the Chief Executive subject to the Board's scheme of delegation;</p> <p>b) The amount provided in the approved budget is not used in whole or in part for any purpose other than that specifically authorised, subject to the rules of virement;</p> <p>c) No permanent employees are appointed without the approval of the Chief Executive other than those provided for within the available resources and workforce establishment as approved by the Board.</p>	5.3.4	Budget Holders	No further delegation

Ref	SFI requirement	SFI Ref.	Accountability for delivery and compliance with the SFI sits with	Related responsibilities delegated to
5M	The Chief Executive is responsible for identifying and implementing cost and efficiency improvements and income generation initiatives in accordance with the requirements of the Medium-Term Financial Plans.	5.3.5	Chief Executive	Executive Director of Finance with Executive and Associate Directors
5N	All monitoring returns must be supported by a detailed commentary signed by the Executive Director of Finance and Chief Executive. This commentary should also highlight and quantify any significant risks with an assessment of the impact and likelihood of these risks maturing.	5.5.2	Chief Executive and Executive Director of Finance	No further delegation <i>[if not available these are delegated to their deputies]</i>
5O	All information made available to the Welsh Ministers must be made available to the Board.	5.5.3	Chief Executive and Executive Director of Finance	Director of Corporate Governance

6. Annual Accounts and Reports

Ref	SFI requirement	SFI Ref.	Accountability for delivery and compliance with the SFI sits with	Related responsibilities delegated to
6A	The Board must approve the health board's annual accounts prior to submission to the Welsh Ministers and the Auditor General for Wales in accordance with the annual timetable.	6.1	Board	No further delegation The Audit Committee will provide advice and make recommendations.
6B	The Chair and Chief Executive have responsibility for signing the accounts on behalf of the health board. The Chief Executive has responsibility for signing the Performance Report, Accountability Report, Statement of Financial Position and the Governance Statement.	6.2	Chair and Chief Executive Chief Executive	No further delegation No further delegation
6C	Ensuring that financial reports and returns are prepared in accordance with the accounting policies, guidance and timetable determined by the Welsh Ministers and consistent with Financial Reporting Manual and International Financial Reporting Standards.	6.3	Executive Director of Finance	Finance Director: Commissioning and Financial Planning

Ref	SFI requirement	SFI Ref.	Accountability for delivery and compliance with the SFI sits with	Related responsibilities delegated to
6D	The health board's audited annual accounts must be adopted by the Board at a public meeting and made available to the public.	6.4	Board	No further delegation <i>[Director of Corporate Governance responsible for ensuring arrangements for a public meeting are made]</i>
6E	The health board will publish an annual report, in accordance with guidelines on local accountability, and present it at its Annual General Meeting. The document will comply with the Welsh Government's Manual for Accounts.	6.5	Board	Director of Corporate Governance to prepare draft for Board consideration.

7. Banking arrangements

Ref	SFI requirement	SFI Ref.	Accountability for delivery and compliance with the SFI sits with	Related responsibilities delegated to
7A	<p>The Executive Director of Finance is responsible for managing the Health Board's banking arrangements and for advising the Board on the provision of banking services and operation of accounts. This advice will take into account guidance/ Directions issued from time to time by the Welsh Ministers.</p> <p>Health boards are required to use the Government Banking Service (GBS) for its banking services.</p>	7.1.1	Executive Director of Finance	Finance Director: Commissioning and Financial Planning
7B	Approval of banking arrangements	7.1.2	Board	Audit Committee
7C	<p>The Executive Director of Finance is responsible for:</p> <ul style="list-style-type: none"> a) Establishing bank accounts; b) Establishing additional commercial accounts (exceptionally); c) Establishing separate bank accounts for the health board's non-exchequer funds; d) Ensuring payments made from bank accounts do not exceed the amount credited to the account except where arrangements have been made; e) ensuring accounts are not overdrawn except in exceptional and planned situations; f) Reporting to the Board all arrangements made with the 	7.2.1	Executive Director of Finance	Finance Director: Commissioning and Financial Planning

Ref	SFI requirement	SFI Ref.	Accountability for delivery and compliance with the SFI sits with	Related responsibilities delegated to
	health board's bankers for accounts to be overdrawn; g) Monitoring compliance with Welsh Ministers' guidance on the level of cleared funds.			
7D	All accounts should be held in the name of the health board. No officer other than the Executive Director of Finance shall open any account in the name of the health board or for the purposes of furthering health board activities	7.2.2	Executive Director of Finance	No further delegation
7E	The Executive Director of Finance will prepare detailed instructions on the operation of bank accounts which must include: i) The conditions under which bank accounts are to be operated; ii) Those authorised to sign cheques or other orders drawn on the health board's accounts; iii) Authorised signatories are identified with sufficient seniority, and in the case of e-banking approvers, together with an appropriate approval hierarchy.	7.3.1	Executive Director of Finance	i) Finance Director: Commissioning and Financial Planning ii) See Table 7E (1) below
7F	The Executive Director of Finance must advise the Health Board's bankers in writing of the conditions under which each account will be operated.	7.3.2	Executive Director of Finance	No further delegation

Ref	SFI requirement	SFI Ref.	Accountability for delivery and compliance with the SFI sits with	Related responsibilities delegated to
7G	The Executive Director of Finance shall approve security procedures for any cheques issued without a hand-written signature	7.3.3	Executive Director of Finance	Finance Director: Commissioning and Financial Planning
7H	The Executive Director of Finance will review banking arrangements of the health board at regular intervals to ensure they reflect best practice, that they are efficient and effective and represent best value for money.	7.4.1	Executive Director of Finance	Finance Director: Commissioning and Financial Planning
7I	The results of the review should be reported to the Audit Committee.	7.4.1	Executive Director of Finance	Director of Corporate Governance to ensure that such reports go to the Committee.

Table 7E (1)

<p>Day to day operation of bank accounts:</p> <ul style="list-style-type: none"> i. maintain list of approved signatories for manual payments ii. approval to authorise automated payments: <ul style="list-style-type: none"> • accounts payable* • payroll • primary care contractors iii. maintain list of bankline users and authorisers for internet banking transactions 	<ul style="list-style-type: none"> i. Finance Director: Commissioning and Financial Planning ii. NHS Wales Shared Services Partnership iii. Finance Director: Commissioning and Financial Planning
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***after confirmation from Head of Financial Control that sufficient funds are available in the bank account**

8. Cash, cheques, Payment Cards and other negotiable instruments

Ref	SFI requirement	SFI Ref.	Accountability for delivery and compliance with the SFI sits with	Related responsibilities delegated to
8A	<p>The Executive Director of Finance is responsible for:</p> <ul style="list-style-type: none"> a) Approving the form of all receipt books, agreement forms, or other means of officially acknowledging or recording monies received or receivable; b) Ordering and securely controlling any such stationery with management responsibility given to a duly designated employee; c) The provision of adequate physical facilities and systems for officers whose duties include collecting and holding cash, including the provision of safes or lockable cash boxes, the procedures for keys, and for coin operated machines; d) establishing systems and procedures for handling cash and negotiable securities on behalf of the health board; e) Ensuring effective control systems are in place for the use of payment cards; f) Ensuring that there are adequate control systems in place to minimise the risk of cash/card misappropriation. 	8.1.1	Executive Director of Finance	Finance Director: Commissioning and Financial Planning

Ref	SFI requirement	SFI Ref.	Accountability for delivery and compliance with the SFI sits with	Related responsibilities delegated to
8B	Purchases from petty cash are restricted in value and by type of purchase in accordance with instructions issued by the Executive Director of Finance	8.2.1	Executive Director of Finance	Finance Director: Commissioning and Financial Planning

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9. Income, fees and charges

Ref	SFI requirement	SFI Ref.	Accountability for delivery and compliance with the SFI sits with	Related responsibilities delegated to
9A	Designing and maintaining procedures to ensure compliance with systems for the proper recording, invoicing, and collection and coding of all monies due.	9.2.1	Executive Director of Finance	Finance Director: Commissioning and Financial Planning
9B	Ensuring that systems are in place for the prompt banking of all monies received.	9.2.2	Executive Director of Finance	Finance Director: Commissioning and Financial Planning
9C	Approving and regularly reviewing the level of all fees and charges, other than those determined by the Welsh Ministers or by statute (<i>Private patients, overseas visitors, income generation and other related services</i>)	9.3.1	Executive Director of Finance	Head of Healthcare Contracting - Finance
9D	All officers must inform the Executive Director of Finance promptly of money due arising from transactions which they initiate/deal with, including all contracts, leases, tenancy agreements, private patient undertakings and other transactions.	9.3.2	All Officers of the Health Board	Executive Directors are responsible for ensuring that all their teams are aware of this requirement. Table 9D (1) sets out details of delegations related to fees and charges.

Table 9D (1)

Fees and Charges:	Authority Delegated to
<p>Service Level Agreements / Contracts with other NHS bodies</p> <ul style="list-style-type: none"> i. Up to £30,000 ii. Up to £50,000 iii. Up to £150,000 iv. Up to £250,000 v. Between £250,000 and £5 million vi. Between £5 million and £10 million vii. Over £10 million 	<p>Agreement to provide services with an annual income value up to £250,000 must be provided approved by the Chief Operating Officer and Executive Director of Finance.</p> <p>Above £250,000 must be approved by Executive Committee.</p> <p>SLA / Contracts to be signed in accordance:</p> <ul style="list-style-type: none"> i. Specific Budget Holders as per operational Schemes of Delegation ii. Service Contract Manager iii. Director / Head of Service iv. Relevant IHC / Service Director v. Relevant Executive Director and Finance Director: Commissioning and Financial Planning vi. Executive Director of Finance or Chief Executive vii. Chief Executive (following approval by the Executive Committee and the Board)
<p>Grant Funding Agreements</p> <p>Agreement to receive a grant with a total income value:</p>	

<ul style="list-style-type: none"> i. up to £75,000 ii. up to £250,000 iii. up to £500,000 iv. up to £1 million v. over £1 million 	<ul style="list-style-type: none"> i. Assistant Directors Associate / Deputy Directors (Tier 5) ii. Service Directors (Tier 4) iii. An Executive Director and Finance Director: Commissioning and Financial Planning (following approval by the Executive Committee) iv. Executive Director of Finance or Chief Executive (following approval by the Executive Committee) v. Chief Executive (following approval by the Board and Welsh Government)
<p>Healthcare Agreements / Contracts with Private and 3rd Sector Organisations</p> <p>Authority to sign Agreement to provide services with a total income value over life of contract (following relevant governance approvals):</p> <ul style="list-style-type: none"> i. up to £75,000 ii. up to £250,000 iii. up to £500,000 iv. up to £1 million v. over £1 million 	<ul style="list-style-type: none"> i. Assistant / Associate / Deputy Directors (Tier 5) ii. Service Directors (Tier 4) iii. An Executive Director and Finance Director: Commissioning and Financial Planning (following approval by the Executive Committee) iv. Executive Director of Finance or Chief Executive (following approval by the Executive Committee) v. Chief Executive (following approval by the Executive Committee and the Board and Welsh Government)
<p>Healthcare Agreements / Contracts with Local Authorities and Public Bodies</p> <p>Authority to sign Agreement to provide services with a total income value over life of contract (following relevant governance approvals):</p>	

<ul style="list-style-type: none"> i. up to £75,000 ii. up to £250,000 iii. up to £1 million iv. up to £5 million v. over £5 million 	<ul style="list-style-type: none"> i. Assistant / Associate / Deputy Directors (Tier 5) ii. Service Directors (Tier 4) iii. An Executive Director and Finance Director: Commissioning and Financial Planning (following approval by the Executive Committee) iv. Executive Director of Finance or Chief Executive (following approval by the Executive Committee) v. Chief Executive (following approval by the Executive Committee and the Board and Welsh Government)
<p>Individual NHS patient treatment charges outside of Agreements / Contracts</p> <p>Agreement to provide treatment</p>	<p>Executive Director of Finance</p>
<p>Private Patients and overseas patients without reciprocal agreements</p> <ul style="list-style-type: none"> i. pricing policy and price structure ii. payment policy, including use of deposits, income guarantees, arrangements with insurance companies 	<p>Executive Director of Finance with relevant Director</p>
<p>Commercial sponsorship offers (including funding contributions for staff & non staff costs)</p> <p>Agreement to receive commercial sponsorship or funding (in accordance with the relevant Health Board Policy)</p>	<p>Chief Executive or Executive Director of Finance</p>

<p>Commercial and non-commercial research projects and trials</p> <p>Agreement to receive funding:</p> <ul style="list-style-type: none"> i. up to £50,000 ii. £50,000 to £100,000 iii. Over £100,000 	<ul style="list-style-type: none"> i. Executive Medical Director and Director of Finance – Commissioning & Financial Planning ii. Executive Medical Director and Executive Director of Finance iii. Executive Director of Finance (following approval by Executive Committee)

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Ref	SFI requirement	SFI Ref.	Accountability for delivery and compliance with the SFI sits with	Related responsibilities delegated to
9E	The Executive Director of Finance is responsible for recovering income due and for ensuring debt recovery procedures are in place.	9.4.3	Executive Director of Finance	Finance Director: Commissioning and Financial Planning
9F	Ensuring the Welsh Ministers' guidance on disputed debt arbitration is strictly adhered to.	9.4.6	Chief Executive & Executive Director of Finance	Finance Director: Commissioning and Financial Planning

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10. Non-Pay expenditure

Ref	SFI requirement	SFI Ref.	Accountability for delivery and compliance with the SFI sits with	Related responsibilities delegated to
10A	The Chief Executive will approve the level of non-pay expenditure and operational scheme of delegation and authorisation to budget holders and managers within the parameters set out in the health board's scheme of delegation	10.1.2	Chief Executive	Executive and Service Directors See Table Below for Oracle and non-Oracle requisitions

ALL DIRECTORATES MUST HAVE A LOCAL / OPERATIONAL SCHEME OF DELEGATION LINKING ACTIVITIES TO THE MAXIMUM DELEGATED LIMITS SET OUT BELOW AT A GRANULAR LEVEL OF APPLICATION WITHIN THEIR SERVICE AREA.

All Financial Limits shown below are inclusive of VAT irrespective of recovery arrangements

ORACLE REQUISITIONS	Authority Delegated to
Up to £25,000	Nominated Budget Holder for specific cost centres
Up to £30,000	Service Lead or Site / General Manager
Up to £50,000	Service Contract Manager or Head of Operations

ORACLE REQUISITIONS	Authority Delegated to
Up to £150,000	Assistant / Associate / Deputy Directors or Heads of Service
Up to £250,000	Service Director including Finance Director: Commissioning and Financial Planning
Up to £300,000	Executive Director
Up to £500,000	Executive Director of Finance
Up to £1 million	Chief Executive
Above £1 million	Chief Executive following approval by the Executive Committee, Board and Welsh Government

Expenditure commitments made outside of the ORACLE requisition process		Authority Delegated to
Contracts for HealthCare Services	See Section 12	See Section 12
Non-contracted activity for Healthcare Services	<ul style="list-style-type: none"> i. Up to £15,000 ii. Up to £30,000 	<ul style="list-style-type: none"> i. Senior Finance Manager – Healthcare contracts ii. Principal Finance Manager – Healthcare contracts

	<ul style="list-style-type: none"> iii. Up to £75,000 iv. Up to £500,000 v. Above £500,000 	<ul style="list-style-type: none"> iii. Head of Healthcare Contracting – Finance iv. Executive Director of Finance v. Chief Executive
Staff Travel and Subsistence	TBC	TBC Line Managers
Pension Agency Invoices (Injury Benefit/Compensation)		Executive Director of Finance
Legal costs All claims and defence costs to be supported by formal legal advice	<ul style="list-style-type: none"> i. Up to £0.5 million ii. Up to £1 million iii. Above £1 million 	<ul style="list-style-type: none"> i. Deputy Director of Legal Services ii. Director of Corporate Governance iii. Chief Executive (following Board approval unless otherwise delegated)
Legal Advice Requests	Chief Executive	<p>Director of Corporate Governance (or Deputy Director of Legal Services)</p> <p>List of officers authorised to instruct approved Legal Services will be detailed in the Legal Services Policy</p>

Ref	SFI requirement	SFI Ref.	Accountability for delivery and compliance with the SFI sits with	Related responsibilities delegated to
10B	<p>The Chief Executive will set out in the operational scheme of delegation and authorisation:</p> <p>a) The list of managers who are authorised to place requisitions for the supply of goods, services and works and for the awarding of contracts; and</p> <p>b) The maximum level of each requisition and the system for authorisation above that level.</p>	10.1.3	Chief Executive	Executive and Service Directors
10C	<p>The Executive Director of Finance will:</p> <p>a) Advise the Board regarding the thresholds above which quotations (competitive or otherwise) or formal tenders must be obtained; and, once approved, the thresholds would be incorporated in SOs and SFIs;</p> <p>b) Preparation of instructions and guidance on non-pay expenditure;</p> <p>c) Ensure systems of authorisation are in place;</p> <p>d) Ensure Directors and officers strictly follow NHS Wales system and procedures of verification, recording and payment of all amounts payable;</p> <p>e) Maintain a list of Executive Directors and officers (including specimens of their signatures) authorised to certify invoices;</p> <p>f) Be responsible for ensuring compliance with the Public Sector Payment policy;</p> <p>g) Ensure that where consultancy advice is being obtained, the procurement of such advice must be in accordance with applicable procurement legislation,</p>	10.2.1	Executive Director of Finance	See Table 10C (1) below for competition requirements for 'Goods and Non-Health Services Only' where there is no suitable procurement framework to source the required item(s)

Ref	SFI requirement	SFI Ref.	Accountability for delivery and compliance with the SFI sits with	Related responsibilities delegated to
	<p>guidance issued by the Welsh Ministers and SFIs;</p> <p>h) Be responsible for Petty Cash system, procedures, authorisation and record keeping, and ensure purchases from petty cash are restricted in value and by type of purchase in accordance with procedures</p>			
10D	<p>Compliance with the requirements below:</p> <p>a) All contracts (except as otherwise provided for in the Scheme of Delegation), leases, tenancy agreements and other commitments which may result in a liability are notified to the Executive Director of Finance in advance of both any commitment being made and NWSSP Procurement Services being engaged;</p> <p>b) Contracts above specified thresholds are advertised and awarded, through NWSSP Procurement Services, in accordance with EU and HM Treasury rules on public procurement;</p> <p>c) Contracts above specified thresholds are approved by the Welsh Ministers prior to any commitment being made;</p> <p>d) goods have been duly received, examined and are in accordance with specification and order;</p> <p>e) work done or services rendered have been satisfactorily carried out in accordance with the order, and, where applicable, the materials used are of the requisite standard and the charges are correct;</p> <p>f) No requisition/order shall be issued for any item or items to any firm which has made an offer of gifts, reward or</p>	10.3.1	Budget Holders	<p>Executive Director of Finance to put arrangements to ensure compliance</p> <p>Executive Directors to ensure all budget holders within their Directorate are aware of the requirements</p>

Ref	SFI requirement	SFI Ref.	Accountability for delivery and compliance with the SFI sits with	Related responsibilities delegated to
	<p>benefit to Board members or LHB officers, other than:</p> <ul style="list-style-type: none"> (i) Isolated gifts of a trivial character or inexpensive seasonal gifts, such as calendars, (ii) Conventional hospitality, such as lunches in the course of working visits; g) No requisition/order is placed for any item or items for which there is no budget provision unless authorised by the Executive Director of Finance on behalf of the Chief Executive; h) All goods, services, or works are ordered on official orders; i) Requisitions/orders are not split or otherwise placed in a manner devised so as to avoid the financial thresholds; j) Goods are not taken on trial or loan in circumstances that could commit the LHB to a future uncompetitive purchase. 			
10E	<p>The Chief Executive and Executive Director of Finance shall ensure that the arrangements for financial control and financial audit of building and engineering contracts and property transactions comply with the guidance issued by the Welsh Ministers.</p> <p>The technical audit of these contracts shall be the responsibility of the relevant Director.</p>	10.3.2	Chief Executive Executive Director of Finance	No further delegation
10F	Prepayments should be exceptional and are only permitted where either:	10.6.1	Executive Director of Finance	Executive Directors

Ref	SFI requirement	SFI Ref.	Accountability for delivery and compliance with the SFI sits with	Related responsibilities delegated to
	<ul style="list-style-type: none"> ▪ The financial advantages outweigh the disadvantages (i.e., cash flows must be discounted to Net Present Value (NPV) using the National Loans Fund (NLF) rate plus 2%); ▪ It is the industry norm e.g., courses and conferences; There is specific Welsh Ministers' approval to do so e.g., voluntary services compact. 			
10G	<p>In exceptional circumstances prepayments can be made subject to:</p> <p>a) The appropriate Executive Director must provide, in the form of a written report, a case setting out all relevant circumstances of the purchase. The report must set out the effects on the Health Board if the supplier is at some time during the course of the prepayment agreement unable to meet their commitments;</p> <p>b) The Executive Director of Finance will need to be satisfied with the proposed arrangements before contractual arrangements proceed (taking into account the EU public procurement rules where the contract is above a stipulated financial threshold);</p>	10.6.2	Executive Director of Finance	Executive Directors
10H	<p>The budget holder is responsible for ensuring that all items due under a prepayment contract are received and they must immediately inform the appropriate Director or Chief Executive if problems are encountered.</p>	10.6.2 part c)	Budget Holders	No further delegation

Ref	SFI requirement	SFI Ref.	Accountability for delivery and compliance with the SFI sits with	Related responsibilities delegated to
10I	<p>Approval for all external consultancy support (total contract value for duration of service) to be approved by Executive Committee.</p> <p>Approvals above £0.5m to also be approved by Board and above £1.0m to be approved by Welsh Government</p>	Local	Executive Committee	As per Table below

Consultancy (Total contract value)	Contract to be signed by
Up to £0.25 million	An Executive Director and Finance Director: Commissioning and Financial Planning (2 to sign)
Up to £0.5 million	Executive Director of Finance or Chief Executive
Up to £1 million	Chief Executive (following Board approval)
Above £1 million	Chief Executive (following approval by Board and Welsh Government)

Table 10C (1) 'Goods and Non-Health Services Only'

Goods/Services/Works (Whole Life Cost Contract Value)	Minimum Competition	Lead	Waivers, or exceptions to tender rules
Below £5,000	Evidence of value for money has been achieved	Budget owners	-
£5,000 to £24,999	Evidence of 3 written quotations	Procurement Services	Executive Director of Finance and NWSSP Procurement Services
£25,000 plus to the prevailing Procurement Act 2023 threshold	Advertised open call for competition. Minimum of 4 tenders received if available	Procurement Services	Single Tender Action authorised by Executive Director of Finance and Chief Executive
Over the prevailing Procurement Act 2023 threshold	Advertised open call for competition. Minimum of 5 tenders received if available or appropriate to the procurement route	Procurement Services	Single Tender Action prohibited
Contracts above £1m	Welsh Gov approval required (approval to be obtained at the planning stage)	Procurement Services	-

Notes:

Total value excluding VAT.

Subject to the existence of suitable suppliers

11. Procurement and contracting for goods and services

Ref	SFI requirement	SFI Ref.	Accountability for delivery and compliance with the SFI sits with	Related responsibilities delegated to
11A	The health board shall maintain detailed policies and procedures for all aspects of procurement including tendering and contracting processes.	11.2.1	Board <i>[Chief Executive is ultimately responsible]</i>	NWSSP Procurement Services
11B	The Procurement Act 2023 and associated subordinate instruments, the Health Services (Provider Selection Regime) (Wales) Regulations 2025 and associated subordinate instruments, and the Welsh Procurement Policy Notices are the key pieces of legislation which governs public sector procurement in the UK. All Directors and their staff are responsible for ensuring that all legal requirements in the area of public procurement are understood and fully complied with.	11.3.5	Executive Directors	Officers of the Health Board
11C	To help towards ensuring that the LHB is compliant with the legislation governing public sector procurement in the UK, and Welsh Ministers' guidance and policy, the LHB shall, through Procurement Services, ensure that it shall have procedures that set out: a) requirements for, and exceptions to, formal competitive tendering ('Goods and Non-Health Services Only'); b) tendering processes including post tender discussions;	11.5.1	Board <i>[Chief Executive is ultimately responsible]</i>	Executive Director of Finance

	<p>c) requirements and exceptions to obtaining quotations ('Goods and Non-Health Services Only');</p> <p>d) evaluation and scoring methodologies; and</p> <p>e) approval of firms for providing goods and services.</p> <p>All procurement procedures must comply with all relevant legislation, the Welsh Ministers' guidance and the Health Board's delegation arrangements and approval processes. *</p>	11.5.2		
Ref	SFI requirement	SFI Ref.	Accountability for delivery and compliance with the SFI sits with	Related responsibilities delegated to
11D	<p>The health board shall develop sustainable procurement solutions consistent with the Wellbeing of Future Generations (Wales) Act 2015 (the WBFG Act 2015).</p> <p>The health board is required to consider the Welsh Government Guidance on Ethical Employment Practices in Public Sector Supply Chains and the Code of Practice on ethical employment in supply chains.</p>	11.7.1 11.7.5	Board	<p>No further delegation</p> <p>Executive Director of Transformation, Strategic Planning and Commissioning – to develop on behalf of Board</p>
11E	<p>The health board shall benchmark its performance in sustainable procurement against the Wellbeing of Future Generations (Wales) Act 2015 (WBFG Act 2015).</p> <p>For all contracts over £25,000, the health board shall take into account the social, economic, environmental and cultural goals in the WBFG Act 2015 using the Sustainable Risk Assessment Template (SRA).</p>	11.7.6	Board	Executive Director of Finance

Ref	SFI requirement	SFI Ref.	Accountability for delivery and compliance with the SFI sits with	Related responsibilities delegated to
11F	Minimum thresholds for quotes and competitive tendering arrangements for 'Goods and Non-Health Services' are to be complied with.	11.10.2	Executive Director of Finance	All Officers of the Health Board See Table 10(C)1
11G	<p>In exceptional circumstances it may be necessary to secure goods/services/works from a single supplier. In these circumstances a Single Quote / Tender Application (Waiver) must be completed. The Executive Director of Finance must approve such applications up to £25,000; the Chief Executive or designated deputy, and Executive Director of Finance, are required to approve applications exceeding £25,000.</p> <p>This requirement for a Single Quote / Tender Application (Waiver) applies even if the award is a Single Supplier Direct Award under a 'procurement framework'.</p>	11.13	Executive Director of Finance	No further delegation
11H	The relevant budget holder shall oversee and manage each contract on behalf of the health board so as to ensure that obligations on delivery of business and operational objectives, and achieving value for money, are met	11.16.1	Budget Holders	No further delegation

Ref	SFI requirement	SFI Ref.	Accountability for delivery and compliance with the SFI sits with	Related responsibilities delegated to
11I	The budget manager in choosing the item to be supplied (or the service to be performed) shall always obtain the best value for money for the health board. In so doing, the health board's approved catalogue shall be used. Where a required item is not included within the catalogue, advice must be sought from procurement services.	11.18.1	Budget Holders	All individuals authorised to requisition items
11J	Where a required item is not included within the catalogue or on a framework contract, the budget manager shall request procurement services to undertake quotation / tendering exercises ('Goods and Non-Health Services Only') on their behalf.	11.18.2	Budget Holders	All individuals authorised to requisition items
11K	Approval to commence with competition via procurement services (for example, going to tender) must be received in line with this Scheme of Delegation prior to commencement of the competition.	Local	Budget Holders	All individuals authorised to requisition items
11L	All orders for goods ('Goods and Non-Health Services Only') and services must be accompanied by an official order number, available from the Procurement Department. In no circumstances must a requisition number be used as an order number.	11.18.3	Budget Holders	All individuals authorised to requisition items

***Current delegated limit for contracts before requiring Ministerial approval is £1m**

12. Health Care Agreements and Contracts for Health Care Services

Ref	SFI requirement	SFI Ref.	Accountability for delivery and compliance with the SFI sits with	Related responsibilities delegated to
12A	<p>The Chief Executive is responsible for ensuring the health board enters into suitable Health Care Agreements, or Individual Patient Commissioning Agreements, where appropriate for the provision of health care services from external providers.</p> <p>All agreements must be in accordance with the functions conferred on the Health Board by the Welsh Ministers.</p>	12.1.1 12.1.3	Chief Executive	See Table 12A (1) – 12A (11) below
12A (i)	All Continuing Health Care Pre-Placement Agreements (PPA) are to be approved by the Chief Operating Officer Executive	Local	Chief Executive	No further delegation Chief Operating Officer
12B	The Chief Executive will need to ensure that regular reports are provided to the Board detailing performance, quality and associated financial implications of all Health Care Agreements with external providers.	12.3	Chief Executive	<p>Executive Director of Finance and Director of Performance and Commissioning</p> <p>Director of Corporate Governance to ensure that such reports are built in to work programmes.</p>

	Agreements for the purchase of services	Authority delegated to
12A (1)	<p>Long Term Agreements / Contracts with other NHS bodies</p> <p>Approval and Signing of the Long-Term Agreements (annual renewal of contracts).</p> <p>New agreements / contracts, or any variations to agreement / contracts, are to be approved as per section 12A (2) below</p>	<p>Annual contract schedule approved via annual budget approval process</p>
12A (2)	<p>Service Level Agreements / Contracts with other NHS bodies</p> <p>i. up to £30,000</p> <p>ii. up to £50,000</p> <p>iii. up to £150,000</p> <p>iv. up to £250,000</p> <p>v. between £250,000 and £5 million</p> <p>vi. between £5 million and £10 million</p> <p>vii. above £10 million</p>	<p>Agreement to purchase services with an annual value up to £250,000 must be approved provided by the Chief Operating Officer and Executive Director of Finance Director of Performance and Commissioning.</p> <p>Annual contract value above £250,000 must be approved by the Executive Committee.</p> <p>Following approval required above, the Agreement / Contract can be signed in accordance:</p> <p>i. Specific Budget Holders as per operational Schemes of Delegation</p> <p>ii. Service Contract Manager</p> <p>iii. Directors / Heads of Service</p> <p>iv. Relevant IHC / Service Director</p> <p>v. Relevant Executive Director and Finance Director: Commissioning and Financial Planning</p> <p>vi. Executive Director of Finance or Chief Executive</p> <p>vii. Executive Director of Finance or Chief</p>

		<p>Executive (following approval at Executive Committee and the Board)</p> <p>All new contracts or variations over £1 million to be retrospectively reported to Board.</p>
	Agreements for the purchase of services	Authority delegated to
<p>12A (3)</p>	<p>Healthcare Agreements / Contracts with non-NHS bodies (Private / 3rd Sector / Grants / Primary Care / Local Authorities)</p> <p>i. up to £75,000 ii. up to £150,000 iii. up to £250,000 iv. between £250,000 and £500,000</p> <p>v. between £500,000 and £1 million vi. above £1 million (contract on framework) vii. above £1 million (not under any framework)</p>	<p>Agreement to purchase services with a total contract value up to £250,000 over the life of contract must be provided approved by the Executive Director (Tier 3) and Executive Director of Finance (Tier 2)</p> <p>Total contract value above £250,000 must be approved by the Executive Committee.</p> <p>Following approval required above, the Agreement / Contract can be signed in accordance:</p> <p>i. Assistant Directors ii. Associate / Deputy Directors iii. Service Directors iv. Relevant Executive Director and Finance Director: Commissioning and Financial Planning v. Executive Director of Finance or Chief Executive vi. Chief Executive (following approval at Executive Committee, PFIG and the Board) vii. Chief Executive (following approval at Executive Committee, PFIG, Board and from Welsh Government)</p> <p><i>Note: Welsh Government approval required in</i></p>

		<i>advance of contract planning</i>
	Agreements for the purchase of services	Authority delegated to
12A (4)	<p>Individual Continuing Health Care (CHC) Placements/Packages - Authorisation of individual placements/packages following recommendation from the 'Local' CHC Panel.</p> <p>APPROVAL REQUIREMENTS EXCLUDES 'FAST TRACK' PROCESS AS PER THE WALES NATIONAL FRAMEWORK</p> <p>Agreement to purchase services with an annual value:</p> <ul style="list-style-type: none"> i. Up to £125,000 ii. Between £125,000 and £200,000 iii. Between £200,000 and £1 million iv. Above £1 million 	<p>For placements above £200,000 per annum, recommendation is required from the Complex, Value for Money and High Risk CHC Panel prior to approval by the Executive Committee</p> <ul style="list-style-type: none"> i. Service Director and Chief Operating Officer ii. Chief Operating Officer and Executive Director of Finance iii. Executive Director of Finance (following approval at Executive Committee) iv. Chief Executive (following approval at Executive Committee and Board)
12A (5)	<p>Individual Patient Commissioning Agreements (for example, Mental Health Out of Area Placements)</p> <p>Agreement to purchase services with an annual value:</p> <ul style="list-style-type: none"> i. Up to £125,000 ii. Between £125,000 and £250,000 	<ul style="list-style-type: none"> i. Service Director and Chief Operating Officer ii. Chief Operating Officer and Executive Director of Finance iii. Executive Director of Finance (following approval at Executive Committee)

	<ul style="list-style-type: none"> iii. Between £250,000 and £1 million iv. Above £1 million 	<ul style="list-style-type: none"> iv. Chief Executive (following approval at Executive Committee and Board)
	Agreements for the purchase of services	Authority delegated to
12A (6)	NHS Funded Nursing Care (FNC) <ul style="list-style-type: none"> i. Authorisation of individual placements/packages following recommendation from a Nurse Assessor ii. Agreement of changes to annual standard rates 	<ul style="list-style-type: none"> i. IHC Director/Relevant Service Director (Tier 4) ii. Board (following recommendation from Executive Committee)
12A (7)	Individual Patient Funding Requests (IPFR) - Authorisation of individual agreements following recommendation from the IPFR Panel: <ul style="list-style-type: none"> i. Up to £125,000 ii. Between £125,000 and £299,000 iii. Between £300,000 and £1 million iv. Above £1 million 	<ul style="list-style-type: none"> i. Chair and Vice-chair of BCUHB IPFR Panel ii. Chief Executive iii. Wales IPFR Panel iv. Welsh Government
12A (8)	Primary Care Contracts – General Medical Services (excluding enhanced services) <ul style="list-style-type: none"> i. Approval and Signing of the GMS contracts with practices ii. Variations to the Agreement iii. Payments under the contracts 	<ul style="list-style-type: none"> i. Authority delegated as per Table 12A (3) ii. Authority delegated as per Table 12A (3) iii. Delegated to NWSSP
12A (9)	Primary Care Contracts – General Medical Services (Enhanced services)	

	<ul style="list-style-type: none"> i. Approval and Signing of agreements to provide Enhanced services ii. Variations to the Agreement iii. Payments under the Agreements 	<ul style="list-style-type: none"> i. Authority delegated as per Table 12A (3) ii. Authority delegated as per Table 12A (3) iii. Delegated to NWSSP
	Agreements for the purchase of services	Authority delegated to
12A (10)	Primary Care Contracts – General Dental Services <ul style="list-style-type: none"> i. Approval and Signing of the GDS contracts with practices ii. Amendments to the Agreement iii. Payments under the contracts 	<ul style="list-style-type: none"> i. Authority delegated as per Table 12A (3) ii. Authority delegated as per Table 12A (3) iii. Delegated to NWSSP
12A (11)	Primary Care Contracts – Pharmaceutical Services (including enhanced and advanced services) <ul style="list-style-type: none"> i. Payments under the contracts or enhanced service agreements ii. Approval and signing of agreements to provide enhanced services 	<ul style="list-style-type: none"> i. Delegated to NWSSP ii. Authority delegated as per Table 12A (3)
12A (12)	Primary Care Contracts – General Ophthalmic Services <ul style="list-style-type: none"> i. Payments under the contracts or enhanced service agreements ii. Approval and signing of agreements to provide enhanced services 	<ul style="list-style-type: none"> i. Delegated to NWSSP ii. Authority delegated as per Table 12A (3)
12A (13)	Providing services jointly with Local authorities under Section 32 and 33 of NHS (Wales) Act 2006. <ul style="list-style-type: none"> i. Approval and Signing of the pooled budget arrangements 	As per Table 12A (3) above

	ii. Amendments to the Agreement	
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13. Grant funding

Ref	SFI requirement	SFI Ref.	Accountability for delivery and compliance with the SFI sits with	Related responsibilities delegated to
13A	Maintaining detailed policies and procedures for all aspects of grant funding- i.e., awarding of grants. Where appropriate these should comply with the Welsh Government's Code of Practice to funding the third sector.	13.2.1	Board <i>[Chief Executive is ultimately responsible]</i>	Executive Director of Finance
13B	Health Boards are responsible for ensuring that appropriate procedures exist in relation to all the grants and funding for which they are accountable. They are also responsible for ensuring that any grant provided to an entity that engages in economic activity complies with the State aid rules.	13.4.3	Board <i>[Chief Executive is ultimately responsible]</i>	Executive Director of Finance
13C	Health Boards are required to undertake due diligence checks on all potential delivery organisations to determine the economic and financial viability of any organisation(s) to administer public funds, and the reliability of the	13.4.4	Board <i>[Chief Executive is ultimately responsible]</i>	Executive Director of Finance

Ref	SFI requirement	SFI Ref.	Accountability for delivery and compliance with the SFI sits with	Related responsibilities delegated to
13D	<p>The health board must enter into legally binding funding agreements</p> <p>The health board is responsible for ensuring that all third-party delivery organisations comply with and adhere to the terms and conditions of the Funding Agreement.</p>	<p>13.4.5</p> <p>13.4.6</p>	<p>Board</p> <p><i>[Chief Executive is ultimately responsible]</i></p>	<p>Executive Director of Finance</p>

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14. Pay expenditure

Ref	SFI requirement	SFI Ref.	Accountability for delivery and compliance with the SFI sits with	Related responsibilities delegated to
14A	In accordance with SOs the Board shall establish a Remuneration Committee, with clearly defined terms of reference and operating arrangements that specify which posts fall within its area of responsibility.	14.1.1	Board	Director of Corporate Governance to ensure Committee in place
14B	<p>The Remuneration Committee shall report in writing to the Board the basis for its recommendations.</p> <p>The Board shall use the report as the basis for their decisions, but remain accountable for taking decisions on the remuneration and terms of service of Directors and other senior employees, in accordance with the framework set by the Welsh Ministers.</p> <p>Minutes of the Board's meetings should record such decisions.</p>	14.1.2	<p>Remuneration Committee Chair</p> <p>Board</p> <p>Chair supported by Director of Corporate Governance</p>	<p>Director of Corporate Governance to ensure reports from the Committee go to the Board</p> <p>No further delegation</p> <p>No further delegation</p>
14C	The Board will, after due consideration and amendment, if appropriate approve proposals presented by the Chief Executive for the setting of remuneration and terms of service for those employees and officers not covered by the Committee.	14.1.3	Board	People and Culture Committee

Ref	SFI requirement	SFI Ref.	Accountability for delivery and compliance with the SFI sits with	Related responsibilities delegated to
14D	The workforce plans incorporated within the approved Integrated Medium-Term Plan will form the funded establishment, i.e., the budget for all approved posts.	14.2.1	Board to approve	Executive Director of People and Organisational Development All Executive Directors to contribute
14E	The funded establishment of any department may not be varied without the approval of the Chief Executive or an officer with delegated authority.	14.2.2	Chief Executive	Executive Director of People and Organisational Development and Executive Director of Finance
14F	No Board member or health board official may engage, re-engage, or re-grade employees, either on a permanent or temporary nature, or hire agency staff, or agree to changes in any aspect of remuneration outside the limit of their approved budget and funded establishment unless authorised to do so by the Chief Executive.	14.3.2	Chief Executive	Executive Director of People and Organisational Development and Executive Director of Finance
14F (i)	Agree acting up salaries for staff a) Staff up to Band 9, within budget. b) Staff Band 9 and above excluding Executive Directors c) Interim Executive Directors	Local	Chief Executive	a) Service Director (Tier 4) supported by Local People Services Team b) Chief Executive c) Remuneration Committee

Ref	SFI requirement	SFI Ref.	Accountability for delivery and compliance with the SFI sits with	Related responsibilities delegated to
14G	Procedures to be presented by the Chief Executive for Board approval for the determination of commencing pay rates, condition of service, etc. for employees in accordance with pay, terms and conditions set out in Agenda for Change and other pay review bodies.	14.4.1	Chief Executive	Executive Director of People and Organisational Development
14H	The Executive Director of People and Organisational Development has responsibility for securing an efficient, well controlled payroll service.	14.5.1	Executive Director of People and Organisational Development	No further delegation
14I	The Executive Director of People and Organisational Development is responsible for: a) The control framework and detailed procedures which are in place to: <ul style="list-style-type: none"> • ensure all payments comply with HMRC, Pensions Agency and other regulation in relation to the deduction and payment of tax, national insurance, pension or other payments, • reduce the risk of fraud and error within the payroll function. b) Specifying timetables for submission of properly authorised time records and other notifications;	14.5.2	Executive Director of People and Organisational Development	No further delegation

Ref	SFI requirement	SFI Ref.	Accountability for delivery and compliance with the SFI sits with	Related responsibilities delegated to
	<p>c) The final determination of pay and allowances including verification that the rate of pay and relevant conditions of service are in accordance with current agreements;</p> <p>d) Agreeing the timing and method of payment with the payroll service;</p> <p>e) Authorising the release of payroll data where in accordance with the applicable Data Protection Legislation;</p> <p>f) Verification and documentation of data;</p> <p>g) The timetable for receipt and preparation of payroll data and the payment of employees and allowances;</p> <p>h) Maintenance of subsidiary records for superannuation, income tax, social security and other authorised deductions from pay;</p> <p>i) Security and confidentiality of payroll information;</p> <p>j) Checks to be applied to completed payroll before and after payment; and</p> <p>k) A system to ensure the recovery from those leaving the employment of the Health Board of sums of money and property due by them to the Health Board.</p>			
14J	<p>The Chief Executive is responsible for:</p> <p>a) Ensuring that any shared or hosted service arrangement is supported by appropriate Service Level Agreements, terms and conditions, adequate internal controls and audit review procedures;</p> <p>b) Ensuring a sound system of internal control and audit review of any internally provided payroll service;</p>	14.5.3	Chief Executive	<p>a) Director of Corporate Governance</p> <p>b) Finance Director: Commissioning and Financial Planning</p>

Ref	SFI requirement	SFI Ref.	Accountability for delivery and compliance with the SFI sits with	Related responsibilities delegated to
	c) Maintenance and/or the authorisation of regular and independent reconciliation of pay control accounts.			c) Finance Director: Commissioning and Financial Planning
14K	<p>Appropriately nominated managers have delegated responsibility for:</p> <p>a) Submitting time records, and other notifications in accordance with agreed timetables;</p> <p>b) Completing time records and other notifications in accordance with the Service Level Agreements; and</p> <p>c) Submitting termination forms in the prescribed form immediately upon knowing the effective date of an employee's or officer's resignation, termination or retirement.</p> <p>Where an employee fails to report for duty or to fulfil obligations in circumstances that suggest they have left without notice, the Executive Director of People and Organisational Development and/or Chief Executive must be informed immediately. In circumstances where fraud is suspected, this must be reported to the Executive Director of Finance.</p>	14.5.4	Line Managers	No further delegation

Ref	SFI requirement	SFI Ref.	Accountability for delivery and compliance with the SFI sits with	Related responsibilities delegated to
14L	Ensuring that all employees are issued with a Contract of Employment in a form approved by the Board and which complies with employment legislation; and dealing with variations to, or termination of, contracts of employment	14.6.1	Executive Director of People and Organisational Development	No further delegation

<p>Approve departure under compromise agreement (VERs)</p> <ul style="list-style-type: none"> ○ Up to £50k (i & ii) ○ Above £50k (i, ii & iii) 	<p>i. All applications to be approved by Executive Director of People and Organisation Development, Chief Executive and Executive Director of Finance.</p> <p>ii. All applications also need to be approved by the Remuneration Committee</p> <p>iii. Any VER payments over £50k also need to be approved by Welsh Government.</p>
<p>Approve redundancy</p>	<p>Chief Executive and Executive Director of Finance and Remuneration Committee (subject to any Welsh Government approval mechanisms)</p>
<p>Approve departure under compromise agreement (other than VERs)</p>	<p>Executive Director of People and Organisation Development (subject to any Welsh Government approval mechanisms), Chief Executive and Executive Director of Finance</p>

****Note: Any agreements that are deemed contentious to be referred to Remuneration Committee***

15. Capital Plan, Capital Investment, Fixed Asset Registers and Security of Assets

Ref	SFI requirement	SFI Ref.	Accountability for delivery and compliance with the SFI sits with	Related responsibilities delegated to
15A	<p>The Chief Executive is responsible for:</p> <ul style="list-style-type: none"> (i) ensuring that there is an adequate appraisal and approval process in place for determining capital expenditure priorities and the effect of each proposal upon plans; (ii) the management of all stages of capital schemes and for ensuring that schemes are delivered on time and to cost; (iii) ensuring that any capital investment above the Welsh Ministers' delegated limit is not undertaken without approval of the Welsh Ministers and that confirmation of capital resources has been received; (iv) ensuring that the three-year Capital Plan and detailed annual Capital Programme is approved by the Board, as part of the IMTP, prior to the commencement of the financial year; (v) ensuring the availability of resources to finance all revenue consequences of the investment, including capital charges; and (vi) ensuring that any 3rd party use of NHS estate is properly controlled, reimbursed and reported. 	15.4.1	Chief Executive	<ul style="list-style-type: none"> (i) Executive Director of Transformation and Strategic Planning (ii) Director of Environment and Estates (iii) Executive Director of Finance (iv) Executive Director of Transformation and Strategic Planning (v) Executive Director of Finance (vi) Director of Environment and Estates

Ref	SFI requirement	SFI Ref.	Accountability for delivery and compliance with the SFI sits with	Related responsibilities delegated to
15B	<p>For every capital expenditure proposal, the Chief Executive shall ensure:</p> <p>a) That a business case is produced in line with Welsh Ministers' guidance and where appropriate the 5-case Model;</p> <p>b) That the Executive Director of Finance has certified professionally to the costs and revenue consequences detailed in the business case and involved appropriate Health Board personnel and external agencies in the process.</p>	15.4.2	Chief Executive	Executive Director of Finance
15C	For capital schemes where the contracts stipulate stage payments, the Chief Executive will issue procedures for their management in accordance with the Welsh Ministers' guidance.	15.4.3	Chief Executive	Director of Environment and Estates and Executive Director of Finance
15D	<p>The Chief Executive shall issue to the manager responsible for any scheme:</p> <p>a) Specific authority to commit expenditure;</p> <p>b) Authority to proceed to tender;</p> <p>c) Approval to accept a successful tender.</p>	15.4.5	Chief Executive	Executive Director of Finance

Ref	SFI requirement	SFI Ref.	Accountability for delivery and compliance with the SFI sits with	Related responsibilities delegated to
15D(i)	Professional advice on recoverable VAT is to be sought on all major Capital Expenditure Programmes. Advice to be sought for the conclusion of each project decision gateway to validate assumptions included within the Business Cases and Plans.	Local	Executive Director of Finance	Head of Capital Finance
15D(ii)	Any movement in contract retention values included in the original contract conditions and award criteria are to be approved by the Executive Committee (unless otherwise delegated)	Local	Executive Committee (unless otherwise delegated)	As delegated by Executive Committee
15E	The Chief Executive will issue a scheme of delegation for capital investment management in accordance with the Welsh Ministers' guidance and the health board's SOs.	15.4.6	Chief Executive <i>[with advice from Executive Director of Finance]</i>	See below Table 15E (1) Detailed procedures are contained in the Health Board's Capital Manual

Table 15E (1) - Capital Schemes funded by Discretionary Allocation

Discretionary Capital Programme Approvals		Gross Expenditure on Whole Project	
Approval / Sign Off by:	Initial Annual Discretionary Programme	New Approvals Schemes under £500k	Scheme over £500K to £1m
Strategic Planning and Service Change Group (SPSC)			Agree project mandate and priority
Tier 4	Sign Abbreviated Business Case up to £50K	Sign Abbreviated Business Case up to £50K	-
Tier 3 or 4	Sign Abbreviated Business Case over £50K	Sign Abbreviated Business Case over £50K	Sign Abbreviated Business Case and Business Justification Case
Executive Director / Senior Responsible Officer (Tier 3 or 4)	-	-	Sign Business Justification Case
Executive Director of Finance (Tier 3)	-	-	Review and agreement
Capital Investment Group (CIG)	Recommend	Recommend	Recommend
Strategic Planning and Service Change Group (SPSC)	Recommend for onward consideration for board governance	Approve	Approve Business Justification Case
Performance, Finance and Information Governance Committee (PFIG)	Recommend	-	-
Health Board	Approve	-	-

Capital Schemes funded by Welsh Government

Strategic Planning and Service Change Group (SPSC) considers overall priorities and project mandates in advance of submission to Welsh Government for consideration (Executive approval required). For all-Wales capital schemes, the nature of the business case will be determined in discussion with Welsh Government.

Scheme under £1m	Scheme over £1m
Executive Committee considers overall priorities and project mandates (unless otherwise delegated)	
↓	↓
Scoping document submitted to Welsh Government (WG) followed by a scoping meeting with WG to jointly sign off	Scoping document submitted to WG followed by a scoping meeting with WG to jointly sign off
↓	↓
Business Justification Template signed off by lead Senior Responsible Officer and Executive Director	Strategic Outline Case signed off by Strategic Planning and Service Change Group (SPSC), Performance, Finance and Information Governance (PFIG) Committee and the Board
↓	↓
Capital Investment Group Recommend	Outline Business Case signed off by Executive Committee, PFIG Committee and the Board
↓	↓
Strategic Planning and Service Change Group Approve	Full Business Case signed off by Executive Committee, PFIG Committee and the Board
↓	↓
Submission to WG for approval	Final approval required from WG at each stage of Business Case process

Ref	SFI requirement	SFI Ref.	Accountability for delivery and compliance with the SFI sits with	Related responsibilities delegated to
15F	The Executive Director of Transformation & Strategic Planning and Executive Director of Finance shall issue detailed procedures governing the project, financial management including variations to contract, of capital investment projects and valuation for accounting purposes.	15.4.7	Executive Director of Transformation & Strategic Planning and Executive Director of Finance	See Table 15F (1) below
15G	The Director of Finance shall issue procedures for the regular reporting of expenditure and commitment against authorised expenditure.	15.4.7	Executive Director of Finance	Finance Director: Commissioning and Financial Planning
15H	Approval for any new capital financing arrangements with the private sector, including Private Financing Initiatives, Mutual Investment Model and Third-party Developments, without the consent of the Welsh Ministers.	15.5.1	Welsh Ministers	No further delegation

Table 15F (1)- Capital orders and payment authorisation

ALL CAPITAL SCHEMES TO BE APPROVED AS PER TABLE 15E (1)

Leases over £250,000 are to be approved by the Executive Committee and reported to Performance, Finance and Information Governance (PFIG) committee.

Delegated authority	Variations to Discretionary Schemes	Variations to Capital Schemes funded by WG (within Approved Sum) *	Financial monitoring and reporting responsibility	Enter lease arrangement (all types) total value**
Up to £75k	Head of Capital	Head of Capital	Head of Capital	Executive Director (Tier 3 or 4) and the Executive Director of Finance
Up to £250k	Director of Environment and Estates	Director of Environment and Estates	Director of Environment and Estates	Executive Director (Tier 3 or 4) and the Executive Director of Finance
Up to £500k	Executive Director of Finance	Executive Director of Finance	Executive Director of Finance	Executive Director of Finance (following approval by the Executive Committee)
Up to £1 million	Chief Executive	Chief Executive	Chief Executive	Chief Executive (following approval by the Executive Committee)
Above £1 million	Board and Welsh Government (following consideration by PFIG)	Board and Welsh Government	Board and Welsh Government	Chief Executive (following approval by the Executive Committee, PFIG, Board and Welsh Government)

***Any variations to Capital Schemes funded by Welsh Government that exceed the approved sum require further approval from WG**

****All property leases are to be signed under Seal**

Ref	SFI requirement	SFI Ref.	Accountability for delivery and compliance with the SFI sits with	Related responsibilities delegated to
15I	<p>The Chief Executive is responsible for the maintenance of registers of assets, taking account of the advice of the Executive Director of Transformation & Strategic Planning and Executive Director of Finance, concerning the form of any register and the method of updating, and arranging for a physical check of assets against the asset register to be conducted periodically.</p> <p>The Health Board shall maintain an asset register recording fixed assets. The minimum data set to be held within these registers shall be in accordance with the Welsh Ministers' guidance.</p> <p>Additions to the fixed asset register must be clearly identified to the delegated budget holder and be validated by reference to appropriate documentation.</p>	15.6.1 – 15.6.3	Chief Executive	Executive Director of Finance
15J	<p>The Executive Director of Finance shall approve procedures for reconciling balances on fixed assets accounts in ledgers against balances on fixed asset registers.</p>	15.6.5	Executive Director of Finance	Finance Director: Commissioning and Financial Planning

Ref	SFI requirement	SFI Ref.	Accountability for delivery and compliance with the SFI sits with	Related responsibilities delegated to
15K	The overall control of fixed assets is the responsibility of the Chief Executive.	15.7.1	Chief Executive	Executive Director of Finance
15L	All discrepancies revealed by verification of physical assets to fixed asset register shall be notified to the Executive Director of Transformation & Strategic Planning and Executive Director of Finance.	15.7.3	Executive Director of Finance, with support from relevant Directors.	Officers of health board
15M	Approval of routine security practices in relation to NHS property as may be determined by the Board. Any breach of agreed security practices must be reported in accordance with agreed procedures.	15.7.4	Board All officers of health board	No further delegation

16. Stores and receipt of goods

Ref	SFI requirement	SFI Ref.	Accountability for delivery and compliance with the SFI sits with	Related responsibilities delegated to
16A	<p>i) overall responsibility for the control of stores shall be delegated to a senior officer by the Chief Executive.</p> <p>(ii) The control of any pharmaceutical stocks shall be the responsibility of a designated Pharmaceutical Manager</p> <p>(iii) the control of any fuel, oil and coal shall be the responsibility of a designated Estates Manager.</p>	16.2.1	Chief Executive	<p>Executive Director of Finance</p> <p>Chief Pharmacist</p> <p>Director of Environment and Estates</p>
16B	The responsibility for security arrangements and the custody of keys for any stores and locations shall be clearly defined in writing by the designated manager/Pharmaceutical Manager. Wherever practicable, stocks should be marked as health service property.	16.2.2	Executive Director of Finance	Service Directors
16C	Stocktaking arrangements shall be agreed with the Executive Director of Finance and there shall be a physical check covering all items in store at least once a year.	16.2.4	Executive Director of Finance	Direct to Operational Services

Ref	SFI requirement	SFI Ref.	Accountability for delivery and compliance with the SFI sits with	Related responsibilities delegated to
16D	Where a complete system of stores control is not justified, alternative arrangements shall require the approval of the Executive Director of Finance	16.2.5	Executive Director of Finance	No further delegation
16E	<p>For goods supplied via NHS Wales Shared Services Partnership – Procurement Services (NWSSP-PS) or any other NHS purchasing and supplies agency central warehouses, the Chief Executive shall identify those authorised to requisition and accept goods from the store.</p> <p>The authorised person shall check receipt against the delivery note before forwarding this to the Executive Director of Finance or authorised officer who shall satisfy themselves that the goods have been received before accepting the recharge.</p>	16.3.1	Chief Executive	Executive Director of Finance

17. Disposals and condemnations, losses and special payments

Ref	SFI requirement	SFI Ref.	Accountability for delivery and compliance with the SFI sits with	Related responsibilities delegated to
17A	The Executive Director of Finance must prepare detailed procedures for the disposal of assets, including condemnations, and ensure that these are notified to managers.	17.1.1	Executive Director of Finance	Finance Director: Commissioning and Financial Planning
17B	All unserviceable assets shall be condemned or otherwise disposed of by an officer authorised for that purpose by the Executive Director of Finance. The assets should be recorded on a form indicating whether they are to be converted, destroyed or otherwise disposed of. The form should be countersigned by a second officer authorised for that purpose by the Executive Director of Finance	17.1.3	Executive Director of Finance	Following advice from appropriate heads of service (e.g. IM&T, Estates, etc.) items with original value obsolete, obsolescent, redundant, irreparable or cannot be repaired cost effectively may be condemned or otherwise disposed of in accordance with the delegations set out in Table 17B (1)

Table 17B (1)

Asset value:	Approved by:
With current/estimated purchase price below < £499	Budget Manager
with current purchase new price above ≥£500, up to <£5000	Relevant Executive Director
With current purchase new price above ≥£5,000, up to <£250,000	Executive Director of Finance following approval by the Executive Committee
With current purchase new price above ≥£250,000	Performance, Finance and Information Governance (PFIG) Committee
Disposal of property or land (all values)	Board and Welsh Government

Ref	SFI requirement	SFI Ref.	Accountability for delivery and compliance with the SFI sits with	Related responsibilities delegated to
17C	The Executive Director of Finance shall ensure procedural instructions on the recording of and accounting for losses and special payments are in place; and that all losses and special payments cases are properly managed in accordance with the guidance set out in the Welsh Government's Manual for Accounts.	17.2.2	Executive Director of Finance	Finance Director: Commissioning and Financial Planning

Ref	SFI requirement	SFI Ref.	Accountability for delivery and compliance with the SFI sits with	Related responsibilities delegated to
17D	The Executive Director of Finance shall ensure all financial aspects of losses and special payments cases are properly registered and maintained on the centralised Losses and Special Payments Register and that 'case write off' action is recorded on the system.	17.2.8	Executive Director of Finance	Finance Director: Commissioning and Financial Planning
17E	The Audit Committee shall approve the writing off of losses or the making of special payments within delegated limits determined by Welsh Ministers and as set out in Schedule 3 of the SOs.	17.2.9	17.2.9	See Table 17E (1) Below

Ref	SFI requirement	SFI Ref.	Accountability for delivery and compliance with the SFI sits with	Related responsibilities delegated to
17F	The Executive Director of Finance shall ensure that all losses and special payments are reported to the Audit Committee at every meeting	17.2.13	Executive Director of Finance	Finance Director: Commissioning and Financial Planning / Director of Corporate Governance

Table 17E (1)

Ratify fruitless payments (including abandoned Capital Schemes)	<i>Audit Committee to regularly receive Schedule of Losses and Special Payments</i>
Up to £250,000	Chief Executive and Executive Director of Finance
Above £250,000	Chief Executive, Executive Director of Finance and Welsh Government (following Executive Committee approval)

Ratify payment for clinical negligence and personal injury claims where legal advice has been obtained and guidance applied (negotiated settlements) *	<i>Audit Committee to regularly receive Schedule of Losses and Special Payments</i>
Up to £500,000	Deputy Director for Legal Services
Up to £1 million	Director of Corporate Governance
Above £1 million	Chief Executive (following Board approval unless otherwise delegated) and Welsh Government
Other clinical negligence and personal injury claims where legal advice has not been obtained	<i>Audit Committee to regularly receive Schedule of Losses and Special Payments</i>
Up to £50,000	Director of Corporate Governance
Above £50,000	Welsh Government
Authority to write off losses and authorise special payments for bad debts and claims abandoned - private patients, overseas visitors and others.	<i>Audit Committee to regularly receive Schedule of Losses and Special Payments</i>
Up to £50,000	Chief Executive or Executive Director of Finance

Above £50,000	Welsh Government
Authority to write off damage to buildings, fittings, furniture and equipment, loss of equipment and property in stores and in use due to culpable causes (e.g., fraud, theft, arson) or other.	<i>Audit Committee to regularly receive Schedule of Losses and Special Payments</i>
Up to £50,000	Chief Executive or Executive Director of Finance
Above £50,000	Welsh Government
Authorise compensation payments made under legal obligation (excluding Clinical Negligence and Personal Injury)	<i>Audit Committee to regularly receive Schedule of Losses and Special Payments</i>
Up to £500,000	Deputy Director for Legal Services
Up to £1 million	Director of Corporate Governance
Above £1 million	Chief Executive (following Board approval unless otherwise delegated) and Welsh Government

Authorise extra contractual payments to contractors.	<i>Audit Committee to regularly receive Schedule of Losses and Special Payments</i>
Up to £50,000	Chief Executive or Executive Director of Finance
Above £50,000	Welsh Government
Authorise ex-gratia payments to patients and staff for the loss of personal effects	<i>Audit Committee to regularly receive Schedule of Losses and Special Payments</i>
Up to £50,000	Chief Executive or Executive Director of Finance
Above £50,000	Welsh Government
Authority to write off Losses of cash due to theft, fraud, overpayment of salaries, wages, fees and allowances	<i>Audit Committee to regularly receive Schedule of Losses and Special Payments</i>
Up to £50,000	Chief Executive and Executive Director of Finance
Above £50,000	Welsh Government

*** 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 H&SSG Director of Finance**

18. Digital, Data and Technology

Ref	SFI requirement	SFI Ref.	Accountability for delivery and compliance with the SFI sits with	Related responsibilities delegated to
18A	The health board shall publish and maintain a Freedom of Information (FOI) publication scheme, or adopt a model publication scheme approved by the Information Commissioner.	18.1.2	Board	Chief Digital and Information officer
18B	The responsible Director for Digital Data and Technology has responsibility for the accuracy, availability and security of digital systems and data.	18.2.1	Chief Digital and Information officer	No Delegation other than responsibilities for security of patient data is delegated to the Executive Medical Director in their role of Caldicott Guardian
18C	The Executive Director of Finance shall ensure that new financial data and systems, and amendments to current financial systems, are developed in a controlled manner and thoroughly tested prior to implementation.	18.3.1	Executive Director of Finance	Finance Director: Commissioning and Financial Planning

Ref	SFI requirement	SFI Ref.	Accountability for delivery and compliance with the SFI sits with	Related responsibilities delegated to
18D	<p>The responsible Director for Digital Data and Technology has responsibility for ensuring that contracts for data and digital services for clinical, management and financial applications with another health organisation or any other agency shall clearly define the responsibility of all parties for the</p> <ul style="list-style-type: none"> i) security, privacy, accuracy, completeness, and timeliness of data during processing, transmission and storage; ii) availability of the service including resilience for continuity. <p>The contract should also ensure rights of access for audit purposes.</p>	18.4.1	Chief Digital Information Officer	No Delegation other than responsibilities for security of patient data is delegated to the Executive Medical Director in their role of Caldicott Guardian
18E	<p>Where another health organisation or any other agency provides a data or digital service for clinical, management and financial applications, the responsible Director for Digital Data and Technology shall periodically seek assurances that adequate controls are in operation.</p>	18.4.2	Chief Digital Information Officer	No Delegation other than responsibilities for security of patient data is delegated to the Executive Medical Director in their role of Caldicott Guardian

Ref	SFI requirement	SFI Ref.	Accountability for delivery and compliance with the SFI sits with	Related responsibilities delegated to
18F	The responsible Director for Digital Data and Technology has responsibility for ensuring that the risks to the health board arising from the use of data, information and digital are effectively identified and considered and that appropriate action is taken to mitigate or control risk. This shall include the preparation and testing of appropriate resilience plans, including business continuity and disaster recovery plan.	18.5.1	Chief Digital Information Officer	No Delegation other than responsibilities for security of patient data is delegated to the Executive Medical Director in their role of Caldicott Guardian
18G	All purchases of hardware and software must be undertaken in line with agreed IT policies, Procedures and contractual arrangements.	Requirement in support of SFIs	All Officers	
18H	No purchase or installation may be made of IT software whether new or upgrades to existing systems other than via the IT department	Requirement in support of SFIs	All Officers	

Ref	SFI requirement	SFI Ref.	Accountability for delivery and compliance with the SFI sits with	Related responsibilities delegated to
18I	Purchases of routine desktop hardware should be procured via health board contracts. Purchasing of servers should always be via IT	Requirement in support of SFIs	All Officers	

DRAFT FOR BOARD

19. Patients' property

Ref	SFI requirement	SFI Ref.	Accountability for delivery and compliance with the SFI sits with	Related responsibilities delegated to
19A	Ensuring patients or their guardians are informed before or at admission, that the health board will not accept responsibility or liability for patients' property brought into Health Service premises, unless it is handed in for safe custody and a copy of an official patients' property record is obtained as a receipt	19.2.1	Chief Executive Officer	Service Directors
19B	Provide detailed written instructions on the collection, custody, investment, recording, safekeeping and disposal of patients' property	19.3.1	Executive Director of Finance	Service Directors
19C	Issuing property valued above >£5,000 only on production of a probate letter of administration	Local	Executive Director of Finance	Finance Director: Commissioning and Financial Planning

20. Funds Held on Trust (Charitable Funds)

The Health Board's Charitable Funds are managed through the registered charity with the Charity Commission (known as Awyr Las) and through the Charitable Funds Committee and its formal Trustee status

Ref	SFI requirement	SFI Ref.	Accountability for delivery and compliance with the SFI sits with	Related responsibilities delegated to
20A	The Schedule of Matters Reserved to the Board and the Scheme of Delegation make clear where decisions regarding the exercise of discretion regarding the disposal and use of funds are to be taken and by whom	20.2.2	Board	See Table 20A (1) below
20B	Fundraising Appeals – Preparation/Monitoring/Reporting progress and performance	Local	Executive Director of Finance	Head of Fundraising See Table 20A (1) below
20C	Legacies - Authority to accept the discharge of a donor's estate	Local	Executive Director of Finance	Not delegated

Table 20A (1) Access to Charitable Funds

Item	Delegated authority
<ul style="list-style-type: none"> i. Approval and setting up of designated fund Advisors for new funds. ii. Approval of changes to Fund Advisors 	<ul style="list-style-type: none"> i. Head of Fundraising with advice from relevant Director ii. Head of Fundraising with advice from relevant Director
<p>New Fundraising Appeal:</p> <ul style="list-style-type: none"> i. Up to £5,000 ii. Above £5,000, up to £25,000 iii. Above £25,000 	<ul style="list-style-type: none"> i. Head of Fundraising with advice from relevant Director ii. Executive Director of Finance iii. Charitable Funds Committee
<p>Expenditure requests for Charitable funds:</p> <ul style="list-style-type: none"> i. Up to £5,000 (non-contentious) * ii. Above £5,000 and any contentious expenditure* iii. Above £1 million 	<p>To be submitted to Charity Team for initial review</p> <ul style="list-style-type: none"> i. Fund Advisor (subject to confirmation from the Assistant Financial Accountant - Charitable Funds that sufficient funds are available and expenditure complies with Charity guidelines) ii. Charitable Funds Committee iii. Health Board and Welsh Government
<p>Oracle approvals:</p> <ul style="list-style-type: none"> i. Up to £5,000 ii. Above £5,000, up to £50,000 iii. Above £50,000, up to £250,000 	<p>Expenditure over £5,000 is only approved following prior approval by the Charitable Funds Committee</p> <ul style="list-style-type: none"> i. Assistant Financial Accountant - Charitable Funds ii. Senior Financial Accountant - Charitable Funds iii. Finance Director – Commissioning and Financial

iv. Above £250,000, up to £500,000 v. Above £500,000	Planning iv. Executive Director of Finance v. Chief Executive
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****The term “contentious” refers to the appropriateness of the expenditure either due to its nature or its compatibility with fund objectives as detailed in ‘Your Charity Procedures’.***

Investment of Charitable Funds

Investments Authority	
Investment of funds i. Decision on nature and value of investment ii. Risk level of investment fund	i. Charitable Funds Committee with guidance from Executive Director of Finance ii. Charitable Funds Committee with guidance from Executive Director of Finance and appointed investment managers

*****The term “investment” refers to stocks, shares, bonds, property, unit funds or other instruments derived to generate a rate of return and/or valuation gains, other than interest bearing bank accounts***

21. Retention of Records

Ref	SFI requirement	SFI Ref.	Accountability for delivery and compliance with the SFI sits with	Related responsibilities delegated to
21A	The Chief Executive shall be responsible for maintaining archives for all records required to be retained in accordance with Welsh Ministers' guidance, the UK General Data Protection Legislation and any relevant domestic law considerations via the Data Protection Act 2018, and the Freedom of information Act 2000 (c.36).	21.1.1	Chief Executive	Chief Digital and Information officer / Executive Medical Director
21B	Approval for the destruction of records	Local	Chief Executive	Chief Digital and Information officer / Executive Medical Director

Schedule 2.1

**STANDING FINANCIAL INSTRUCTIONS
FOR BETSI CADWALADR UNIVERSITY
HEALTH BOARD**

DRAFT FOR BOARD

This Schedule forms part of, and shall have effect as if incorporated in the Local Health Board Standing Orders (incorporated as Schedule 2.1 of SOs).

Model Standing Orders, Reservation and Delegation of Powers for LHBs
Schedule 2.1: Standing Financial Instructions

Status: Reviewed by Audit Committee 17.02.26 V1.0

Foreword

These Model Standing Financial Instructions are issued by Welsh Ministers to Local Health Boards using powers of direction provided in section 12 (3) of the National Health Service (Wales) Act 2006. Local Health Boards in Wales must agree Standing Financial Instructions (SFIs) for the regulation of their financial proceedings and business. Designed to achieve probity, accuracy, economy, efficiency, effectiveness and sustainability in the conduct of business, they translate statutory and Welsh Government financial requirements for the NHS in Wales into day to day operating practice. Together with the adoption of Standing Orders (SOs), a scheme of decisions reserved to the Board and a scheme of delegations to officers and others, they provide the regulatory framework for the business conduct of the LHB.

These documents form the basis upon which the LHB's governance and accountability framework is developed and, together with the adoption of the LHB's Values and Standards of Behaviour framework, is designed to ensure the achievement of the standards of good governance set for the NHS in Wales.

All LHB Board members and officers must be made aware of these Standing Financial Instructions and, where appropriate, should be familiar with their detailed content. The Executive Director of Finance will be able to provide further advice and guidance on any aspect of the Standing Financial Instructions. The Director of Corporate Governance will be able to provide further advice and guidance on the wider governance arrangements within the LHB. Further information on governance in the NHS in Wales may be accessed at <https://nwssp.nhs.wales/all-wales-programmes/governance-e-manual/>

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Schedule 1

Schedule 2.1: Standing Financial Instructions

Betsi Cadwaladr University Health Board

1. INTRODUCTION

1.1 General

- 1.1.1 These Model Standing Financial Instructions are issued by Welsh Ministers to Local Health Boards using powers of direction provided in section 12 (3) of the National Health Service (Wales) Act 2006. Local Health Boards (LHBs) in Wales must agree Standing Financial Instructions (SFIs) for the regulation of their financial proceedings and business. They shall have effect as if incorporated in the Standing Orders (SOs) (incorporated as Schedule 2.1 of SOs).
- 1.1.2 These SFIs detail the financial responsibilities, policies and procedures adopted by Betsi Cadwaladr University Health Board (the LHB). They are designed to ensure that the LHB's financial transactions are carried out in accordance with the law and with Welsh Government policy in order to achieve probity, accuracy, economy, efficiency, effectiveness and sustainability. They should be used in conjunction with the Schedule of decisions reserved to the Board and the Scheme of delegation adopted by the LHB.
- 1.1.3 These SFIs identify the financial responsibilities which apply to everyone working for the LHB and its constituent organisations. They do not provide detailed procedural advice and should be read in conjunction with the detailed departmental and financial control procedure notes.
- 1.1.4 Should any difficulties arise regarding the interpretation or application of any of the SFIs then the advice of the Director of Corporate Governance or Executive Director of Finance must be sought before acting. The user of these SFIs should also be familiar with and comply with the provisions of the LHB's SOs.

1.2 Overriding Standing Financial Instructions

- 1.2.1 Full details of any non-compliance with these SFIs, including an explanation of the reasons and circumstances must be reported in the first instance to the Executive Director of Finance and the Director of Corporate Governance, who will ask the Audit Committee to formally consider the matter and make proposals to the Board on any action to be taken. All Board members

Schedule 2.1: Standing Financial Instructions

and LHB officers have a duty to report any non-compliance to the Executive Director of Finance and Director of Corporate Governance as soon as they are aware of any circumstances that has not previously been reported.

1.2.2 Ultimately, the failure to comply with SFIs and SOs is a disciplinary matter that could result in an individual's dismissal from employment or removal from the Board.

1.3 Financial provisions and obligations of LHBs

1.3.1 The financial provisions and obligations for LHBs are set out under Sections 174 to 177 of, and Schedule 8 to, the National Health Service (Wales) Act 2006 (c. 42). The Board as a whole and the Chief Executive in particular, in their role as the Accountable Officer for the organisation, must ensure the LHB meets its statutory obligation to perform its functions within the available financial resources.

2. RESPONSIBILITIES AND DELEGATION

2.1 The Board

2.1.1 The Board exercises financial supervision and control by:

- a) Formulating and approving the Medium Term Financial Plan (MTFP) as part of developing and approving the Integrated Medium Term Plan (IMTP);
- b) Requiring the submission and approval of balanced budgets within approved allocations/overall funding
- c) Defining and approving essential features in respect of important financial policies, systems and financial controls (including the need to obtain value for money and sustainability); and
- d) Defining specific responsibilities placed on Board members and LHB officers, and LHB committees and Advisory Groups as indicated in the 'Scheme of delegation' document.

2.1.2 The Board has resolved that certain powers and decisions may only be exercised by the Board in formal session. These are set out in the 'Schedule of matters reserved to the Board' document. The Board, subject to any directions that may be made by Welsh Ministers, shall make appropriate arrangements for certain functions to be carried out on its behalf so that the day to day business of the Health Board may be carried out effectively, and in a manner that secures the achievement of the organisations aims and objectives. This will be via powers and authority delegated to committees, sub-committees, joint committees or joint sub-committees that the LHB has established or to an officer of the LHB in accordance with the 'Scheme of delegation' document adopted by the LHB.

2.2 The Chief Executive and Executive Director of Finance

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

2.2.2 Within the SFIs, it is acknowledged that the Chief Executive is ultimately accountable to the Board, and as Accountable Officer, to the Welsh Government, for ensuring that the Board meets its obligation to perform its functions within the available financial resources. The Chief Executive has overall executive responsibility for the LHB's activities; is responsible to the Chair and the Board for ensuring that financial

Schedule 2.1: Standing Financial Instructions

provisions, obligations and targets are met; and has overall responsibility for the LHB's system of internal control.

2.2.3 It is a duty of the Chief Executive to ensure that Board members and LHB officers, and all new appointees are notified of, and put in a position to understand their responsibilities within these SFIs.

2.3 The Executive Director of Finance

2.3.1 The Executive Director of Finance is responsible for:

- a) Implementing the LHB's financial policies and for co-coordinating any corrective action necessary to further these policies;
- b) Maintaining an effective system of internal financial control including ensuring that detailed financial control procedures and systems incorporating the principles of separation of duties and internal checks are prepared, documented and maintained to supplement these instructions;
- c) Ensuring that sufficient records are maintained to show and explain the LHB's transactions, in order to disclose, with reasonable accuracy, the financial position of the LHB at any time; and
- d) Without prejudice to any other functions of the LHB, and Board members and LHB officers, the duties of the Executive Director of Finance include:
 - (i) the provision of financial advice to other Board members and LHB officers, and LHB Committees and Advisory Groups,
 - (ii) the design, implementation and supervision of systems of internal financial control, and
 - (iii) the preparation and maintenance of such accounts, certificates, estimates, records and reports as the LHB may require for the purpose of carrying out its statutory duties.

2.3.2 The Executive Director of Finance is responsible for ensuring an ongoing training and communication programme is in place to effect these SFIs.

2.4 Board members and LHB officers, and LHB Committees and Advisory Groups

2.4.1 All Board members and LHB officers, and LHB Committees and Advisory Groups, severally and collectively, are responsible for:

Schedule 2.1: Standing Financial Instructions

- a) The security of the property of the LHB;
- b) Avoiding loss;
- c) Exercising economy, efficiency and sustainability in the use of resources; and
- d) Conforming to the requirements of SOs, SFIs, Financial Control Procedures and the Scheme of delegation.

2.4.2 For all Board members and LHB officers, and LHB Committees and Advisory Groups who carry out a financial function, the form in which financial records are kept and the manner in which members of the Board, Committees, Advisory Groups and employees discharge their duties must be to the satisfaction of the Director of Finance.

2.5 Contractors and their employees

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

3. AUDIT, FRAUD AND CORRUPTION, AND SECURITY MANAGEMENT

3.1 Audit Committee

3.1.1 An independent Audit Committee is a central means by which a Board ensures effective internal control arrangements are in place. In addition, the Audit Committee provides a form of independent check upon the executive arm of the Board. In accordance with SOs the Board shall formally establish an Audit Committee with clearly defined terms of reference. Detailed terms of reference and operating arrangements for the Audit Committee are set out in Schedule 3 to the SOs. This committee will follow the guidance set out in the NHS Wales Audit Committee Handbook.

nwssp.nhs.wales/a-wp/governance-e-manual/governance-e-manualdocuments/useful-documents/nhs-wales-audit-committee-handbookjune-2012/

3.2 Chief Executive

3.2.1 The Chief Executive is responsible for:

- a) Ensuring there are arrangements in place to review, evaluate and report on the effectiveness of internal financial control including the establishment of an effective Internal Audit function;
- b) Ensuring that the Internal Audit function meets the Public Sector Internal Audit Standards and provides sufficient independent and objective assurance to the Audit Committee and the Accountable Officer;

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/641252/PSAIS_1_April_2017.pdf

- c) Deciding at what stage to involve the police in cases of misappropriation and other irregularities not involving fraud or corruption;
- d) Ensuring that an annual Internal Audit report is prepared for the consideration of the Audit Committee and the Board. The report must cover:
 - a clear opinion on the effectiveness of internal control in accordance with the requirements of the Public Sector Internal Audit Standards.

Schedule 2.1: Standing Financial Instructions

- major internal financial control weaknesses discovered,
- progress on the implementation of Internal Audit recommendations,
- progress against plan over the previous year,
- a strategic audit plan covering the coming three years, and
- a detailed plan for the coming year.

3.2.2 The designated internal and external audit representatives are entitled (subject to provisions in the Data Protection Act 2018 and the UK General Data Protection Legislation without necessarily giving prior notice to require and receive:

- a) Access to all records, documents and correspondence relating to any financial or other relevant transactions, including documents of a confidential nature;
- b) Access at all reasonable times to any land or property owned or leased by the LHB;
- c) Access at all reasonable times to Board members and LHB officers;
- d) The production of any cash, stores or other property of the LHB under a Board member or a LHB official's control; and
- e) Explanations concerning any matter under investigation.

3.3 Internal Audit

3.3.1 The Accountable Officer Memorandum requires the Chief Executive to have an internal audit function that operates in accordance with the standards and framework set for the provision of Internal Audit in the NHS in Wales. This framework is defined within an Internal Audit Charter that incorporates a definition of internal audit, a code of ethics and Public Sector Internal Audit Standards. Standing Order 10.1 details the relationship between the Head of Internal Audit and the Board. The role of the Audit Committee in relation to Internal Audit is set out within its Terms of Reference, incorporated in Schedule 3 of the SOs, and the NHS Wales Audit Committee Handbook.

3.4 External Audit

- 3.4.1 Pursuant to the Public Audit (Wales) Act 2004 (c. 23), the Auditor General for Wales (Auditor General) is the external auditor of the LHB. The Auditor General may nominate his representative to represent him within the LHB and to undertake the required audit work. The cost of the audit is paid for by the LHB. The LHB's Audit Committee must ensure that a cost-efficient external audit service is delivered. If there are any problems relating to the service provided, this should be raised with the Auditor General's representative and referred on to the Auditor General if the issue cannot be resolved.
- 3.4.2 The objectives of the external audit fall under three broad headings, to review and report on:
- a) Whether the expenditure to which the financial statements relate has been incurred lawfully and in accordance with the authority that governs it;
 - b) The audited body's financial statements, and on its Annual Governance Statement and remuneration report ¹;
 - c) Whether the audited body has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.
- 3.4.3 The Auditor General's representatives will prepare a risk-based annual audit plan, designed to deliver the Auditor General's objectives, for consideration by the Audit Committee. The annual plan will set out details of the work to be carried out, providing sufficient detail for the Audit Committee and other recipients to understand the purpose and scope of the defined work and their level of priority. The Audit Committee should review the annual plan and the associated fees, although in so doing it needs to recognise the statutory duties of the Auditor General. The annual audit plan should be kept under review to identify any amendment needed to reflect changing priorities and emerging audit needs. The Audit Committee should consider material changes to the annual audit plan.
- 3.4.4 The Auditor General's representative should be invited to attend every Audit Committee meeting. The cycle of approving and monitoring the progress of external audit plans and reports, culminating in the opinion

¹ Note: The Healthcare Inspectorate Wales will review and report on the Annual Quality Statement.

on the annual report and accounts, is central to the core work of the Audit Committee.

- 3.4.5 The Auditor General's representatives will liaise with Internal Audit when developing the external audit plan. The Auditor General's representative will ensure that planned external audit work takes into account the work of Internal Audit to avoid duplication wherever possible and considers where Internal Audit work can be relied upon for opinion purposes.
- 3.4.6 The Auditor General and his representatives shall have a right of access to the Chair of the Audit Committee at any time.
- 3.4.7 The Government of Wales Act 2006 (GOWA) provides that the Auditor General has statutory rights of access to all documents and information, as set out in paragraph 3.2.2a of these SFIs that relate to the exercise of many of his core functions, including his statutory audit of accounts, value for money examinations and improvement studies. The rights of access include access to confidential information; personal information as defined by the Data Protection Act 2018 and the UK General Data Protection Legislation; information subject to legal privilege; personal information and sensitive personal information that may otherwise be subject to protection under the European Convention of Human Rights; information held by third parties; and electronic files and IT systems. Paragraph 17 of Schedule 8 to GOWA operates to provide the Auditor General with a right of access to every document relating to the Trust that appears to him to be necessary for the discharge of any of these functions. Paragraph 17(3) of Schedule 8 also requires any person that the Auditor General thinks has information related to the discharge of his functions to give any assistance, information and explanation that he thinks necessary. It also requires such persons to attend before the Auditor General and to provide any facility that he and his representatives may reasonably require, such as audit accommodation and access to IT facilities. The rights apply not just to the LHB and its officers and staff, but also to, among others, suppliers to the LHB.
- 3.4.8 The Auditor General's independence in the exercise of his audit functions is protected by statute (section 8 of the Public Audit (Wales) Act 2013), and audit independence is required by professional and ethical standards. Accordingly, the LHB (including its Audit Committee) must be careful not to seek to fetter the Auditor General's discretion in the exercise of his functions. While the LHB may offer comments on the plans and outputs of the Auditor General, it must not seek to direct the Auditor General.
- 3.4.9 The Auditor General will issue a number of reports over the year, some

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of which are specified in the Auditor General's Code of Audit and Inspection Practice and International Standards on Auditing. Other reports will depend on the contents of the audit plan.

The main mandatory reports are:

- Report to those charged with governance (incorporating the report required under ISA 260) that sets out the main issues arising from the audit of the financial statements and use of resources work
- Statutory report and opinion on the financial statements
- Annual audit report.

In addition to these reports, the Auditor General may prepare a report on a matter the Auditor General considers would be in the public interest to bring to the public's attention; or make a referral to the Welsh Ministers if significant breaches occur.

3.4.10 The Auditor General also has statutory powers to undertake Value for Money Examinations and Improvement Studies within the LHB and other public sector bodies. At LHBs he also undertakes a Structured Assessment to help him assess whether there are proper arrangements for securing economy, efficiency and effectiveness in the use of resources. The Auditor General will take account of audit work when planning and undertaking such examinations and studies. The Auditor General and his representatives have the same access rights in relation to these examinations and studies as they do in relation to annual audit work.

3.5 Fraud and Corruption

3.5.1 In line with their responsibilities, the LHB Chief Executive and Executive Director of Finance shall monitor and ensure compliance with Directions issued by the Welsh Ministers on fraud and corruption.

3.5.2 The LHB shall nominate a suitable person to carry out the duties of the Local Counter Fraud Specialist (LCFS) as specified by Directions to NHS bodies on Counter Fraud Measures 2005 (as amended).

<https://nwssp.nhs.wales/a-wp/governance-e-manual/knowning-who-does-what-why/supporting-good-governance/nhs-counter-fraud-service-wales/>

3.5.3 The LCFS shall report to the LHB Executive Director of Finance and the LCFS must work with NHS Counter Fraud Authority (NHSCFA) and the NHS

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Counter Fraud Service Wales (CFSW) Team in accordance with the Directions to NHS bodies on Counter Fraud Measures 2005.

- 3.5.4 The LCFS will provide a written report to the Executive Director of Finance and Audit Committee, at least annually, on proactive and reactive counter fraud work within the LHB.
- 3.5.5 The LHB must participate in the annual National Fraud Initiative (NFI) led by Audit Wales and must provide the necessary data for the mandatory element of the NFI by the due dates. The LHB should participate in appropriate risk measurement or additional dataset matching exercise in order to support the detection of fraud across the whole public sector.

3.6 Security Management

- 3.6.1 In line with their responsibilities, the LHB Chief Executive will monitor and ensure compliance with Directions issued by the Welsh Ministers on NHS security management.
- 3.6.2 The Chief Executive has overall responsibility for controlling and coordinating security.

4. FINANCIAL DUTIES

4.1 Legislation and Directions

4.1.1 The Health Board has two statutory financial duties, the basis for which is section 175 of the National Health Service (Wales) Act 2006, as amended by the National Health Service Finance (Wales) Act 2014. Those duties are then set out and retained in the Welsh Health Circular “WHC/2016/054 - Statutory Financial Duties of Local Health Boards and NHS Trusts.” They are as follows:

- First Duty - A duty to secure that its expenditure, which is attributable to the performance by it of its functions, does not exceed the aggregate of the funding allotted to it over a period of 3 financial years.
- Second Duty - A duty to prepare a plan to secure compliance with the first duty while improving the health of the people for whom it is responsible, and the provision of health care to such people, and for that plan to be submitted to and approved by the Welsh Ministers.

4.1.2 The details and requirements for the two duties are set out in the Welsh Health Circular “WHC/2016/054 - Statutory Financial Duties of Local Health Boards and NHS Trusts.”

Full details of the WHC can be obtained by contacting the HSSG Director of Finance

4.2 First Financial Duty – The Breakeven Duty

4.2.1 The Health Board has a statutory duty to secure that its expenditure does not exceed the aggregate of the funding allotted to it over a period of 3 financial years, that is to breakeven over a 3-year rolling period.

4.2.2 Welsh Government will determine revenue and capital allocations prior to the start of each financial year and notify Health Boards.

4.2.3 Health Boards must ensure their boards approve balanced revenue and capital plans in line with their notified allocations before the start of each financial year.

4.2.4 The Executive Director of Finance of the LHB will:

- a) Prior to the start of each financial year submit to the Board for approval a report showing the total allocations received, assumed in-year allocations and other adjustments and their proposed

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distribution to delegated budgets, including any sums to be held in reserve;

- b) Ensure that any ring-fenced or non-discretionary allocations are disbursed in accordance with Welsh Ministers' requirements;
- c) Periodically review any assumed in-year allocations to ensure that these are reasonable and realistic; and
- d) Regularly update the Board on significant changes to the initial allocations and the application of such funds.

4.2.5 The Chief Executive has overall executive responsibility for the LHB's activities and is responsible to the Board for ensuring that it meets its First Financial Duty.

4.3. Second Financial Duty – The Planning Duty

4.3.1 The Health Board has a statutory duty to prepare a plan, the Integrated Medium Term Plan (IMTP), to secure compliance with the first duty while improving the health of the people for whom it is responsible, and the provision of health care to such people, and for that plan to be submitted to and approved by the Welsh Ministers.

4.3.2 The Integrated Medium Term Plan must reflect longer-term planning and delivery objectives and should be continually reviewed based on latest Welsh Government policy and local priority requirements. The Integrated Medium Term Plan, produced and approved annually, will be 3 year rolling plans. In particular the Integrated Medium Term Plan must reflect the Welsh Ministers' priorities and commitments as detailed in the NHS Planning Framework published annually by Welsh Government.

4.3.3 The NHS Planning Framework directs Local Health Boards to develop, approve and submit an Integrated Medium Term Plan (IMTP) for approval by Welsh Ministers. The plan must

- describe the context, including population health needs, within which the Health Board will deliver key policy directives from Welsh Government.
- demonstrate how the Health Board are
 - delivering their well-being objectives, including how the five ways of working have been applied
 - contributing to the seven Well-being Goals,
 - establishing preventative approaches across all care and services

- demonstrate how the Health Board will utilise its existing services and resources, and planned service changes, to deliver improvements in population health and clinical services, and at the same time demonstrate improvements to efficiency of services.
 - demonstrate how the three-year rolling financial breakeven duty is to be achieved.
- 4.3.4 An Integrated Medium Term Plan should be based on a reasonable expectation of future service changes, performance improvements, workforce changes, demographic changes, capital, quality, funding, income, expenditure, cost pressures and savings plans to ensure that the Integrated Medium Term Plan (including a balanced Medium Term Financial Plan) is balanced and sustainable and supports the safe and sustainable delivery of patient centred quality services.
- 4.3.5 The Integrated Medium Term Plan will be the overarching planning document enveloping component plans and service delivery plans. The Integrated Medium Term Plan will incorporate the balanced Medium Term Financial Plan and will incorporate the LHB's response to delivering the
- NHS Planning Framework,
 - Quality, governance and risk frameworks and plans and
 - Outcomes Framework
- 4.3.6 The Integrated Medium Term Plan will be developed in line with the NHS Planning Framework and include:
- A statement of significant strategies and assumptions on which the plans are based;
 - Details of major changes in activity, service delivery, service and performance improvements, workforce, revenue and capital resources required to achieve the plans; and
 - Profiled activity, service, quality, workforce and financial schedules.
 - Detailed plans to deliver the NHS Planning Framework and quality, governance and risk requirements and outcome measures;
- 4.3.7 The Chief Executive has overall executive responsibility to develop and submit to the Board, on an annual basis, the rolling 3 year Integrated Medium Term Plan (IMTP).
- 4.3.8 The Board will:
- a) Approve the Integrated Medium Term Plan prior to the beginning of

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the financial year of implementation and in accordance with the guidance issued annually by Welsh Government. Following Board approval the Plan will be submitted to Welsh Government prior to the beginning of the financial year of implementation.

- b) Approve a balanced Medium Term Financial Plan as part of the Integrated Medium Term Plan, which meets all financial duties, probity and value for money requirements; and
- c) Prepare and agree with the Welsh Government a robust and sustainable recovery plan in accordance with Welsh Ministers' guidance where the LHB plan is not in place or in balance.

4.3.9 The Board approved Integrated Medium Term Plan will be submitted to Welsh Government, for approval by the Minister, in line with the requirements set out in the NHS Planning Framework.

4.3.10 The finalised approved Integrated Medium Term Plan will form the basis of the Performance Agreement between the LHB and Welsh Government.

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5. FINANCIAL MANAGEMENT AND BUDGETARY CONTROL

5.1. Budget Setting

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

- a) Be in accordance with the aims and objectives set out in the Board approved Integrated Medium Term Plan, and Medium Term Financial Plan, and focused on delivery of improved population health, safe patient centred quality services;
- b) Be in line with Revenue, Capital, Commissioning, Activity, Service, Quality, Performance, and Workforce plans contained within the Board approved balanced IMTP;
- c) Take account of approved business cases and associated revenue costs and funding;
- d) Be produced following discussion with appropriate Directors and budget holders;
- e) Be prepared within the limits of available funds;
- f) Take account of ring-fenced, specified and non-recurring allocations and funding;
- g) Include both financial budgets (£) and workforce establishment budgets (budgeted whole time equivalents)
- h) Be within the scope of activities and authority defined by the National Health Service (Wales) Act 2006, including pooled budget arrangements;
- i) Identify available reserves;
- j) Take account of the principles of Well-being of Future Generations (Wales) Act 2015 including the seven Well-being Goals and the five ways of working; and
- k) Identify potential risks and opportunities.

5.2. Budgetary Delegation

5.2.1 The Chief Executive may delegate, via the Executive Director of Finance, the

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management of a budget to permit the performance of a defined range of activities, including pooled budget arrangements under Regulations made in accordance with section 33 of the National Health Service (Wales) Act 2006 (c. 42). This delegation must be in writing, in the form of a letter of accountability, and be accompanied by a clear definition of:

- a) The amount of the budget;
- b) The purpose(s) of each budget heading;
- c) Individual or committee responsibilities;
- d) Arrangements during periods of absence;
- e) Authority to exercise virement;
- f) Achievement of planned levels of service; and
- g) The provision of regular reports.

The budget holder must sign the accountability letter formally delegating the budget.

- 5.2.2 The Chief Executive, Executive Director of Finance and delegated budget holders must not exceed the budgetary total or virement limits set by the Board.
- 5.2.3 Budgets must only be used for the purposes designated, and any budgeted funds not required for their designated purpose(s) revert to the immediate control of the Chief Executive, subject to any authorised use of virement.
- 5.2.4 Non-recurring budgets should not be used to finance recurring expenditure without the authority in writing of the Chief Executive, as advised by the Executive Director of Finance.
- 5.2.5 All budget holders must provide information as required by the Executive Director of Finance to enable budgets to be compiled and managed appropriately.
- 5.2.6 All budget holders will sign up to their allocated budgets at the commencement of the financial year.
- 5.2.7 The Executive Director of Finance has a responsibility to ensure that appropriate and timely financial information is provided to budget holders and that adequate training is delivered on an on-going basis to assist budget holders managing their budgets successfully.

5.3. Financial Management, Reporting and Budgetary Control

- 5.3.1 The Executive Director of Finance shall monitor financial performance against budget and plans and report the current and forecast position, and financial risks, on a monthly basis and at

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every Board meeting. Any significant variances should be reported to LHB Board as soon as they come to light and the Board shall be advised on any recommendations and action to be taken in respect of such variances.

5.3.2 The Executive Director of Finance will devise and maintain systems of financial management, performance reporting and budgetary control. These will include:

- a) Regular financial reports, for revenue and capital, to the Board in a form approved by the Board containing sufficient information for the Board to:
 - Understand the current and forecast financial position
 - Evaluate risks and opportunities
 - Use insight to make informed decisions
 - Be consistent with other Board reports, and as a minimum the reports will cover:
 - Current and forecast year end position on statutory financial duties
 - Actual income and expenditure to date compared to budget and showing trends and run rates
 - Forecast year end positions
 - A statement of assets and liabilities, including analysis of cash flow and movements in working capital.
 - Explanations of material variances from plan
 - Capital expenditure and projected outturn against plan
 - Investigations and reporting of variances from financial, activity and workforce budgets.
 - Details of corrective actions being taken, as advised by the relevant budget holder and the Chief Executive's and/or Director of Finance's view of whether such actions are sufficient to correct the situation;
 - Statement of performance against savings targets
 - Key workforce and other cost drivers
 - Income and expenditure run rates, historic trends, extrapolation and explanations
 - Clear assessment of risks and opportunities
 - Provide a rounded and holistic view of financial and wider organisational performance.
- b) The issue of regular, timely, accurate and comprehensible advice and financial reports to each delegated budget holder, covering the areas for which they are responsible;
- c) An accountability and escalation framework to be established for the organisation to formally address material budget variances

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- d) Investigation and reporting of variances from financial, activity and workforce budgets;
- e) Monitoring of management action to correct variances;
- f) Arrangements for the authorisation of budget transfers and virements.

5.3.3 Each Budget Holder will

- be held to account for managing services within the delegated budget
- investigate causes of expenditure and budget variances using information from activity, workforce and other relevant sources
- develop plans to address adverse budget variances.

5.3.4 Each Budget Holder is responsible for ensuring that:

- a) Any likely overspending or reduction of income that cannot be met by virement is not incurred without the prior consent of the Chief Executive subject to the Board's scheme of delegation;
- b) The amount provided in the approved budget is not used in whole or in part for any purpose other than that specifically authorised, subject to the rules of virement;
- c) No permanent employees are appointed without the approval of the Chief Executive other than those provided for within the available resources and workforce establishment as approved by the Board.

5.3.5 The Chief Executive is responsible for identifying and implementing cost and efficiency improvements and income generation initiatives in accordance with the requirements of the Medium Term Financial Plans and SFI 9.1.

5.4. Capital Financial Management, Reporting and Budgetary Control

5.4.1 The general rules applying to revenue Financial Management, Reporting and Budgetary Control delegation and reporting shall also apply to capital plans, budgets and expenditure subject to any specific reporting requirements required by the Welsh Ministers.

5.5 Reporting to Welsh Government - Monitoring Returns

5.5.1 The Chief Executive is responsible for ensuring that the appropriate

monitoring returns are submitted to the Welsh Ministers in accordance with published guidance and timescales.

- 5.5.2 All monitoring returns must be supported by a detailed commentary signed by the Executive Director of Finance and Chief Executive. This commentary should also highlight and quantify any significant risks with an assessment of the impact and likelihood of these risks maturing.
- 5.5.3 All information made available to the Welsh Ministers should also be made available to the Board. There must be consistency between the Medium Term Financial Plan, budgets, expenditure, forecast position and risks as reported in the monitoring returns and monthly Board reports.

6. ANNUAL ACCOUNTS AND REPORTS

- 6.1 The Board must approve the LHB's annual accounts prior to submission to the Welsh Ministers and the Auditor General for Wales in accordance with the annual timetable.
- 6.2 The Chair and Chief Executive have responsibility for signing the accounts on behalf of the LHB. The Chief Executive has responsibility for signing the Performance Report, Accountability Report, Statement of Financial Position and the Governance Statement.
- 6.3 The Director of Finance, on behalf of the LHB, is responsible for ensuring that financial reports and returns are prepared in accordance with the accounting policies, guidance and timetable determined by the Welsh Ministers, as per Welsh Government's Manual for Accounts, and consistent with Financial Reporting Manual (FReM) and International Financial Reporting Standards.
- 6.4 The LHB's annual accounts must be audited by the Auditor General for Wales. The LHB's audited annual accounts must be adopted by the Board at a public meeting and made available to the public.
- 6.5 The LHB will publish an annual report, in accordance with guidelines on local accountability, and present it at its Annual General Meeting. The Director of Corporate Governance will ensure that the Annual Report is prepared in line with the Welsh Government's Manual for Accounts. The Annual Report will include
- The Accountability Report containing:
 - o Corporate Governance Report
 - o Remuneration Report and Staff Report
 - o Accountability and Audit Report
 - The Performance Report, which must include:
 - o An overview
 - o A performance Analysis

7. BANKING ARRANGEMENTS

7.1 General

7.1.1 The Executive Director of Finance is responsible for managing the LHB's banking arrangements and for advising the Board on the provision of banking services and operation of accounts. This advice will take into account guidance/Directions issued from time to time by the Welsh Ministers. LHBs are required to use the Government Banking Service (GBS) for its banking services.

7.1.2 The Board shall approve the banking arrangements.

7.2 Bank Accounts

7.2.1 The Executive Director of Finance is responsible for:

- a) Establishing bank accounts and ensuring that the Government Banking Service is utilised for main Health Board business transactions;
- b) Establishing additional commercial accounts only exceptionally and where there is a clear rationale for not utilising the Government Banking Service;
- c) Establishing separate bank accounts for the LHB's non-exchequer funds;
- d) Ensuring payments made from bank accounts do not exceed the amount credited to the account except where arrangements have been made;
- e) Ensuring accounts are not overdrawn except in exceptional and planned situations.
- f) Reporting to the Board all arrangements made with the LHB's bankers for accounts to be overdrawn;
- g) Monitoring compliance with Welsh Ministers' guidance on the level of cleared funds.

7.2.2 With the exception of Project Bank Accounts, all bank accounts should be held in the name of the LHB. No officer other than the Executive Director of Finance shall open any account in the name of the LHB or for the purposes of furthering LHB activities.

7.2.3 Any Project Bank Account that is required may be held jointly in the name of the LHB and the relevant third party contractor.

7.3 Banking Procedures

7.3.1 The Executive Director of Finance will prepare detailed instructions on the operation of bank accounts, that ensure there are sound controls over the day-to-day operation of bank accounts, which must include:

- a) The conditions under which each bank account is to be operated;
- b) Those authorised to sign cheques or other orders drawn on the LHB's accounts.
- c) Effective divisions of duty for employees working within the banking and treasury management function to minimise the risk of fraud and error.
- d) Authorised signatories are identified with sufficient seniority, and in the case of e-banking approvers, together with an appropriate payment approval hierarchy.
- e) Procedures are in place for prompt banking of money received.
- f) Ensure there are physical security arrangements in place for cheque stationery, e-banking access devices and payment cards.
- g) Cheques and payable orders are treated as controlled stationery with management responsibility given to a duly designated employee.
- h) Frequent reconciliations are undertaken between cash books, bank statements and the general ledger so that all differences are fully understood and accounted appropriately.
- i) Commercial bank accounts should only be used exceptionally where there is a sound rationale and demonstrates value for money. Commercial accounts should be procured through a tendering exercise and the outcome reported to the Audit Committee on behalf of the Board.

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

7.3.3 The Executive Director of Finance shall approve security procedures for any payable orders issued without a hand-written signature e.g. automatically printed. All Payable Orders shall be treated as controlled

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stationery, in the charge of a duly designated officer controlling their issue.

7.4 Review

- 7.4.1 The Executive Director of Finance will review banking arrangements of the LHB at regular intervals to ensure they reflect best practice, that they are efficient and effective and represent best value for money. The results of the review should be reported to the Audit Committee.

8. CASH, CHEQUES, PAYMENT CARDS AND OTHER NEGOTIABLE INSTRUMENTS

8.1 General

8.1.1 The Executive Director of Finance is responsible for:

- a) Approving the form of all receipt books, agreement forms, or other means of officially acknowledging or recording monies received or receivable;
- b) Ordering and securely controlling any such stationery, ensuring all cash related stationery treated as controlled stationery with management responsibility given to a duly designated employee;
- c) The provision of adequate physical facilities and systems for officers whose duties include collecting and holding cash, including the provision of safes or lockable cash boxes, the procedures for keys, and for coin operated machines;
- d) Establishing systems and procedures for handling cash and negotiable securities on behalf of the LHB;
- e) Ensuring effective control systems are in place for the use of payment cards;
- f) Ensuring that there are adequate control systems in place to minimise the risk of cash/card misappropriation.

8.1.2 Official money shall not under any circumstances be used for the encashment of private cheques or IOUs (informal documents acknowledging debt).

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

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

8.1.5 The opening of coin operated machines (including telephone, if applicable) and the counting and recording of takings shall be

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undertaken by two officers together, except as may be authorised in writing by the Executive Director of Finance and the coin box keys shall be held by a nominated officer.

- 8.1.6 During the absence (for example, on holiday) of the holder of a safe/cash box combination/key, the officer who acts in their place shall be subject to the same controls as the normal holder of the combination/key. There shall be written discharge for the safe and/or cash box contents on the transfer of responsibilities and the discharge document must be retained for inspection.

8.2 Petty Cash

- 8.2.1 The Executive Director of Finance will issue instructions restricting the use and value of petty cash purchases.
- 8.2.3 Petty cash use should be minimised and be subject to regular cash balance reviews in order to minimise cash levels held.
- 8.2.3 Petty cash should be operated under an imprest system and be subject to regular checks to ensure physical and book cash levels are consistent.

9. INCOME, FEES AND CHARGES

9.1 Income Generation and Participation in/Formation of Companies

9.1.1 The LHB shall only generate income for those goods and services that are approved by the Welsh Ministers. Any income generating activities must be complementary to the provision of NHS services and must be in accordance with the Welsh Ministers' policy and powers to raise money as set out in section 169 of the National Health Service (Wales) Act 2006 (c. 42).

9.1.2 The LHB can only form or participate in a company for income generation, improving health, healthcare care and health services, purposes with the consent and/or direction of Welsh Ministers. The LHB should obtain advice from Welsh Government officials prior to undertaking substantive work on formation or participation in any company.

9.2 Income Systems

9.2.1 The Executive Director of Finance is responsible for designing and maintaining procedures to ensure compliance with systems for the proper recording, invoicing, and collection and coding of all monies due.

9.2.2 The Executive Director of Finance is also responsible for ensuring that systems are in place for the prompt banking of all monies received.

9.3 Fees and Charges

9.3.1 The Executive Director of Finance is responsible for approving and regularly reviewing the level of all fees and charges other than those determined by the Welsh Ministers or by Statute. Independent professional advice on matters of valuation shall be taken as necessary.

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

9.4 Income Due and Debt Recovery

9.4.1 Delegated budget holders and managers are responsible for informing the Executive Director of Finance of any income due that arises from any contracts, service levels agreements, leases, activities such as private patients or other transactions.

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- 9.4.2 Delegated budget holders and managers must inform the Executive Director of Finance when overpayment of salary or expenses have been made, in order that recovery can be made.
- 9.4.3 The Executive Director of Finance is responsible for recovering income due and for ensuring debt recovery procedures are in place to secure early payment and minimise bad debt risk on all outstanding debts.
- 9.4.4 Income not received should be dealt with in accordance with losses procedures.
- 9.4.5 Overpayments should be detected (or preferably prevented) and recovery initiated.
- 9.4.6 The Chief Executive and the Executive Director of Finance are responsible for ensuring the Welsh Ministers' guidance on disputed debt arbitration is strictly adhered to.

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10. NON-PAY EXPENDITURE

10.1 Scheme of Delegation, Non-Pay Expenditure Limits and Accountability

10.1.1 The Board must agree a Scheme of Delegation in line with that set out in its Standing Orders Scheme of Reservation and Delegation of Powers.

10.1.2 The Chief Executive will approve the level of non-pay expenditure and the operational scheme of delegation and authorisation to budget holders and managers within the parameters set out in the LHB's scheme of delegation.

10.1.3 The Chief Executive will set out in the operational scheme of delegation and authorisation:

- The list of managers who are authorised to place requisitions for the supply of goods, services and works and for the awarding of contracts; and
- The maximum level of each requisition and the system for authorisation above that level.

10.2 The Executive Director of Finance's responsibilities

10.2.1 The Executive Director of Finance will:

- a) Advise the Board regarding the NHS Wales national procurement and payment systems thresholds above which quotations (competitive or otherwise) or formal tenders must be obtained; and, once approved, the thresholds would be incorporated in SOs and SFIs;
- b) Prepare procedural instructions or guidance within the Scheme of Delegation on non-pay expenditure;
- c) Ensure systems are in place for the authorisation of all accounts and claims;
- d) Ensure Directors and officers strictly follow NHS Wales system and procedures of verification, recording and payment of all amounts payable.
- e) Maintain a list of Executive Directors and officers (including specimens of their signatures) authorised to certify invoices.
- f) Be responsible for ensuring compliance with the Public Sector Payment policy ensuring that a minimum of 95 percent of

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creditors are paid within 30 days of receipt of goods or a valid invoice (whichever is later) unless other payment terms have been agreed.

- g) Ensure that where consultancy advice is being obtained, the procurement of such advice must be in accordance with applicable procurement legislation, guidance issued by the Welsh Ministers and SFIs;
- h) Be responsible for Petty Cash system, procedures, authorisation and record keeping, and ensure purchases from petty cash are restricted in value and by type of purchase in accordance with procedures

10.3 Duties of Budget Holders and Managers

10.3.1 Budget holders and managers must ensure that they comply fully with the Scheme of Delegation, guidance and limits specified by the Chief Executive and Director of Finance, and that:

- a) All contracts (except as otherwise provided for in the Scheme of Delegation), leases, tenancy agreements and other commitments which may result in a liability are notified to the Executive Director of Finance in advance of both any commitment being made and NWSSP Procurement Services being engaged;
- b) Contracts above specified thresholds are advertised and awarded, through NWSSP Procurement Services, in accordance with EU and HM Treasury rules on public procurement;
- c) Contracts above specified thresholds are approved by the Welsh Ministers prior to any commitment being made;
- d) goods have been duly received, examined and are in accordance with specification and order,
- e) work done or services rendered have been satisfactorily carried out in accordance with the order, and, where applicable, the materials used are of the requisite standard and the charges are correct,
- f) No requisition/order shall be issued for any item or items to any firm which has made an offer of gifts, reward or benefit to Board members or LHB officers, other than:
 - (i) Isolated gifts of a trivial character or inexpensive seasonal gifts, such as calendars,

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- (ii) Conventional hospitality, such as lunches in the course of working visits;

This provision needs to be read in conjunction with Standing Order 8.5, 8.6 and 8.7.

- g) No requisition/order is placed for any item or items for which there is no budget provision unless authorised by the Executive Director of Finance on behalf of the Chief Executive;
- h) All goods, services, or works are ordered on official orders
- i) Requisitions/orders are not split or otherwise placed in a manner devised so as to avoid the financial thresholds;
- j) Goods are not taken on trial or loan in circumstances that could commit the LHB to a future uncompetitive purchase;

10.3.2 The Chief Executive and Executive Director of Finance shall ensure that the arrangements for financial control and financial audit of building and engineering contracts and property transactions comply with the guidance issued by the Welsh Ministers. The technical audit of these contracts shall be the responsibility of the relevant Director as set out in the LHB's scheme of delegation.

10.4 Departures from SFI's

10.4.1 Departing from the application of Chapters 10 and 11 of these SFI's is only possible in very exceptional circumstances. Health Boards must consult with NWSSP Procurement Services, Executive Director of Finance and Director of Corporate Governance prior to any such action undertaken. Any expenditure committed under these departures must receive prior approval in accordance with the Health Board Scheme of Delegation.

10.5 Accounts Payable

10.5.1 NWSSP Finance, shall on behalf of the LHB, maintain and deliver detailed policies, procedures systems and processes for all aspects of accounts payable

10.6 Prepayments

10.6.1 Prepayment should be exceptional, and should only be considered if a good value for money case can be made for them (i.e. that "need" can be demonstrated). Prepayments are only permitted where either:

- The financial advantages outweigh the disadvantages (i.e. cash flows must be discounted to Net Present Value (NPV) using the National Loans Fund (NLF) rate plus 2%);
- It is the industry norm e.g. courses and conferences;
- In line with requirements of [Managing Welsh Public Money](#)
- There is specific Welsh Ministers' approval to do so e.g. voluntary services compact.

10.6.2 In **exceptional** circumstances prepayments can be made subject to:

- a) The appropriate Executive Director providing, in the form of a written report, a case setting out all relevant circumstances of the purchase. The report must set out the effects on the LHB if the supplier is at some time during the course of the prepayment agreement unable to meet their commitments;
- b) The Executive Director of Finance will need to be satisfied with the proposed arrangements before contractual arrangements proceed (taking into account the Public Contracts Regulations 2015 where the contract is above a stipulated financial threshold); and
- c) The budget holder is responsible for ensuring that all items due under a prepayment contract are received and they must immediately inform the appropriate Director or Chief Executive if problems are encountered.

11. PROCUREMENT AND CONTRACTING FOR GOODS AND SERVICES

General Information

11.1 Procurement Services

11.1.1 While the Chief Executive is ultimately responsible for procurement the service is delivered by NHS Wales Shared Services Partnership (NWSSP) Procurement Services (“**Procurement Services**”).

11.1.2 Procurement staff employed by NWSSP provide a procurement support function to all health organisations in NHS Wales. Although NWSSP is responsible for the provision of a Procure to Pay service and provision of appropriate professional procurement and commercial advice, ultimate responsibility for compliance with legislation and policy guidelines remains with the Health Board. Where the term ‘procurement staff’ or ‘department’ is used in this chapter it should be read as equally applying to those departments where the procurement function is undertaken locally and outside of Procurement Services, for example ‘Pharmacy’ and ‘Works’ who undertake procurement on a devolved basis.

11.2 Policies and Procedures

11.2.1 Procurement Services shall, on behalf of the LHB, maintain detailed policies and procedures for all aspects of procurement, including tendering and contracting processes. The policies and procedures shall comply with these SFIs, the NWSSP Procurement Manual (existing and future revised), and the Revised General Consent to enter Individual Contracts [included as Schedule 1 of these SFIs].

11.2.2 The Chief Executive is ultimately responsible for ensuring that the LHB’s Executive Directors, Independent Members and officers within the organisation strictly follow procurement, tendering and contracting procedures.

11.2.3 NWSSP’s Director of Procurement Services is responsible for ensuring that procurement, tendering and contracting policies and procedures are:

- kept up to date;
- conform to statutory requirements and regulations;
- adhere to guidance issued by the Welsh Ministers; and
- are consistent with the principles of sustainable development.

11.2.4 All procurement guidance issued by the Welsh Ministers should have the effect as if incorporated in these SFIs.

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11.3 Legislation Governing Public Procurement

- 11.3.1 Legislation governs public sector procurement in the UK. From the 24 February 2025, the Procurement Act 2023 and associated subordinate instruments (together “**the 2023 Act**”) and the Health Services (Provider Selection Regime) (Wales) Regulations 2025 and associated subordinate instruments (together “**the PSR Wales Regulations**”) are the key pieces of legislation which governs public sector procurement in the UK. The PSR Wales Regulations only apply to certain health services (“**In-Scope Health Services**”) and further detail these can be found in the Welsh Government’s statutory guidance titled “Health service procurement: statutory guidance”. Goods and services which are not In-Scope Health Services (“**Goods and Non-Health Services**”) fall within the scope of the 2023 Act.
- 11.3.2 Where specific instruction relates only to procurements undertaken under the PSR Wales Regulations, the words ‘**In-Scope Health Services Only**’ will appear at the start of the instruction paragraph. Where specific instruction relates only to procurements undertaken under the Act, the words ‘**Goods and Non-Health Services Only**’ will appear at the start of the instruction paragraph. If such references do not appear at the start of the instruction paragraph, all information detailed is applicable to the procurement regimes under both the PSR Wales Regulations and the 2023 Act, save for any bracketed instruction reference following a phrase to either regimes applicability.
- 11.3.3 ‘**Goods and Non-Health Services Only**’ The Act governs the procurement of Goods and Non-Health Services. The Welsh Government’s Policy Framework and the Wales Procurement Policy Statement (WPPS) under section 14 of the 2023 Act also govern this area. A key objective of the legislation is to establish a flexible, accessible and equitable framework for public procurement in Wales that maximises social, economic, environmental and cultural outcomes for communities across Wales. Legislation, policy, and guidance setting out procedures and requirements for awarding all forms of regulated contracts shall have effect as if incorporated in the LHBs SFIs. **In the event of any conflict between what is contained in the 2023 Act and the LHB’s SFIs, the former shall prevail.**
- 11.3.4 ‘**In Scope Health Services Only**’ The PSR Wales Regulations governs the procurement of In-Scope Health Services. Under this legislation, relevant organisations to which the PSR Wales Regulations apply must also have regard to the Wales Procurement Policy Statement (WPPS) under section 14 of the 2023 Act. They must also have regard to the statutory guidance issued by the Welsh Government which sets out how the PSR Wales Regulations should be adopted. One of the key objectives of this legislation is to ensure

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there is more flexibility when selecting providers for health services, with competitive tendering being one tool for the LHB to use when it is of benefit; alongside other routes that may be more proportionate, and which better enable the development of stable partnerships and the delivery of collaborative care. Legislation, policy, and guidance setting out procedures for awarding all forms of regulated contracts shall have effect as if incorporated in the LHB's SFIs. **In the event of any conflict between what is contained in the PSR Wales Regulations and the LHB's SFIs, the former shall prevail.**

- 11.3.5 All Directors and their staff are responsible for ensuring that all legal requirements in the area of public procurement are understood and fully complied with. The provisions set out in the 2023 Act, the PSR Wales Regulations, Welsh Procurement Policy Notices and all associated subordinate instruments are the model upon which all procurement exercises should be based.
- 11.3.6 Procurement advice should be sought in the first instance from Procurement Services. The commissioning of further specialist advice shall be jointly agreed between the LHB and Procurement Services e.g., engagement of NWSSP Legal and Risk Services prior to 3rd party Legal Service providers.
- 11.3.7 All other relevant legislation, guidance and policy documents must also be observed, including but not limited to the following:
- Social Partnership and Public Procurement (Wales) Act 2023
 - The Well-being of Future Generations (Wales) Act 2015
 - Welsh Language (Wales) Measure 2011
 - Modern Slavery Act 2015
 - Bribery Act 2010
 - Equality Act 2010
 - Welsh Government's Code of Practice for Ethical Employment in Supply Chains
 - The Producer Responsibility Obligations (Packaging Waste) Regulations 2007
 - Welsh Government 'Towards zero waste: our waste strategy'
 - The Welsh Government Procurement Policy Framework, including:
 - Wales Procurement Policy Notes (extant at the time of undertaking the procurement exercise)
 - The Wales Procurement Policy Statement (WPPS) (section 14 of the Procurement Act 2023).

11.4 Procurement Principles and Objectives

11.4.1 The term "procurement" embraces the complete process from

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planning, sourcing to taking delivery of all works, goods and services required by the LHB to perform its functions, and furthermore embrace all building, equipment, consumables, and services including health services. Procurement further embraces contract and/or supplier management, including market engagement and industry monitoring.

11.4.2 **‘Goods and Non-Health Services Only’** The legal and governing principles guiding ‘covered procurement’ under the 2023 Act, and incorporated into these SFIs include but are not limited to the following:

- Having regard to the objectives of delivering value for money; maximising public benefit; sharing information for the purpose of allowing suppliers and others to understand the authority’s procurement policies and decisions; acting, and being seen to act, with integrity; and removing or reducing the barriers faced by SMEs.
- Ensuring equal treatment by treating suppliers the same, unless differences between the suppliers justify different treatment (and where different treatment of suppliers is justified, to take all reasonable steps to make sure the different treatment does not put a supplier at an unfair advantage or disadvantage).

11.4.3 **‘In Scope Health Services Only’** The legal and governing principles guiding procurement of In-Scope Health Services under the PSR Wales Regulations, and incorporated into these SFIs include but is not limited to the LHB doing the following:

- Making decisions in the best interests of people who use the service by acting with a view to (1) securing the needs of the people who use the services; (2) improving the quality of the services; (3) improving efficiency in the provision of the services;
- Acting transparently, fairly, and proportionately;
- Having regard to the Welsh Government’s Health Service Procurement: Statutory Guidance; and
- Having regard to the Wales Procurement Policy Statement published under section 14 of the 2023 Act.

11.5 Procurement Procedures

11.5.1 To help towards ensuring that the LHB is compliant with the legislation governing public sector procurement in the UK, and Welsh Ministers’ guidance and policy, the LHB shall, through Procurement Services, ensure that it shall have procedures that set out:

- a) requirements for, and exceptions to, formal competitive tendering (**‘Goods and Non-Health Services Only’**);
 - b) tendering processes including post tender discussions;
 - c) requirements and exceptions to obtaining quotations (**‘Goods and Non-**
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Health Services Only’);

- d) evaluation and scoring methodologies; and
- e) approval of firms for providing goods and services.

11.5.2 All procurement procedures must comply with all relevant legislation, the Welsh Ministers’ guidance and the LHB’s delegation arrangements and approval processes.

11.6 Notification to Welsh Government and consent from the Welsh Ministers

11.6.1 **Schedule 1** details the requirement and notification process for entering into contracts.

11.6.2 The provisions of Schedule 1 do not remove the requirement for the LHB to comply with Standing Orders, SFIs or to obtain any other consents or approvals required by law for the transactions concerned.

Planning

11.7 Sustainable Procurement

11.7.1 To further nurture the Welsh economy and in support of social, environmental, economic and cultural goals in Wales, the Health Board must also be mindful to structure requirements ensuring Welsh companies have the opportunity to transparently and fairly compete to deliver services regionally or across Wales where possible and within the legislative framework. The principles of the Well-being of Future Generations (Wales) Act 2015 (“**the WBFG Act 2015**”) should be adopted at the earliest stage of procurement planning.

11.7.2 For example, the WBFGA 2015 requires affected public bodies to act in a manner which seeks to ensure that the needs of the present are met without compromising the ability of future generations to meet their own needs. The WBFG Act 2015 also provides for a shared purpose through seven well-being goals for Wales which are indivisible from each other and explain what is meant by the well-being of Wales.

11.7.3 The 7 Wellbeing goals are

- a prosperous Wales
- a resilient Wales
- a healthier Wales
- a more equal Wales
- a Wales of cohesive communities
- a Wales of vibrant culture and thriving Welsh language
- a globally responsible Wales.

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11.7.4 The WBFG Act 2015 puts in place a “sustainable development principle” which tells relevant public bodies how to go about meeting their well-being duty. Such bodies need to make sure that when making their decisions they take into account the impact they could have on people living in Wales now and in the future. The WBFG Act 2015 includes five principles that those public bodies need to think about to show they have applied the sustainable development principle, which by way of brief summary are as follows:

- **Collaboration:** acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives;
- **Integration:** considering how the public body’s well-being objectives may impact upon each of the well-being goals, on their other objectives, or on the objectives of other public bodies;
- **Involvement:** the importance of involving people with an interest in achieving the well-being goals, and ensuring that those people reflect the diversity of the area which the body serves;
- **Long term:** the importance of balancing short-term needs with the need to safeguard the long-term needs; and
- **Prevention:** how acting to prevent problems occurring or getting worse may help public bodies meet their objectives.

11.7.5 The LHB is required to consider the Welsh Government Guidance on Ethical Employment Practices in Public Sector Supply Chains and the Code of Practice on ethical employment in supply chains which includes aims to commit public, private and third sector organisations to a set of actions designed to eliminate modern slavery and support ethical employment practices.

11.7.6 The LHB shall make use of the tools developed by Welsh Government Commercial Delivery Team in implementing the principles of the WBFG Act 2015. The LHB shall benchmark its performance against the WBFG Act 2015. As detailed in WPPN 005, for the procurement of all contracts over £25,000, LHBs are required to take into account the social, economic, environmental and cultural goals in the WBFG Act 2015 using the Sustainable Risk Assessment Template (SRA).

11.8 Small and Medium Sized Enterprises (SMEs), Third Sector Organisations (TSOs) and Supported Factories and Businesses (SFBs)

11.8.1 In accordance with the ‘covered procurement’ objectives in the 2023 Act, Welsh Government’s commitments are set out in Welsh Government’s ‘technical guidance for covered procurement’ and the current and subsequent versions of the Wales Procurement Policy

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Statement (WPPS). The LHB shall ensure that it provides opportunities for SMEs, TSOs and SFBs to quote or tender for contracts.

11.9 Planning Procurements

11.9.1 Health Boards must ensure that all staff with delegated budgetary responsibility or who are part of the procurement process for goods, services and works are aware of the legislative and policy frameworks and requirements governing public procurement.

11.9.2 A process of planning all procurement exercises must be undertaken with the Procurement Services and an appropriate representative from the service and other appropriate stakeholders, (depending on the value, risk and complexity of the procurement). The purpose of a planning phase is to determine:

- the likely financial value of the procurement, including whole life cost;
- the likely 'route to market' which will consider the legislative and policy framework set out above;
- the availability of funding to be able to award a contract following a successful procurement process; and
- that the procurement follows current legislative and policy frameworks including Value Based Procurement.

11.9.3 The procurement specification should factor in the 4 principles of prudent healthcare:

- equal partners through co-production;
- care for those with the greatest health need first;
- do only what is needed; and
- reduce inappropriate variation.

For '**Goods and Non-Health Services Only**' Value based outcome/experience/delivery principles must also be included where appropriate ensuring best value for money, sustainability of services and the future financial position. For '**In Scope Health Services Only**' Value Based Healthcare should be considered under the Key Criteria 'Value' where this is appropriate and applicable. Value for money is defined as the optimum combination of whole-life cost and quality to meet the requirement (and is also a core objective of the 2023 Act).

11.9.4 Where free of charge services are made available to the Health Board, Procurement Services must be consulted to ensure that any competition requirements are not breached, particularly in the case of

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pilot activity to ensure that the Health Board does not unintentionally commit itself to a single provider or longer-term commitment. Regular reports on free of charge services provided to the Health Board should be submitted by Health Board's Director of Corporate Governance to the Audit Committee.

11.9.5 The Health Board is required to participate in all-Wales collaborative planning activity where the potential to do so is identified by the procurement professional involved in the planning process. Cross sector collaboration may also be required.

Joint or Collaborative Initiatives

11.9.6 Specialist advice should be obtained from Welsh Government's Health and Social Care Finance Department, and the opinions of Procurement Services and NWSSP Legal and Risk prior to external opinion being sought, where there is an undertaking to commence joint or collaborative initiatives which may be deemed as novel or contentious.

11.10 Procurement Process

11.10.1 Where there is a requirement for goods or services, the manager must source those goods or services from the Health Board's approved catalogue. Where a required item is not included within the catalogue, advice must be sought from Procurement Services on opportunities to source those goods or services through public sector contract framework, such as those provided by the Welsh Government's Commercial Delivery team, NHS Supply Chain or Crown Commercial Services. The use of suitable Welsh frameworks (where access is permissible) shall take precedence over frameworks led by public sector bodies located outside of Wales.

11.10.2 **'Goods and Non-Health Services Only'** - In the absence of an existing suitable procurement framework to source the required item, a competition must be operated in accordance with the 2023 Act and the table below. The LHB must ensure the value of their requirement considers cumulative spend across the LHB for like requirements and opportunity for collaboration with other NHS Wales Organisations.

TABLE ‘Goods and Non-Health Services Only’

Goods/Services/Works Whole Life Cost Contract value (figures excl. VAT)	Minimum competition¹	Form of Contract
Below £5,000	Evidence of value for money has been achieved	Purchase Order
£5,000 - £24,999	Evidence of 3 written quotations	Simple Form of Contract/Purchase Order
£25,000 plus to the prevailing Procurement Act 2023 threshold ²	Advertised open call for competition. Minimum of 4 tenders received if available.	Formal contract and Purchase Order
Over the prevailing Procurement Act 2023 threshold	Advertised open call for competition. Minimum of 5 tenders received if available or appropriate to the procurement route.	Formal contract and Purchase Order
Contracts above £1 million	Welsh Government approval required ³	Formal contract and Purchase Order

¹ subject to the existence of suitable suppliers

² The Procurement Act 2023 – Schedule 1 – threshold amounts

³ in accordance with the requirements set out in Schedule 1.

11.10.3 **‘In Scope Health Services Only’** - In the absence of an existing suitable procurement framework to source the required item, the LHB is required to follow the most appropriate and proportionate procurement process as set out under the PSR Wales Regulations and the health service procurement: statutory guidance. The LHB should note that one of the key objectives of the PSR Wales Regulations are to provide more flexibility when selecting providers for health services with competitive tendering being one tool for the LHB to use when it is of benefit; alongside other routes that may be more proportionate, with a view to enabling the development of stable supplier partnerships and the delivery of collaborative care. Legislation, policy, and guidance setting out procedures for awarding all forms of regulated contracts shall have effect as if incorporated in the LHB’s SFIs.

11.10.4 Agreements awarded are required to deliver best value for money over the whole life of the agreement. Value for money is defined as the optimum combination of whole-life cost and quality to meet the requirement.

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Competition Requirements

11.11 Procurement Thresholds

- 11.11.1 Goods and Non-Health Services Only' The LHB must consider the minimum financial thresholds for quotes and competitive tendering arrangements when undertaking a procurement. The total value of the contract, whole life cost, over its entire period is the qualifying sum that should be applied (except in specific circumstances relating to aggregation and contracts of an indeterminate duration) as set out below, and in Schedule 1 of the 2023 Act.
- 11.11.2 **'Goods and Non-Health Services Only'** Advice from Procurement Services must be sought for all requirements in excess of £5,000 (excluding VAT).
- 11.11.3 **'Goods and Non-Health Services Only'** The deliberate subdividing of contracts to fall below a specific threshold is strictly prohibited. Any attempt to avoid these limits may expose the Board to risk of legal challenge and could result in disciplinary action against an individual[s].
- 11.11.4 **'Goods and Non-Health Services Only'** Deliberate re-engagement of a supplier, where the value of the individual engagement is less than £5,000 (excluding VAT), must not be undertaken where the total value of engagements taken as a whole would exceed £5,000 (excluding VAT) and require competition.
- 11.11.5 **'In Scope Health Services Only'** There is no minimum financial threshold for application of the PSR Wales Regulations.

11.12 Designing Competitions

- 11.12.1 The budget holder or manager responsible for the procurement is required to engage with the Procurement team to ensure:
- Required timescales are achievable
 - Specifications are drafted which:
 - are fit for inclusion in competition documents;
 - are drafted in a manner encouraging innovation by the market;
 - are capable of being responded to and do not narrow competition;
 - deliver in line with legislative and policy frameworks.
 - include robust performance measures to effectively measure and manage supplier performance; and
 - consider the ability of the market to deliver.

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11.12.2 Appropriate performance measures are included in agreements awarded, thus ensuring best value for money decisions taken that return maximum benefit for the organisation and ultimately the improvement of patient outcomes and wider health and social care communities. **‘Goods and Non-Health Services Only’**, under the 2023 Act there is a requirement to set and publish at least 3 Key Performance Indicators (KPI’s) for contracts above £5m, and to publish a notice on these at least annually during the term of the contract (note: this does not apply to ‘light touch regime’ contracts) and in circumstances where the LHB considers that the supplier's performance under the contract could not appropriately be assessed by reference to key performance indicators (s.52(2) of the 2023 Act)).

11.12.3 **‘Goods and Non-Health Services Only’** Criteria for selecting suppliers and achieving an award recommendation must be evaluated on the basis of the “Most Advantageous Tender”, which provides contracting authorities with greater flexibility to take into account wider social and environmental issues where that is decided to be relevant for the best solution. Such criteria must:

- be appropriately weighted;
- be transparent and proportionate;
- deliver value for money outcomes;
- fully explore complexity/risk; and
- consider whole life cost including (where appropriate) the cost of change and / or end of life costs.

11.12.4 **‘In-Scope Health Services Only’** Criteria for selecting suppliers and achieving an award recommendation must follow (where applicable) the provisions in the PSR Wales Regulations, regarding:

- Key Criteria (regulation 6);
- Basic Selection Criteria (regulation 22); and
- Exclusions (regulations 25 and 26).

The LHB is required to ensure the appropriate criteria is set with regards the selected procurement process, as set out under the PSR Wales Regulations and Health service procurement: statutory guidance”.

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11.13 Single Quotation Application (SQA) or Single Tender Application (STA) – ‘Goods and Non-Health Services Only’

11.13.1 In exceptional circumstances, there may be a need to secure goods/services/works from a single supplier. This may concern securing requirements from a single supplier, due to a special character of the firm, or a proprietary item or service of a special character. Such circumstances may include:

- Follow-up work where a provider has already undertaken initial work in the same area (and where the initial work was awarded from open competition);
- A technical compatibility issue which needs to be met e.g. specific equipment required, or compliance with a warranty cover clause;
- a need to retain a particular contractor for genuine business continuity issues (not just preferences); or
- When joining collaborative agreements where there is no formal agreement in place. Request for such a departure must be supported by written evidence from the Procurement Service confirming local agreements will be replaced by an all-Wales competition/national strategy.

11.13.2 The appropriate Executive Director must approve all single waivers for their service area prior to submission to Procurement Services. Procurement Services must be consulted prior to any such application being submitted for approval and comments provided on whether the application is supported or not from a procurement perspective (see 11.13.3) prior to the application being submitted for final approval. The Executive Director of Finance must approve such applications up to £25,000, the Chief Executive or designated deputy, and Executive Director of Finance, are required to approve applications exceeding £25,000. A register must be kept for monitoring purposes and all single tender actions must be reported to the Audit Committee.

11.13.3 In all applications, through Single Quotation Application or Single Tender Application (SQA or STA) forms, the applicant must demonstrate adequate consideration to the Chief Executive and Executive Director of Finance, as advised by the Head of Procurement, that securing best value for money is a priority. The Head of Procurement will scrutinise and endorse each request to ensure:

- robust justification is provided;
- a value for money test has been undertaken;
- no bias towards a particular supplier;
- future competitive processes are not adversely affected;
- no distortion of the market is intended;

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- an acceptable level of assurance is available before presentation for approval in line with the Health Board Scheme of Delegation; and
- an “or equivalent” test has been considered proving the request is justified.

11.13.4 Under no circumstances will Procurement Services endorse a retrospective SQA/STA, where the Health Board has already entered into an arrangement directly. A lack of sufficient time to complete the procurement process is not an acceptable reason for the requesting of an SQA/STA.

11.13.5 As a SQA or STA are only used in exceptional circumstances the Health Board, through the Chief Executive, must report each, including the specifics of the exceptional circumstances and the total financial commitment, in sufficient detail to its Audit Committee. The report will include any corrective action/advice provided by the Chief Executive, Executive Director of Finance or NWSSP Director of Procurement Services to prevent repeated inappropriate use of a SQA or a STA by the Health Board.

11.13.6 The Audit Committee may consider further steps to be appropriate, such as:

- instruct a representative of the Health Board to attend Audit Committee;
- escalate to the Board;
- request an internal Audit Review;
- request further training or
- take internal disciplinary action.

11.13.7 No SQA/STA is required where the seeking of competition is not possible, nor would the application of the SQA/STA procedure add value to the process/aid the delivery of a value for money outcome. The NWSSP Procurement Manual details the schedule of departures from a SQA/STA where competition not possible.

11.13.8 For performance monitoring purposes, Procurement Services will retain a central register of all such activity including SQA/STA’s not endorsed by Procurement Services or any exceptional matters.

11.14 Disposals - ‘Goods and Non-Health Services Only’

11.14.1 Disposal of surplus, obsolete equipment/consumables is also subject to the competition rules.

11.14.2 Obsolete or condemned articles and stores, which may be disposed

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of in accordance with applicable regulations and law at the prevailing time (e.g. Waste Electrical and Electronic Equipment (WEEE)) and the procedures of the Health Board making use of any agreements covering the disposal of such items.

11.14.3 The Health Board must obtain the best possible market price.

Approval & Award

11.15 Evaluation, Approval and Award

- 11.15.1 The evaluation of procurement competitions must be undertaken by a minimum of 2 evaluators from within the operational service of the Health Board. Evaluation Teams for competitions of greater complexity and value must be multi-disciplinary and reach a consensus recommendation for internal approval.
- 11.15.2 The internal approval of any recommendation to award a competition must follow the Board's Scheme of Delegation.
- 11.15.3 The communication of the external notification to the market to award the contract must be managed by the Procurement Service.
- 11.15.4 Information throughout the process must be handled and retained as 'commercial in confidence' and not shared outside of staff directly involved in the competition process.
- 11.15.5 All associated communication throughout the competition process must also be managed by the Procurement Service.

Implementation & Contract Management

11.16 Contract Management

- 11.16.1 Contract Management is the process which ensures that both parties to a contract fully meet their respective obligations as effectively and efficiently as possible, in order to deliver the business and operational objectives required by the contract and in particular, to achieve value for money. The relevant budget holder shall oversee and manage each contract on behalf of the LHB so as to ensure that these implicit obligations are met. This contract management will include:
- retaining accurate records;
 - monitoring contract performance measures;
 - engaging suppliers to ensure performance delivery;
-

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- implementing contractual sanctions in the event of poor performance in conjunction with advice from Procurement Services; and
- permitting stage payments as part of a formally agreed implementation / delivery plan which must be supported by written evidence issued by the budget holder.

11.16.2 Contract management on All Wales contracts will be provided by Procurement Services.

11.16.3 Advice on Contract Management best practice is available from Procurement Services.

11.17 Extending and Varying Contracts

11.17.1 'Goods and Non-Health Services Only'

- (i) Extending, modifying or varying the scope of an existing contract is possible, if the provision to do so was included as an option in the original awarded contract, e.g., scope of requirement, further expenditure due to unforeseen circumstances, change in regulatory requirements, etc.
- (ii) If there is no such provision, the 2023 Act defines such limitations. Further information on contract modifications can be found in sections 74-77 of the 2023 Act and in Guidance: Contract Modifications.

11.17.2 'In-Scope Health Services Only'

- (i) Modification of the scope of an existing contract is possible if:
 - the modification is clearly and unambiguously provided for in the original contract or framework agreement documents, or
 - the original contract was awarded under Direct Award Process 1 and the modification does not render the contract 'materially different' in character.
- (ii) If provisions set out in 11.17.2 (i) first bullet point are not met, the PSR Wales Regulations define limitations concerning modifications of contracts as being, the modification must be:
 - solely a change in the identity of the provider however continues to meet the basic selection criteria, and there are no other considerable changes to the contract; or
 - made in response to external factors beyond the control of the 'relevant authority' (as defined under section 10A of the National Health Service (Wales) 2006), and the provider, for example changes in patient or service user volume; changes in prices in accordance with a formula provided

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for in the contract documents and neither of these modifications render the contract or framework agreement materially different in character; or

- made at the discretion of the relevant authority and does not render the contract or framework agreement materially different in character and the cumulative change in the estimated lifetime value of the contract or framework agreement is under £500,000 or is under 25% of the estimated lifetime value.

11.17.3 Further approval is not required to extend an agreement beyond the original term/scope where prior approval was granted as part of the procurement process.

11.17.4 If there was no provision to extend, further approvals are required from the Health Board budget holder and the Head of Procurement. Budget holders must also be mindful of the threshold under which the original contract was awarded. Any increase in the contract value may require a more senior level of approval in line with the Scheme of Delegation.

11.17.5 This ensures an appropriate identification and assessment of potential risks to the Health Boards compliance of approvals being granted within the Scheme of Delegation and assurance that value for money continues to be delivered from public funds.

11.17.6 The budget holder must seek advice from Procurement Services in advance of committing further expenditure to ensure the contract is reflective of requirements. The budget holder must assess whether there is sufficient evidence to support the justification and whether the budget is available to support the additional requirements.

Transactional Processes

11.18 Requisitioning

11.18.1 The budget manager in choosing the item to be supplied (or the service to be performed) shall always obtain the best value for money for the LHB. The budget holder will source those goods (**'Goods and Non-Health Services Only'**) or services from the approved catalogue. Where a required item is not included within the catalogue, advice must be sought from the Procurement Services on opportunities to source those goods or services through public sector contract frameworks, such as those managed by Welsh Government's Commercial Delivery Team, NHS Supply Chain or Crown Commercial Services.

11.18.2 Where a required item is not on catalogue or on framework contract the budget manager shall request the Procurement Services to undertake quotation / tendering exercises (**'Goods and Non-Health Services Only'**) on their behalf in line with SFI 11.11 thresholds (**'Goods and Non-Health Services Only'**).

11.18.3 All orders for goods (**'Goods and Non-Health Services Only'**) and services must be accompanied by an official order number, available from the Procurement Department. In no circumstances must a requisition number be used as an order number.

11.19 No Purchase Order, No Pay

11.19.1 The Health Board will ensure compliance with the 'No Purchase Order, No Pay' policy, the All Wales policy which was introduced to ensure that Procure to Pay continues to provide world-class services on a 'Once for Wales' basis.

11.19.2 The policy ensures that a purchase order is raised at the beginning of a purchase in circumstances where a purchase order is required under the policy. This follows industry standard best practice as it provides a commitment as to what is likely to be spent. The supplier must obtain a purchase order number for their invoice in order for it to be processed for payment.

11.20 Official orders

11.20.1 Official Orders, issued following approved requisition and sourcing, must:

- a) Be consecutively numbered;
- b) State the Health Board's terms and conditions of trade.

11.20.2 Official Orders will be issued on behalf of the Health Board by Procurement Services.

12. HEALTH CARE AGREEMENTS AND CONTRACTS FOR HEALTH CARE SERVICES

12.1 Health Care Agreements

12.1.1 The Health Board will commission healthcare services for its resident population both internally, from its own LHB provided services, and externally, from other LHBs, Trusts and other providers. The Chief Executive is responsible for ensuring the LHB enters into suitable Health Care Agreements (or Individual Patient Commissioning Agreements, where appropriate) for the provision of health care services from external providers.

12.1.2 All Health Care Agreements should aim to implement the agreed priorities contained within the Integrated Medium Term Plan and wherever possible, be based upon integrated care pathways to reflect expected patient experience. In discharging this responsibility, the Chief Executive should take into account:

- The standards of service quality expected;
- The relevant quality, governance and risk frameworks and plans;
- The relevant national service framework (if any);
- The provision of reliable information on quality, volume and cost of service; and
- That the agreements are based on integrated care pathways.

12.1.3 All agreements must be in accordance with the functions conferred on the LHB by the Welsh Ministers.

12.2 Statutory provisions

The National Health Service (Wales) Act 2006 (c. 42) enables Health Boards to commission certain healthcare services. The relevant sections under the Act are as follows:

- Section 7 sets out the definition of an NHS contract, being an arrangement under which one health service body arranges for the provision to it by another of goods or services which it reasonably requires for the purposes of its functions. It also provides a definition of a health service body;
- Section 9 sets out arrangements to be treated as NHS contracts for ophthalmic and pharmaceutical services;
- Section 32 makes provision in relation to services which can be provided to Health Boards by local authorities;
- Section 33 enables the Welsh Ministers to make provision which enables Health Boards and Local Authorities to enter into prescribed arrangements as to the provision of services which are

in connection with specified circumstances, if they are likely to lead to an improvement in the way in which each of their functions are exercised;

- Part 4 enables Health Boards to make arrangements for the provision of primary medical services;
- Part 5 enables Health Boards to make arrangements for the provision of primary dental services;
- Part 6 enables Health Boards to make arrangements for the provision of general ophthalmic services;
- Part 7 enables Health Boards to make arrangements for the provision of pharmaceutical services;
- Section 188 enables the Welsh Ministers to make provision which enables Health Boards and the prison service to enter into prescribed arrangements as to the provision of services which are in connection with specified circumstances, if they are likely to lead to an improvement in the way in which each of their functions are exercised;
- Section 194 sets out the Health Boards powers to make payments towards expenditure on community services; and
- Section 195 sets out the conditions for payment where expenditure proposed under section 194 is in connection with services to be provided by a voluntary organisation.

12.3 Reports to Board on Health Care Agreements (HCAs)

12.3.1 The Chief Executive will need to ensure that regular reports are provided to the Board detailing performance, quality and associated financial implications of all health care agreements with external providers. These reports will be linked to, and consistent with, other Board reports on commissioning and financial performance.

13 GRANT FUNDING

It is a matter for LHBs to determine whether individual activities should be procured, or be eligible to receive grant funding, seeking legal advice as necessary. (Grants are defined as all non-procured payments to external bodies or individuals for activities which are linked to delivering policy objectives and statutory obligations. Payments are made to fund or reimburse expenditure on agreed items or functions in accordance with legally binding conditions.)

13.1 Legal Advice

13.1.1 Before the award of funding is made, legal advice where necessary must be sought to ensure that:

- The award does not breach the LHBs functions or its regularity of expenditure duty (that is, the activities for which the grant is made are within the scope of activities that the LHB has a legal remit to undertake);
- The activities would not be deemed to be normally subject to procurement legislation and policy; and
- A legally binding agreement is made with all delivery organisations.

See attached toolkit for grants v procurement (Annex 1):

13.2 Policies and procedures

13.2.1 The LHB shall maintain detailed policies and procedures for all aspects of grant funding. The policies and procedures shall comply with these SFIs, and where appropriate the Welsh Government's Code of Practice to funding the third sector:

<https://gov.wales/sites/default/files/publications/2019-01/third-sector-scheme-2014.pdf>

13.2.2 The Chief Executive is ultimately responsible for ensuring that the LHB's grant procedures:

- Are kept up to date;
- Conform to statutory requirements;
- Adhere to guidance issued by the Welsh Ministers;
- Are consistent with the principles of sustainable development; and
- Are strictly followed by all Executive Directors, Independent Members and staff within the organisation.

13.2.3 The award of grant funding must comply with the policy and principles set out in the Procurement section of these SFIs and ensure that the

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award meets the requirements of regularity, propriety and value for money.

13.2.4 All grant guidance issued by the Welsh Ministers should have the effect as if incorporated in these SFIs.

13.3 Corporate Principles underpinning Grants Management

13.3.1 While there is a need to make the financial arrangements for awarding funding as simple and streamlined as possible, LHBs should also ensure that taxpayers' money is spent appropriately and that it provides good value for money.

13.3.2 The overarching principles for managing public resources in Wales are set out in [Managing Welsh Public Money](#). The document states that the award of funding should be made in accordance with the law and the requirements of propriety, regularity and value for money.

13.3.3 Regularity requires compliance with appropriate authorities, regulations and legislation. Propriety requires both public authorities and funded bodies to deliver appropriate standards of conduct, behaviour and corporate governance. In addition, the public expects official decisions to be made fairly and impartially with public money spent wisely and appropriately, delivering value for money and ensuring that best use is made of resources.

13.3.4 The **corporate principles** of grants management are:

- The development of grant management processes and procedures that are transparent, accountable, proportionate and consistent;
- The delivery of a high quality regulatory framework that responds to demands but does not place unnecessary administrative burdens on LHBs or funded bodies;
- A regulatory framework that will take into consideration the need for proportionality, balancing the need for governance with the burden of administration, thus striking an appropriate balance between accountability and simplicity;
- An effective grant management process to ensure funded bodies spend the funding efficiently, transparently and for the purpose intended, with a view to maximising the impact and outcome from budgets;
- An appropriate evidence-based approach to underpin the design and development of all new funding programmes to ensure efficient and effective use of public funds, ensuring that the funding programme is the optimal solution and that funding is targeted

- where it is most needed and where it can have most impact;
- A consistent framework that will reinforce respect and effectiveness of the rules for both administrators and funded bodies; and
 - Compliance of the grant funding with State aid requirements in accordance with the State aid rules.

13.4 Grant Procedures

It is vital that money is put to use in a way that delivers the maximum benefit to the people of Wales. Grants funding programmes need to be managed as efficiently and cost effectively as possible to make sure that every penny is spent appropriately and in an accountable manner. When establishing grant funding programmes, LHBs should ensure principles of good practice available from a number of external sources are considered and reflected in grant programmes.

13.4.1 Health Boards must agree a clear purpose for each grant and how it will measure the delivery organisation's success in delivering those purposes. It should also agree appropriate targets with the delivery organisation.

13.4.2 For grant programmes that span a number of financial years, the LHB is responsible for evaluating the programmes to ensure they are fit for purpose, achieving required outcomes and continue to provide value for money.

13.4.3 LHBs are responsible for ensuring that appropriate procedures exist in relation to all the grants and funding for which they are accountable. **They are also responsible for ensuring that any grant provided to an entity that engages in economic activity complies with the State aid rules.**

13.4.4 LHBs are required to undertake due diligence checks on all potential delivery organisations to determine the economic and financial viability of any organisation(s) to administer public funds, and the reliability of the organisation(s). These checks are important in order to identify any risks or issues that could expose the LHB to potential financial loss, fraud or reputational damage. A proportionate level of due diligence should be carried out, both prior to the award of any grant funding and throughout the life of the award.

13.4.5 The LHB must enter into legally binding funding agreements with all delivery organisations. When developing funding agreements, the LHB should ensure principles of good practice available from a number of external sources are considered and reflected.

13.4.6 The LHB is responsible for ensuring that all third party delivery organisations comply with and adhere to the terms and conditions of the Funding Agreement.

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14. PAY EXPENDITURE

14.1 Remuneration and Terms of Service Committee

14.1.1 In accordance with SOs the Board shall establish a Remuneration and Terms of Service Committee, with clearly defined terms of reference and operating arrangements that specify which posts fall within its area of responsibility. This Standing Financial Instruction should be read in conjunction with Standing Order 3.4.

14.1.2 The Committee shall report in writing to the Board the basis for its recommendations. The Board shall use the report as the basis for their decisions, but remain accountable for taking decisions on the remuneration and terms of service of Directors and other senior employees, in accordance with the framework set by the Welsh Ministers. Minutes of the Board's meetings should record such decisions.

14.1.3 The Board will, after due consideration and amendment if appropriate approve proposals presented by the Chief Executive for the setting of remuneration and terms of service for those employees and officers not covered by the Committee.

14.1.4 The LHB will remunerate the Chair, Chief Executive, Executive Directors and Independent Members of the Board in accordance with instructions issued by the Welsh Ministers. Welsh Ministers approval will be required in the exceptional event that remuneration needs to be above the maximum of the salary band range, administratively this approval will be exercised by the Director General HSSG.

14.1.5 The Remuneration and Terms of Service Committee will consider cases of redundancy and Voluntary Early Release applications. The Remuneration and Terms of Service Committee will consider any novel employment and pay cases, such as compromise agreements and non-disclosure agreements, ensuring Welsh Government advice has been sought and considered.

14.2 Funded Establishment

14.2.1 The workforce plans incorporated within the approved Integrated Medium Term Plan will form the funded establishment, i.e., the budget for all approved posts. (The financial budgets (£) and workforce establishment budgets (budgeted whole time equivalents) as per SFI 5.1.1 g)

14.2.2 The funded establishment of any department may not be varied without

the approval of the Chief Executive or an officer with delegated authority.

14.3 Staff Appointments

14.3.1 Staff must only be engaged by authorised managers, in accordance with the Board's Scheme of Delegation. The engagement must be within the approved budget and funded establishment.

14.3.2 No Board member or LHB official may engage, re-engage, or re-grade employees, either on a permanent or temporary nature, or hire agency staff, or agree to changes in any aspect of remuneration outside the limit of their approved budget and funded establishment unless authorised to do so by the Chief Executive.

14.4 Pay Rates and Terms and Conditions

14.4.1 The Board will approve procedures presented by the Chief Executive for the determination of commencing pay rates, condition of service, etc, for employees in accordance with pay, terms and conditions set out in Ministerial directions on Agenda for Change and Medical and Dental pay, and any staff with pre-existing terms and conditions of service, following a TUPE transfer into employment or ad hoc salaried staff.

14.4.2 The Remuneration Committee will determine pay rates and conditions of services for board members, and other senior employees, in accordance with ministerial instructions.

14.5 Payroll

14.5.1 The Executive Director of People and Organisational Development, has responsibility for securing an efficient, well-controlled payroll service from NHS Wales Shared Services Partnership that:

- pays the correct staff with the correct amount,
- all payments are supported by properly authorised documentation.

14.5.2 The Executive Director of People and Organisational Development is responsible for:

- a) The control framework and detailed procedures which are in place to:
 - To ensure all payments comply with HMRC, Pensions Agency and other regulation in relation to the deduction and payment of tax, national insurance, pension or other payments,
 - reduce the risk of fraud and error within the payroll function.

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- b) Specifying timetables for submission of properly authorised time records and other notifications;
- c) The final determination of pay and allowances including verification that the rate of pay and relevant conditions of service are in accordance with current agreements;
- d) Agreeing the timing and method of payment with the payroll service;
- e) Authorising the release of payroll data where in accordance with the provisions of the applicable Data Protection Legislation (the Data Protection Act 2018 and the UK General Data Protection Legislation);
- f) Verification and documentation of data;
- g) The timetable for receipt and preparation of payroll data and the payment of employees and allowances;
- h) Maintenance of subsidiary records for superannuation, income tax, social security and other authorised deductions from pay;
- i) Security and confidentiality of payroll information;
- j) Checks to be applied to completed payroll before and after payment; and
- k) A system to ensure the recovery from those leaving the employment of the LHB of sums of money and property due by them to the LHB.

14.5.3 The Chief Executive is responsible for:

- a) Ensuring that arrangements for a payroll service from NHS Wales Shared Services Partnership (NWSSP) is supported by appropriate Service Level Agreements, terms and conditions, adequate internal controls and internal audit review procedures;
- b) Ensuring a sound system of internal control and audit review of any internally provided payroll service; and
- c) Maintenance and/or the authorisation of regular and independent reconciliation of pay control accounts.

14.5.4 Appropriately nominated managers have delegated responsibility for:

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- a) Submitting time records, and other notifications in accordance with agreed timetables;
- b) Completing time records and other notifications in accordance with the Service Level Agreements; and
- c) Submitting termination forms in the prescribed form immediately upon knowing the effective date of an employee's or officer's resignation, termination or retirement. Where an employee fails to report for duty or to fulfil obligations in circumstances that suggest they have left without notice, the Executive Director of People and Organisational Development and/or Chief Executive must be informed immediately. In circumstances where fraud is suspected, this must be reported to the Executive Director of Finance.

14.6 Contracts of Employment

14.6.1 The Executive Director of People and Organisational Development must:

- a) Ensure that all employees are issued with a Contract of Employment in a form approved by the Board and which complies with employment legislation; and
- b) Deal with variations to, or termination of, contracts of employment.

15. CAPITAL PLAN, CAPITAL INVESTMENT, FIXED ASSET REGISTERS AND SECURITY OF ASSETS

15.1 Capital Plan

15.1.1 Capital plans, and annual capital programmes, must be approved by the Board before the commencement of a financial year and should be in line with the objectives set out in the approved Integrated Medium Term Plan (IMTP) for the organisation. The actual capital plan and programmes must be delivered within Welsh Government capital finance resource limits.

15.1.2 The Director of Planning (or nominated responsible director) will develop a capital plan, and detailed capital programme, for the organisation that sets out a detailed capital investment plan to support the objectives set out in the IMTP. The capital programme must be affordable and within the capital allocations, as set out in the Welsh Government (WG) Capital Resource Limit for the year, and the LHB must not exceed the allocation resource limit. There must be an approved revenue funding plan in place to support any revenue costs associated with the capital plan. Regular updates must be provided to the Board, and relevant Board Committees, during the financial year.

15.1.3 The Board must approve a three year Capital Plan, and an annual Capital Programme, as set out in the Integrated Medium Term Plan and Budgetary Control chapters of these SFI.

15.2 Capital Investment Decisions

15.2.1 Robust business case and capital investment appraisal must be undertaken prior to formal submission to Welsh Government, the level of detail within the appraisal commensurate with the value and risk of the investment. Capital investment decisions should be undertaken in line with Welsh Government requirements and guidance for the development of business cases as set out in:

- NHS Wales Infrastructure Investment Guidance (Welsh Health Circular WHC (2018) 043)
<https://gov.wales/nhs-wales-infrastructure-investment-guidance>
- Better business cases: investment decision-making framework
<https://gov.wales/better-business-cases-investment-decision-making-framework>

15.2.2 The Executive Director of Finance must provide a professional opinion on the financial elements of the business case. Capital investment decisions will be taken by the organisation in line with the financial thresholds specified by Welsh Government and in the Health Board's Scheme of Delegation.

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15.3 Capital Projects

15.3.1 The Chief Executive shall ensure that any capital investment above the Welsh Ministers' delegated limit is not undertaken without approval of the Welsh Ministers and that formal confirmation of capital resources has been received.

15.3.2 When capital investment decisions are taken and a Capital Programme is approved the project cannot be initiated until the authority to commit expenditure is formally delegated to a manager, in line with the organisation's Scheme of Delegation. The capital project must then be procured in line with normal procurement procedures or the Designed for Life or other approved procurement framework and in line with Welsh Government requirements and guidance and the applicable procurement legislation. Management control and financial reporting systems must be established to ensure that the project is:

- delivered on time;
- on budget; and
- within contractual obligations.

15.3.3 Project management controls and financial reporting systems must be established to ensure these objectives are met. Reporting requirements to Welsh Government will be set out in the approval letter provided post Ministerial approval.

15.3.4 Regular updates must be provided to the Board, and relevant Board Committees, during the financial year.

15.4 Capital Procedures and Responsibilities

15.4.1 The Chief Executive:

- a) Shall ensure that there is an adequate appraisal and approval process in place for determining capital expenditure priorities and the effect of each proposal upon plans;
- b) Is responsible for the management of all stages of capital schemes and for ensuring that schemes are delivered on time and to cost;
- c) Shall ensure that any capital investment above the Welsh Ministers' delegated limit is not undertaken without approval of the Welsh Ministers and that confirmation of capital resources has been received;
- d) Shall ensure that the three year Capital Plan, and detailed annual

Capital Programme, is approved by the Board, as part of the IMTP, prior to the commencement of the financial year;

- e) Shall ensure the availability of resources to finance all revenue consequences of the investment, including capital charges; and
- f) Shall ensure that any 3rd party use of NHS estate is properly controlled, reimbursed and reported. This will include ensuring that appropriate security, insurance and indemnity arrangements are in place and that there is a written agreement as to each party's responsibilities and liabilities.

15.4.2 For every capital expenditure proposal the Chief Executive shall ensure:

- a) That a business case is produced in line with Welsh Ministers' guidance and where appropriate the 5-case Model;
- b) That the Executive Director of Finance has certified professionally to the costs and revenue consequences detailed in the business case and involved appropriate LHB personnel and external agencies in the process.

15.4.3 For capital schemes where the contracts stipulate stage payments, the Chief Executive will issue procedures for their management in accordance with the Welsh Ministers' guidance.

15.4.4 The approval of a capital programme by the Health Board shall not constitute approval for the initiation of expenditure on any scheme.

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

- a) Specific authority to commit expenditure;
- b) Authority to proceed to tender; and
- c) Approval to accept a successful tender.

15.4.6 The Chief Executive will issue a scheme of delegation for capital investment management in accordance with the Welsh Ministers' guidance and the LHB's SOs.

15.4.7 The Director of Planning and Executive Director of Finance shall issue detailed procedures governing the project, financial and contractual management, including variations to contract, of capital investment projects and valuation for accounting purposes. These procedures shall

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fully take into account the requirements and delegated limits for capital schemes set out in Welsh Ministers' guidance and approval letters. The procedures will also cover post project benefits realisation to ensure benefits set out in the business case supporting the investment are delivered. The Executive Director of Finance shall issue procedures for the regular reporting of expenditure and commitment against authorised expenditure.

15.4.8 The Executive Director of Finance shall ensure, for each capital project over £2m, that the Welsh Government Project Bank Accounts policy is applied unless there are compelling reasons not to do so. The Executive Director of Finance should apply to Welsh Government officials for exemption from use of Project Bank Accounts, setting out the compelling reasons.

15.5 Capital Financing with the Private Sector

15.5.1 The LHB must not enter into any new capital financing arrangements with the private sector, including Private Financing Initiatives, Mutual Investment Model and 3rd Party Developments, without the consent of the Welsh Ministers.

15.6 Asset Registers

15.6.1 The Chief Executive is responsible for the maintenance of registers of assets, taking account of the advice of the Director of Planning and Executive Director of Finance, concerning the form of any register and the method of updating, and arranging for a physical check of assets against the asset register to be conducted periodically.

15.6.2 The LHB shall maintain an asset register recording fixed assets. The minimum data set to be held within these registers shall be in accordance with the Welsh Ministers' guidance and to satisfy the financial disclosure requirements for the Annual Accounts.

15.6.3 Additions to the fixed asset register must be clearly identified to the operational or departmental manager or delegated budget holder and be validated by reference to appropriate documentation to provide evidence of the financial value recorded, including:

- a) Properly authorised and approved agreements, architect's certificates, supplier's invoices and other documentary evidence in respect of purchases from third parties;
- b) Stores, requisitions and wages records for own materials and labour including appropriate overheads; and
- c) Lease agreements in respect of assets held under a finance lease

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and included on the LHB's balance sheet.

15.6.4 Where capital assets are sold, scrapped, lost or otherwise disposed of, their value must be removed from the accounting records and each disposal must be validated by reference to authorisation documents and invoices (where appropriate). Disposal receipts are to be treated in accordance with the Welsh Ministers' guidance and clearly set out in the over-arching business case.

15.6.5 The Executive Director of Finance shall apply accounting policies for fixed assets in line with Welsh Government guidance and accounting standards and values recorded in the asset register, including depreciation and revaluations. The Executive Director of Finance shall approve procedures for reconciling balances on fixed assets accounts in general ledgers against balances on fixed asset registers.

15.6.6 The value of each asset, and depreciation, shall be considered annually in accordance with valuation guidance and methods specified by the Welsh Ministers. Assets should be considered for early revaluation where there is the likelihood of impairment as a result in a change of valuation or asset life.

15.7 Security of Assets

15.7.1 The overall control of fixed assets is the responsibility of the Chief Executive.

15.7.2 Asset control procedures (including fixed assets, cash, cheques and negotiable instruments, and also including donated assets) must be approved by the Executive Director of Finance. This procedure shall make provision for:

- a) Recording managerial responsibility for each asset;
- b) Identification of additions and disposals;
- c) Identification of all repairs and maintenance expenses;
- d) Physical security of assets;
- e) Regular verification of the existence of, condition of, and title to, assets recorded;
- f) Identification and reporting of all costs associated with the retention of an asset; and
- g) Reporting, recording and safekeeping of cash, cheques, and

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negotiable instruments.

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

15.7.4 Whilst individual officers have a responsibility for the security of property of the LHB, it is the responsibility of Board members and senior LHB officers in all disciplines to apply such appropriate routine security practices in relation to NHS property as may be determined by the Board. Any breach of agreed security practices must be reported in accordance with agreed procedures.

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

15.7.6 Where practical, assets should be marked as LHB property.

16. STORES AND RECEIPT OF GOODS

16.1 General position

16.1.1 Stores, defined in terms of controlled stores and departmental stores (for immediate use) should be:

- a) Kept to a minimum;
- b) Subjected to annual stock take; and
- c) Valued at the lower of cost and net realisable value.

16.2 Control of Stores, Stocktaking, condemnations and disposal

16.2.1 Subject to the responsibility of the Executive Director of Finance for the systems of financial control, overall responsibility for the control of stores shall be delegated to a senior officer by the Chief Executive. The day-to-day responsibility may be delegated by them to departmental officers/managers and stores managers/keepers, subject to such delegation being entered in a record available to the Executive Director of Finance. The control of any Pharmaceutical stocks shall be the responsibility of a designated Pharmaceutical Manager; the control of any fuel oil and coal of a designated estates manager.

16.2.2 The responsibility for security arrangements and the custody of keys for any stores and locations shall be clearly defined in writing by the designated manager/Pharmaceutical Manager. Wherever practicable, stocks should be marked as health service property.

16.2.3 The Executive Director of Finance is responsible for developing financial control systems and procedures for the regulation and operation of the stores, to include the accounting arrangements for receipt, issues, and returns of goods to stores, and losses.

16.2.4 Stocktaking arrangements shall be agreed with the Executive Director of Finance and there shall be a physical check covering all items in store at least once a year.

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

16.2.6 The designated officer/manager shall be responsible for a system approved by the Executive Director of Finance for a review of slow moving and obsolete items and for condemnation, disposal, and replacement of all unserviceable articles. The designated officer/manager shall report to the Executive Director of Finance any evidence of significant overstocking and of any negligence or malpractice (see also overlap with SFI 17, Disposals)

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and Condemnations, Losses and Special Payments). Procedures for the disposal of obsolete stock shall follow the procedures set out for disposal of all surplus and obsolete goods.

16.3 Goods supplied by an NHS supplies agency

16.3.1 For goods supplied via NHS Wales Shared Services Partnership – Procurement Services (NWSSP-PS) or any other NHS purchasing and supplies agency central warehouses, the Chief Executive shall identify those authorised to requisition and accept goods from the store. The authorised person shall check receipt against the delivery note before forwarding this to the Executive Director of Finance or authorised officer who shall satisfy themselves that the goods have been received before accepting the recharge.

17. DISPOSALS AND CONDEMNATIONS, LOSSES AND SPECIAL PAYMENTS

17.1 Disposals and Condemnations

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

17.1.2 When it is decided to dispose of a LHB asset and goods, the head of department or authorised deputy will determine and advise the Executive Director of Finance of the estimated market value of the item, taking account of professional advice where appropriate.

17.1.3 All unserviceable assets and goods shall be:

- a) Condemned or otherwise disposed of by an officer, the Condemning Officer, authorised for that purpose by the Executive Director of Finance;
- b) Recorded by the Condemning Officer in a form approved by the Executive Director of Finance which will indicate whether the assets and goods are to be converted, destroyed or otherwise disposed of. All entries shall be confirmed by the countersignature of a second officer authorised for the purpose by the Executive Director of Finance.

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

17.2 Losses and Special Payments

17.2.1 Losses and special payments are items that the Welsh Government would not have contemplated when it agreed funds for NHS Wales or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments, and special notation in the accounts to draw them to the attention of the Welsh Government.

17.2.2 The Executive Director of Finance is responsible for ensuring procedural instructions on the recording of and accounting for losses and special payments are in place; and that all losses or special payments cases are properly managed in accordance with the guidance set out in the Welsh Government's Manual for Accounts.

- 17.2.3 Any officer discovering or suspecting a loss of any kind must either immediately inform their head of department, who must immediately inform the Chief Executive and/or the Executive Director of Finance or inform an officer charged with responsibility for responding to concerns involving loss. This officer will then appropriately inform the Executive Director of Finance and/or the Chief Executive.
- 17.2.4 Where a criminal offence is suspected, the Executive Director of Finance must immediately inform the police if theft or arson is involved. In cases of fraud and corruption or of anomalies which may indicate fraud or corruption, the Executive Director of Finance must inform the Local Counter Fraud Specialist (LCFS) and the CFS Wales Team in accordance with Directions issued by the Welsh Ministers on fraud and corruption.
- 17.2.5 The Executive Director of Finance or the LCFS must notify the Audit Committee, the Auditor General's representative and the fraud liaison officer within the Welsh Government's Health and Social Services Group Finance Directorate of all frauds.
- 17.2.6 For losses apparently caused by theft, arson, neglect of duty or gross carelessness, except if trivial, the Executive Director of Finance must notify:
- a) The Audit Committee on behalf of the Board, and
 - b) An Auditor General's representative.
- 17.2.7 The Executive Director of Finance shall be authorised to take any necessary steps to safeguard the LHB's interests in bankruptcies and company liquidations.
- 17.2.8 The Executive Director of Finance shall ensure all financial aspects of losses and special payments cases are properly registered and maintained on the centralised Losses and Special Payments Register and that 'case write-off' action is recorded on the system (i.e. case closure date, case status, etc.).
- 17.2.9 The Audit Committee shall approve the writing-off of losses or the making of special payments within delegated limits determined by the Welsh Ministers and as set out by Welsh Government in its Losses and Special Payments guidance as detailed in Schedule 3 of the SOs.
- 17.2.10 For any loss or special payments, the Executive Director of Finance should consider whether any insurance claim could be made from the Welsh Risk Pool or from other commercial insurance arrangements.

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- 17.2.11 No losses or special payments exceeding delegated limits shall be authorised or made without the prior approval of the Health and Social Services Group Director of Finance.
- 17.2.12 All novel, contentious and repercussive cases must be referred to the Welsh Government's Health and Social Services Group Finance Directorate, irrespective of the delegated limit.
- 17.2.13 The Executive Director of Finance shall ensure all losses and special payments are reported to the Audit Committee at every meeting.
- 17.2.14 The LHB must obtain the Health and Social Services Group Director General's approval for special severance payments.

18. DIGITAL, DATA and TECHNOLOGY

18.1 Digital Data and Technology Strategy

18.1.1 The Board shall approve a Digital Data and Technology Strategy which sets out the development needs of the LHB for the medium term based on an appropriate assessment of risk. The Integrated Medium Term Plan shall include costed implementation plans of the strategy. The Board shall also ensure that a Director has responsibility for Digital Data and Technology.

18.1.2 The LHB shall publish and maintain a Freedom of Information (FOI) Publication Scheme, or adopt a model Publication Scheme approved by the Information Commissioner. A Publication Scheme is a complete guide to the information routinely published by a public authority. It describes the classes or types of information about the LHB that are made publicly available.

18.2 Responsibilities and duties of the responsible Director

18.2.1 The responsible Director for Digital Data and Technology has responsibility for the accuracy, availability and security of the LHB digital systems and data and shall:

- a) Devise and implement any necessary procedures to ensure adequate (reasonable) protection and availability of the LHB's digital systems and data, for which they are responsible from accidental or intentional disclosure to unauthorised persons, deletion or modification, theft or damage, having due regard for the Network and Information Systems Regulations 2018, the UK General Data Protection Legislation and any relevant domestic law considerations via the Data Protection Act 2018;
- b) Ensure that, following risk assessment of threats, adequate (reasonable) controls exist over access to systems, data entry, processing, storage, transmission and output to ensure security, privacy, accuracy, completeness, and timeliness of the data, as well as the efficient and effective operation of the system;
- c) Ensure that an adequate management (audit) trail is maintained of access to digital systems and data and that such audit reviews as the Director may consider necessary to meet the organisational requirements under the Network and Information System Regulations 2018 are being carried out;

- d) Shall ensure that policies, procedures and training arrangements are in place to ensure compliance with information governance law and the Network and Information System Regulations 2018; and
- e) Shall ensure comprehensive incident reporting.

18.3 Responsibilities and duties of the Executive Director of Finance

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

18.4 Contracts for data and digital services with other health bodies or outside agencies

18.4.1 The responsible Director for Digital Data and Technology shall ensure that contracts for data and digital services for clinical, management and financial applications with another health organisation or any other agency shall clearly define the responsibility of all parties for

- the security, privacy, accuracy, completeness, and timeliness of data during processing, transmission and storage, and
- the availability of the service including the resilience required to maintain continuity of the service.

The contract should also ensure rights of access for audit purposes.

18.4.2 Where another health organisation or any other agency provides a data or digital service for clinical, management and financial applications, the responsible Director for Digital Data and Technology shall, to maintain the confidentiality, integrity and availability of the service provided, periodically seek assurances that adequate controls, based on risk assessment, are in operation.

18.5 Risk assurance

18.5.1 The responsible Director for Digital Data and Technology shall ensure that the risks to the LHB arising from the use of data, information and digital are effectively identified and considered and that appropriate action is taken to mitigate or control risk. This shall include the preparation and testing of appropriate resilience plans, including both a business continuity and disaster recovery plan.

19. PATIENTS' PROPERTY

19.1 LHB Responsibility

19.1.1 The LHB has a responsibility to provide safe custody for money and other personal property (hereafter referred to as "property") handed in by patients, in the possession of patients that lack capacity, or found in the possession of patients dead on arrival.

19.1.2 Where the Welsh Ministers' instructions require the opening of separate accounts for patient monies, these shall be opened and operated under arrangements agreed by the Executive Director of Finance.

19.1.3 In all cases where property, including cash and valuables, of a deceased patient is of a total value in excess of £5,000 (or such other amount as may be prescribed by any amendment to the Administration of Estates (Small Payments) Act 1965 (c. 32)), the production of Probate or Letters of Administration shall be required before any of the property is released. Where the total value of property is £5,000 or less, forms of indemnity shall be obtained.

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

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

19.2 Responsibilities of the Chief Executive

19.2.1 The Chief Executive is responsible for ensuring that patients or their guardians, as appropriate, are informed before or at admission, that the Health Board will not accept responsibility or liability for patient property brought onto health service premises, unless it is handed in for safe custody and a copy of an official patient property record is retained as a receipt, by:

- a) Notices and information booklets;
- b) Hospital admission documentation and property records; and
- c) The oral advice of administrative and nursing staff responsible for admissions.

19.3 Responsibilities of the Executive Director of Finance

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

20. FUNDS HELD ON TRUST (CHARITABLE FUNDS)

20.1 Corporate Trustee

- 20.1.1 Paragraph (x) of Section A to the SOs refers to the LHB having specified powers to act as corporate trustee for the management of funds it holds on trust (charitable funds). SFI 20.2 defines the need for compliance with Charities Commission latest guidance and best practice.
- 20.1.2 The discharge of the LHB's corporate trustee responsibilities for funds held on trust are distinct from its responsibilities for exchequer funds and may not necessarily be discharged in the same manner, but there must still be adherence to the overriding general principles of financial regularity, prudence and propriety. Trustee responsibilities cover both charitable and non-charitable purposes.
- 20.1.3 The LHB shall establish a Charitable Funds Committee as set out in Standing Order 3.4 to ensure that each fund held on trust which the LHB is responsible for managing is managed appropriately with regard to its purpose and to its requirements.

20.2 Accountability to Charity Commission and the Welsh Ministers

- 20.2.1 The trustee responsibilities must be discharged separately and full recognition given to the LHB's dual accountabilities to the Charity Commission for charitable funds and to the Welsh Ministers for exchequer funds.
- 20.2.2 The Schedule of Matters Reserved to the Board and the Scheme of Delegation make clear where decisions regarding the exercise of discretion regarding the disposal and use of the funds are to be taken and by whom. All Board members and LHB officers must take account of that guidance before taking action.
- 20.2.3 The LHB shall make appropriate arrangements for the Annual Accounts and audit of Funds held on Trust in accordance with Charity Commission requirements.

20.3 Applicability of Standing Financial Instructions to funds held on Trust

- 20.3.1 In so far as it is possible to do so, most of the sections of these SFIs will apply to the management of funds held on trust.
- 20.3.2 The over-riding principle is that the integrity of each Trust must be maintained and statutory and Trust obligations met. Materiality must be assessed separately from Exchequer activities and funds.

21. RETENTION OF RECORDS

21.1 Responsibilities of the Chief Executive

21.1.1 The Chief Executive shall be responsible for maintaining archives for all records required to be retained in accordance with the Welsh Ministers' guidance, the UK General Data Protection Legislation and any relevant domestic law considerations via the Data Protection Act 2018, and the Freedom of Information Act 2000 (c. 36).

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

21.1.3 Records held shall only be destroyed in accordance with the applicable data protection laws and at the express instigation of the Chief Executive. Details shall be maintained of records so destroyed.

Schedule 1

GENERAL CONSENT TO ENTER INDIVIDUAL CONTRACTS

This schedule included as “General Consent to enter individual contracts” replaces all previous versions of Schedule 1 and should be read in conjunction with the revised Model Standing Financial Instructions (SFI’s) issued in relation to Chapter 11 for Local Health Boards and NHS Trusts and Chapter 12 for Health Education and Improvement Wales (HEIW) and Digital Health and Care Wales (DHCW).

PROCESSES FOR NHS WALES CONTRACTS, AND INTERESTS IN PROPERTY

Paragraph 13 of Schedule 2 to the National Health Service (Wales) Act 2006 states as follows:

“(1) Subject to sub-paragraph (3), a Local Health Board may do anything which appears to it to be necessary or expedient for the purposes of or in connection with its functions.

(2) In particular it may—

- (a) acquire and dispose of property,*
- (b) enter into contracts,*
- (c) accept gifts of property (including property to be held on trust, either for the general or any specific purposes of the Local Health Board or for any purposes relating to the health service).*

(3) A Local Health Board may not do anything mentioned in sub-paragraph (2) without the consent of the Welsh Ministers (which may be given in general terms covering one or more descriptions of case).”

Section 10.1 of the NHS Wales Infrastructure Investment Guidance issued on 22 October 2018 (“**the Investment Guidance**”) includes the following in relation to Local Health Boards:

“Contract approvals over £1m for individual schemes will be sought as part of the normal business case submission process where funding from the NHS Capital Programme is required. For schemes funded via discretionary allocations, a request for approval will need to be submitted to Chief Executive NHS Wales, copying in the Deputy Director of Capital, Estates & Facilities Division.

Detailed arrangements in respect of approval process linked to the acquisition and disposal of leases, where consent does not form part of the business case process are included in Welsh Health Circular WHC(2015)031. Organisations should ensure that the monitoring arrangements and the requisite forms and returns are included as part of their own assurance arrangements.”

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This is also to be regarded as being applicable to HEIW and DHCW, which were both established after the two WHC's mentioned above were issued.

Section 10.2 of the Investment Guidance includes the following in relation to Trusts:

“Whilst formal Cabinet Secretary consent is not required for Trusts as detailed above, general consent arrangements are still applicable in terms of relevant transactions. Detailed requirements in terms of appropriate notifications were sent in the Welsh Health Circular referenced above.”

Section 11 of the Investment Guidance also includes provision as to disposals and property protocols.

Welsh Health Circular WHC (2015) 031 issued 22 June 2015 includes arrangements for consent to acquire or dispose of a lease in property (where not covered by any business case approval process).

That WHC is also to be regarded as being applicable to HEIW and DHCW in the same way as it applies to LHBs.

Entering into contracts

This schedule confirms to all NHS Wales bodies that the authorisation and consideration of notified contracts and applications for the acquisition or disposal of a lease or any interest in property are delegated to the Director General, Health Social Care and Early Years.

The Director General may, as with any other matter relating to the operation of the NHS in Wales, brief the Cabinet Secretary for Health and Social Care on any arrangement of particular policy note, or with a novel, contentious or innovative nature.

Accordingly, any issues relevant to the exercise of the Cabinet Secretary for Health, and Social Care's consent will, as a matter of course, be drawn to his attention.

The process which NHS Wales bodies entering into contracts must follow is:

- All NHS contracts (unless exempt) >£1m in total to be notified to the Director General HSCEY prior to tendering for the contract;
- All eligible LHB and HEIW and DHCW contracts >£1m in total to be submitted to the Director General HSCEY for consent prior to award;
- All eligible NHS Trust contracts >£1m in total to be submitted to the Director General HSCEY for notification prior to award; and
- All eligible NHS contracts >£0.5m in total to be submitted to the Director General HSCEY for notification prior to award.

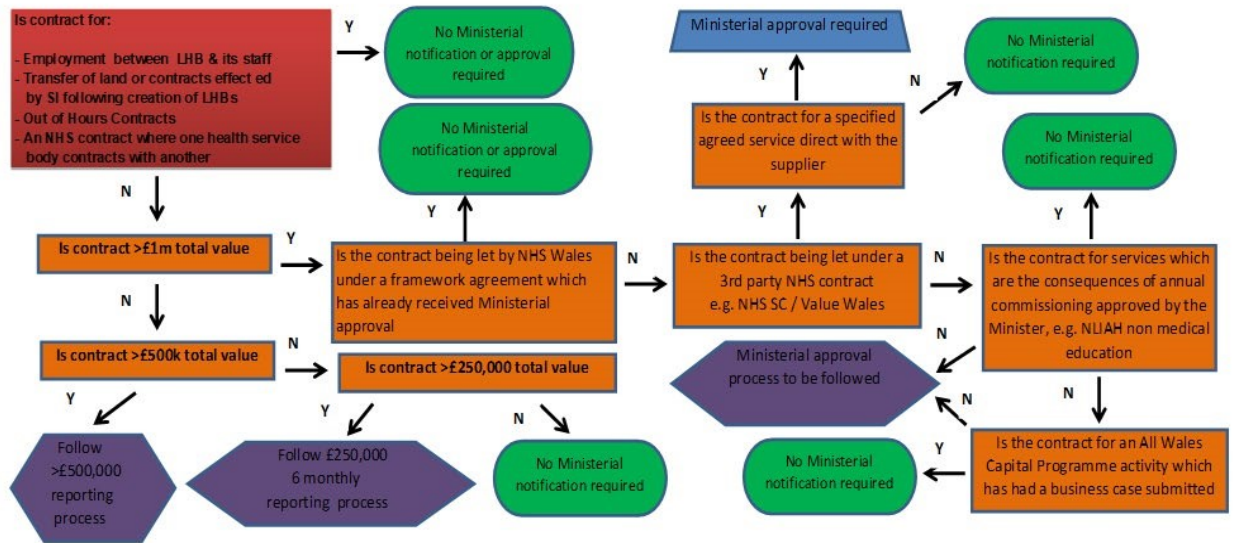
The requirement for consent does not apply to any contracts entered into pursuant to a specific statutory power, and therefore does not apply to:

- i. Contracts of employment between LHBs, HEIW, or DHCW and their staff;

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- ii. Transfers of land or contracts effected by Statutory Instrument following the creation of LHBs, HEIW, or DHCW
- iii. Out of hours contracts;
- iv. All NHS contracts; that is where one health services body contracts with another health service body;
- v. Contracts entered into by HEIW for services which are the consequences of annual commissioning approved by the Cabinet Secretary e.g., annual education and training commissioning also do not require further Ministerial notification or consent; and
- vi. Contracts between £500k - £1 million (for noting) and £1 million + (for approval).
 - a) Wales Public Sector Framework Agreements e.g., Frameworks established by the Welsh Government's Commercial Delivery team or NWSSP (not exhaustive) – no written approval required to award contracts under these Frameworks through a direct award or mini competition.
 - b) Third-Party Public-Sector Framework Agreements e.g., Frameworks established by Crown Commercial Services, NHS Supply Chain (not exhaustive) – no further approval required to award contracts under these Frameworks through a direct award. Approval will however be required for award of contracts under these Framework Agreements through mini-competition or where the specification of the product/service required is modified from that stated within the Framework Agreement.

For non-capital contracts requiring DG approval, the request for approval or notification should be sent to Rob Eveleigh in the Financial Control and Governance team:
Robert.Eveleigh@gov.wales



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