

<b>Enw'r Pwyllgor: Name of Committee:</b>	Audit and Risk Assurance Committee (ARAC)
<b>Cadeirydd y Pwyllgor: Chair of Committee:</b>	Cllr. Rhodri Evans, Independent Member
<b>Cyfnod Adrodd: Reporting Period:</b>	Meeting held on 18 April 2023
<b>Y Penderfyniadau a'r Materion a Ystyriodd y Pwyllgor/ Key Decisions and Matters Considered by the Committee:</b>	
<p>In accordance with the guidance provided in the NHS Wales Audit Committee Handbook, the Board should look to their Audit Committee to review and report on the relevance and rigour of the governance processes in place and the assurances provided to the Board. Hywel Dda University Health Board's Audit and Risk Assurance Committee's (the Committee) primary role is, as such, to ensure the system of assurance is valid and suitable for the Board's requirements and to support the Board by seeking and providing assurance that controls are in place and are working as designed, and to challenge poor sources of assurance.</p> <p>This report summarises the work of the Audit and Risk Assurance Committee at its meeting held on 18 April 2023, in monitoring, reviewing and reporting to the Board on the processes of governance, and facilitating and supporting the attainment of effective processes. At its meeting on 18 April 2023, the Committee critically reviewed governance and assurance processes for a number of service/business areas, with the following highlighted:</p> <ul style="list-style-type: none"> <li>• <b>Escalation Status Update</b> – the Committee noted the update from the TI meeting held on 17 March 2022 and the response from the Chief Executive NHS Wales. The organisation had been able to demonstrate good progress with its planning work. There were also positives in terms of finances, with a clear and shared understanding regarding the causes of the Health Board's deficit. Welsh Government's main 'message' had been around the need to see progress on the Health Board's stated actions for Quarter 1, and a definitive 'route-map' to financial sustainability. The feedback on areas under Enhanced Monitoring was positive. In view of information around the performance of other Health Boards, uncertainty was expressed around how Hywel Dda UHB differs so significantly from these, such to justify its escalation status. In response, it was emphasised that the Health Board needs to ensure it can demonstrate in June 2023 delivery on its actions, in order to increase Welsh Government confidence.</li> <li>• <b>Annual Review of the Committee's Terms of Reference &amp; Membership</b> – subject to minor amendments, the Committee approved the Audit and Risk Assurance Committee's Terms of Reference for onward ratification by the Board on 25 May 2023.</li> <li>• <b>Scheme of Delegation</b> – the Committee approved Hywel Dda University Health Board's Scheme of Delegation for onward submission to the Board for approval on 25 May 2023.</li> <li>• <b>Counter Fraud Annual Report 2022/23</b> – the Committee received and noted the Counter Fraud Annual Report for 2022/23.</li> <li>• <b>Counter Fraud Work Plan 2023/24</b> – the Committee received and approved the Counter Fraud Work Plan for 2023/24.</li> </ul>	

- **Report on the Adequacy of Arrangements for Declaring, Registering and Handling Interests, Gifts, Hospitality, Honoraria and Sponsorship** – the Committee reviewed the adequacy of the arrangements in place for declaring, registering and handling interests, gifts, hospitality, sponsorship and honoraria during 2022/23, and noted the proposed actions for 2023/24 to promote and improve the adequacy of these arrangements, for onward assurance to the Board.
- **Financial Assurance Report** – the Committee received the Financial Assurance report, focusing in particular on No PO, No Pay breaches and overpayment of salaries, which were both recurring issues. There has been a significant increase in Single Tender Actions (STAs). Public Sector Payment Policy (PSPP) performance is showing a recovering position. Various queries were raised and answered regarding STAs, tenders and contracts awarded. In respect of one of these, to ensure consistency of process, it was agreed that a report would be submitted to the 20 June 2023 ARAC meeting.

An update was provided regarding the timetable for approval of accounts. It is proposed that the draft accounts are reviewed by ARAC on 11 May 2023, with an extraordinary ARAC meeting to review the final accounts on 26 July 2023, to be followed by their consideration at the Public Board meeting on 27 July 2023. During the meeting, confirmation was received from Welsh Government regarding the granting of a variation order in respect of Health Board Annual General Meetings, which would need to take place no later than 28 September 2023. Board approval for the change would be required and it was agreed that this would be included in the ARAC Update Report to Board.

- **Carers Services Commissioned with Non-recurrent Grant Funding** – a report was received on this topic, with the Committee noting that there had been a delay in confirmation of funding arrangements and a late change to the process guidance. The matter had been discussed at Use of Resources Group (URG) and it had been agreed that an STA could be utilised on this occasion, with the caveat that a full tender/ procurement process will need to be undertaken in the future. The Committee received an assurance that the Single Tender Action requests relating to non-recurrent funding streams used to commission support for unpaid carers which have been approved for 2023-24 will be tendered via the Procurement Team in time for the April 2024 renewal dates.
- **Audit Wales Update Report** – an update was provided by Audit Wales on finance and performance audit work.
- **Audit Wales Annual Plan 2023** – the Committee received and noted the Audit Wales Annual Plan 2023. It was highlighted that this was an outline plan, which would be followed by presentation of a more detailed plan at the May or June 2023 meeting.
- **Review of Operational Governance Arrangements - Mental Health & Learning Disabilities** – a report outlining the findings of this review was presented, which included a finding of good governance arrangements at Directorate level and scope for improvement around risk escalation and working relationships/culture. The management response was also considered. The constructive report was welcomed, although it was observed that it had been requested at a specific point, some time ago. The Committee was assured that, since the point of request, the Directorate had taken a number of actions which address certain of the report findings, meaning that the position is quite

different to the point at which the review was requested/commenced. Audit Wales representatives confirmed that they were content with the management response to this review, which would be monitored via the Health Board's Audit Tracker. MHLD Directorate staff were thanked for their positive approach to the review. It was agreed that an update on progress would be scheduled for February 2024.

- **Deep Dive – Ophthalmology** – the Committee received a report outlining the various recommendations relating to Ophthalmology on the Health Board Audit Tracker. Fragilities and challenges have been impacting this specialty for a number of years, with recruitment and numbers of patients awaiting treatment presenting particular challenges. Various actions have been put in place including regional working, treatment pathways and transformational work. Despite the progress made, it was agreed that assurance could not currently be taken that the recommendations were still relevant and whether they could be implemented, and that additional work should be undertaken to assess progress on each individual recommendation. The Committee noted the progress achieved, notwithstanding the continuing workforce development and demand/capacity challenges which remain across community and secondary care pathways; Noted the regional and national discussions which continue which are expected to inform longer-term, regionally focussed plans for the delivery of eye care pathways across Wales; and requested a further update, following the work outlined above.
- **RCP Medical Record Keeping Standards Internal Audit Update** – an update on this topic was received, which focuses on the development of the new Clinical Record Keeping Policy. It had been recognised that the previous policy was outdated; its review/replacement had offered the opportunity to develop a new multi-disciplinary policy. As a result, the Health Board has moved away from the RCP Medical Record Keeping Standards as a tool against which to assess/audit compliance, and instead plans to utilise the Audit Management and Tracking (AMaT) tool. In terms of the original Internal Audit recommendation that requirements be communicated to all doctors and that they be reminded of their responsibilities, this would be addressed with circulation of the new policy. The Committee focused on the request for this matter to be monitored through the Effective Clinical Practice Advisory Panel going forward and de-escalated from ARAC's workplan. The original audit had focused solely on compliance with the RCP Medical Record Keeping Standards, and it was agreed that the report did not clearly demonstrate progress on this specifically. The Committee noted the report, regarding the progress made in relation to the original Internal Audit report recommendations; accepted the proposal that the Health Board's clinical record keeping audit takes place against the new eight Standards set out within the Clinical Record Keeping Policy and is reported and monitored through the Effective Clinical Practice Advisory Panel; and requested that further work be undertaken to establish whether the original Internal Audit report requirements/recommendations have been met, facilitating de-escalation of this item from the Committee's work programme.
- **Internal Audit Plan Progress Report** – the Committee received an update on the Internal Audit Plan.
- **Internal Audit** – the Committee received the following Internal Audit reports:
  - Safety Indicators – Pressure Damage & Medication Errors (Reasonable Assurance)
  - Patient Experience (Reasonable Assurance)

- Fitness for Digital (Advisory Review)

The following IA reports were deferred to a future meeting:

- Job Planning
  - Service Reset and Recovery
  - WGH Fire Precautions Phase 1
  - Regional Integrated Fund
  - Lessons Learned
  - Agency Nursing & Rostering
  - Records Digitalisation
  - Strategic Transformation Programme Governance
  - Financial Management
- **Internal Audit Plan and Charter 2023/24** – the Committee received and discussed this document and, subject to a review to ensure that there is sufficient coverage with regard to Primary Care, approved the Internal Audit Plan and Charter for 2023/24.
  - **Post Payment Verification (PPV) Report** – the Committee received an update on general PPV activity. The Committee noted and took assurance from the contents of this report, which details specific risks as outliers by means of a RAG rating system, and provides the narrative for what the PPV, Primary Care, Finance and Counter Fraud teams consider to be the best approach to support practices in improving.
  - **General Medical Services (GMS) PPV Update** – also received was a GMS PPV Update report, with the Committee noting the information contained therein, including the risks in relation to Post Payment Verification, and the plan in mitigation that NWSSP has committed to implement.
  - **Audit Tracker** – the Audit Tracker, which tracks progress against audits and inspections undertaken within the Health Board, was presented. At the time of reporting, there were 89 reports currently open. 33 of these reports have recommendations that have exceeded their original completion date, which has decreased from the 39 reports previously reported in February 2023. There is a slight decrease in the number of recommendations where the original implementation date has passed, from 128 to 115. The number of recommendations that have gone beyond six months of their original completion date has decreased slightly from 58 to 56, as reported in February 2023. There are currently 327 open recommendations on the Audit Tracker, which represents a significant increase from the 262 reported in February 2023. It was agreed that the reports detailed in Appendix 3 (recommendations that do not have revised timescales) would be reviewed
  - **Audit Committee Work Programme** – the Committee received for information the ARAC work programme for 2023/24.

**Materion y Mae Angen Ystyriaeth neu Gymeradwyaeth Lefel y Bwrdd ar eu Cyfer/  
Matters Requiring Board Level Consideration or Approval:**

- The revised **Audit and Risk Assurance Committee Terms of Reference**, appended (changes marked in red text).
- Changes to the **Scheme of Delegation**, appended (changes marked in red text).

- Following Welsh Government confirmation of a variation order, approval for Hywel Dda UHB's **Annual General Meeting** to take place no later than 28 September 2023, replacing the previously scheduled date of 27 July 2023.

**Risgiau Allweddol a Materion Pryder/Key Risks and Issues/Matters of Concern:**

- **Targeted Intervention and Enhanced Monitoring** – the ‘sustainability’ of the organisation’s continued escalation status, given the position of other Health Boards;
  - Recognition of the need to demonstrate delivery on actions, in order to increase Welsh Government confidence.
- **Deep Dive – Ophthalmology** – despite the progress made, assurance could not currently be taken with regard to outstanding recommendations/actions;
  - Additional work would be undertaken to assess progress on each recommendation. A further update on progress would be scheduled for a future meeting.
- A lack of assurance in relation to the **RCP Medical Record Keeping Standards Internal Audit Update**;
  - A ‘Deep Dive’ on this topic would be scheduled for the Operational Quality, Safety & Experience Sub-Committee (OQSESC).
  - A decision would be made at the June 2023 meeting around whether this matter could be de-escalated, with the potential to include an audit of the new system within a future audit programme.

**Busnes Cynlluniedig y Pwyllgor ar Gyfer y Cyfnod Adrodd Nesaf/  
Planned Committee Business for the Next Reporting Period:**

**Adrodd yn y Dyfodol/Future Reporting:**

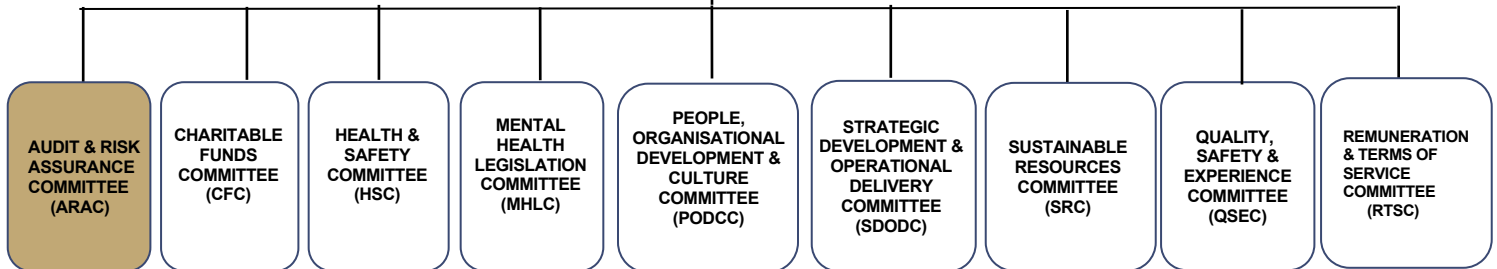
In addition to the items scheduled to be reviewed as part of the Committee’s work programme, following up progress of the various actions identified above will be undertaken.

**Dyddiad y Cyfarfod Nesaf/Date of Next Meeting:**

11 May 2023 (Review of Draft Annual Accounts and Draft Accountability Report)  
20 June 2023 (Routine Meeting)  
26 July 2023 (Final Accounts)



HYWEL DDA  
UNIVERSITY HEALTH BOARD



**AUDIT AND RISK ASSURANCE COMMITTEE**

**TERMS OF REFERENCE**

Version	Issued To	Date	Comments
V1	Audit Committee	08.12.2009	Approved
	Hywel Dda Health Board	28.01.2010	Approved
	Hywel Dda Health Board	22.07.2010	Approved
V2	Audit Committee	07.06.2011	Approved
V3	Hywel Dda Health Board	29.09.2011	Approved
V4	Audit Committee	11.09.2012	Approved
V5	Audit Committee	11.08.2015	Approved
V6	Audit and Risk Assurance Committee	13.10.2015	Approved
V7	Hywel Dda University Health Board	26.11.2015	Approved
V8	Audit and Risk Assurance Committee	11.10.2016	Approved
V8	Hywel Dda University Health Board	26.01.2017	Approved
V9	Audit and Risk Assurance Committee	09.01.2018	Approved
V9	Hywel Dda University Health Board	29.03.2018	Approved
V.10	Audit and Risk Assurance Committee	19.02.2019	Approved
V.10	Hywel Dda University Health Board	28.03.2019	Approved
V.11	Audit and Risk Assurance Committee	25.02.2020	Approved
V.11	Hywel Dda University Health Board	26.03.2020	Approved
V.12	Audit and Risk Assurance Committee	23.02.2021	Approved
V.12	Hywel Dda University Health Board	25.03.2021	Approved
V.13	Hywel Dda University Health Board	29.07.2021	Approved
V.14	Audit and Risk Assurance Committee	21.06.2022	Approved
V.14	Hywel Dda University Health Board	28.07.2022	Approved
V.15	Audit and Risk Assurance Committee	18.04.2023	Approved
V.15	Hywel Dda University Health Board	25.05.2023	For Approval

## AUDIT & RISK ASSURANCE COMMITTEE

### 1. Constitution

- 1.1 The Audit Committee has been established as a Committee of the Hywel Dda University Health Board (HDdUHB) and constituted from 1 October 2009. The Committee is an independent Committee of the Board and has no executive powers, other than those specifically delegated in these Terms of Reference. On 1 June 2015, the Committee took on an enhanced role and was re-named the Audit and Risk Assurance Committee (the Committee).

### 2. Purpose

- 2.1 The purpose of the Audit and Risk Assurance Committee is to advise and assure the Board and the Accountable Officer on whether effective arrangements are in place, through the design and operation of the UHB's system of assurance, to support them in their decision taking and in discharging their accountabilities for securing the achievement of the UHB's objectives, in accordance with the standards of good governance determined for the NHS in Wales.
- 2.2 The Committee independently monitors, reviews and reports to the Board on the processes of governance, and where appropriate, facilitates and supports, through its independence, the attainment of effective processes.
- 2.3 Where appropriate, the Committee will advise the Board and the Accountable Officer on where, and how, its system of assurance may be strengthened and developed further.
- 2.4 The Committee's principal duties encompass the following:
- 2.4.1 Review the establishment and maintenance of an effective system of good governance, risk management and internal control across the whole of the organisation's activities, both clinical and non-clinical.
  - 2.4.2 Seek assurance that the systems for financial reporting to Board, including those of budgetary control, are effective, and that financial systems processes and controls are operating.
  - 2.4.3 Work with the Quality, Safety and Experience Committee, the People Organisational Development and Culture Committee, Strategic Development and Operational Delivery Committee and Sustainable Resources Committee to ensure that governance and risks are part of an embedded assurance framework that is 'fit for purpose'.
  - 2.4.4 Receive an assurance on delivery against relevant Planning Objectives aligned to the Committee accordance with Board approved timescales, as set out in HDdUHB's Annual Plan.



### 3. Key Responsibilities

The Audit and Risk Assurance Committee shall provide advice, assurance and support to the Board in ensuring the provision of high quality, safe healthcare for its citizens, as follows:

#### **Governance, Risk Management and Internal Control**

- 3.1 The Committee shall review the adequacy of the UHB's strategic governance and assurance arrangements and processes for the maintenance of an effective system of good governance, risk management and internal control, across the whole of the organisation's activities (both clinical and non-clinical) that supports the achievement of the organisation's objectives.
- 3.2 In particular, the Committee will review the adequacy of:
  - 3.2.1 all risk and control related disclosure statements (in particular the Accountability Report and the Performance Report), together with any accompanying Head of Internal Audit statement, external audit opinion or other appropriate independent assurances, prior to endorsement by the Board;
  - 3.2.2 the underlying assurance processes that indicate the degree of the achievement of strategic and planning objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements;
  - 3.2.3 the policies for ensuring compliance with relevant regulatory, legal and code of conduct and accountability requirements; and
  - 3.2.4 the policies and procedures for all work related to fraud and corruption as set out in Welsh Government Directions and as required by the Counter Fraud and Security Management Service.
- 3.3 In carrying out this work, the Committee will primarily utilise the work of Internal Audit, Clinical Audit, External Audit and other assurance functions, but will not be limited to these audit functions. It will also seek reports and assurances from directors and managers as appropriate, concentrating on the overarching systems of good governance, risk management and internal control, together with indicators of their effectiveness.
- 3.4 This will be evidenced through the Committee's use of an effective assurance framework to guide its work and that of the audit and assurance functions that report to it.
- 3.5 The Committee will seek assurance that effective systems are in place to manage risk, that the organisation has an effective framework of internal controls to address principal risks (those likely to directly impact on achieving strategic objectives), and that the effectiveness of that framework is regularly reviewed.



- 3.6 Monitor the assurance environment and challenge the build-up of assurance on the management of key risks across the year, and ensure that the Internal Audit plan is based on providing assurance that controls are in place and can be relied upon (particularly where there is a significant shift between the inherent and residual risk profile), and review the internal audit plan in year as the risk profile changes.
- 3.7 Seek assurance on delivery against Planning Objectives aligned to the Committee, considering and scrutinising the frameworks, charts/charters and action plans that are developed, supporting and endorsing these as appropriate.
- 3.8 Consider and recommend to the Board approval of any changes to the Risk Management Framework and oversee development of the Board Assurance Framework.
- 3.9 Provide assurance with regard to the systems and processes in place for clinical audit, and consider recommendations from the Effective Clinical Practice Working Group on suggested areas of activity for review by internal audit.
- 3.10 The Committee will be responsible for reviewing the UHB's Standing Orders and Standing Financial Instructions and Scheme of Delegation annually, (including associated framework documents as appropriate), monitoring compliance, and reporting any proposed changes to the Board for consideration and approval.
- 3.11 To receive annually a full report of all offers of gifts, hospitality, sponsorship and honoraria recorded by the UHB and report to the Board the adequacy of these arrangements.
- 3.12 To review and report to the Board annually the arrangements for declaring, registering, and handling interests.
- 3.13 Approve the writing-off of losses or the making of special payments within delegated limits.
- 3.14 Receive an assurance on Post Payment Verification Audits through **bi-annual quarterly** reporting to the Committee.
- 3.15 Receive a report on all Single Tender Actions and extensions of contracts.

#### **Internal Audit and Capital/PFI**

- 3.16 The Committee shall ensure that there is an effective internal audit and capital/PFI function established by management that meets mandatory Internal Audit Standards for NHS Wales and provides appropriate independent assurance to the Committee, Chief Executive and Board.

- 3.17 This will be achieved by:
- 3.17.1 review and approval of the Internal Audit Strategy, Charter, operational plan and more detailed programme of work, ensuring that this is consistent with the audit needs of the organisation;
  - 3.17.2 review of the adequacy of executive and management responses to issues identified by audit, inspection and other assurance activity, in accordance with the Charter;
  - 3.17.3 Regular consideration of the major findings of internal audit work (and management's response), and ensure co-ordination between the Internal and External Auditors to optimise audit resources;
  - 3.17.4 ensuring that the Internal Audit function is adequately resourced and has appropriate standing within the organisation; and
  - 3.17.5 annual review of the effectiveness of internal audit.

### **External Audit**

- 3.18 The Committee shall review the work and findings of the External Auditor and consider the implications and management's responses to their work. This will be achieved by:
- 3.18.1 discussion and agreement with the External Auditor, before the audit commences, of the nature and scope of the audit as set out in the Annual Plan, and ensure coordination, as appropriate, with other External Auditors and inspection bodies in the local health economy;
  - 3.18.2 discussion with the External Auditors of their local evaluation of audit risks and assessment of the Local Health Boards/NHS Trusts and associated impact on the audit fee;
  - 3.18.3 review all External Audit reports, including agreement of the Annual Audit Report and Structured Assessment before submission to the Board, and any work carried outside the annual audit plan, together with the appropriateness of management responses; and
  - 3.18.4 review progress against the recommendations of the annual Structured Assessment.

### **Other Assurance Functions**

- 3.19 The Committee shall review the findings of other significant assurance functions, both internal and external to the organisation, and consider the implications on the governance of the organisation.
- 3.20 The Committee's programme of work will be designed to provide assurance that the work carried out by the whole range of external review bodies is brought to the attention of the Board. This will ensure that the Health Board is aware of the need to comply with related standards and recommendations of these review bodies and the risks of failing to comply. These will include, but will not be limited to, any reviews by Inspectors and other bodies (e.g. Healthcare Inspectorate Wales, Welsh Risk Pool, etc), professional bodies with responsibility for the performance of staff or functions (e.g. Royal Colleges, accreditation bodies, etc).

- 3.21 The Audit and Risk Assurance Committee and the Quality, Safety and Experience Committee both have a role in seeking and providing assurance on Clinical Audit in the organisation. The Audit and Risk Assurance Committee will seek assurance on the overall plan, its fitness for purpose and its delivery. The Quality, Safety and Experience Committee will seek more detail on the clinical outcomes and improvements made as a result of clinical audit. The internal audit function will also have a role in providing assurance on the Annual Clinical Audit Plan.
- 3.22 The Audit and Risk Assurance Committee will also seek assurances where a significant activity is shared with another organisation and collaboratives, in particular the NHS Wales Shared Services Partnership, Welsh Health Specialised Services Committee, Emergency Ambulance Services Committee and other regional committees. The Audit and Risk Assurance Committee will expect to receive assurances from internal audit performed at these organisations that risks in the services provided to them are adequately managed and mitigated with appropriate controls.

## **Management**

- 3.23 The Committee shall request and review reports and positive assurances from directors and managers on the overall arrangements for governance, risk management and internal control.
- 3.24 The Committee may also request specific reports from individual functions within the organisation (e.g. clinical audit), as they may be appropriate to the overall arrangements.
- 3.25 The Committee may also request or commission special investigations to be undertaken by Internal Audit, directors or managers to provide specific assurance on any areas of concern that come to its attention.

## **Financial Reporting**

- 3.26 The Committee shall review the Annual Accounts and Financial Statements before submission to the Board, focusing particularly on:
- 3.26.1 the ISA 260 report to those charged with governance;
  - 3.26.2 changes in, and compliance with, accounting policies and practices;
  - 3.26.3 unadjusted mis-statements in the financial statements;
  - 3.26.4 major judgemental areas;
  - 3.26.5 significant adjustments resulting from the audit;
  - 3.26.6 other financial considerations include review of the Schedule of Losses and Compensation.
- 3.27 The Committee should also ensure that the systems for financial reporting to the Board, including those of budgetary control, are subject to review as to completeness and accuracy of the information provided to the Board.

## 4. Membership

4.1 The membership of the Committee shall comprise of the following:

Member
Independent Member (Chair)
Independent Member (Vice-Chair)
3 <del>2</del> x Independent Members

4.2 The following should attend Committee meetings:

In Attendance
Director of Finance
Director of Corporate Governance/Board Secretary (Lead)
Representative of the Auditor General
Head of Internal Audit
Capital/Private Finance Initiative (PFI) Auditor
Local Counter Fraud Specialist
Assistant Director of Assurance and Risk
Head of Clinical Audit (as and when required)

4.3 Membership of the Committee will be reviewed on an annual basis.

## 5. Quorum and Attendance

- 5.1 A quorum shall consist of no less than ~~three~~ **two** of the membership and must include as a minimum the Chair or Vice Chair of the Committee, *together with a third of the In Attendance members.*
- 5.2 The membership of the Committee shall be determined by the Board, based on the recommendation of the University Health Board (UHB) Chair, taking into account the balance of skills and expertise necessary to deliver the Committee's remit, and subject to any specific requirements or directions made by the Welsh Government.
- 5.3 Any senior officer of the UHB or partner organisation may, where appropriate, be invited to attend, for either all or part of a meeting, to assist with discussions on a particular matter.
- 5.4 The Committee may also co-opt additional independent external 'experts' from outside the organisation to provide specialist skills.
- 5.5 Should any 'in attendance' officer member be unavailable to attend, they may nominate a deputy to attend in their place, subject to the agreement of the Chair.
- 5.6 The Chief Executive, as the Accountable Officer, should be invited to attend, as a minimum when the Committee considers the draft internal audit plan, to present

the draft Accountability Report and the annual accounts, and on request by the Committee.

- 5.7 The Chair of the UHB should not be a member of the Audit and Risk Assurance Committee and will not normally attend but may be invited by the Committee Chair to attend all or part of a meeting to assist with its discussions on any particular matter.
- 5.8 The Head of Internal Audit, Capital/PFI Auditor and the representative of the Auditor General shall have unrestricted and confidential access to the Chair of the Audit and Risk Assurance Committee at any time, and vice versa.
- 5.9 The Committee will meet with Internal, Capital/PFI and External Auditors and the Local Counter Fraud Specialist without the presence of officers on at least one occasion each year.
- 5.10 The Chair of the Audit and Risk Assurance Committee shall have reasonable access to Executive Directors and other relevant senior staff.
- 5.11 The Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

## 6. Agenda and Papers

- 6.1 The Committee Secretary is to hold an agenda setting meeting with the Chair and/or Vice Chair and the Lead Director (Board Secretary), at least **six** weeks before the meeting date.
- 6.2 The agenda will be based around the Committee work plan, identified risks, matters arising from previous meetings, issues emerging throughout the year, and requests from Committee members. Following approval, the agenda and timetable for request of papers will be circulated to all Committee members.
- 6.3 All papers must be approved by the Lead/relevant Director.
- 6.4 The agenda and papers will be distributed **seven** days in advance of the meeting.
- 6.5 **A draft Table of Actions will be issued within two days of the meeting. The minutes and Table of Actions ~~action-log~~ will be circulated to the Lead Director within seven days members within seven days to check the accuracy, prior to sending to Members (including the Committee Chair) to review within the next seven days.**
- 6.6 Members must forward amendments to the Committee Secretary within the next **seven** days. The Committee Secretary will then forward the final version to the Committee Chair for approval.

## 7. In Committee

- 7.1 The Committee can operate with an In Committee function to receive updates on the management of sensitive and/or confidential information.

## 8. Frequency of Meetings

- 8.1 The Committee will meet bi-monthly and shall agree an annual schedule of meetings. Any additional meetings will be arranged as determined by the Chair of the Committee in discussion with the Lead (Board Secretary).
- 8.2 The Chair of the Committee, in discussion with the Committee Secretary, shall determine the time and the place of and procedures of such Committee meetings.
- 8.3 The External Auditor, Head of Internal Audit and Capital/PFI Auditor may request a meeting if they consider one is necessary.

## 9. Accountability, Responsibility and Authority

- 9.1 Although the Board has delegated authority to the Committee for the exercise of certain functions, as set out in these Terms of Reference, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens through the effective governance of the organisation.
- 9.2 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.
- 9.3 The Committee shall embed the UHB's vision, corporate standards, priorities and requirements, e.g. equality and human rights, through the conduct of its business.
- 9.4 The requirements for the conduct of business as set out in the UHB's Standing Orders are equally applicable to the operation of the Committee.

## 10. Reporting

- 10.1 The Committee, through its Chair and members, shall work closely with the Board's other Committees, including joint/sub committees and groups, to provide advice and assurance to the Board through the:
  - 10.1.1 joint planning and co-ordination of Board and Committee business;
  - 10.1.2 sharing of information.
- 10.2 In doing so, the Committee shall contribute to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.

- 10.3 The Committee may establish sub-committees or task and finish groups to carry out on its behalf specific aspects of Committee business. The Committee will receive an update following each sub-committee or task and finish group meeting detailing the business undertaken on its behalf.
- 10.4 The Committee will consider the assurance provided through the work of the Board's other Committees and Sub-Committees to meet its responsibilities for advising the Board on the adequacy of the UHB's overall assurance framework.
- 10.5 The Committee Chair, supported by the Committee Secretary, shall:
- 10.5.1 Report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes the submission of a Committee update report as well as the presentation of an annual report within six weeks of the end of the financial year and timed to support the preparation of the Accountability Report. This should specifically comment on the adequacy of the assurance framework, the extent to which risk management is comprehensively embedded throughout the organisation, the integration of governance arrangements and the appropriateness of self assessment activity against relevant standards. The report will also record the results of the Committee's self assessment and evaluation.
  - 10.5.2 Bring to the Board's specific attention any significant matter under consideration by the Committee.
  - 10.5.3 Ensure appropriate escalation arrangements are in place to alert the UHB Chair, Chief Executive or Chairs of other relevant Committee, of any urgent/critical matters that may affect the operation and/or reputation of the UHB.
- 10.6 The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self assessment and evaluation of the Committees performance and operation, including that of any sub-committees established. In doing so, account will be taken of the requirements set out in the NHS Wales Audit Committee Handbook.

## **11. Secretarial Support**

- 11.1 The Committee Secretary shall be determined by the Board Secretary.

## **12. Review Date**

- 12.1 These terms of reference and operating arrangements shall be reviewed on at least an annual basis by the Committee for approval by the Board.



SCHEME OF DELEGATION DERIVED FROM THE ACCOUNTABLE OFFICER MEMORANDUM FOR CHIEF EXECUTIVES OF LOCAL HEALTH BOARDS						
SOURCE	REF	SECTION HEADER	SUB HEADER	DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
ACCOUNTABLE OFFICER MEMORANDUM	Section 3a	Section 3	N/A	Responsibility for:- a) The overall organisation, management and staffing of the LHB and its arrangements related to quality and safety of care as well as matters of finance, together with any other aspect relevant to the conduct of the LHB's business in pursuance of the strategic direction set by the LHB's Board, and in accordance with its statutory responsibilities; i) ensuring that all items of expenditure, including payments to staff, fall within the legal powers of the Board; ii) acting within the scheme of delegations and ensuring that you comply with guidance on classes of payment that you should authorise personally.	Chief Executive	N/A
ACCOUNTABLE OFFICER MEMORANDUM	Section 3b	Section 3b	N/A	b) Ensuring that in delegating functions to officers you are satisfied of their ongoing capacity and capability to deliver on those functions, facilitating access to the information they need, ongoing training and development, as well as professional or specialist advice where appropriate.	Chief Executive	N/A
ACCOUNTABLE OFFICER MEMORANDUM	Section 3c	Section 3c	N/A	c) Prudent and economical administration, for the avoidance of waste and extravagance, and for the efficient and effective use of all resources:-	Chief Executive	N/A
ACCOUNTABLE OFFICER MEMORANDUM	Section 3d	Section 3	N/A	d) Ensuring that the assets for which you are responsible are properly safeguarded, particularly: i) information, including systems for maintaining the trust of patients and the public by ensuring that the LHB will store, share and use information, including their personal information safely, and securely; and ii) land, buildings or other property (including stores and equipment)	Chief Executive	N/A
ACCOUNTABLE OFFICER MEMORANDUM	Section 3e	Section 3	N/A	e) Ensuring that, in the consideration of policy proposals relating to the expenditure or income for which you have responsibility, all relevant financial considerations (including any issues of propriety, regularity or value for money) are taken into account.	Chief Executive	N/A
ACCOUNTABLE OFFICER MEMORANDUM	Section 3f	Section 3	N/A	f) Ensuring that risks to the achievement of the LHB's objectives and fulfilment of its statutory responsibilities are identified, that their significance is assessed, and that a sound system of internal control is in place to manage them; i) implementing an appropriate framework of assurance covering all aspects of LHB business, ensuring that research and evaluation work is planned so that strategic objectives and spending programmes for which you have responsibility are routinely evaluated to assess their effectiveness and value for money; ii) ensuring, as a key source of your internal assurance, that you establish arrangements for internal audit in accordance with the International Standards for the professional practice of Internal Audit as adopted by the NHS in Wales, Welsh Government and HM Treasury, and ensuring that appropriate action is taken in response to reports produced by Internal Audit.	Chief Executive	N/A
ACCOUNTABLE OFFICER MEMORANDUM	Section 3g	Section 3	N/A	g) Ensuring that there are appropriate arrangements to counter fraud and that procedures for dealing with suspected cases of fraud are complied with;	Chief Executive	N/A
ACCOUNTABLE OFFICER MEMORANDUM	Section 3h	Section 3	N/A	h) Ensuring that the LHB co-operates fully with external auditors, regulators and inspectors - including the Wales Audit Office (WAO), Healthcare Inspectorate Wales (HIW), and the Care and Social Services Inspectorate Wales (CSSIW), and ensuring that appropriate action is taken in response to any reports produced by such bodies.	Chief Executive	N/A
ACCOUNTABLE OFFICER MEMORANDUM	Section 3i	Section 3	N/A	i) Signing the LHB's accounts and, in doing so, accepting personal responsibility for their proper presentation fully supported by sound financial procedures and records, and in accordance with the LHB Accounts Directions issued by Welsh Ministers, ensuring that losses or special payments are properly identified and handled in accordance with defined requirements.	Chief Executive	N/A

ACCOUNTABLE OFFICER MEMORANDUM	Section 4	Section 4	N/A	In regard to the planning, designing, developing and securing the delivery of safe, high quality primary, community, in hospital care services and, specialised and tertiary services for the citizens within the geographical areas covered by the LHB:- i) Ensure the LHB carries out these responsibilities in a way that fulfils its duty to ensure the quality and safety of healthcare and the proper stewardship of public money. ii) Take account of your corporate responsibilities and accountability to the LHB Board of which you are a member.	Chief Executive	N/A
ACCOUNTABLE OFFICER MEMORANDUM	Section 5	Section 5	N/A	Ensure compliance with the principles set out within Managing Welsh Public Money and the framework and standards of good governance set for the NHS in Wales (as embodied within the Welsh Government's Citizen Centred Governance Principles and reflected within the contents of the NHS Wales Governance e-manual) i) Assist the Chair in ensuring that his/her establishment and implementation of the LHB's governance framework accords with these standards and principles.	Chief Executive	N/A
ACCOUNTABLE OFFICER MEMORANDUM	Section 6	Section 6	N/A	Work in partnership with other organisations to achieve its strategic aims and objectives. i) Ensure that the wider impact of the activities for which you are responsible are properly identified and, where appropriate, taken into account in determining the governance and accountability arrangements overseeing such work ii) Ensure that the governance arrangements are formally recorded and that you put in place appropriate arrangements to provide you with assurance on those areas for which you are accountable.	Chief Executive	N/A
ACCOUNTABLE OFFICER MEMORANDUM	Section 7	Section 7	N/A	Take joint responsibility for the delivery of a service through joint arrangements that involve the pooling of budgets. Such arrangements may be handled under a specific statutory authority, e.g., Section 33 of the National Health Service (Wales) Act 2006. - Where you and another Accountable Officer or Officers take joint responsibility, ensure that that there is absolute clarity on all aspects of the service for which you are responsible and accountable. Specifically, you must set down, in a formal agreement, the governance and financial accounting arrangements, including audit and assurance requirements, in accordance with any requirements determined by the Welsh Government.	Chief Executive	N/A
ACCOUNTABLE OFFICER MEMORANDUM	Section 8	Section 8	N/A	Ensure that where your LHB contracts with a third party for the provision of goods or services it does so in accordance with all relevant legislation together with any requirements determined by the Welsh Government. i) Ensure that appropriate systems are in place to provide assurance that such funds are allocated in accordance with the terms of the contract and are not misappropriated.	Chief Executive	N/A
ACCOUNTABLE OFFICER MEMORANDUM	Section 9	Section 9	N/A	Responsibility to see that appropriate advice is tendered to the Board on all matters of financial propriety, regularity and value for money, and more broadly on all considerations of prudent and economic administration, efficiency and effectiveness.	Chief Executive	N/A
ACCOUNTABLE OFFICER MEMORANDUM	Section 10	Section 10	N/A	If the Board or the Chair is contemplating a course of action which you consider would infringe the requirements of propriety, regularity or value for money, set out in writing to the Chair and the Board your objection to the proposal, the reason for your objection and your duty to inform NHS Wales Chief Executive and the external auditors if your advice is overruled. Wherever possible, the NHS Wales Chief Executive should be informed before the Board takes its decision. If it is not possible, due to the urgency of the situation, to notify the NHS Wales Chief Executive beforehand, and if the Board decides nonetheless to proceed against advice, a written instruction to take the action in question must be sought. The request for the instruction and the instruction itself should be communicated to the NHS Wales Chief Executive and to the external auditors without undue delay, and before the decision is implemented, so that any necessary intervene with the Board can be taken and Welsh Ministers informed.	Chief Executive	N/A
ACCOUNTABLE OFFICER MEMORANDUM	Section 11	Section 11	N/A	The Chief Executive should be generally available for consultation and that in any temporary period of unavailability, e.g., due to illness, or during normal periods of annual leave, responsibility should be delegated to a senior officer of the LHB.	Deputy Chief Executive	N/A

ACCOUNTABLE OFFICER MEMORANDUM	Section 12	Section 12	N/A	Should it become clear that the Chief Executive is so incapacitated that they are unable to discharge these responsibilities over a period of four weeks or more, the NHS Wales Chief Executive should be notified so that an Acting Accountable Officer can be designated pending the Chief Executive's return. The same applies if, exceptionally, an absence of more than four weeks is planned during which the Chief Executive cannot be contacted.	Deputy Chief Executive	N/A
ACCOUNTABLE OFFICER MEMORANDUM	Section 14	Section 14	N/A	Responsibility for the Budgets assigned and to be held to account for the exercise of the responsibilities as Accountable Officer directly	Chief Executive	N/A
ACCOUNTABLE OFFICER MEMORANDUM	Section 16	Section 16	N/A	May be required to attend Public Accounts Committee with NHS Wales Chief Executive about matters relevant to the proper stewardship of funds within the NHS in Wales. i) May be required to appear before the Public Accounts Committee separately depending on the matter under consideration.	Chief Executive	N/A
STANDING ORDERS	xxvii & xxviii	GENERAL	Applying Standing Orders	Non Compliance and Variation of Standing Order	Director of Corporate Governance	Director of Corporate Governance
STANDING ORDERS	xxxi	GENERAL	Applying Standing Orders	Final interpretation of Standing Orders	Chair	Director of Corporate Governance and where appropriate the Director of Finance (for SFIs)
STANDING ORDERS	xxxiii	GENERAL	The role of the Board Secretary	Responsibility for providing advice to the Board on all aspects of governance/committee services	Director of Corporate Governance	Director of Corporate Governance
STANDING ORDERS	2.1	RESERVATION AND DELEGATION OF LHB FUNCTIONS	Chair's Action on Urgent Matters	Use of Chair's Action and onward reporting to Board	Chair and Chief Executive	Director of Corporate Governance
STANDING ORDERS	2.3.1	RESERVATION AND DELEGATION OF LHB FUNCTIONS	Delegation To Officers	Compilation of Scheme of Delegation for functions delegated to Chief Executive for consideration and approval by the Board	Chief Executive	Director of Corporate Governance
STANDING ORDERS	2.3.1	RESERVATION AND DELEGATION OF LHB FUNCTIONS	Delegation To Officers	Delegation of functions within Directorates/departments/localities in line with the framework established by the Chief Executive and agreed by the Board	Executive Directors	Executive Directors
STANDING ORDERS	6	WORKING IN PARTNERSHIP	Working In Partnership	Identification and engagement with all key partners and regular review of effectiveness	Chair	Director of Primary Care, Community & Long Term Care
STANDING ORDERS	7.2	MEETINGS	Annual Plan of Board Business	Development of the Annual Plan of Board Business	Chair	Director of Corporate Governance
STANDING ORDERS	7.3	MEETINGS	Calling Meetings	Call meetings of the Board	Chair	Director of Corporate Governance
STANDING ORDERS	7.4	MEETINGS	Preparing for Meetings	Preparation of Board meetings	Chair	Director of Corporate Governance
STANDING ORDERS	7.5	MEETINGS	Conducting Board Meetings	Report decisions made & review HB business conducted in private session	Chair	Director of Corporate Governance
STANDING ORDERS	7.5	MEETINGS	Conducting Board Meetings	Chair all HB Meetings & associated responsibilities	Chair (or Vice Chair in Chair's Absence)	Chair (or Vice Chair in Chair's Absence)
STANDING ORDERS	7.6	MEETINGS	Record of Proceedings	A record of proceedings of Board Meetings	Director of Corporate Governance	Director of Corporate Governance
STANDING ORDERS	8.1	VALUES AND STANDARDS OF BEHAVIOUR	Declaring and recording Board members' interests	Establishment, maintenance and annual review of a Register of Interests declared by all Board Members	Chief Executive	Director of Corporate Governance
STANDING ORDERS	8.3	VALUES AND STANDARDS OF BEHAVIOUR	Dealing with officers' interests	Establishment, maintenance and annual review of a Register of Interests for relevant LHB Officers	Chief Executive	Director of Corporate Governance
STANDING ORDERS	8.7	VALUES AND STANDARDS OF BEHAVIOUR	Register of Gifts, Hospitality and Sponsorship	Establishment, maintenance and annual review of a Register of Gifts, Hospitality, Sponsorship and Honoraria for Board Members and LHB Officers	Chair and Chief Executive	Director of Corporate Governance

STANDING ORDERS	9.1	SIGNING AND SEALING DOCUMENTS	Register of Sealing	Establishment, maintenance and bi-annual reporting of a Register of Sealings	Director of Corporate Governance	Director of Corporate Governance
STANDING ORDERS	9.2	SIGNING AND SEALING DOCUMENTS	Signature of Documents	Signing and sealing of legal documents such as transfers of land, lease agreements and other important/key contracts on behalf of the Board.	Chief Executive	Chief Executive
STANDING ORDERS	9.2.1	SIGNING AND SEALING DOCUMENTS	Signature of Documents	Signing any agreement or other document (not required to be executed as a deed) on behalf of the Board where the subject matter has been approved either by the Board or a Committee to which the Board, as per the authority delegated within the Financial Scheme of Delegation.	Chief Executive	Nominated Officers (as per financial scheme of delegation)
STANDING ORDERS	9.3	SIGNING AND SEALING DOCUMENTS	Custody of Seal	Safe custody of Seal in a secure place	Director of Corporate Governance	Director of Corporate Governance
STANDING FINANCIAL INSTRUCTIONS (SFI)	1.1.3	INTRODUCTION	General	Approval of all financial procedures	Director of Finance, through Sustainable Resources Committee	Deputy Director of Finance
STANDING FINANCIAL INSTRUCTIONS (SFI)	1.1.4	INTRODUCTION	General	Provision of advise in regard to the interpretation/applications of SFI's	Director of Finance	Director of Finance
STANDING FINANCIAL INSTRUCTIONS (SFI)	1.2.1	INTRODUCTION	General	Report non-compliance with SFI's for consideration by Audit Committee (to formally consider the matter and make proposals to the Board on any action taken)	Director of Finance and Director of Corporate Governance	Director of Finance and Director of Corporate Governance
STANDING FINANCIAL INSTRUCTIONS (SFI)	1.3	INTRODUCTION	General	Ensure the LHB meets its statutory obligation to perform its functions within the available financial resources	Chief Executive	Director of Finance
STANDING FINANCIAL INSTRUCTIONS (SFI)	2.2.1	RESPONSIBILITIES AND DELEGATION	The Board	Accountability for overall Financial Control	Chief Executive and Director of Finance	Director of Finance
STANDING FINANCIAL INSTRUCTIONS (SFI)	2.2.2	RESPONSIBILITIES AND DELEGATION	The Board	Overall responsibility for ensuring that financial obligations and targets are met and overall responsibility for the system of internal control	Chief Executive	Chief Executive
STANDING FINANCIAL INSTRUCTIONS (SFI)	2.2.3	RESPONSIBILITIES AND DELEGATION	The Board	To ensure that Board Members and LHB Officers, and new appointees are notified of and understand their responsibilities within the SFI's	Chief Executive	Director of Finance
STANDING FINANCIAL INSTRUCTIONS (SFI)	2.3.1	RESPONSIBILITIES AND DELEGATION	The Board	a) Implementing Financial Policies and coordinating any corrective action necessary to further these policies	Director of Finance	Deputy Director of Finance
STANDING FINANCIAL INSTRUCTIONS (SFI)	2.3.1	RESPONSIBILITIES AND DELEGATION	The Board	b) Maintaining an effective system of internal financial control including ensuring that detailed financial procedures and systems are incorporating the principles of separation of duties and internal checks are prepared, documented and maintained to supplement these instructions;	Director of Finance	Deputy Director of Finance
STANDING FINANCIAL INSTRUCTIONS (SFI)	2.3.1	RESPONSIBILITIES AND DELEGATION	The Board	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	Director of Finance	Deputy Director of Finance
STANDING FINANCIAL INSTRUCTIONS (SFI)	2.3.1	RESPONSIBILITIES AND DELEGATION	The Board	d) The provision of financial advise to other Board members and LHB officers, and LHB committees and Advisory Groups	Director of Finance	Deputy Director of Finance
STANDING FINANCIAL INSTRUCTIONS (SFI)	2.3.1	RESPONSIBILITIES AND DELEGATION	The Board	e) the design, implementation and supervision of systems of internal financial control and,	Director of Finance	Deputy Director of Finance
STANDING FINANCIAL INSTRUCTIONS (SFI)	2.3.1	RESPONSIBILITIES AND DELEGATION	The Board	f) 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	Director of Finance	Deputy Director of Finance
STANDING FINANCIAL INSTRUCTIONS (SFI)	2.3.2	RESPONSIBILITIES AND DELEGATION	The Board	Ensuring an ongoing training and communication programme is in place to affect these SFI's	Director of Finance	Deputy Director of Finance
STANDING FINANCIAL INSTRUCTIONS (SFI)	2.4.1	RESPONSIBILITIES AND DELEGATION	The Board	Responsible for security of LHB's property, avoiding loss, exercising economy, efficiency, and sustainability in the use of resources & conforming with Sos, SFIs, financial procedures and Scheme of Delegation	All Board Members, LHB Officers, LHB Committees and Advisory Groups	All Board Members, LHB Officers, LHB Committees and Advisory Groups
STANDING FINANCIAL INSTRUCTIONS (SFI)	2.5.1	RESPONSIBILITIES AND DELEGATION	The Board	Ensure 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 are made aware of these SFIs and their requirement to comply	Chief Executive	All Executive Directors/Directors
STANDING FINANCIAL INSTRUCTIONS (SFI)	3.1.1	AUDIT, FRAUD AND CORRUPTION, AND SECURITY MANAGEMENT	Audit Committee	Establishment of 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.	Chief Executive	Director of Corporate Governance



STANDING FINANCIAL INSTRUCTIONS (SFI)	3.2.1a	AUDIT, FRAUD AND CORRUPTION, AND SECURITY MANAGEMENT	Chief Executive	a) Ensuring arrangements are in place to review, evaluate and report on the effectiveness of internal financial control including establishment of an IA function	Chief Executive	Director of Finance and Director of Corporate Governance
STANDING FINANCIAL INSTRUCTIONS (SFI)	3.2.1b	AUDIT, FRAUD AND CORRUPTION, AND SECURITY MANAGEMENT	Chief Executive	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	Chief Executive	Director of Corporate Governance
STANDING FINANCIAL INSTRUCTIONS (SFI)	3.2.1c	AUDIT, FRAUD AND CORRUPTION, AND SECURITY MANAGEMENT	Chief Executive	c) Deciding at what stage to involve the police in cases of misappropriation and other irregularities not involving fraud or corruption;	Chief Executive	Director of Finance
STANDING FINANCIAL INSTRUCTIONS (SFI)	3.2.1d	AUDIT, FRAUD AND CORRUPTION, AND SECURITY MANAGEMENT	Chief Executive	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 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	Chief Executive	Head of Internal Audit/Director of Corporate Governance
STANDING FINANCIAL INSTRUCTIONS (SFI)	3.3.1	AUDIT, FRAUD AND CORRUPTION, AND SECURITY MANAGEMENT	Internal Audit	Ensure there is 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.	Chief Executive	Director of Corporate Governance
STANDING FINANCIAL INSTRUCTIONS (SFI)	3.4.1	AUDIT, FRAUD AND CORRUPTION, AND SECURITY MANAGEMENT	External Audit	Ensure that there is a cost effective external audit service ???	Audit and Risk Assurance Committee	Director of Finance and Director of Corporate Governance
STANDING FINANCIAL INSTRUCTIONS (SFI)	3.4.2	AUDIT, FRAUD AND CORRUPTION, AND SECURITY MANAGEMENT	External Audit	Invite External Audit representative to attend every Audit Committee	Director of Corporate Governance	Director of Corporate Governance
STANDING FINANCIAL INSTRUCTIONS (SFI)	3.4.4	AUDIT, FRAUD AND CORRUPTION, AND SECURITY MANAGEMENT	External Audit	Formally consider and review the External Audit Strategy	Audit and Risk Assurance Committee	Director of Finance and Director of Corporate Governance
STANDING FINANCIAL INSTRUCTIONS (SFI)	3.4.5	AUDIT, FRAUD AND CORRUPTION, AND SECURITY MANAGEMENT	External Audit	Review the External Audit Annual Plan and the associated fees, and consider any material changes to the annual audit plan	Audit and Risk Assurance Committee	Director of Finance and Director of Corporate Governance
STANDING FINANCIAL INSTRUCTIONS (SFI)	3.5.1	AUDIT, FRAUD AND CORRUPTION, AND SECURITY MANAGEMENT	Fraud and Corruption	Monitor & ensure compliance with Directions issued by Welsh Ministers on fraud and corruption	Chief Executive and Director of Finance	Local Counter Fraud Specialist
STANDING FINANCIAL INSTRUCTIONS (SFI)	3.5.2	AUDIT, FRAUD AND CORRUPTION, AND SECURITY MANAGEMENT	Fraud and Corruption	Nominate a suitable person to carry out the duties of the Local Counter Fraud Specialist (LCFS) as specified by the NHS Counter Fraud and Corruption Manual and guidance	Chief Executive	Director of Finance
STANDING FINANCIAL INSTRUCTIONS (SFI)	3.5.4	AUDIT, FRAUD AND CORRUPTION, AND SECURITY MANAGEMENT	Fraud and Corruption	Provide a written report to the Director of Finance and Audit Committee, at least annually, on counter fraud work within the LHB	Director of Finance	Local Counter Fraud Specialist

STANDING FINANCIAL INSTRUCTIONS (SFI)	3.5.5	AUDIT, FRAUD AND CORRUPTION, AND SECURITY MANAGEMENT	Fraud and Corruption	Participate in the annual National Fraud Initiative. It must provide the necessary data for the mandatory element of the initiative by the due dates.	Director of Finance	Local Counter Fraud Specialist
STANDING FINANCIAL INSTRUCTIONS (SFI)	3.5.5	AUDIT, FRAUD AND CORRUPTION, AND SECURITY MANAGEMENT	Fraud and Corruption	The Audit Committee should consider the LHB's participation in additional dataset matching in order to support the detection of fraud across the whole public sector	Director of Finance	Local Counter Fraud Specialist
STANDING FINANCIAL INSTRUCTIONS (SFI)	3.6.1	AUDIT, FRAUD AND CORRUPTION, AND SECURITY MANAGEMENT	Security Management	Monitor and ensure compliance with Directions issued by the Welsh Ministers on NHS security management	Chief Executive	Director of Nursing, Quality & Patient Experience
STANDING FINANCIAL INSTRUCTIONS (SFI)	3.6.2	AUDIT, FRAUD AND CORRUPTION, AND SECURITY MANAGEMENT	Security Management	Overall responsibility for controlling and coordinating security	Chief Executive	Director of Nursing, Quality & Patient Experience
STANDING FINANCIAL INSTRUCTIONS (SFI)	4.2.4a	FINANCIAL DUTIES	First Financial Duty – The Breakeven Duty	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;	Director of Finance	Director of Finance
STANDING FINANCIAL INSTRUCTIONS (SFI)	4.2.4b	FINANCIAL DUTIES	First Financial Duty – The Breakeven Duty	b) 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;	Director of Finance	Director of Finance
STANDING FINANCIAL INSTRUCTIONS (SFI)	4.2.4c	FINANCIAL DUTIES	First Financial Duty – The Breakeven Duty	c) Periodically review any assumed in-year allocations to ensure that these are reasonable and realistic;	Director of Finance	Director of Finance
STANDING FINANCIAL INSTRUCTIONS (SFI)	4.2.4d	FINANCIAL DUTIES	First Financial Duty – The Breakeven Duty	d) Regularly update the Board on significant changes to the initial allocation and the application of such funds	Director of Finance	Director of Finance
STANDING FINANCIAL INSTRUCTIONS (SFI)	4.2.5	FINANCIAL DUTIES	First Financial Duty – The Breakeven Duty	Ensure the LHB meets its First Financial Duty	Chief Executive	Chief Executive
STANDING FINANCIAL INSTRUCTIONS (SFI)	4.3.7 & 4.3.9	FINANCIAL DUTIES	Second Financial Duty – The Planning Duty	To develop and submit to the Board, on an annual basis, the rolling 3 year Integrated Medium Term Plan (IMTP). 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	Chief Executive	Director of Strategy and Planning
STANDING FINANCIAL INSTRUCTIONS (SFI)	5.1.1	FINANCIAL MANAGEMENT AND BUDGETARY CONTROL	Budget Setting	Prepare and submit budgets for approval and delegation by the Board	Chief Executive	Director of Finance
STANDING FINANCIAL INSTRUCTIONS (SFI)	5.2.1	FINANCIAL MANAGEMENT AND BUDGETARY CONTROL	Budgetary Delegation	Delegate, via the 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 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.	Chief Executive	Director of Finance
STANDING FINANCIAL INSTRUCTIONS (SFI)	5.2.2	FINANCIAL MANAGEMENT AND BUDGETARY CONTROL	Budgetary Delegation	Ensure delegated budget holders do not exceed the budgetary total or virement limits set by the Board.	Chief Executive, Director of Finance and Budget Holders	Chief Executive, Director of Finance and Budget Holders
STANDING FINANCIAL INSTRUCTIONS (SFI)	5.2.3	FINANCIAL MANAGEMENT AND BUDGETARY CONTROL	Budgetary Delegation	Ensure 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	Director of Finance	All budget holders
STANDING FINANCIAL INSTRUCTIONS (SFI)	5.2.4	FINANCIAL MANAGEMENT AND BUDGETARY CONTROL	Budgetary Delegation	Ensure non-recurring budgets are not be used to finance recurring expenditure without the authority in writing of the Chief Executive, as advised by the Director of Finance	All budget holders	All budget holders

STANDING FINANCIAL INSTRUCTIONS (SFI)	5.2.5	FINANCIAL MANAGEMENT AND BUDGETARY CONTROL	Budgetary Delegation	Provide information as required by the Director of Finance to enable budgets to be compiled and managed appropriately.	Executive Directors/Directors	All budget holders
STANDING FINANCIAL INSTRUCTIONS (SFI)	5.2.6	FINANCIAL MANAGEMENT AND BUDGETARY CONTROL	Budgetary Delegation	Sign up to their allocated budgets at the commencement of the financial year	All budget holders	All budget holders
STANDING FINANCIAL INSTRUCTIONS (SFI)	5.2.7	FINANCIAL MANAGEMENT AND BUDGETARY CONTROL	Budgetary Delegation	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	Director of Finance	Deputy Director of Finance
STANDING FINANCIAL INSTRUCTIONS (SFI)	5.3.1	FINANCIAL MANAGEMENT AND BUDGETARY CONTROL	Financial Management and Budgetary Control	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. 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.	Director of Finance	Director of Finance
STANDING FINANCIAL INSTRUCTIONS (SFI)	5.3.2	FINANCIAL MANAGEMENT AND BUDGETARY CONTROL	Financial Management and Budgetary Control	Devise and maintain systems of financial management, performance reporting and budgetary control as per SFI 5.3.2	Director of Finance	Deputy Director of Finance
STANDING FINANCIAL INSTRUCTIONS (SFI)	5.3.3	FINANCIAL MANAGEMENT AND BUDGETARY CONTROL	Financial Management and Budgetary Control	Establish project management controls and financial reporting systems to ensure these objectives are met. Reporting requirements to Welsh Government will be set out in the approval letter provided post Ministerial approval.	Director of Finance	Deputy Director of Finance
STANDING FINANCIAL INSTRUCTIONS (SFI)	5.3.4	FINANCIAL MANAGEMENT AND BUDGETARY CONTROL	Financial Management and Budgetary Control	Ensure 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	All budget holders	All budget holders
STANDING FINANCIAL INSTRUCTIONS (SFI)	5.3.4	FINANCIAL MANAGEMENT AND BUDGETARY CONTROL	Financial Management and Budgetary Control	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	All budget holders	All budget holders
STANDING FINANCIAL INSTRUCTIONS (SFI)	5.3.4	FINANCIAL MANAGEMENT AND BUDGETARY CONTROL	Financial Management and Budgetary Control	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.	All budget holders	All budget holders
STANDING FINANCIAL INSTRUCTIONS (SFI)	5.3.5	FINANCIAL MANAGEMENT AND BUDGETARY CONTROL	Financial Management and Budgetary Control	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)	Chief Executive	All budget holders
STANDING FINANCIAL INSTRUCTIONS (SFI)	5.5.1	FINANCIAL MANAGEMENT AND BUDGETARY CONTROL	Reporting to Welsh Government - Monitoring Returns	Responsible for ensuring that the appropriate monitoring returns are submitted to the Welsh Ministers in accordance with published guidance and timescales	Chief Executive	Director of Finance
STANDING FINANCIAL INSTRUCTIONS (SFI)	6.2	ANNUAL ACCOUNTS AND REPORTS	Annual Accounts and Reports	Sign the accounts on behalf of the LHB	Chair and Chief Executive	Chair and Chief Executive and Director of Finance
STANDING FINANCIAL INSTRUCTIONS (SFI)	6.2a	ANNUAL ACCOUNTS AND REPORTS	Annual Accounts and Reports	Signing of the: a) Annual Governance Statement	Chair and Chief Executive	Director of Corporate Governance
STANDING FINANCIAL INSTRUCTIONS (SFI)	6.2b	ANNUAL ACCOUNTS AND REPORTS	Annual Accounts and Reports	Signing of the: b) Annual Quality Statement	Chair and Chief Executive	Director of Nursing, Quality & Patient Experience
STANDING FINANCIAL INSTRUCTIONS (SFI)	6.3	ANNUAL ACCOUNTS AND REPORTS	Annual Accounts and Reports	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	Director of Finance	Director of Finance



STANDING FINANCIAL INSTRUCTIONS (SFI)	6.5	ANNUAL ACCOUNTS AND REPORTS	Annual Accounts and Reports	Signing of the: c) Accountability Report	Director of Finance	Director of Finance
STANDING FINANCIAL INSTRUCTIONS (SFI)	7.1.1	BANKING ARRANGEMENTS	General & Bank Accounts	Responsible for managing the LHB's banking arrangements and for advising the Board on the provision of banking services and operation of accounts	Director of Finance	Director of Finance
STANDING FINANCIAL INSTRUCTIONS (SFI)	7.1.2	BANKING ARRANGEMENTS	General & Bank Accounts	Approval of banking arrangements	Board	N/A
STANDING FINANCIAL INSTRUCTIONS (SFI)	7.3.1	BANKING ARRANGEMENTS	Banking Procedures	Prepare detailed instructions on the operation of bank accounts	Director of Finance	Deputy Director of Finance
STANDING FINANCIAL INSTRUCTIONS (SFI)	7.3.2	BANKING ARRANGEMENTS	Banking Procedures	Advise the LHB's bankers in writing of the conditions under which each account will be operated	Director of Finance	Deputy Director of Finance
STANDING FINANCIAL INSTRUCTIONS (SFI)	7.3.3	BANKING ARRANGEMENTS	Banking Procedures	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 stationery, in the charge of a duly designated officer controlling their issue.	Director of Finance	Deputy Director of Finance
STANDING FINANCIAL INSTRUCTIONS (SFI)	7.4.1	BANKING ARRANGEMENTS	Review	Review the 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	Director of Finance	Deputy Director of Finance
STANDING FINANCIAL INSTRUCTIONS (SFI)	8.1.1a	CASH, CHEQUES, PAYMENT CARDS AND OTHER NEGOTIABLE INSTRUMENTS	General	Responsible for: a) Approving the form of all receipt books, agreement forms, or other means of officially acknowledging or recording monies received or receivable;	Director of Finance	Deputy Director of Finance
STANDING FINANCIAL INSTRUCTIONS (SFI)	8.1.1b	CASH, CHEQUES, PAYMENT CARDS AND OTHER NEGOTIABLE INSTRUMENTS	General	Responsible for: 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	Director of Finance	Deputy Director of Finance
STANDING FINANCIAL INSTRUCTIONS (SFI)	8.1.1c	CASH, CHEQUES, PAYMENT CARDS AND OTHER NEGOTIABLE INSTRUMENTS	General	Responsible for: c) Provision of adequate facilities and systems for officers whose duties include collecting and holding cash	Director of Finance	Deputy Director of Finance
STANDING FINANCIAL INSTRUCTIONS (SFI)	8.1.1d	CASH, CHEQUES, PAYMENT CARDS AND OTHER NEGOTIABLE INSTRUMENTS	General	Responsible for: d) Establishing systems and procedures for handling cash and negotiable securities on behalf of the LHB	Director of Finance	Deputy Director of Finance
STANDING FINANCIAL INSTRUCTIONS (SFI)	8.1.1e	CASH, CHEQUES, PAYMENT CARDS AND OTHER NEGOTIABLE INSTRUMENTS	General	Responsible for: e) Ensuring effective control systems are in place for the use of payment cards	Director of Finance	Deputy Director of Finance
STANDING FINANCIAL INSTRUCTIONS (SFI)	8.1.1f	CASH, CHEQUES, PAYMENT CARDS AND OTHER NEGOTIABLE INSTRUMENTS	General	Responsible for: f) Ensuring that there are adequate control systems in place to minimise the risk of cash/card misappropriation.	Director of Finance	Deputy Director of Finance
STANDING FINANCIAL INSTRUCTIONS (SFI)	9.2.1	INCOME, FEES AND CHARGES	Income Systems	Design and maintain procedures to ensure compliance with systems for the proper recording, invoicing, and collection and coding of all monies due	Director of Finance	Deputy Director of Finance
STANDING FINANCIAL INSTRUCTIONS (SFI)	9.2.2	INCOME, FEES AND CHARGES	Income Systems	Ensure that systems are in place for the prompt banking of all monies received.	Director of Finance	Deputy Director of Finance
STANDING FINANCIAL INSTRUCTIONS (SFI)	9.3.1	INCOME, FEES AND CHARGES	Fees and Charges	Responsible for approving and regularly reviewing the level of all fees and charges other than those determined by the Welsh Ministers or by Statute	Director of Finance	Deputy Director of Finance
STANDING FINANCIAL INSTRUCTIONS (SFI)	9.3.2	INCOME, FEES AND CHARGES	Fees and Charges	Inform the 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	Director of Finance	Deputy Director of Finance

STANDING FINANCIAL INSTRUCTIONS (SFI)	9.4.3	INCOME, FEES AND CHARGES	Income Due and Debt Recovery	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.	Director of Finance	Deputy Director of Finance
STANDING FINANCIAL INSTRUCTIONS (SFI)	9.4.6	INCOME, FEES AND CHARGES	Income Due and Debt Recovery	Responsible for ensuring the Welsh Ministers' guidance on disputed debt arbitration is strictly adhered to.	Chief Executive and Director of Finance	Chief Executive and Director of Finance
STANDING FINANCIAL INSTRUCTIONS (SFI)	10.1.1	NON-PAY EXPENDITURE	Scheme of Delegation, Non Pay Expenditure Limits and Accountability	Approval of the non-pay expenditure and operational scheme of delegation and authorisation to budget holders and managers within the parameters set out in the LHB's scheme of delegation	Chief Executive	Director of Finance
STANDING FINANCIAL INSTRUCTIONS (SFI)	10.1.2.	NON-PAY EXPENDITURE	Scheme of Delegation, Non Pay Expenditure Limits and Accountability	Set out in the operational scheme of delegation and authorisation: a)The list of managers who are authorised to place requisitions for the supply of goods and services; and b)The maximum level of each requisition and the system for authorisation above that level	Chief Executive	Director of Finance
STANDING FINANCIAL INSTRUCTIONS (SFI)	10.2.1a	NON-PAY EXPENDITURE	The Director of Finance's responsibilities	a) Advise the Board regarding the setting of thresholds above which quotations (competitive or otherwise) or formal tenders must be obtained; and, once approved, the thresholds should be incorporated in SOs and SFIs and regularly reviewed;	Director of Finance	Deputy Director of Finance
STANDING FINANCIAL INSTRUCTIONS (SFI)	10.2.1b	NON-PAY EXPENDITURE	The Director of Finance's responsibilities	b) Prepare procedural instructions or guidance within the Scheme of Delegation on the obtaining of goods, works and services;	Director of Finance	Deputy Director of Finance
STANDING FINANCIAL INSTRUCTIONS (SFI)	10.2.1c	NON-PAY EXPENDITURE	The Director of Finance's responsibilities	c) Ensure systems are in place for the prompt payment of all properly authorised accounts and claims;	Director of Finance	Deputy Director of Finance
STANDING FINANCIAL INSTRUCTIONS (SFI)	10.2.1d	NON-PAY EXPENDITURE	The Director of Finance's responsibilities	d) Ensure systems are in place for providing a system of verification, recording and payment of all amounts payable.	Director of Finance	Deputy Director of Finance
STANDING FINANCIAL INSTRUCTIONS (SFI)	10.2.1e	NON-PAY EXPENDITURE	The Director of Finance's responsibilities	e) Ensure systems are in place for ensuring that payment for goods and services is only made once the goods and services are received.	Director of Finance	Deputy Director of Finance
STANDING FINANCIAL INSTRUCTIONS (SFI)	10.2.1f	NON-PAY EXPENDITURE	The Director of Finance's responsibilities	f) Responsible for ensuring compliance with the Public Sector payment policy ensuring that a minimum of 95 percent of creditors are paid within 30 days of receipt of goods or a valid invoice (whichever is later) unless other payment terms	Director of Finance	Deputy Director of Finance
STANDING FINANCIAL INSTRUCTIONS (SFI)	10.6.1	NON-PAY EXPENDITURE	Prepayments	Approval of proposed prepayment arrangements	Director of Finance	Deputy Director of Finance
STANDING FINANCIAL INSTRUCTIONS (SFI)	10.6.2	NON-PAY EXPENDITURE	Prepayments	Ensure 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	All Budget Holders	All Budget Holders
STANDING FINANCIAL INSTRUCTIONS (SFI)	11.7.1	PROCUREMENT AND CONTRACTING FOR GOODS AND SERVICES	Sustainable Procurement	Adopt a Sustainable Development Strategy consistent with the NHS Wales Sustainable Development Strategy	Director of Finance	Director of Finance and NWSSP/Head of Procurement
STANDING FINANCIAL INSTRUCTIONS (SFI)	11.7.2	PROCUREMENT AND CONTRACTING FOR GOODS AND SERVICES	Sustainable Procurement	Benchmark its performance in sustainable procurement and produce annual action plans for improvement through its use of the Sustainable Procurement Assessment Framework (SPAF)	Director of Finance	Deputy Director of Finance
STANDING FINANCIAL INSTRUCTIONS (SFI)	11.7.2	PROCUREMENT AND CONTRACTING FOR GOODS AND SERVICES	Sustainable Procurement	For all contracts over £25,000, the LHB shall take account of social, economic and environmental issues when making procurement decisions using the Sustainable Risk Assessment Template (SRA)	Director of Finance	Director of Finance
STANDING FINANCIAL INSTRUCTIONS (SFI)	11.7.5	PROCUREMENT AND CONTRACTING FOR GOODS AND SERVICES	Sustainable Procurement	The LHB is required to consider the Welsh Government Guidance on Ethical Procurement and the new Code of Practice on ethical employment in supply chains which commits public, private and third sector organisations to a set of actions that tackle illegal and unfair employment practices including blacklisting, modern slavery and living wage.	Chief Executive	Director of Finance

STANDING FINANCIAL INSTRUCTIONS (SFI)	11.8.1 11.7.6	PROCUREMENT AND CONTRACTING FOR GOODS AND SERVICES	Sustainable Procurement	The LHB shall make use of the tools developed by Value Wales in implementing the principles of the WBFGA 2015. The LHB shall benchmark its performance against the WBFGA 2015. For all contracts over £25,000, the LHB shall take account of social, economic and environmental issues when making procurement decisions using the Sustainable Risk Assessment Template (SRA).	Director of Finance	NWSSP/Head of Procurement
STANDING FINANCIAL INSTRUCTIONS (SFI)	11.9.1	PROCUREMENT AND CONTRACTING FOR GOODS AND SERVICES	Planning Procurement	Ensure that the LHB has procedures that set out: a) Requirements and exceptions to formal competitive tendering requirements; b) Tendering processes including post tender discussions; c) Requirements and exceptions to obtaining quotations; d) Evaluation and scoring methodologies; and e) Approval of firms for providing goods and services	Director of Finance	Director of Finance/NWSSP
STANDING FINANCIAL INSTRUCTIONS (SFI)	11.9.2	PROCUREMENT AND CONTRACTING FOR GOODS AND SERVICES	Planning Procurement	Depending on the value of the procurement, a process of planning the procurement must be undertaken with the Procurement Services and appropriate representative from the service and other appropriate stakeholders. 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. • that the procurement follows current legislative and policy frameworks including Value Based Procurement	Director of Finance	Director of Finance
STANDING FINANCIAL INSTRUCTIONS (SFI)	11.11.1a	PROCUREMENT AND CONTRACTING FOR GOODS AND SERVICES	Procurement Thresholds	a) Quotations up to £5,000 (at the discretion of Director of Finance)	Director of Finance	All Budget Holders
STANDING FINANCIAL INSTRUCTIONS (SFI)	11.11.1b	PROCUREMENT AND CONTRACTING FOR GOODS AND SERVICES	Procurement Thresholds	b) Obtaining minimum of 3 written quotations for goods/services of value between £5,000 and £25,000	Director of Finance	All Budget Holders
STANDING FINANCIAL INSTRUCTIONS (SFI)	11.11.1c	PROCUREMENT AND CONTRACTING FOR GOODS AND SERVICES	Procurement Thresholds	c) Authorise and record where the required number of quotations is not available (Note 3.5, Scd 1, SFIs)	Director of Finance	All Budget Holders
STANDING FINANCIAL INSTRUCTIONS (SFI)	11.11.1d	PROCUREMENT AND CONTRACTING FOR GOODS AND SERVICES	Procurement Thresholds	d) Formally authorise and record single quotations and report to Audit Committee (Note 3.6, Scd 1, SFIs)	Director of Finance	Director of Finance and NWSSP/Head of Procurement
STANDING FINANCIAL INSTRUCTIONS (SFI)	11.11.1e	PROCUREMENT AND CONTRACTING FOR GOODS AND SERVICES	Procurement Thresholds	Competitive Tenders – Total value of contract its entire period: e) Obtaining a minimum of 4 written competitive tenders for goods/services of value between £25,000 and the OJEU threshold (in compliance with EC Directives as appropriate)	Director of Finance	Budget Holder/NWSSP (Procurement)
STANDING FINANCIAL INSTRUCTIONS (SFI)	11.11.1f	PROCUREMENT AND CONTRACTING FOR GOODS AND SERVICES	Procurement Thresholds	f) Obtaining a minimum of 5 written competitive tenders for goods/services of a value in excess of OJEU threshold (in compliance with EC Directives as appropriate)	Chief Executive and Director of Finance	Deputy Director of Finance
STANDING FINANCIAL INSTRUCTIONS (SFI)	11.11.1g	PROCUREMENT AND CONTRACTING FOR GOODS AND SERVICES	Procurement Thresholds	g) Authorise acceptance of lower number of tenderers based on receipt of a full report detailing the reasons (note 5.3 Scd 1, SFIs)	Chief Executive and Director of Finance	Deputy Director of Finance
STANDING FINANCIAL INSTRUCTIONS (SFI)	11.11.1h	PROCUREMENT AND CONTRACTING FOR GOODS AND SERVICES	Procurement Thresholds	h) Establish all firms on the tender list are financially sound and professionally competent through a pre-qualification/financial vetting process (note 5.1 Scd 1, SFIs)	Director of Finance	NWSSP (Procurement)

STANDING FINANCIAL INSTRUCTIONS (SFI)	11.11.1i	PROCUREMENT AND CONTRACTING FOR GOODS AND SERVICES	Procurement Thresholds	i) Receipt and custody of tenders prior to opening (paper based procurement only) (note 8.3, Scd 1, SFIs)	Director of Finance	PA to Chief Executive
STANDING FINANCIAL INSTRUCTIONS (SFI)	11.11.1j	PROCUREMENT AND CONTRACTING FOR GOODS AND SERVICES	Procurement Thresholds	j) Decide if late tenders should be considered (paper based procurement only) (note 8.3, Scd 1, SFIs)	Director of Finance	Director of Finance
STANDING FINANCIAL INSTRUCTIONS (SFI)	11.11.1k	PROCUREMENT AND CONTRACTING FOR GOODS AND SERVICES	Procurement Thresholds	k) Opening of Tenders (paper based procurement only) within 2 days, authorised to be opened by a person authorised by Chief Executive in presence of officer not of the Directorate who has invited the tender) (note 9.1, Scd 1, SFIs)	Chief Executive	PA to Chief Executive plus an Executive Director or <b>Director of Corporate Governance</b>
STANDING FINANCIAL INSTRUCTIONS (SFI)	11.11.1l	PROCUREMENT AND CONTRACTING FOR GOODS AND SERVICES	Procurement Thresholds	l) Maintain Tender Register in a secure place (note 9.3, Scd 1, SFIs)	Director of Finance	PA to Chief Executive
STANDING FINANCIAL INSTRUCTIONS (SFI)	11.11.1m	PROCUREMENT AND CONTRACTING FOR GOODS AND SERVICES	Procurement Thresholds	m) Evaluation of tenders in a robust and fair manner (note 10.2, Sch1, SFIs)	Chief Executive	Chief Executive or nominated committee, project group or other
STANDING FINANCIAL INSTRUCTIONS (SFI)	11.11.1n	PROCUREMENT AND CONTRACTING FOR GOODS AND SERVICES	Procurement Thresholds	n) Extending contracts on a single occasion provided that it does not exceed 50% of original value of the contract to a maximum of £75,000. Contract extensions must be reported to Audit and Risk Assurance Committee (note 10.8, Sch 1, SFIs)	Chief Executive	Director of Finance
STANDING FINANCIAL INSTRUCTIONS (SFI)	<b>11.11.1o</b>	PROCUREMENT AND CONTRACTING FOR GOODS AND SERVICES	Procurement Thresholds	o) Approve Single Tender Actions & report to Audit and Risk Assurance Committee (note 4.2 Schedule 1, SFIs)	Chief Executive and Director of Finance	Director of Finance
STANDING FINANCIAL INSTRUCTIONS (SFI)	11.12.1	PROCUREMENT AND CONTRACTING FOR GOODS AND SERVICES	Designing Competitions	Nominate officer who shall oversee and manage each contract on behalf of the LHB so as to ensure that these implicit obligations in SFIs are met	Chief Executive	Director of Finance
STANDING FINANCIAL INSTRUCTIONS (SFI)	11.13.1	PROCUREMENT AND CONTRACTING FOR GOODS AND SERVICES	Single Quotation Application or Single Tender Application	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 as required in SFI 11.13.1	Chief Executive	Director of Finance
STANDING FINANCIAL INSTRUCTIONS (SFI)	11.19	PROCUREMENT AND CONTRACTING FOR GOODS AND SERVICES	No Purchase Order, No Pay	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.	Chief Executive	Director of Finance
STANDING FINANCIAL INSTRUCTIONS (SFI)	11.20.2	PROCUREMENT AND CONTRACTING FOR GOODS AND SERVICES	Official Orders	Authorise who may use and be issued with official orders	Chief Executive	Director of Finance
STANDING FINANCIAL INSTRUCTIONS (SFI)	12.1.1	HEALTH CARE AGREEMENTS AND CONTRACTS FOR HEALTH CARE SERVICES	Healthcare Agreements	Responsible for ensuring the LHB enters into suitable Health Care Agreements (or Individual Patient Commissioning Agreements, where appropriate) for its provision of health care services	Chief Executive	<b>Director of Strategy and Planning (Medical Director for IPCAs)</b>
STANDING FINANCIAL INSTRUCTIONS (SFI)	12.3.1	HEALTH CARE AGREEMENTS AND CONTRACTS FOR HEALTH CARE SERVICES	Healthcare Agreements	Ensure that regular reports are provided to the Board detailing performance and associated financial implications of all health care agreements	Chief Executive	Director of Finance



STANDING FINANCIAL INSTRUCTIONS (SFI)	13.2.2	GRANT FUNDING	Policies and procedures	Ultimately responsible for ensuring that the LHB's grant and procurement 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	Chief Executive	Director of Finance
STANDING FINANCIAL INSTRUCTIONS (SFI)	14.1.1	PAY EXPENDITURE	Remuneration and Terms of Service Committee	Establish a Remuneration and Terms of Service Committee	Board	Director of Corporate Governance
STANDING FINANCIAL INSTRUCTIONS (SFI)	14.1.2	PAY EXPENDITURE	Remuneration and Terms of Service Committee	The Committee shall report in writing to the Board the basis for its recommendations.	Remuneration & Terms of Service Committee	Director of Workforce & OD and Director of Corporate Governance
STANDING FINANCIAL INSTRUCTIONS (SFI)	14.1.3	PAY EXPENDITURE	Remuneration and Terms of Service Committee	Present to the Board for approval, proposals for the setting of remuneration and terms of service for employees and officers not covered by the Committee	Chief Executive	Director of Workforce & OD
STANDING FINANCIAL INSTRUCTIONS (SFI)	14.2.1	PAY EXPENDITURE	Funded Establishment	Approval of any variation of funded establishment of any department	Chief Executive	All Executive Directors/Directors
STANDING FINANCIAL INSTRUCTIONS (SFI)	14.3.1	PAY EXPENDITURE	Staff Appointments	Authorisation of engagement, re-engagement, re-engagement of employees, either on a permanent or temporary nature, or hire agency staff, or agree to changes in any aspect of remuneration outside of their approved budget and funded establishment	Chief Executive	All Executive Directors/Directors
STANDING FINANCIAL INSTRUCTIONS (SFI)	14.3.1a	PAY EXPENDITURE	Staff Appointments	a) Authority to fill funded posts within the establishment with permanent staff	All Budget Holders	All Budget Holders
STANDING FINANCIAL INSTRUCTIONS (SFI)	14.3.1b	PAY EXPENDITURE	Staff Appointments	b) Authority to appoint staff to posts not on the formal establishment	Executive Directors/Directors	Executive Directors/Directors
STANDING FINANCIAL INSTRUCTIONS (SFI)	14.3.1c	PAY EXPENDITURE	Staff Appointments	c) Additional increments – the granting of additional increments to staff within budgets (subject to the rules of Agenda for Change)	Director of Workforce & OD	Deputy Director of Workforce & OD
STANDING FINANCIAL INSTRUCTIONS (SFI)	14.3.1d	PAY EXPENDITURE	Staff Appointments	d) Applications for re-grading (in line with the agreed policy on Agenda for Change and in accordance with all Wales Terms and Conditions).	Director of Workforce & OD	Assistant Director of Workforce & OD (Resourcing & Utilisation)
STANDING FINANCIAL INSTRUCTIONS (SFI)	14.3.1e	PAY EXPENDITURE	Staff Appointments	e) Authority to complete standing data forms affecting pay, new starters, variations and leavers	Line Managers and Heads of Service	Line Managers and Heads of Service
STANDING FINANCIAL INSTRUCTIONS (SFI)	14.3.1f	PAY EXPENDITURE	Staff Appointments	f) Authority to authorise overtime	Heads of Service/General Managers	Heads of Service/General Managers
STANDING FINANCIAL INSTRUCTIONS (SFI)	14.3.1g	PAY EXPENDITURE	Staff Appointments	g) Authority to authorise travel and subsistence expenses	Line Managers and Heads of Service	Line Managers and Heads of Service
STANDING FINANCIAL INSTRUCTIONS (SFI)	14.3.1h(i)	PAY EXPENDITURE	Staff Appointments	h) Authority to book Bank or Agency Staff for (i) Consultants and Middle Grades	Director of Operations	General Managers/Clinical Directors
STANDING FINANCIAL INSTRUCTIONS (SFI)	14.3.1h(ii)	PAY EXPENDITURE	Staff Appointments	h) Authority to book Bank or Agency Staff for (ii) Nursing Staff	Director of Operations	General Managers/Clinical Directors
STANDING FINANCIAL INSTRUCTIONS (SFI)	14.3.1h(iii)	PAY EXPENDITURE	Staff Appointments	h) Authority to book Bank or Agency Staff for (iii) All other Staff	Director of Operations	Directorate Management Teams
STANDING FINANCIAL INSTRUCTIONS (SFI)	14.3.1i(i)	PAY EXPENDITURE	Staff Appointments	i) Annual Leave approval	Line Managers	Line Managers
STANDING FINANCIAL INSTRUCTIONS (SFI)	14.3.1i(ii)	PAY EXPENDITURE	Staff Appointments	(ii) Annual leave approval to carry forward 5 days	Executive Director/Director or nominated deputy (via Line Manager)	Executive Director/Director or nominated deputy (via Line Manager)
STANDING FINANCIAL INSTRUCTIONS (SFI)	14.3.1i(iii)	PAY EXPENDITURE	Staff Appointments	(iii) Approval of Special Leave (including compassionate, carers and leave without pay (in line with All Wales Special Leave Policy)	Line Managers	Line Managers
STANDING FINANCIAL INSTRUCTIONS (SFI)	14.3.1j	PAY EXPENDITURE	Staff Appointments	j) Approval of leave without pay	Line Managers	Line Managers

STANDING FINANCIAL INSTRUCTIONS (SFI)	14.3.1k(i-iii)	PAY EXPENDITURE	Staff Appointments	k) Approval of Medical and Dental Staff Leave of Absence (i) Doctors below Consultant Grade a) Annual Leave b) Study Leave (ii) Consultant Staff a) Annual Leave b) Study Leave (iii) Clinical Directors a) Annual Leave b) Study Leave	Line Managers	Line Managers
STANDING FINANCIAL INSTRUCTIONS (SFI)	14.3.1k(iv)	PAY EXPENDITURE	Staff Appointments	(iv) Medical Director a) Annual Leave b) Study Leave	Chief Executive	Chief Executive
STANDING FINANCIAL INSTRUCTIONS (SFI)	14.3.1l	PAY EXPENDITURE	Staff Appointments	l) Approval of time off in lieu	Line Managers/Service Delivery Managers	Line Managers/Service Delivery Managers
STANDING FINANCIAL INSTRUCTIONS (SFI)	14.3.1m	PAY EXPENDITURE	Staff Appointments	m) Approval of maternity, paternity and adoption leave in line with LHB Policy	Line Managers and Workforce & OD Manager	Line Managers and Workforce & OD Manager
STANDING FINANCIAL INSTRUCTIONS (SFI)	14.3.1n	PAY EXPENDITURE	Staff Appointments	n) Approval of sick leave – return to work on phased basis to assist with recovery in line with All Wales Sickness Policy	Line Managers	Line Managers
STANDING FINANCIAL INSTRUCTIONS (SFI)	14.3.1o	PAY EXPENDITURE	Staff Appointments	o) Approval of extension of sick leave on full or half pay - Directors	Remuneration & Terms of Service Committee	Director of Workforce & OD
STANDING FINANCIAL INSTRUCTIONS (SFI)	14.3.1p	PAY EXPENDITURE	Staff Appointments	p) Approval of extension of sick leave on full or half pay – Other staff	Director of Workforce & OD	Director of Workforce & OD
STANDING FINANCIAL INSTRUCTIONS (SFI)	14.3.1q(i)	PAY EXPENDITURE	Staff Appointments	q) Study leave & Conferences (i) In-house learning & development programmes	Line Managers	Line Managers
STANDING FINANCIAL INSTRUCTIONS (SFI)	14.3.1q(ii)	PAY EXPENDITURE	Staff Appointments	q) Study leave & Conferences (ii) Applications for higher award	Line Managers, County Director/General Manager Professional Head & Executive led Panel	Line Managers, County Director/General Manager Professional Head & Executive led Panel
STANDING FINANCIAL INSTRUCTIONS (SFI)	14.3.1r(i)	PAY EXPENDITURE	Staff Appointments	r) Approval of relocation costs (i) Chief Executive & Directors	Remuneration & Terms of Service Committee	Director of Workforce & OD
STANDING FINANCIAL INSTRUCTIONS (SFI)	14.3.1r(ii)	PAY EXPENDITURE	Staff Appointments	r) Approval of relocation costs (ii) Medical and Dental Staff	Director of Workforce & OD (as per Relocation Expenses Policy) Director of Workforce & OD (as per Relocation Expenses Policy)	Director of Workforce & OD
STANDING FINANCIAL INSTRUCTIONS (SFI)	14.3.1r(iii)	PAY EXPENDITURE	Staff Appointments	r) Approval of relocation costs (iii) Other Staff groups	Director of Workforce & OD (as per Relocation Expenses Policy)	Director of Workforce & OD
STANDING FINANCIAL INSTRUCTIONS (SFI)	14.3.1s(i)	PAY EXPENDITURE	Staff Appointments	s) Approval of lease cars (i) Chief Executive	Chair	Chair
STANDING FINANCIAL INSTRUCTIONS (SFI)	14.3.1s(ii)	PAY EXPENDITURE	Staff Appointments	s) Approval of lease cars (ii) Directors	Chief Executive	Chief Executive
STANDING FINANCIAL INSTRUCTIONS (SFI)	14.3.1s(iii)	PAY EXPENDITURE	Staff Appointments	s) Approval of lease cars (iii) Other Staff groups	Budget holder	Budget holder
STANDING FINANCIAL INSTRUCTIONS (SFI)	14.3.1t(i)	PAY EXPENDITURE	Staff Appointments	t) Approval of mobile phones (i) Chief Executive	Chair	Chair
STANDING FINANCIAL INSTRUCTIONS (SFI)	14.3.1t(ii)	PAY EXPENDITURE	Staff Appointments	t) Approval of mobile phones (ii) Directors	Chief Executive	Chief Executive
STANDING FINANCIAL INSTRUCTIONS (SFI)	14.3.1t(iii)	PAY EXPENDITURE	Staff Appointments	t) Approval of mobile phones (iii) Other Staff groups	Line Managers	Line Managers

STANDING FINANCIAL INSTRUCTIONS (SFI)	14.4.1	PAY EXPENDITURE	Staff Appointments	Present to the Board for approval, procedures for the determination of commencing pay rates, conditions of service, etc, for employees in accordance with pay, terms and conditions set out in Agenda for Change and other pay review bodies	Chief Executive	Director of Workforce & OD
STANDING FINANCIAL INSTRUCTIONS (SFI)	14.5.1	PAY EXPENDITURE	Payroll	The Director of Workforce and Organisational Development, has responsibility for securing an efficient, well-controlled payroll service from NHS Wales Shared Services Partnership that: a) pays the correct staff with the correct amount, b) all payments are supported by properly authorised documentation.	Director of Workforce & OD	Director of Workforce & OD
STANDING FINANCIAL INSTRUCTIONS (SFI)	14.5.2a	PAY EXPENDITURE	Payroll	Responsible for: a) Securing the provision of an efficient, value for money payroll service;	Director of Workforce & OD	Deputy Director of Workforce & OD
STANDING FINANCIAL INSTRUCTIONS (SFI)	14.5.2b	PAY EXPENDITURE	Payroll	Responsible for: b) Specifying timetables for submission of properly authorised time records and other notifications;	Director of Workforce & OD	NWSSP
STANDING FINANCIAL INSTRUCTIONS (SFI)	14.5.2c	PAY EXPENDITURE	Payroll	Responsible for: 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	Director of Workforce & OD	NWSSP
STANDING FINANCIAL INSTRUCTIONS (SFI)	14.5.2d	PAY EXPENDITURE	Payroll	Responsible for: d) Agreeing the timing and method of payment with the payroll service;	Director of Workforce & OD	Deputy Director of Workforce & OD
STANDING FINANCIAL INSTRUCTIONS (SFI)	14.5.2e	PAY EXPENDITURE	Payroll	Responsible for: e) Authorising the release of payroll data where in accordance with the provisions of the Data Protection Act 1998 (C.29); Director of Workforce & OD Head of Information Governance	Director of Workforce & OD	Head of Information Governance
STANDING FINANCIAL INSTRUCTIONS (SFI)	14.5.2f	PAY EXPENDITURE	Payroll	Responsible for: f) Verification and documentation of data;	Director of Workforce & OD	NWSSP
STANDING FINANCIAL INSTRUCTIONS (SFI)	14.5.2g	PAY EXPENDITURE	Payroll	Responsible for: g) The timetable for receipt and preparation of payroll data and the payment of employees and allowances;	Director of Workforce & OD	NWSSP
STANDING FINANCIAL INSTRUCTIONS (SFI)	14.5.2h	PAY EXPENDITURE	Payroll	Responsible for: h) Maintenance of subsidiary records for superannuation, income tax, social security and other authorised deductions from pay;	Director of Workforce & OD	NWSSP
STANDING FINANCIAL INSTRUCTIONS (SFI)	14.5.2i	PAY EXPENDITURE	Payroll	Responsible for: i) Security and confidentiality of payroll information;	Director of Workforce & OD	NWSSP
STANDING FINANCIAL INSTRUCTIONS (SFI)	14.5.2j	PAY EXPENDITURE	Payroll	Responsible for: j) Checks to be applied to completed payroll before and after payment;	Director of Workforce & OD	NWSSP
STANDING FINANCIAL INSTRUCTIONS (SFI)	14.5.2k	PAY EXPENDITURE	Payroll	Responsible for: 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	Director of Workforce & OD	NWSSP
STANDING FINANCIAL INSTRUCTIONS (SFI)	14.5.3a	PAY EXPENDITURE	Payroll	a) Ensuring that any arrangements for a payroll service from NHS Wales Shared Services Partnership (NWSSP) is supported by appropriate Service Level Agreements, contract terms and conditions; adequate internal controls and audit review procedures	Chief Executive	Director of Finance
STANDING FINANCIAL INSTRUCTIONS (SFI)	14.5.3b	PAY EXPENDITURE	Payroll	b) Ensuring a sound system of internal control and audit review of any internally provided payroll service;	Chief Executive	Director of Workforce & OD
STANDING FINANCIAL INSTRUCTIONS (SFI)	14.5.3c	PAY EXPENDITURE	Payroll	c) Maintenance and/or the authorisation of regular and independent reconciliation of pay control accounts	Chief Executive	Director of Finance
STANDING FINANCIAL INSTRUCTIONS (SFI)	14.5.4	PAY EXPENDITURE	Payroll	Submitting time records, and other notifications in accordance with agreed timetables, completing time records and other notifications in accordance with the contract of Service Level Agreements, and submitting termination forms in the prescribed form immediately upon knowing the effective date of an employee's or officer's resignation, termination or retirement.	Line Managers	Line Managers
STANDING FINANCIAL INSTRUCTIONS (SFI)	14.6.1	PAY EXPENDITURE	Contracts of Employment	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	Director of Workforce & OD	NWSSP
STANDING FINANCIAL INSTRUCTIONS (SFI)	15.1.1a	CAPITAL INVESTMENT, FIXED ASSET REGISTERS AND SECURITY OF ASSETS	Capital Plan	a) 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	Chief Executive	Director of Strategy and Planning



STANDING FINANCIAL INSTRUCTIONS (SFI)	15.1.1b	CAPITAL INVESTMENT, FIXED ASSET REGISTERS AND SECURITY OF ASSETS	Capital Plan	b) Responsible for the management of all stages of capital schemes and for ensuring that schemes are delivered on time and to cost	Chief Executive	Senior Responsible Owner for each capital scheme
STANDING FINANCIAL INSTRUCTIONS (SFI)	15.1.1c	CAPITAL INVESTMENT, FIXED ASSET REGISTERS AND SECURITY OF ASSETS	Capital Plan	c) 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	Chief Executive	Director of Finance
STANDING FINANCIAL INSTRUCTIONS (SFI)	15.1.1d	CAPITAL INVESTMENT, FIXED ASSET REGISTERS AND SECURITY OF ASSETS	Capital Plan	d) Ensure that an annual capital programme is adopted by the Board prior to the commencement of the financial year	Chief Executive	Director of Strategy and Planning
STANDING FINANCIAL INSTRUCTIONS (SFI)	15.1.1e	CAPITAL INVESTMENT, FIXED ASSET REGISTERS AND SECURITY OF ASSETS	Capital Plan	e) Ensure the availability of resources to finance all revenue consequences of the investment, including capital charges	Chief Executive	Director of Finance
STANDING FINANCIAL INSTRUCTIONS (SFI)	15.1.1f	CAPITAL INVESTMENT, FIXED ASSET REGISTERS AND SECURITY OF ASSETS	Capital Plan	f) 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	Chief Executive	Director of Estates, Facilities & Capital Management
STANDING FINANCIAL INSTRUCTIONS (SFI)	15.1.3	CAPITAL INVESTMENT, FIXED ASSET REGISTERS AND SECURITY OF ASSETS	Capital Plan	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.	Chief Executive	Director of Finance
STANDING FINANCIAL INSTRUCTIONS (SFI)	15.2.1	CAPITAL INVESTMENT, FIXED ASSET REGISTERS AND SECURITY OF ASSETS	Capital Investment Decisions	A business case is produced in line with Welsh Ministers' guidance and d guidance for the development of business cases as set out in: a) NHS Wales Infrastructure Investment Guidance (Welsh Health Circular WHC (2018) 043) <a href="https://gov.wales/nhs-wales-infrastructure-investment-guidance">https://gov.wales/nhs-wales-infrastructure-investment-guidance</a> b) Better business cases: investment decision-making framework <a href="https://gov.wales/better-business-cases-investment-decision-making-framework">https://gov.wales/better-business-cases-investment-decision-making-framework</a>	Chief Executive	Senior Responsible Owner for each capital scheme
STANDING FINANCIAL INSTRUCTIONS (SFI)	15.4.5a	CAPITAL INVESTMENT, FIXED ASSET REGISTERS AND SECURITY OF ASSETS	Capital Procedures and Responsibilities	Issue to the manager responsible for any capital scheme: a) Specific authority to commit expenditure	Chief Executive	Senior Responsible Owner for each capital scheme
STANDING FINANCIAL INSTRUCTIONS (SFI)	15.4.5b	CAPITAL INVESTMENT, FIXED ASSET REGISTERS AND SECURITY OF ASSETS	Capital Procedures and Responsibilities	Issue to the manager responsible for any capital scheme: b) Authority to proceed to tender	Chief Executive	Senior Responsible Owner for each capital scheme
STANDING FINANCIAL INSTRUCTIONS (SFI)	15.4.5c	CAPITAL INVESTMENT, FIXED ASSET REGISTERS AND SECURITY OF ASSETS	Capital Procedures and Responsibilities	Issue to the manager responsible for any capital scheme: c) Approval to accept a successful tender	Chief Executive	Senior Responsible Owner for each capital scheme
STANDING FINANCIAL INSTRUCTIONS (SFI)	15.4.6	CAPITAL INVESTMENT, FIXED ASSET REGISTERS AND SECURITY OF ASSETS	Capital Procedures and Responsibilities	Issue a scheme of delegation for capital investment management in accordance with the Welsh Ministers' guidance and the LHB's SO's	Chief Executive	Director of Finance

STANDING FINANCIAL INSTRUCTIONS (SFI)	15.4.7	CAPITAL INVESTMENT, FIXED ASSET REGISTERS AND SECURITY OF ASSETS	Capital Procedures and Responsibilities	Issue procedures governing the financial management, including variations to contract, of capital investment projects and valuation for accounting purposes.	Director of Finance	Director of Finance
STANDING FINANCIAL INSTRUCTIONS (SFI)	15.6.1	CAPITAL INVESTMENT, FIXED ASSET REGISTERS AND SECURITY OF ASSETS	Asset Registers	Maintenance of asset registers (on advice from Director of Finance)	Chief Executive	Director of Finance
STANDING FINANCIAL INSTRUCTIONS (SFI)	15.6.5	CAPITAL INVESTMENT, FIXED ASSET REGISTERS AND SECURITY OF ASSETS	Asset Registers	Approve procedures for reconciling balances on fixed assets accounts in ledgers against balances on fixed asset registers	Director of Finance	Director of Finance
STANDING FINANCIAL INSTRUCTIONS (SFI)	15.7.1	CAPITAL INVESTMENT, FIXED ASSET REGISTERS AND SECURITY OF ASSETS	Security of Assets	Overall control of fixed assets	Chief Executive	Director of Finance
STANDING FINANCIAL INSTRUCTIONS (SFI)	15.7.2	CAPITAL INVESTMENT, FIXED ASSET REGISTERS AND SECURITY OF ASSETS	Security of Assets	Approval of fixed asset control procedures	Director of Finance	Director of Finance
STANDING FINANCIAL INSTRUCTIONS (SFI)	15.7.3	CAPITAL INVESTMENT, FIXED ASSET REGISTERS AND SECURITY OF ASSETS	Security of Assets	All discrepancies revealed by verification of physical assets to fixed asset register shall be notified to the Director of Finance	Director of Finance	Budget Holder
STANDING FINANCIAL INSTRUCTIONS (SFI)	SFI 16.2.1a	STORES AND RECEIPT OF GOODS	Control of Stores, Stocktaking, condemnations and disposal	a) Delegate overall responsibility for control of stores (subject to Director of Finance). Further delegation for the day-to-day responsibility subject to delegation being entered in a record available to the Director of Finance	Chief Executive	Director of Operations
STANDING FINANCIAL INSTRUCTIONS (SFI)	SFI 16.2.1b	STORES AND RECEIPT OF GOODS	Control of Stores, Stocktaking, condemnations and disposal	b) Responsible for systems of control over stores and receipt of goods	Director of Finance	Director of Finance
STANDING FINANCIAL INSTRUCTIONS (SFI)	SFI 16.2.1c	STORES AND RECEIPT OF GOODS	Control of Stores, Stocktaking, condemnations and disposal	c) Responsible for the control of pharmaceutical stocks	Director of Primary Care, Community & Long Term Care	Head of Medicines Management
STANDING FINANCIAL INSTRUCTIONS (SFI)	SFI 16.2.1d	STORES AND RECEIPT OF GOODS	Control of Stores, Stocktaking, condemnations and disposal	d) Responsible for the control of fuel, oil and coal stocks	Director of Operations	Director of Estates, Facilities & Capital Management
STANDING FINANCIAL INSTRUCTIONS (SFI)	16.2.2	STORES AND RECEIPT OF GOODS	Control of Stores, Stocktaking, condemnations and disposal	Security arrangements and custody of keys	Director of Operations/ Director of Primary Care, Community & Long Term Care	Designated Manager /Pharmaceutical Manager
STANDING FINANCIAL INSTRUCTIONS (SFI)	16.2.3	STORES AND RECEIPT OF GOODS	Control of Stores, Stocktaking, condemnations and disposal	Set out procedures and systems to regulate the stores	Director of Finance	Director of Operations

STANDING FINANCIAL INSTRUCTIONS (SFI)	16.2.4	STORES AND RECEIPT OF GOODS	Control of Stores, Stocktaking, condemnations and disposal	Agree stocktaking arrangements	Director of Finance	Designated Manager /Pharmaceutical Manager
STANDING FINANCIAL INSTRUCTIONS (SFI)	16.2.5	STORES AND RECEIPT OF GOODS	Control of Stores, Stocktaking, condemnations and disposal	Approve alternative arrangements where a complete system of stores control is not justified	Director of Finance	Deputy Director of Finance
STANDING FINANCIAL INSTRUCTIONS (SFI)	16.2.6	STORES AND RECEIPT OF GOODS	Control of Stores, Stocktaking, condemnations and disposal	Approve system for review of slow moving and obsolete items and for condemnation, disposal and replacement of all unserviceable items	Director of Finance	Deputy Director of Finance
STANDING FINANCIAL INSTRUCTIONS (SFI)	16.2.6	STORES AND RECEIPT OF GOODS	Control of Stores, Stocktaking, condemnations and disposal	Approve system for slow moving and obsolete stock, and report to Director of Finance evidence of significant overstocking	Designated Manager	Designated Manager
STANDING FINANCIAL INSTRUCTIONS (SFI)	16.3.1	STORES AND RECEIPT OF GOODS	Goods supplied by an NHS supplies agency	Identify persons authorised to requisition and accept goods from NHS Supplies store	Chief Executive	All Budget Holders
STANDING FINANCIAL INSTRUCTIONS (SFI)	17.1.1	DISPOSALS AND CONDEMNATIONS, LOSSES AND SPECIAL PAYMENTS	Disposals and Condemnations	Prepare detailed procedures for disposal of assets including condemnations and ensure that these are notified to managers	Director of Finance	Deputy Director of Finance
STANDING FINANCIAL INSTRUCTIONS (SFI)	17.1.2	DISPOSALS AND CONDEMNATIONS, LOSSES AND SPECIAL PAYMENTS	Disposals and Condemnations	Advise the Director of Finance of the estimated market value of the item, taking account of professional advice where appropriate, when disposing of LHB asset	Head of Department or authorised deputy	Head of Department or authorised deputy
STANDING FINANCIAL INSTRUCTIONS (SFI)	17.1.3a	DISPOSALS AND CONDEMNATIONS, LOSSES AND SPECIAL PAYMENTS	Disposals and Condemnations	a) Condemning and disposal of all unserviceable articles	Director of Finance	Deputy Director of Finance
STANDING FINANCIAL INSTRUCTIONS (SFI)	17.1.3b	DISPOSALS AND CONDEMNATIONS, LOSSES AND SPECIAL PAYMENTS	Disposals and Condemnations	b) Report evidence of negligence in use to Director of Finance who will take appropriate action	Condemning Officer	Condemning Officer
STANDING FINANCIAL INSTRUCTIONS (SFI)	17.1.4	DISPOSALS AND CONDEMNATIONS, LOSSES AND SPECIAL PAYMENTS	Disposals and Condemnations	Take appropriate action on reported evidence of negligence in use	Director of Finance	Deputy Director of Finance
STANDING FINANCIAL INSTRUCTIONS (SFI)	17.2.2	DISPOSALS AND CONDEMNATIONS, LOSSES AND SPECIAL PAYMENTS	Losses and Special Payments	Prepare procedural instructions on the recording of and accounting for losses and special payments; and ensure 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	Director of Finance	Deputy Director of Finance
STANDING FINANCIAL INSTRUCTIONS (SFI)	17.2.3	DISPOSALS AND CONDEMNATIONS, LOSSES AND SPECIAL PAYMENTS	Losses and Special Payments	Discovery or suspicion of loss of any kind must be reported immediately to Heads of Department who should then inform the Chief Executive and Director of Finance.	All Staff	All Staff

STANDING FINANCIAL INSTRUCTIONS (SFI)	17.2.4a	DISPOSALS AND CONDEMNATIONS, LOSSES AND SPECIAL PAYMENTS	Losses and Special Payments	a) Where a criminal offence is suspected, the police must be informed if theft or arson are involved	Director of Finance	Deputy Director of Finance
STANDING FINANCIAL INSTRUCTIONS (SFI)	17.2.4b	DISPOSALS AND CONDEMNATIONS, LOSSES AND SPECIAL PAYMENTS	Losses and Special Payments	b) Where a fraud or corruption or anomalies which indicate fraud or corruption is suspected the Local Counter Fraud Specialist, NHS Counter Fraud Services Wales and NHS Protect in accordance with Directions issued by Welsh Ministers on fraud and corruption must be informed	Director of Finance	Deputy Director of Finance
STANDING FINANCIAL INSTRUCTIONS (SFI)	17.2.5	DISPOSALS AND CONDEMNATIONS, LOSSES AND SPECIAL PAYMENTS	Losses and Special Payments	Notify the Audit Committee, Auditor General's representative and the fraud liaison officer within the Welsh Government's Department for Health, Social Services and Children of all frauds	Director of Finance	Deputy Director of Finance
STANDING FINANCIAL INSTRUCTIONS (SFI)	17.2.6	DISPOSALS AND CONDEMNATIONS, LOSSES AND SPECIAL PAYMENTS	Losses and Special Payments	Notify the Audit Committee and Auditor General's representative of losses caused theft, arson, neglect of duty or gross carelessness (unless trivial)	Director of Finance	Deputy Director of Finance
STANDING FINANCIAL INSTRUCTIONS (SFI)	17.2.7	DISPOSALS AND CONDEMNATIONS, LOSSES AND SPECIAL PAYMENTS	Losses and Special Payments	Take any necessary steps to safeguard the LHB's interests in bankruptcies and company liquidations	Director of Finance	Deputy Director of Finance
STANDING FINANCIAL INSTRUCTIONS (SFI)	17.2.8	DISPOSALS AND CONDEMNATIONS, LOSSES AND SPECIAL PAYMENTS	Losses and Special Payments	Maintain losses and special payments register	Director of Finance	Deputy Director of Finance
STANDING FINANCIAL INSTRUCTIONS (SFI)	17.2.9	DISPOSALS AND CONDEMNATIONS, LOSSES AND SPECIAL PAYMENTS	Losses and Special Payments	Approve the writing-off of losses or the making of special payments within delegated limits determined by the Welsh Ministers and as set out in Schedule 3 of the Sos	Director of Finance	Deputy Director of Finance
STANDING FINANCIAL INSTRUCTIONS (SFI)	17.2.10	DISPOSALS AND CONDEMNATIONS, LOSSES AND SPECIAL PAYMENTS	Losses and Special Payments	Consider whether any insurance claim can be made from the Welsh Risk Pool or from other commercial insurance arrangements for any loss	Director of Finance	Deputy Director of Finance
STANDING FINANCIAL INSTRUCTIONS (SFI)	17.2.13	DISPOSALS AND CONDEMNATIONS, LOSSES AND SPECIAL PAYMENTS	Losses and Special Payments	Ensure all losses and special payments are reported to the Audit Committee at every meeting	Director of Finance	Deputy Director of Finance
STANDING FINANCIAL INSTRUCTIONS (SFI)	18.1.1	DIGITAL, DATA and TECHNOLOGY	Digital Data and Technology Strategy	Develop an IM&T Strategy	Director of Finance	Digital Director
STANDING FINANCIAL INSTRUCTIONS (SFI)	18.1.2	DIGITAL, DATA and TECHNOLOGY	Digital Data and Technology Strategy	Publish and maintain a Freedom of Information (FOI) Publication Scheme	Director of Corporate Governance	Assistant Director of Corporate Legal Services and Public Affairs
STANDING FINANCIAL INSTRUCTIONS (SFI)	18.2.1a	DIGITAL, DATA and TECHNOLOGY	Responsibilities and duties of the responsible Director	a) Devise and implement any necessary procedures to ensure adequate (reasonable) protection of the LHB's data, programs and computer hardware for which they are responsible from accidental or intentional disclosure to unauthorised persons, deletion or modification, theft or damage, having due regard for the Data Protection Act 1998 (C.29);	Director of Finance	Digital Director



STANDING FINANCIAL INSTRUCTIONS (SFI)	18.2.1b	DIGITAL, DATA and TECHNOLOGY	Responsibilities and duties of the responsible Director	b)Ensure that adequate controls exist such that the computer operation is separated from development, maintenance and amendment;	Director of Finance	Digital Director
STANDING FINANCIAL INSTRUCTIONS (SFI)	18.2.1c	DIGITAL, DATA and TECHNOLOGY	Responsibilities and duties of the responsible Director	c)Ensure that an adequate management (audit) trail exists through the computerised system and that such computer audit reviews as the Director may consider necessary are being carried out.	Director of Finance	Digital Director
STANDING FINANCIAL INSTRUCTIONS (SFI)	18.2.1d	DIGITAL, DATA and TECHNOLOGY	Responsibilities and duties of the responsible Director	d)Ensure that policies, procedures and training arrangements are in place to ensure compliance with information governance law.	Director of Finance	Digital Director
STANDING FINANCIAL INSTRUCTIONS (SFI)	18.2.1e	DIGITAL, DATA and TECHNOLOGY	Responsibilities and duties of the responsible Director	e) Ensure comprehensive incident reporting.	Director of Finance	Digital Director
STANDING FINANCIAL INSTRUCTIONS (SFI)	18.3.1	DIGITAL, DATA and TECHNOLOGY	Responsibilities and duties of the Director of Finance	Ensure that new financial systems and amendments to current financial systems are developed in a controlled manner and thoroughly tested prior to implementation.	Director of Finance	Deputy Director of Finance
STANDING FINANCIAL INSTRUCTIONS (SFI)	18.4.1	DIGITAL, DATA and TECHNOLOGY	Contracts for data and digital services with other health bodies or outside agencies	Ensure that contracts for computer services for financial applications with another health organisation or any other agency shall clearly define the responsibility of all parties for the security, privacy, accuracy, completeness, and timeliness of data during processing, transmission and storage.	Director of Finance	Digital Director
STANDING FINANCIAL INSTRUCTIONS (SFI)	18.4.2	DIGITAL, DATA and TECHNOLOGY	Contracts for data and digital services with other health bodies or outside agencies	Where another health organisation or any other agency provides a computer service for financial applications, assurances should be periodically sought to ensure that adequate controls are in operation	Director of Finance	Digital Director
STANDING FINANCIAL INSTRUCTIONS (SFI)	18.5.1	DIGITAL, DATA and TECHNOLOGY	Risk assurance	Ensure that risks to the LHB arising from the use of IT are effectively identified and considered and appropriate action taken to mitigate or control risk. This shall include the preparation and testing of appropriate IT disaster recovery plans.	Director of Finance	Digital Director
STANDING FINANCIAL INSTRUCTIONS (SFI)	19.1.4	PATIENTS' PROPERTY	LHB Responsibility	Inform staff of their responsibilities and duties for the administration of the property of patients	Director of Operations	General Manager
STANDING FINANCIAL INSTRUCTIONS (SFI)	19.2.1	PATIENTS' PROPERTY	Responsibilities of the Chief Executive	Responsible for ensuring patients and guardians are informed about patients' money and property procedures on admission	Chief Executive	Director of Operations
STANDING FINANCIAL INSTRUCTIONS (SFI)	19.3.1	PATIENTS' PROPERTY	Responsibilities of the Director of Finance	Provide detailed written instructions on the collection, custody, investment, recording, safekeeping, and disposal of patients' property (including instructions on the disposal of the property of deceased patients and of patients transferred to other premises) for all staff whose duty is to administer, in any way, the property of patients	Director of Finance	Deputy Director of Finance
STANDING FINANCIAL INSTRUCTIONS (SFI)	20.1.3	FUNDS HELD ON TRUST (CHARITABLE FUNDS)	Corporate Trustee	Establish a Charitable Funds Committee to ensure that each trust fund which the LHB is responsible for managing is managed appropriately with regard to its purpose and to its requirements	Board	Director of Nursing, Quality & Patient Experience
STANDING FINANCIAL INSTRUCTIONS (SFI)	20.2.2	FUNDS HELD ON TRUST (CHARITABLE FUNDS)	Accountability to Charity Commission and the Welsh Ministers	Take account of the Schedule of Matters Reserved to the Board and the Scheme of Delegation which make clear where decisions regarding the exercise of discretion regarding the disposal and use of the funds are to be taken and by whom.	Director of Nursing, Quality & Patient Experience	Head of Hywel Dda Health Charities and Senior Finance Business Partner
STANDING FINANCIAL INSTRUCTIONS (SFI)	20.2.2a	FUNDS HELD ON TRUST (CHARITABLE FUNDS)	Accountability to Charity Commission and the Welsh Ministers	Expenditure on Charitable Funds and Endowment Funds is delegated subject to the following limits: a) up to £1,000;	Senior Nurse Manager, Service Delivery Manager, head of service or managers at equivalent level	N/A

STANDING FINANCIAL INSTRUCTIONS (SFI)	20.2.2b	FUNDS HELD ON TRUST (CHARITABLE FUNDS)	Accountability to Charity Commission and the Welsh Ministers	Expenditure on Charitable Funds and Endowment Funds is delegated subject to the following limits: b) £1,001 to £10,000;	Clinical, Hospital or Service Director, Hospital or Service General Manager, Head of Nursing or managers at equivalent level	N/A
STANDING FINANCIAL INSTRUCTIONS (SFI)	20.2.2c	FUNDS HELD ON TRUST (CHARITABLE FUNDS)	Accountability to Charity Commission and the Welsh Ministers	Expenditure on Charitable Funds and Endowment Funds is delegated subject to the following limits: c) £10,001 to £50,000;	Charitable Funds Sub-Committee	N/A
STANDING FINANCIAL INSTRUCTIONS (SFI)	20.2.2d	FUNDS HELD ON TRUST (CHARITABLE FUNDS)	Accountability to Charity Commission and the Welsh Ministers	Expenditure on Charitable Funds and Endowment Funds is delegated subject to the following limits: d) £50,001 to £100,000	Charitable Funds Committee	N/A
STANDING FINANCIAL INSTRUCTIONS (SFI)	20.2.2e	FUNDS HELD ON TRUST (CHARITABLE FUNDS)	Accountability to Charity Commission and the Welsh Ministers	Expenditure on Charitable Funds and Endowment Funds is delegated subject to the following limits: e) Over £100,000	Corporate Trustee	N/A
STANDING FINANCIAL INSTRUCTIONS (SFI)	21.1.1	RETENTION OF RECORDS	Responsibilities of the Chief Executive	Maintain archives for all records required to be retained in accordance with the Welsh Ministers' guidance, the Data Protection Act 1998 (c.29) and the Freedom of Information Act 2000 (c.36)	Chief Executive	Director of Corporate Governance (FOI only) Director of Finance
STANDING FINANCIAL INSTRUCTIONS (SFI)	21.1.2	RETENTION OF RECORDS	Responsibilities of the Chief Executive	Records held in archives shall be capable of retrieval by authorised persons.	Chief Executive	Acute records - Acute Records Manager Mental Health records - MHA Administrator Community – County Directors
STANDING FINANCIAL INSTRUCTIONS (SFI)	21.1.2	RETENTION OF RECORDS	Responsibilities of the Chief Executive	Records held in accordance with regulation shall only be destroyed at the express instigation of the Chief Executive. Details shall be maintained of records so destroyed	Chief Executive	Acute records - Acute Records Manager Mental Health records - MHA Administrator Community – County Directors
SCHEME OF DELEGATION FROM OTHER	N/A	CLINICAL LEADERSHIP	Medical Professional Leadership and Engagement	a) Maintain a refreshed clinical leadership model	Medical Director	Medical Director
SCHEME OF DELEGATION FROM OTHER	N/A	CLINICAL LEADERSHIP	Nursing	b) Maintain a refreshed clinical leadership model	Director of Nursing, Quality and Patient Experience	Director of Nursing, Quality and Patient Experience
SCHEME OF DELEGATION FROM OTHER	N/A	CLINICAL LEADERSHIP	Medical Education	a) Liaison with Deanery and Royal Colleges	Medical Director	Associate Medical Director – Medical Education
SCHEME OF DELEGATION FROM OTHER	N/A	CLINICAL LEADERSHIP	Research & Governance	a) Authorisation of Research projects	Medical Director	Director of Research Innovation and University Partnerships
SCHEME OF DELEGATION FROM OTHER	N/A	CLINICAL LEADERSHIP	Research & Governance	b) Authorisation of sponsorship deals in relation to research projects	Medical Director	Director of Research Innovation and University Partnerships

SCHEME OF DELEGATION FROM OTHER	N/A	QUALITY, SAFETY AND EXPERIENCE	Management of Concerns/ Complaints/ Patient Feedback	Management of Concerns/Complaints/Patient Feedback a) Overall responsibility for ensuring that all complaints are dealt with effectively;	Director of Nursing, Quality & Patient Experience	Assistant Director of Nursing (Legal and Patient Support)
SCHEME OF DELEGATION FROM OTHER	N/A	QUALITY, SAFETY AND EXPERIENCE	Management of Concerns/ Complaints/ Patient Feedback	b) Recording, receipt and initial acknowledgement of concern/complaint	Director of Nursing, Quality & Patient Experience	Assistant Director of Nursing (Legal and Patient Support)
SCHEME OF DELEGATION FROM OTHER	N/A	QUALITY, SAFETY AND EXPERIENCE	Management of Concerns/ Complaints/ Patient Feedback	c) Grading of concern/complaint	Director of Nursing, Quality & Patient Experience	Assistant Director of Nursing (Legal and Patient Support)
SCHEME OF DELEGATION FROM OTHER	N/A	QUALITY, SAFETY AND EXPERIENCE	Management of Concerns/ Complaints/ Patient Feedback	d) Identification of an Investigating Officer	Director of Nursing, Quality & Patient Experience	Dependent on Grade Grades 1-3 – coordinated by Patient Support Services with the Service Lead Grade 4 – Service Clinical Director/General Manager
SCHEME OF DELEGATION FROM OTHER	N/A	QUALITY, SAFETY AND EXPERIENCE	Management of Concerns/ Complaints/ Patient Feedback	e) Investigation of complaint	Director of Nursing, Quality & Patient Experience	Grade 4/5 – Complaint Investigation Team with Service Senior management leadership Grade 1-3 - Complaint Investigation Team with Service Management leadership
SCHEME OF DELEGATION FROM OTHER	N/A	QUALITY, SAFETY AND EXPERIENCE	Management of Concerns/ Complaints/ Patient Feedback	f) Maintaining regular contact with the complainant with regard to the processing of the concern	Director of Nursing, Quality & Patient Experience	Grades 4 & 5 – Investigation Officer Patient Support Services
SCHEME OF DELEGATION FROM OTHER	N/A	QUALITY, SAFETY AND EXPERIENCE	Management of Concerns/ Complaints/ Patient Feedback	g) Maintaining regular contact with the complainant with regard to the matters raised in the concern	Director of Nursing, Quality & Patient Experience	Patient Support Service with Investigating Officer
SCHEME OF DELEGATION FROM OTHER	N/A	QUALITY, SAFETY AND EXPERIENCE	Management of Concerns/ Complaints/ Patient Feedback	h) Preparing final draft response (all Grades of Concern)	Director of Nursing, Quality & Patient Experience	Service (the service is provided with the findings of the investigation by Patient Support Services or Investigating Officer) Assistant Director of Patient Experience
SCHEME OF DELEGATION FROM OTHER	N/A	QUALITY, SAFETY AND EXPERIENCE	Management of Concerns/ Complaints/ Patient Feedback	i) Checking of final draft prior to submission to Chief Executive for signature	Assistant Director of Nursing (Legal and Patient Support)	Assistant Director of Nursing (Legal and Patient Support)
SCHEME OF DELEGATION FROM OTHER	N/A	QUALITY, SAFETY AND EXPERIENCE	Management of Concerns/ Complaints/ Patient Feedback	j) Final check and sign of response to complainant	Chief Executive	Chief Executive or Deputy Chief Executive
SCHEME OF DELEGATION FROM OTHER	N/A	QUALITY, SAFETY AND EXPERIENCE	Management of Concerns/ Complaints/ Patient Feedback	k) Sending final response to complainant	Director of Nursing, Quality & Patient Experience	Complaint Investigation Team/ Patient Support Service



SCHEME OF DELEGATION FROM OTHER	N/A	QUALITY, SAFETY AND EXPERIENCE	Management of Incident Reporting & Investigation	a) Overall responsibility for ensuring that all incidents are dealt with effectively	Director of Nursing, Quality & Patient Experience	Assistant Director of Quality & Governance
SCHEME OF DELEGATION FROM OTHER	N/A	QUALITY, SAFETY AND EXPERIENCE	Management of Incident Reporting & Investigation	b) Completion of Incident Form	Staff member involved in incident or in immediate area	Staff member involved in incident or in immediate area
SCHEME OF DELEGATION FROM OTHER	N/A	QUALITY, SAFETY AND EXPERIENCE	Management of Incident Reporting & Investigation	c) Initial Investigation of Incident	Manager of staff member/person in charge of area	Manager of staff member/person in charge of area
SCHEME OF DELEGATION FROM OTHER	N/A	QUALITY, SAFETY AND EXPERIENCE	Management of Incident Reporting & Investigation	d) Reporting of Serious Adverse Incident to Welsh Government	Chief Executive	Assistant Director of Quality & Governance
SCHEME OF DELEGATION FROM OTHER	N/A	QUALITY, SAFETY AND EXPERIENCE	Management of Incident Reporting & Investigation	e) Arranging serious incident (SI) meeting	Director of Nursing, Quality & Patient Experience	Nominated Investigation Officer
SCHEME OF DELEGATION FROM OTHER	N/A	QUALITY, SAFETY AND EXPERIENCE	Management of Incident Reporting & Investigation	f) Investigation of Serious Incidents	Director of Nursing, Quality & Patient Experience	Nominated Investigation Officer
SCHEME OF DELEGATION FROM OTHER	N/A	QUALITY, SAFETY AND EXPERIENCE	Management of Incident Reporting & Investigation	g) Preparation of final report	Director of Nursing, Quality & Patient Experience	Nominated Investigation Officer
SCHEME OF DELEGATION FROM OTHER	N/A	QUALITY, SAFETY AND EXPERIENCE	Management of Incident Reporting & Investigation	h) Agreement of final report prior to submission to the Director of Nursing, Quality, and Patient Experience	Nominated Investigation Officer	Nominated Investigation Officer
SCHEME OF DELEGATION FROM OTHER	N/A	QUALITY, SAFETY AND EXPERIENCE	Management of Incident Reporting & Investigation	i) Sign off of final report and closure of investigation	Director of Nursing, Quality & Patient Experience (Grade 5's only) Director of Operations (other)	Assistant Director of Quality & Governance (Grade 5 only) Operation Team (other)
SCHEME OF DELEGATION FROM OTHER	N/A	QUALITY, SAFETY AND EXPERIENCE	Management of Incident Reporting & Investigation	j) Reporting of incidents in accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations	Director of Operations	Director of Estates, Facilities & Capital Management and Health & Safety Managers
SCHEME OF DELEGATION FROM OTHER	N/A	QUALITY, SAFETY AND EXPERIENCE	Management of Incident Reporting & Investigation	k) Reporting of breaches under the Ionising Radiation (Medical Exposure) Regulations to Health Inspectorate Wales (HIW)	Director of Therapies and Health Science	Radiology Services Manager
SCHEME OF DELEGATION FROM OTHER	N/A	QUALITY, SAFETY AND EXPERIENCE	Management of Incident Reporting & Investigation	l) Reporting of Data Protection breaches to Information Commissioners Office (ICO)	Director of Finance	Head of Information Governance
SCHEME OF DELEGATION FROM OTHER	N/A	QUALITY, SAFETY AND EXPERIENCE	N/A	Approval of compensation for staff and patients personal effects, clinical negligence and personal injury (also see SFI 17.2.2)	Director of Finance	Deputy Director of Finance
SCHEME OF DELEGATION FROM OTHER	N/A	QUALITY, SAFETY AND EXPERIENCE	N/A	Submission of 'No Surprises' notifications to Welsh Government	Chief Executive	All Executive Directors/Directors
SCHEME OF DELEGATION FROM OTHER	N/A	QUALITY, SAFETY AND EXPERIENCE	Improving Patient Experience	Developing a Patient Experience Strategy	Director of Nursing, Quality & Patient Experience	Assistant Director of Patient Experience
SCHEME OF DELEGATION FROM OTHER	N/A	QUALITY, SAFETY AND EXPERIENCE	Management of Patient Safety Alerts	a) Maintaining a record of patient safety alerts and monitoring compliance	Director of Nursing, Quality & Patient Experience	Assistant Director of Quality & Governance
SCHEME OF DELEGATION FROM OTHER	N/A	QUALITY, SAFETY AND EXPERIENCE	Management of Patient Safety Alerts	b) Responding to the requirements of safety alerts and providing assurance/information on the ability to meet requirements	Relevant Heads of Service	Relevant Heads of Service

SCHEME OF DELEGATION FROM OTHER	N/A	QUALITY, SAFETY AND EXPERIENCE	Health and Care Standards Assessment	a) Ensuring there is a process for Health and Care Standards assessment	Director of Nursing, Quality & Patient Experience	Assistant Director of Quality & Governance
SCHEME OF DELEGATION FROM OTHER	N/A	QUALITY, SAFETY AND EXPERIENCE	Health and Care Standards Assessment	b) Completing assessment and compliance with the standards	Director of Nursing, Quality & Patient Experience	Assistant Director of Quality & Governance
SCHEME OF DELEGATION FROM OTHER	N/A	QUALITY, SAFETY AND EXPERIENCE	Management of the Clinical Audit Function	a) Coordination and participation in national audits and development of a Hywel Dda Clinical Audit Plan	Director of Nursing, Quality & Patient Experience	Assistant Director of Quality & Service Improvement
SCHEME OF DELEGATION FROM OTHER	N/A	QUALITY, SAFETY AND EXPERIENCE	Management of the Clinical Audit Function	b) Approval of Hywel Dda Clinical Audit Plan	Quality, Safety & Experience Committee	Assistant Director of Quality & Service Improvement
SCHEME OF DELEGATION FROM OTHER	N/A	QUALITY, SAFETY AND EXPERIENCE	Ethics & Clinical Trials	a) Lead for Ethics and the establishment of an Ethics Committee	Medical Director	Head of Medical Education and Professional Standards
SCHEME OF DELEGATION FROM OTHER	N/A	QUALITY, SAFETY AND EXPERIENCE	Ethics & Clinical Trials	b) Authorisation of clinical trials	Medical Director	Director of Research Innovation and University Partnerships
SCHEME OF DELEGATION FROM OTHER	N/A	QUALITY, SAFETY AND EXPERIENCE	Ethics & Clinical Trials	c) Developing and implementing a process for more systematic opportunities for Hywel Dda patients to be involved in clinical research	Medical Director	Director of Research Innovation and University Partnerships
SCHEME OF DELEGATION FROM OTHER	N/A	QUALITY, SAFETY AND EXPERIENCE	National Institute of Clinical Excellence (NICE)	a) Maintaining a record of publications and recording compliance	Medical Director	Clinical Effectiveness Co-ordinator
SCHEME OF DELEGATION FROM OTHER	N/A	QUALITY, SAFETY AND EXPERIENCE	National Institute of Clinical Excellence (NICE)	b) Responding to requirements and providing information regarding ability to meet requirements	All Executive Directors	All Executive Directors
SCHEME OF DELEGATION FROM OTHER	N/A	QUALITY, SAFETY AND EXPERIENCE	National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	a) Collation and provision of information to contribute to NCEPOD audit findings	Director of Nursing, Quality & Patient Experience	Heads of Service
SCHEME OF DELEGATION FROM OTHER	N/A	QUALITY, SAFETY AND EXPERIENCE	National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	b) Maintain record of publications and recording compliance	Medical Director	Head of Effective Clinical Practice and Quality Improvement
SCHEME OF DELEGATION FROM OTHER	N/A	QUALITY, SAFETY AND EXPERIENCE	National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	c) Responding to requirements and providing information regarding ability to meet requirements	All Executive Directors/Directors	All Executive Directors/Directors
SCHEME OF DELEGATION FROM OTHER	N/A	QUALITY, SAFETY AND EXPERIENCE	Safeguarding of Adults and Children	a) Implementation of policy and procedures	Director of Nursing, Quality & Patient Experience	Head of Safeguarding
SCHEME OF DELEGATION FROM OTHER	N/A	QUALITY, SAFETY AND EXPERIENCE	Safeguarding of Adults and Children	b) Investigation in accordance with POVA requirements	Director of Nursing, Quality & Patient Experience	Head of Safeguarding
SCHEME OF DELEGATION FROM OTHER	N/A	QUALITY, SAFETY AND EXPERIENCE	Safeguarding of Adults and Children	c) Safeguarding supervision	Director of Nursing, Quality & Patient Experience	Head of Safeguarding
SCHEME OF DELEGATION FROM OTHER	N/A	QUALITY, SAFETY AND EXPERIENCE	Safeguarding – Deprivation of Liberties	a) Supervising Authority	Director of Primary Care, Community & Long Term Care	Head of Long Term Care

SCHEME OF DELEGATION FROM OTHER	N/A	QUALITY, SAFETY AND EXPERIENCE	Safeguarding – Deprivation of Liberties	b) Managing Authority	Director of Operations	Head of Consent & Mental Capacity
SCHEME OF DELEGATION FROM OTHER	N/A	QUALITY, SAFETY AND EXPERIENCE	N/A	Management of Infections, Diseases & Notifiable Outbreaks	Director of Nursing, Quality & Patient Experience	Assistant Director of Nursing (Nursing Practice)
SCHEME OF DELEGATION FROM OTHER	N/A	QUALITY, SAFETY AND EXPERIENCE	Coordination of Welsh Risk Pool Assessments	a) A&E Services	Director of Operations	General Manager (Unscheduled Care)
SCHEME OF DELEGATION FROM OTHER	N/A	QUALITY, SAFETY AND EXPERIENCE	Coordination of Welsh Risk Pool Assessments	b) Claims & Complaints	Director of Nursing, Quality & Patient Experience	Assistant Director of Nursing (Legal and Patient Support)
SCHEME OF DELEGATION FROM OTHER	N/A	QUALITY, SAFETY AND EXPERIENCE	Coordination of Welsh Risk Pool Assessments	c) Maternity Services	Director of Operations	General Manager (Women's & Children's Services)
SCHEME OF DELEGATION FROM OTHER	N/A	QUALITY, SAFETY AND EXPERIENCE	Coordination of Welsh Risk Pool Assessments	d) Surgical Pathway	Director of Operations	General Manager (Scheduled Care)
SCHEME OF DELEGATION FROM OTHER	N/A	QUALITY, SAFETY AND EXPERIENCE	Coordination of Welsh Risk Pool Assessments	e) Theatres	Director of Operations	General Manager (Scheduled Care)
SCHEME OF DELEGATION FROM OTHER	N/A	QUALITY, SAFETY AND EXPERIENCE	Professional Standards, Revalidation and Regulation – Medical & Dental	a) Deliver in-year requirements for medical revalidation	Medical Director	Associate Medical Director – Professional Standards
SCHEME OF DELEGATION FROM OTHER	N/A	QUALITY, SAFETY AND EXPERIENCE	Professional Standards, Revalidation and Regulation – Medical & Dental	b) Referral to General Medical Council (GMC)/General Dental Council (GDC)	Medical Director	Associate Medical Director – Professional Standards
SCHEME OF DELEGATION FROM OTHER	N/A	QUALITY, SAFETY AND EXPERIENCE	Professional Standards, Revalidation and Regulation – Medical & Dental	c) Monitoring of registration (GMC/GDC regulatory compliance)	Medical Director	Associate Medical Director – Primary Care & Workforce
SCHEME OF DELEGATION FROM OTHER	N/A	QUALITY, SAFETY AND EXPERIENCE	Professional Standards, Revalidation and Regulation – Medical & Dental	d) Referrals to any professional body for any Primary care contractor including Medical and Dental	Director of Primary Care, Community & Long Term Care	Director of Primary Care, Community & Long Term Care
SCHEME OF DELEGATION FROM OTHER	N/A	QUALITY, SAFETY AND EXPERIENCE	Management of Nurse Development, Revalidation and Practice Standards	a) NMC revalidation process	Director of Nursing, Quality & Patient Experience	Assistant Director of Nursing (Nursing Practice)
SCHEME OF DELEGATION FROM OTHER	N/A	QUALITY, SAFETY AND EXPERIENCE	Management of Nurse Development, Revalidation and Practice Standards	b) Referral to Nursing & Midwifery Council (NMC)	Director of Nursing, Quality & Patient Experience	Assistant Director of Nursing (Nursing Practice)

SCHEME OF DELEGATION FROM OTHER	N/A	QUALITY, SAFETY AND EXPERIENCE	Management of Nurse Development, Revalidation and Practice Standards	c) Monitoring of registration (NMC regulatory compliance)	Director of Nursing, Quality & Patient Experience	Assistant Director of Nursing (Nursing Practice)
SCHEME OF DELEGATION FROM OTHER	N/A	QUALITY, SAFETY AND EXPERIENCE	Professional leadership for Therapies and Health Science	a) Health and Care Professions Council (HCPC) registration, education and standards	Director of Therapies & Health Science	Assistant Director of Therapies & Health Science
SCHEME OF DELEGATION FROM OTHER	N/A	QUALITY, SAFETY AND EXPERIENCE	Professional leadership for Therapies and Health Science	b) Referral to appropriate Professional Body	Director of Therapies & Health Science	Assistant Director of Therapies & Health Science (Professional Practice, Clinical Governance & Quality)
SCHEME OF DELEGATION FROM OTHER	N/A	QUALITY, SAFETY AND EXPERIENCE	N/A	Develop a Health & Well-being Strategy & Health Needs Analysis for Hywel Dda population	Director of Public Health	Director of Public Health
SCHEME OF DELEGATION FROM OTHER	N/A	QUALITY, SAFETY AND EXPERIENCE	N/A	Accountable Officer for Controlled Drugs	Medical Director	Head of Medicines Management
SCHEME OF DELEGATION FROM OTHER	N/A	QUALITY, SAFETY AND EXPERIENCE	N/A	Value Based Healthcare	Medical Director/ Director of Finance	Director of Research, Innovation and University Partnerships
SCHEME OF DELEGATION FROM OTHER	N/A	COMMISSIONING	N/A	Development of a Primary Care Strategy	Chief Executive	Director of Primary Care, Community & Long Term Care
SCHEME OF DELEGATION FROM OTHER	N/A	COMMISSIONING	Commissioning (including Primary Care Services)	a) Approval to commission healthcare services from NHS, private, third sector or independent organisations	Director of Strategy and Planning	Director of Strategy and Planning
SCHEME OF DELEGATION FROM OTHER	N/A	COMMISSIONING	Commissioning (including Primary Care Services)	b) Agreement to provide services and payments in accordance with Medicines Management Incentive Scheme	Director of Primary Care, Community & Long Term Care	Head of Medicines Management
SCHEME OF DELEGATION FROM OTHER	N/A	COMMISSIONING	Commissioning (including Primary Care Services)	c) Maintaining a register of commissioning contracts	Director of Strategy and Planning	Director of Strategy and Planning
SCHEME OF DELEGATION FROM OTHER	N/A	COMMISSIONING	Commissioning (including Primary Care Services)	d) Ensuring every commissioning contract has a lead manager responsible for ensuring that contract delivers activity, quality and finance	Director of Strategy and Planning	Director of Strategy and Planning
SCHEME OF DELEGATION FROM OTHER	N/A	COMMISSIONING	Commissioning (including Primary Care Services)	e) Agreement of annual contract with existing providers and within existing budgets - NHS, third sector, independent or private	Director of Strategy and Planning	Director of Strategy and Planning
SCHEME OF DELEGATION FROM OTHER	N/A	COMMISSIONING	Commissioning (including Primary Care Services)	f) Agreement of contract variations	Director of Strategy and Planning	Director of Strategy and Planning
SCHEME OF DELEGATION FROM OTHER	N/A	COMMISSIONING	Commissioning (including Primary Care Services)	g) Signing contracts of value < £50,000 and contract variations > £25,000	As per Scheme of Delegation and Authorised Limits	N/A
SCHEME OF DELEGATION FROM OTHER	N/A	COMMISSIONING	Commissioning (including Primary Care Services)	h) Signing contracts of value < £500,000 and contract variations > £125,000	As per Scheme of Delegation and Authorised Limits	N/A
SCHEME OF DELEGATION FROM OTHER	N/A	COMMISSIONING	Commissioning (including Primary Care Services)	i) Signing of contracts of value >£1,000,000	As per Scheme of Delegation and Authorised Limits	N/A



SCHEME OF DELEGATION FROM OTHER	N/A	COMMISSIONING	Commissioning (including Primary Care Services)	j) Agreement of changes to contracts where this would place a cost pressure on the organisation which cannot be funded within existing budgets	Chief Executive	Chief Executive
SCHEME OF DELEGATION FROM OTHER	N/A	COMMISSIONING	Commissioning (including Primary Care Services)	k) Ensuring there is a commissioning framework in place which sets out expectations around what will be included in documentation and approach to management including meetings	Director of Strategy and Planning	Director of Strategy and Planning
SCHEME OF DELEGATION FROM OTHER	N/A	COMMISSIONING	Commissioning (including Primary Care Services)	l) Ensuring there is a contracting framework in place which sets out expectations around what will be included in documentation and approach to management including meetings	Director of Strategy and Planning	Director of Strategy and Planning
SCHEME OF DELEGATION FROM OTHER	N/A	COMMISSIONING	Commissioning (including Primary Care Services)	m) Ensuring that contracts have appropriate documentation in place including key performance metrics relating to activity, targets, quality and finance and that regular performance monitoring meetings take place	Director of Strategy and Planning	Director of Strategy and Planning
SCHEME OF DELEGATION FROM OTHER	N/A	COMMISSIONING	Commissioning (including Primary Care Services)	n) Ensuring that there are regular meetings in place to monitor performance against commissioning contracts, that recovery plans are agreed where there are performance or finance issues and that matters of concern are escalated appropriately	Director of Strategy and Planning	Director of Strategy and Planning
SCHEME OF DELEGATION FROM OTHER	N/A	COMMISSIONING	Commissioning (including Primary Care Services)	o) Authorisation of invoices against contracts (within budget) excluding NHS Long Term Agreements (LTAs)	Director of Primary Care, Community and Long Term Care	<u>As per Scheme of Delegation and Authorised Limits</u>
SCHEME OF DELEGATION FROM OTHER	N/A	COMMISSIONING	Commissioning (including Primary Care Services)	p) Authorisation of invoices against NHS LTAs	Director of Finance	<u>As per Scheme of Delegation and Authorised Limits</u>
SCHEME OF DELEGATION FROM OTHER	N/A	COMMISSIONING	Commissioning of Continuing Healthcare and Funded Nursing Care	All above sections in primary care commissioning section apply to this area - these are supplementary	N/A	N/A
SCHEME OF DELEGATION FROM OTHER	N/A	COMMISSIONING	Commissioning of Continuing Healthcare and Funded Nursing Care	a) Approving new care packages in line with HB policy and procedures	Director of Primary Care, Community & Long Term Care	Head of Long Term Care
SCHEME OF DELEGATION FROM OTHER	N/A	COMMISSIONING	Commissioning of Continuing Healthcare and Funded Nursing Care	b) Authorising emergency care packages or changes to care packages outside panel	Director of Primary Care, Community & Long Term Care	Head of Long Term Care
SCHEME OF DELEGATION FROM OTHER	N/A	COMMISSIONING	Commissioning of Continuing Healthcare and Funded Nursing Care	c) Authorising of invoices against agreed packages of care outside panel	Director of Primary Care, Community & Long Term Care	Head of Long Term Care
SCHEME OF DELEGATION FROM OTHER	N/A	COMMISSIONING	Commissioning of Continuing Healthcare and Funded Nursing Care	d) Authorising CHC retrospective claims including Powys and UHB claims	Director of Primary Care, Community & Long Term Care	Head of Long Term Care
SCHEME OF DELEGATION FROM OTHER	N/A	COMMISSIONING	Commissioning of Continuing Healthcare and Funded Nursing Care	e) Decision to go to arbitration or take legal action in relation to any commissioning or provider contract	Chief Executive	Director of Primary Care, Community & Long Term Care

SCHEME OF DELEGATION FROM OTHER	N/A	COMMISSIONING	Commissioning of cross border secondary and tertiary services for population (WHSCC)	a) Attending Joint Committee meetings	Chief Executive	Chief Executive
SCHEME OF DELEGATION FROM OTHER	N/A	COMMISSIONING	Commissioning of cross border secondary and tertiary services for population (WHSCC)	b) Attending WHSSC Management Group	Chief Executive	Chief Executive
SCHEME OF DELEGATION FROM OTHER	N/A	COMMISSIONING	Commissioning of cross border secondary and tertiary services for population (WHSCC)	c) Input to WHSSC commissioning decisions and agreement to WHSSC policies	Chief Executive	Chief Executive
SCHEME OF DELEGATION FROM OTHER	N/A	COMMISSIONING	Commissioning of cross border secondary and tertiary services for population (WHSCC)	d) Dissemination of WHSSC commissioning policies throughout the organisation	Chief Executive	Chief Executive
SCHEME OF DELEGATION FROM OTHER	N/A	COMMISSIONING	Commissioning of cross border secondary and tertiary services for population (WHSCC)	e) Approving and signing the annual contract with WHSSC as commissioner	Chief Executive	Chief Executive
SCHEME OF DELEGATION FROM OTHER	N/A	COMMISSIONING	Commissioning of cross border secondary and tertiary services for population (WHSCC)	f) Agreeing contract variations with WHSSC	Chief Executive	Chief Executive
SCHEME OF DELEGATION FROM OTHER	N/A	COMMISSIONING	Commissioning Ambulance Services	a) Attending Joint Committee meetings	Chief Executive	Chief Executive
SCHEME OF DELEGATION FROM OTHER	N/A	COMMISSIONING	Commissioning Ambulance Services	b) Approving and signing the annual contract with EASC as commissioner	Chief Executive	Chief Executive
SCHEME OF DELEGATION FROM OTHER	N/A	COMMISSIONING	Commissioning Ambulance Services	c) Agreeing contract variations with EASC	Chief Executive	Chief Executive
SCHEME OF DELEGATION FROM OTHER	N/A	COMMISSIONING	IPFR Process and Prior Approval (in line with HB policy & Procedures)	a) Screening of IPFR requests submitted by patient/ clinicians	Medical Director	IPFR Manager
SCHEME OF DELEGATION FROM OTHER	N/A	COMMISSIONING	IPFR Process and Prior Approval (in line with HB policy & Procedures)	b) Chairing of the IPFR Panel	Medical Director	IPFR Manager

SCHEME OF DELEGATION FROM OTHER	N/A	COMMISSIONING	IPFR Process and Prior Approval (in line with HB policy & Procedures)	c) Decisions on clinically urgent IPFR requests which cannot wait for screening and panel process	Medical Director	IPFR Manager
SCHEME OF DELEGATION FROM OTHER	N/A	COMMISSIONING	IPFR Process and Prior Approval (in line with HB policy & Procedures)	d) Arrangements for Review panels of IPFR screening process and/or panel decision	Medical Director	IPFR Manager
SCHEME OF DELEGATION FROM OTHER	N/A	COMMISSIONING	IPFR Process and Prior Approval (in line with HB policy & Procedures)	e) Communication with patient and referring clinician	Medical Director	IPFR Manager/ Team
SCHEME OF DELEGATION FROM OTHER	N/A	COMMISSIONING	N/A	Hosting and Management of Low Vision Service (All Wales)	Director of Primary Care, Community & Long Term Care	Director of Primary Care, Community & Long Term Care
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Delivery of	a) Acute Services	Director of Operations	Triumvirates
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Delivery of	b) Community Services	Director of Operations	Director of Primary Care, Community & Long Term Care
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Delivery of	c) Mental Health Services	Director of Operations	Director of Mental Health & LD
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Delivery of	d) Learning Disability Services	Director of Operations	Director of Mental Health & LD
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Delivery of	e) Therapy Services	Director of Therapies & Health Science	Clinical Director of Therapies
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Delivery of	f) Delivery on targets as per operation delivery plan	Chief Executive	All Executive Directors/Directors
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Delivery of	g) Organ Donation	Director of Operations	Director of Operations
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Delivery of Out of Hours Commissioning	a) Out of Hours Service	Director of Operations	Deputy Director of Operations
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Delivery of Out of Hours Commissioning	b) Integration with Unscheduled Care Service	Director of Operations	County Directors
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Delivery of Out of Hours Commissioning	c) Management of School Nursing & Health Visiting Service	Director of Public Health (Temporarily with Director of Therapies and Health Science)	Head of Children's Public Health Nursing AD
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Delivery of Out of Hours Commissioning	d) Establish revised children's partnership arrangements	Director of Public Health (Temporarily with Director of Therapies and Health Science)	Assistant Director Strategic Partnerships, Diversity & Inclusion

SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Delivery of Out of Hours Commissioning	e) Providing assurance on screening services	Director of Public Health	Consultant in Public Health
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Delivery of Out of Hours Commissioning	f) Management of Substance Misuse Service	Director of Operations	Commissioning Manager – Substance Misuse
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	N/A	Designated Education Clinical Lead Officer (DECLO)	Director of Therapies & Health Science	Regional DECLO with Powys & SBUHB
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Emergency planning, readiness & resilience (including business continuity)	a) Compliance with Emergency Planning & Major Incidents – Civil Contingencies Act 2004	Director of Public Health (Temporarily with Director of Therapies and Health Science)	Head of Health Emergency Planning
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Emergency planning, readiness & resilience (including business continuity)	b) Maintaining the organisation's Major Incident Plan	Director of Public Health (Temporarily with Director of Therapies and Health Science)	Head of Health Emergency Planning
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Emergency planning, readiness & resilience (including business continuity)	c) Ensure all Directorates/Services/Departments have up to date Business Continuity Plans in place	Director of Public Health (Temporarily with Director of Therapies and Health Science)	Head of Health Emergency Planning
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Health and Safety, Security	a) Compliance with health and safety legislation requirements including control of substances hazardous to health regulations	Director of Nursing, Quality & Patient Experience	All Executive Directors/Directors, General Managers, County Directors, Director of MHL, Asst Director of EFCM, Digital Director, Deputy Director of Operations
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Health and Safety, Security	b) Management of security issues	Director of Nursing, Quality & Patient Experience	All Executive Directors/Directors, General Managers, County Directors, Director of MHL, Asst Director of EFCM, Digital Director, Deputy Director of Operations
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Health and Safety, Security	c) Adherence to fire precautions	Director of Operations	Director of Estates, Facilities & Capital Management
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Health Records Management	a) Physiotherapy Records	Director of Therapies & Health Science	Clinical Director of Therapies
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Health Records Management	b) Occupational Therapy Records	Director of Therapies & Health Science	Clinical Director of Therapies



SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Health Records Management	c) Speech and language Therapy Records	Director of Therapies & Health Science	Clinical Director of Therapies
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Health Records Management	d) Dietetics Records	Director of Therapies & Health Science	Clinical Director of Therapies
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Health Records Management	e) Podiatry Records	Director of Therapies & Health Science	Clinical Director of Therapies
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Health Records Management	f) Orthoptic Records	Director of Therapies & Health Science	Lead Orthoptist
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Health Records Management	g) Audiology Records	Director of Therapies & Health Science	Head of Audiology
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Health Records Management	h) Cardio Physiologist Records.	Director of Therapies & Health Science	Head of Cardiophysiology
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Health Records Management	i) Neurophysiology Records	Director of Therapies & Health Science	Head of Neurophysiology
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Health Records Management	j) OOH Clinical service Records	Director of Operations	Deputy Director of Operations
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Health Records Management	k) Medical Records	Director of Operations	Health Records Manager
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Health Records Management	l) Community, district nursing and Primary Care Records (not Children's Services)	Director of Operations	County Director and Commissioners (each County)
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Health Records Management	m) Outpatient service records	Director of Operations	County Director - Ceredigion
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Health Records Management	n) Palliative care Records	Director of Operations	County Director - Carmarthenshire
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Health Records Management	o) Nursing Records (not Community)	Director of Operations	Assistant Director (Operations, Quality and Nursing)
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Health Records Management	p) Mental Capacity Records	Director of Operations	Assistant Director (Operations, Quality and Nursing)
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Health Records Management	q) Specialist Nurse (tissue viability records)	Director of Operations	Assistant Director (Operations, Quality and Nursing)
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Health Records Management	r) Cancer Services Records	Director of Operations	General Manager (Acute services and Women, Children's and Cancer Services)
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Health Records Management	s) Community Paediatric Records	Director of Operations	General Manager (Acute services and Women, Children's and Cancer Services)

SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Health Records Management	t) Acute Paediatric and Neonates Records	Director of Operations	General Manager (Acute services and Women, Children's and Cancer Services)
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Health Records Management	u) Community Children's Service Records	Director of Operations	General Manager (Acute services and Women, Children's and Cancer Services)
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Health Records Management	v) Midwifery and Women's health Records	Director of Operations	General Manager (Acute services and Women, Children's and Cancer Services)
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Health Records Management	w) Obstetrics and Gynaecology Records	Director of Operations	General Manager (Acute services and Women, Children's and Cancer Services)
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Health Records Management	x) Pathology Records	Director of Operations	Head of Service - Pathology
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Health Records Management	y) Radiology Records	Director of Operations	Radiology Services Manager
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Health Records Management	z) Cardiology Records	Director of Operations	Hospital General Manager - GGH USC
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Health Records Management	aa) Renal Records	Director of Operations	Hospital General Manager - GGH USC
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Health Records Management	ab) General Medicine Records	Director of Operations	Hospital General Managers
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Health Records Management	ac) Gastroenterology Records	Director of Operations	Hospital General Manager - BGH USC
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Health Records Management	ad) Neurology Records	Director of Operations	Hospital General Manager - BGH USC
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Health Records Management	ae) Stroke Records	Director of Operations	Hospital General Manager - WGH USC
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Health Records Management	af) Care of The Elderly	Director of Operations	Hospital General Manager - WGH USC
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Health Records Management	ag) General surgery, vascular, breast care records	Director of Operations	General Manager - Scheduled Care
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Health Records Management	ah) Ophthalmology Records	Director of Operations	General Manager - Scheduled Care
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Health Records Management	ai) Ear, Nose and Throat Records	Director of Operations	General Manager - Scheduled Care

SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Health Records Management	a) Trauma and Orthopaedics Records	Director of Operations	General Manager - Scheduled Care
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Health Records Management	ak) Plaster Services Records	Director of Operations	General Manager - Scheduled Care
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Health Records Management	al) Dermatology Records	Director of Operations	General Manager - Scheduled Care
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Health Records Management	am) Rheumatology Records	Director of Operations	General Manager - Scheduled Care
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Health Records Management	an) Theatres Records	Director of Operations	General Manager - Scheduled Care
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Health Records Management	ao) Day Surgery Unit Records	Director of Operations	General Manager - Scheduled Care
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Health Records Management	ap) Pre-assessment Records	Director of Operations	General Manager - Scheduled Care
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Health Records Management	aq) Endoscopy Records	Director of Operations	General Manager - Scheduled Care
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Health Records Management	ar) Anaesthetics Records	Director of Operations	General Manager - Scheduled Care
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Health Records Management	as) Urology Records	Director of Operations	General Manager - Scheduled Care
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Health Records Management	at) Critical Care Records	Director of Operations	General Manager - Scheduled Care
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Health Records Management	au) Mental Health and Learning Disability Records	Director of Operations	Director of Mental Health & Learning Disabilities
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Health Records Management	av) Psychology Records	Director of Operations	County Director - Ceredigion
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Health Records Management	ax) Mental Health Subject Access Requests	Director of Operations	Mental Health Act Administrator
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Health Records Management	aw) Acute Subject Access Requests	Director of Operations	Acute Records Manager
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Health Records Management	ay) Managed Practices records.	Director of Primary Care, Community & Long Term Care	Assistant Director of Primary Care

SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Health Records Management	az) Low Vision records	Director of Primary Care, Community & Long Term Care	Head of Dental and Optometry
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Health Records Management	aaa) Dental services records	Director of Primary Care, Community & Long Term Care	Head of Dental and Optometry
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational quality and safety and effectiveness	a) Implementing Hospital Patient Environment audits	Director of Operations	Director of Estates, Facilities & Capital Management
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational quality and safety and effectiveness	b) Decontamination	Director of Operations	Director of Operations
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational quality and safety and effectiveness	c) Capital equipment renewal & replacement	Director of Operations	Director of Operations
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational quality and safety and effectiveness	d) EBME	Director of Operations	Director of Operations
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Managed Practices	Delivery of Managed Practices Contacts	Director of Primary Care, Community & Long Term Care	Director of Primary Care, Community & Long Term Care
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Managed Practices	Management and service delivery of Health Board Managed Practices	Director of Primary Care, Community & Long Term Care	Director of Primary Care, Community & Long Term Care
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	N/A	Medical Devices	Director of Operations	Deputy Director of Operations
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	N/A	Medicines Management	Director of Primary Care, Community & Long Term Care	Head of Medicines Management
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	N/A	Development of a medicines optimisation strategy (primary & secondary care)	Director of Primary Care, Community & Long Term Care	Head of Medicines Management
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	N/A	National Contracts for GMS, Dental, Community Pharmacy and Optometry, including implementation, monitoring, performance management and reporting	Director of Primary Care, Community & Long Term Care	Director of Primary Care, Community & Long Term Care
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Estates	a) Develop an estates strategy and rationalisation plan	Director of Strategy and Planning	Director of Estates, Facilities & Capital Management
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Estates	b) Compliance with environmental regulations	Director of Operations	Director of Estates, Facilities & Capital Management
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Estates	c) Management of land, buildings, included leased assets	Director of Operations	Director of Estates, Facilities & Capital Management
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Estates	d) Authorised holder of deed and controller of property	Director of Operations	Director of Estates, Facilities & Capital Management
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Estates	e) District Valuer issues and negotiations	Director of Operations	Director of Estates, Facilities & Capital Management
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Estates	f) Delivery of Capital Estates Projects	Director of Operations	Director of Estates, Facilities & Capital Management

SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Estates	g) Licences and leases for property	Director of Operations	Director of Estates, Facilities & Capital Management
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Information Management & Technology Strategy	a) Information Governance (including compliance with the Data Protection Act, Access to Health Records Act and other IG legislation)	Director of Finance (Senior Information Risk Owner)	Head of Information Governance
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Information Management & Technology Strategy	b) Caldicott Standards and Action Plan	Director of Finance	Deputy Caldicott Guardian /Head of Information Governance
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Information Management & Technology Strategy	c) Development and revision of Information Sharing Protocols	Director of Finance	Head of Information Governance
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Information Management & Technology Strategy	d) IG Training Programme	Director of Finance	Digital Director
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Information Management & Technology Strategy	e) Data Quality	Director of Finance	Digital Director & all information Asset Owners
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Information Management & Technology Strategy	f) Management and control of computer systems and facilities to ensure achievement and compliance with national standards and IM&T strategy	Director of Finance	Digital Director
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Information Management & Technology Strategy	g) Purchases/installation of IT software & hardware	Director of Finance	Digital Director
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Information Management & Technology Strategy	h) Delivery of specific IT projects	Director of Finance	Digital Director
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Performance Management & Business Intelligence	a) Review & establish the performance management framework which included meaningful performance measures for the totality of the services for the which the Health Board is responsible	Director of Finance	Head of Performance
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Performance Management & Business Intelligence	b) Develop the Board Performance Report template on an annual basis, advising on aligning and integrating service, workforce and financial performance matters for sign off by the Strategic Development & Operational Delivery Committee	Director of Finance	Head of Performance
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Performance Management & Business Intelligence	c) Establish Performance Management Office	Director of Finance	Head of Performance
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Performance Management & Business Intelligence	d) Provide assurance on the overall performance and delivery against Health Board plans and objectives	Director of Finance	Head of Performance



SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	NHS Shared Services Partnership	a) Attending Joint Committee meetings	Chief Executive	Director of Finance
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	NHS Shared Services Partnership	b) Agreeing actions to be taken where performance is off track	Chief Executive	Director of Finance
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	NHS Shared Services Partnership	c) Ensure robust interface protocols are in place and test efficacy on a planned programme of review	Chief Executive	Director of Finance
SCHEME OF DELEGATION FROM OTHER	N/A	CORPORATE	Corporate Governance, Assurance Framework & Risk Management	a) Develop Board Risk Appetite Statement	Director of Corporate Governance	Director of Corporate Governance
SCHEME OF DELEGATION FROM OTHER	N/A	CORPORATE	Corporate Governance, Assurance Framework & Risk Management	b) Review internal risk management processes	Director of Corporate Governance	Assistant Director of Assurance & Risk
SCHEME OF DELEGATION FROM OTHER	N/A	CORPORATE	Corporate Governance, Assurance Framework & Risk Management	c) Management & maintenance of Corporate Risk Register	Director of Corporate Governance	Assistant Director of Assurance & Risk
SCHEME OF DELEGATION FROM OTHER	N/A	CORPORATE	Corporate Governance, Assurance Framework & Risk Management	d) Management & maintenance of Directorate/Clinical Risk Registers	Executive Directors	Heads of Departments/Head of Service/General Managers
SCHEME OF DELEGATION FROM OTHER	N/A	CORPORATE	Corporate Governance, Assurance Framework & Risk Management	e) Development of Board Assurance Framework	Director of Corporate Governance	Assistant Director of Assurance & Risk
SCHEME OF DELEGATION FROM OTHER	N/A	CORPORATE	Corporate Governance, Assurance Framework & Risk Management	f) Implement recommendations from external governance reviews	Director of Corporate Governance	All Executive Directors
SCHEME OF DELEGATION FROM OTHER	N/A	CORPORATE	Policies & Procedures (written control documents)	a) Maintaining a database of all written control documents	Director of Corporate Governance	Assistant Director of Corporate Legal Services and Public Affairs
SCHEME OF DELEGATION FROM OTHER	N/A	CORPORATE	Policies & Procedures (written control documents)	b) Manage the process for developing and reviewing written control documents	Director of Corporate Governance	Assistant Director of Corporate Legal Services and Public Affairs

SCHEME OF DELEGATION FROM OTHER	N/A	CORPORATE	Policies & Procedures (written control documents)	c) Approval of written control documents	Appropriate committee as per Written Control Document *Owning groups & approving committees - clinical written control documentation	As per Written Control Document Scheme of Delegation *Owning groups & approving committees - clinical written control documentation
SCHEME OF DELEGATION FROM OTHER	N/A	CORPORATE	N/A	Board Secretariat	Director of Corporate Governance	Assistant Director of Assurance and Risk
SCHEME OF DELEGATION FROM OTHER	N/A	CORPORATE	Board Development & Committee Management	a) Establish a process for establishment & abolition of committees and groups	Director of Corporate Governance	Assistant Director of Assurance and Risk
SCHEME OF DELEGATION FROM OTHER	N/A	CORPORATE	Board Development & Committee Management	b) Establish procedures on the management of committees and groups to ensure consistency and good governance	Director of Corporate Governance	Assistant Director of Assurance and Risk
SCHEME OF DELEGATION FROM OTHER	N/A	CORPORATE	Board Development & Committee Management	c) Board and Committee development	Director of Corporate Governance	Assistant Director of Assurance and Risk
SCHEME OF DELEGATION FROM OTHER	N/A	CORPORATE	N/A	Regulatory and inspections coordination and assurance	Director of Corporate Governance	Assistant Director of Assurance & Risk
SCHEME OF DELEGATION FROM OTHER	N/A	CORPORATE	Legal Advice	a) Engagement of UHB solicitors	Director of Corporate Governance	Assistant Director of Corporate Legal Services and Public Affairs
SCHEME OF DELEGATION FROM OTHER	N/A	CORPORATE	Legal Advice	b) Authority to seek legal advice – all issues	Director of Corporate Governance	Assistant Director of Corporate Legal Services and Public Affairs
SCHEME OF DELEGATION FROM OTHER	N/A	CORPORATE	N/A	Arrangements that appropriate insurance/indemnity is in place (Corporate)	Director of Corporate Governance	Assistant Director of Corporate Legal Services and Public Affairs
SCHEME OF DELEGATION FROM OTHER	N/A	CORPORATE	N/A	Arrangements that appropriate insurance/indemnity is in place (Nursing and Midwifery)	Director of Nursing, Quality & Patient Experience	Assistant Director of Nursing (Legal and Patient Support)
SCHEME OF DELEGATION FROM OTHER	N/A	CORPORATE	N/A	Maintenance of the University status of the organisation	Medical Director	Director for Research & Innovation and University Partnerships
SCHEME OF DELEGATION FROM OTHER	N/A	CORPORATE	Freedom of information Act (FOI)	a) Coordinate the collecting of information to prepare FOI responses within statutory deadlines	Director of Corporate Governance	Assistant Director of Corporate Legal Services and Public Affairs
SCHEME OF DELEGATION FROM OTHER	N/A	CORPORATE	Freedom of information Act (FOI)	b) Sign off of Final Responses	Relevant Lead Executive Director	Assistant Director of Corporate Legal Services and Public Affairs
SCHEME OF DELEGATION FROM OTHER	N/A	CORPORATE	Freedom of information Act (FOI)	c) Undertake internal reviews/complaints relating to FOI	Director of Nursing, Quality & Patient Experience	Director of Nursing, Quality & Patient Experience
SCHEME OF DELEGATION FROM OTHER	N/A	CORPORATE	Public Engagement	a) Develop and implement public engagement strategy	Communications and Engagement Director	Head of Transformation and Engagement Programme Office

SCHEME OF DELEGATION FROM OTHER	N/A	CORPORATE	Public Engagement	b) Ensure public participation in service design and decision making	Communications and Engagement Director	Head of Transformation and Engagement Programme Office
SCHEME OF DELEGATION FROM OTHER	N/A	CORPORATE	Stakeholder Engagement & Management (including armed forces)	a) Organising a continuous programme of stakeholder events across Hywel Dda	Communications and Engagement Director	Head of Transformation and Engagement Programme Office
SCHEME OF DELEGATION FROM OTHER	N/A	CORPORATE	Stakeholder Engagement & Management (including armed forces)	b) Supporting services in engaging with staff, patients and the public during service change	Communications and Engagement Director	Head of Transformation and Engagement Programme Office
SCHEME OF DELEGATION FROM OTHER	N/A	CORPORATE	Stakeholder Engagement & Management (including armed forces)	c) Engaging with armed forces, carers, staff, refugees, asylum seekers and those with sensory impairment	Chief Executive	Assistant Director Strategic Partnerships, Diversity & Inclusion
SCHEME OF DELEGATION FROM OTHER	N/A	CORPORATE	Communications	a) External Communications including relationships with press, key stakeholders and the public	Chief Executive	Communications and Engagement Director
SCHEME OF DELEGATION FROM OTHER	N/A	CORPORATE	Communications	b) Internal communications with staff (Corporate Information)	Chief Executive	Communications and Engagement Director
SCHEME OF DELEGATION FROM OTHER	N/A	CORPORATE	Communications	c) Developing and maintaining the organisation's external website, staff intranet, social media and e-Communications	Chief Executive	Communications and Engagement Director
SCHEME OF DELEGATION FROM OTHER	N/A	CORPORATE	Sponsorship	a) Sponsorship to attend courses and conferences	Executive Directors	Individual is responsible for completing Gifts, Hospitality & Sponsorship form
SCHEME OF DELEGATION FROM OTHER	N/A	CORPORATE	Sponsorship	b) Sponsorship of HB events	Chief Executive	Communications and Engagement Director
SCHEME OF DELEGATION FROM OTHER	N/A	CORPORATE	Advertising	a) Relating to recruitment	Director of Workforce & OD	Assistant Director of Workforce & OD (Resourcing & Utilisation)
SCHEME OF DELEGATION FROM OTHER	N/A	CORPORATE	Advertising	b) Other	Chief Executive	Communications and Engagement Director
SCHEME OF DELEGATION FROM OTHER	N/A	CORPORATE	Welsh Language	a) Compliance with the Welsh Language Act 1993 and the Welsh Language Standards	Chief Executive	Communications and Engagement Director
SCHEME OF DELEGATION FROM OTHER	N/A	CORPORATE	Welsh Language	b) Welsh translation services	Chief Executive	Communications and Engagement Director
SCHEME OF DELEGATION FROM OTHER	N/A	CORPORATE	Welsh Language	c) Welsh Language Strategy and development	Chief Executive	Communications and Engagement Director
SCHEME OF DELEGATION FROM OTHER	N/A	CORPORATE	Partnership Governance	a) Maintain a partnership governance framework to ensure a consistent approach of working across partners	Director of Public Health	Assistant Director Strategic Partnerships, Diversity & Inclusion
SCHEME OF DELEGATION FROM OTHER	N/A	CORPORATE	Partnership Governance	b) Performance management and monitoring of outcomes of work delivered through partnerships and other inter-organisational arrangements	Director of Public Health	Assistant Director Strategic Partnerships, Diversity & Inclusion

SCHEME OF DELEGATION FROM OTHER	N/A	CORPORATE	Partnership Governance	Regional Partnership Board Governance	Director of Primary Care, Community & Long Term Care	Assistant Director Strategic Partnerships, Diversity & Inclusion
SCHEME OF DELEGATION FROM OTHER	N/A	CORPORATE	Partnership Governance	Public Services Board Governance	Director of Public Health	Assistant Director Strategic Partnerships, Diversity & Inclusion
SCHEME OF DELEGATION FROM OTHER	N/A	CORPORATE	N/A	International Health Partnerships (Working Overseas)	Director of Public Health	Director of Public Health
SCHEME OF DELEGATION FROM OTHER	N/A	CORPORATE	N/A	International Health Partnerships (Volunteering)	Director of Workforce & OD	Director of Workforce & OD
SCHEME OF DELEGATION FROM OTHER	N/A	CORPORATE	Equality, Diversity and Human Rights	Compliance with the Equality Act 2010 and Public Sector Equality Duty (2016)	Director of Public Health	Assistant Director Strategic Partnerships, Diversity & Inclusion
SCHEME OF DELEGATION FROM OTHER	N/A	CORPORATE	Committee Lead	a) Public Board	Chief Executive	Chief Executive
SCHEME OF DELEGATION FROM OTHER	N/A	CORPORATE	Committee Lead	b) Audit and Risk Assurance Committee	Director of Corporate Governance	Director of Corporate Governance
SCHEME OF DELEGATION FROM OTHER	N/A	CORPORATE	Committee Lead	c) People, Organisational Development & Culture Committee	Director of Workforce & OD	Director of Workforce & OD
SCHEME OF DELEGATION FROM OTHER	N/A	CORPORATE	Committee Lead	d) Quality, Safety and Experience Committee	Director of Nursing, Quality & Patient Experience	Director of Nursing, Quality & Patient Experience
SCHEME OF DELEGATION FROM OTHER	N/A	CORPORATE	Committee Lead	e) Charitable Funds Committee	Director of Nursing, Quality & Patient Experience	Director of Nursing, Quality & Patient Experience
SCHEME OF DELEGATION FROM OTHER	N/A	CORPORATE	Committee Lead	f) Mental Health Legislation Committee	Director of Operations	Director of Operations
SCHEME OF DELEGATION FROM OTHER	N/A	CORPORATE	Committee Lead	g) Sustainable Resources Committee	Director of Finance	Director of Finance
SCHEME OF DELEGATION FROM OTHER	N/A	CORPORATE	Committee Lead	h) Health and Safety Committee	Director of Nursing, Quality & Patient Experience	Director of Nursing, Quality & Patient Experience
SCHEME OF DELEGATION FROM OTHER	N/A	CORPORATE	Committee Lead	i) Remuneration and Terms of Service Committee	Chief Executive	Chief Executive
SCHEME OF DELEGATION FROM OTHER	N/A	CORPORATE	Committee Lead	j) Strategic Development and Operational Delivery Committee	Director of Strategy and Planning	Director of Strategy and Planning
SCHEME OF DELEGATION FROM OTHER	N/A	WORKFORCE	Staff Engagement and Support	a) Occupational Health Service	Director of Workforce & OD	Deputy Director of Workforce
SCHEME OF DELEGATION FROM OTHER	N/A	WORKFORCE	Staff Engagement and Support	b) Staff psychological well-being	Director of Workforce & OD	Assistant Director of OD
SCHEME OF DELEGATION FROM OTHER	N/A	WORKFORCE	Staff Engagement and Support	c) Staff communication (corporate)	Director of Workforce & OD	Communications and Engagement Director
SCHEME OF DELEGATION FROM OTHER	N/A	WORKFORCE	Staff Engagement and Support	d) Staff engagement on service change	Chief Executive	Communications and Engagement Director

SCHEME OF DELEGATION FROM OTHER	N/A	WORKFORCE	Workforce Planning, recruitment and retention	a) Develop & implement a workforce strategy	Director of Workforce & OD	Head of Strategic Workforce Planning
SCHEME OF DELEGATION FROM OTHER	N/A	WORKFORCE	Workforce Planning, recruitment and retention	b) Establish & implement workforce plans to address key performance measures in sickness reduction, appraisal rates, mandatory training, job planning and employee relations, support & investigation	Director of Workforce & OD	Head of Strategic Workforce Planning
SCHEME OF DELEGATION FROM OTHER	N/A	WORKFORCE	N/A	Organisational Development Strategy	Director of Workforce & OD	Assistant Director of OD
SCHEME OF DELEGATION FROM OTHER	N/A	WORKFORCE	N/A	Staff Side and Employee Relations	Director of Workforce & OD	Head of Workforce
SCHEME OF DELEGATION FROM OTHER	N/A	WORKFORCE	N/A	Workforce Equality and Diversity	Director of Workforce & OD and Director of Public Health	Assistant Director of Workforce & OD and Assistant Director Strategic Partnerships, Diversity & Inclusion
SCHEME OF DELEGATION FROM OTHER	N/A	WORKFORCE	Medical Staffing	a) Authorisation above medical and locum cap	Medical Director	Assistant Director (Medical Directorate)
SCHEME OF DELEGATION FROM OTHER	N/A	WORKFORCE	Medical Staffing	b) Job Planning	Medical Director	Assistant Director (Medical Directorate)
SCHEME OF DELEGATION FROM OTHER	N/A	WORKFORCE	Medical Staffing	c) Monitoring and quality assurance of job plans	Medical Director	Assistant Director (Medical Directorate)
SCHEME OF DELEGATION FROM OTHER	N/A	WORKFORCE	Disciplinary investigations and dismissal of staff	a) Chief Executive i) Suspension/ Exclusion ii) Dismissal	Chair of the Board Chair of the Board	N/A
SCHEME OF DELEGATION FROM OTHER	N/A	WORKFORCE	Disciplinary investigations and dismissal of staff	b) Director i) Suspension/ Exclusion ii) Dismissal	Chief Executive Chief Executive	N/A
SCHEME OF DELEGATION FROM OTHER	N/A	WORKFORCE	Disciplinary investigations and dismissal of staff	c) All Other Staff (excluding Medical and Dental) i) Suspension/ Exclusion ii) Dismissal	Appropriate Line Manager (must be minimum of Band 7) Appropriate Senior Manager (normally will be minimum of Band 8)	N/A
SCHEME OF DELEGATION FROM OTHER	N/A	WORKFORCE	Disciplinary investigations and dismissal of staff	d) Medical and Dental Staff i) Suspension/ Exclusion ii) Dismissal	See UPSW (or any subsequent policy which replaces UPSW) Medical Director (or nominated deputy)	N/A
SCHEME OF DELEGATION FROM OTHER	N/A	WORKFORCE	Disciplinary investigations and dismissal of staff	Dismissal of Primary Care contracted Medical and Dental staff (and other Contractor professionals)	Director of Primary Care, Community & Long Term Care	Director of Primary Care, Community & Long Term Care
SCHEME OF DELEGATION FROM OTHER	N/A	WORKFORCE	N/A	Workforce policies and procedures	Director of Workforce & OD	Head of Workforce
SCHEME OF DELEGATION FROM OTHER	N/A	WORKFORCE	N/A	Finance Professional Leadership	Director of Finance	Assistant Directors of Finance and Head of Service Modernisation



LEGISLATION COMPLIANCE	N/A	Concerns	N/A	NHS Redress (Wales) Measure 2008 (2008 nawm1) - Measures of the Welsh Director of Nursing, Quality & Patient Experience Assistant Director (Legal & Patient Experience) Government to make provision about arrangements for redress in relation to liability in tort in connection with services provided as part of the health service in Wales	Director of Nursing, Quality & Patient Experience	Assistant Director of Nursing (Legal and Patient Support)
LEGISLATION COMPLIANCE	N/A	Concerns	N/A	The National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011	Director of Nursing, Quality & Patient Experience	Assistant Director of Nursing (Legal and Patient Support)
LEGISLATION COMPLIANCE	N/A	Corporate	N/A	The Well-being of Future Generations (Wales) Act 2015	Director of Public Health (Temporarily with Director of Workforce & OD)	Assistant Director Strategic Partnerships, Diversity & Inclusion
LEGISLATION COMPLIANCE	N/A	Corporate	N/A	Social Services and Well-being (Wales) Act 2014	Director of Primary Care, Community & Long Term Care	Director of Primary Care, Community & Long Term Care
LEGISLATION COMPLIANCE	N/A	Corporate	N/A	The Partnership Arrangements (Wales) Regulations 2015	Director of Primary Care, Community & Long Term Care	Assistant Director Strategic Partnerships, Diversity & Inclusion
LEGISLATION COMPLIANCE	N/A	Corporate	N/A	Charities Act 2011	Director of Nursing, Quality & Patient Experience	Head of Hywel Dda Health Charities
LEGISLATION COMPLIANCE	N/A	Corporate	N/A	Charities Act 2022	Director of Nursing, Quality & Patient Experience	Head of Hywel Dda Health Charities
LEGISLATION COMPLIANCE	N/A	Corporate	N/A	The National Health Service Act 1977	Chief Executive	All Executives
LEGISLATION COMPLIANCE	N/A	Corporate	N/A	The National Health Services (Wales) Act 2006	Chief Executive	All Executives
LEGISLATION COMPLIANCE	N/A	Corporate	N/A	The Health and Social Care (Quality and Engagement) (Wales) Act 2020	Director of Nursing, Quality & Patient Experience	All Executives
LEGISLATION COMPLIANCE	N/A	Corporate	N/A	The Local Health Boards (Establishment and Dissolution) (Wales) Order 2009	Chief Executive	Director of Corporate Governance
LEGISLATION COMPLIANCE	N/A	Corporate	N/A	The Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulations 2009	Chief Executive	Director of Corporate Governance
LEGISLATION COMPLIANCE	N/A	Corporate	N/A	The Local Health Boards (Directed Functions) (Wales) Regulations 2009	Chief Executive	Director of Corporate Governance
LEGISLATION COMPLIANCE	N/A	Corporate	N/A	The Local Health Boards (Transfer of Staff, Property, Rights and Liabilities) (Wales) Order 2009	Chief Executive	Director of Corporate Governance
LEGISLATION COMPLIANCE	N/A	Corporate	N/A	The Local Health Boards (Establishment and Dissolution) (Wales) (Amendment) Order 2013	Chief Executive	Director of Corporate Governance
LEGISLATION COMPLIANCE	N/A	Equality	N/A	Equality Act 2010 - A legal framework to protect the rights of individuals and advance equality of opportunity for all	Director of Public Health (Temporarily with Director of Workforce & OD)	Assistant Director Strategic Partnerships, Diversity & Inclusion
LEGISLATION COMPLIANCE	N/A	Equality	N/A	Human Rights Act 1998 - Codifies the protections in the European Convention on Human Rights into UK law	Director of Public Health (Temporarily with Director of Workforce & OD)	Assistant Director Strategic Partnerships, Diversity & Inclusion
LEGISLATION COMPLIANCE	N/A	Equality	N/A	Welsh Language Act 1993 – Establishes the principle that Welsh and English languages should be treated on the basis of equality, in the conduct of public business in Wales	Chief Executive	Communications and Engagement Director
LEGISLATION COMPLIANCE	N/A	Equality	N/A	Welsh Language (Wales) Measure 2011	Chief Executive	Communications and Engagement Director
LEGISLATION COMPLIANCE	N/A	Estates	N/A	Pollution Prevention and Control Act 1999 & Environmental Permitting Regulations 2010 (previously The Radioactive Substances Act 1993) -Inspections regarding Radioactive Waste, etc. Under Radioactive Substance Act 1993. Registration to keep radioactive substances and authorisation to store and dispose of radioactive waste to comply with the requirements	Director of Operations	Director of Estates, Facilities & Capital Management
LEGISLATION COMPLIANCE	N/A	Estates	N/A	Energy Act 2008 (c.32) - Combined Heat and Power Quality Assurance (CHPQA)	Director of Operations	Director of Estates, Facilities & Capital Management

LEGISLATION COMPLIANCE	N/A	Health & Safety	N/A	Health and Safety at Work Act 1974 & Secondary Legislation (Regulations)	Director of Nursing, Quality & Patient Experience	All Executive Directors/Directors, General Managers, County Directors, Director of MHL, Assistant Director of EFCM, Digital Director, Deputy Director of Operations
LEGISLATION COMPLIANCE	N/A	Health & Safety	N/A	Fire & Rescue Services Act 2005 & Regulatory Reform (Fire Safety) Order 2005	Director of Operations	All Executive Directors/Directors, General Managers, County Directors, Director of MHL, Assistant Director of EFCM, Digital Director, Deputy Director of Operations
LEGISLATION COMPLIANCE	N/A	Health & Safety	N/A	Ionising Radiation (Medical Exposure) Regulations 1999	Director of Therapies & Health Science	Head of Radiology
LEGISLATION COMPLIANCE	N/A	Information Governance	N/A	General Data Protection Regulations 2018 - Protection of personal information	Director of Finance	Digital Director and Head of Information Governance
LEGISLATION COMPLIANCE	N/A	Information Governance	N/A	General Data Protection Regulations 2018 - Non Medical Subject Access Requests	Director of Finance	Digital Director and Head of Information Governance
LEGISLATION COMPLIANCE	N/A	Information Governance	N/A	General Data Protection Regulations 2018 - Acute Subject Access Requests	Director of Operations	Acute Records Manager
LEGISLATION COMPLIANCE	N/A	Information Governance	N/A	General Data Protection Regulations 2018 - Mental Health Subject Access Requests	Director of Operations	MH Administrator
LEGISLATION COMPLIANCE	N/A	Information Governance	N/A	Access to Health Records Act 1990 - Access to the health records of a deceased person	Director of Operations	Health Records Manager/ MH Administrator
LEGISLATION COMPLIANCE	N/A	Information Governance	N/A	Common Law duty of Confidentiality	Director of Finance	Digital Director
LEGISLATION COMPLIANCE	N/A	Information Governance	N/A	Computer Misuse Act 1990 – Securing computer material against unauthorised access or modification; and for connected purposes	Director of Finance	Digital Director
LEGISLATION COMPLIANCE	N/A	Information Governance	N/A	Freedom of Information Act 2000 - Provides public access to information held by public authorities	Director of Corporate Governance	Assistant Director of Corporate Legal Services and Public Affairs
LEGISLATION COMPLIANCE	N/A	Information Governance	N/A	Environmental Information Regulations 2004	Director of Corporate Governance	Assistant Director of Corporate Legal Services and Public Affairs
LEGISLATION COMPLIANCE	N/A	Medicines Management	N/A	Health Act 2006 (c.28) & Controlled Drugs (Supervision of Management and Use) (Wales) Regulations 2008 (under Health Act 2006)	Medical Director	Head of Medicines Management
LEGISLATION COMPLIANCE	N/A	Medicines Management	N/A	Controlled Drugs (Supervision of Management and Use) (Wales) Regulations 2008 (under Health Act 2006) - Regulations on the management of Controlled Drugs (Jan 2009)	Medical Director	Head of Medicines Management
LEGISLATION COMPLIANCE	N/A	Medicines Management	N/A	Misuse of Drugs Act 1971 (c.38) & Misuse of Drugs Act 2001- Restriction relating to production, supply, possession and destruction of controlled drugs	Medical Director	Pharmaceutical & Prescribing Manager, Head of Medicines Management
LEGISLATION COMPLIANCE	N/A	Mental Health	N/A	Mental Health Act 1983	Director of Operations	Director of Mental Health & LD
LEGISLATION COMPLIANCE	N/A	Mental Health	N/A	Mental Health (Wales) Measure 2010	Director of Operations	Director of Mental Health & LD
LEGISLATION COMPLIANCE	N/A	Patient Safety	N/A	Human Tissue Act 2004 – Licence Holder	Medical Director	Director of Research, Innovation and University Partnerships and Consultant Histopathologist (Pathology Lead)
LEGISLATION COMPLIANCE	N/A	Patient Safety	N/A	Human Transplantation (Wales) Act 2013	Director of Operations	Consultant Histopathologist (Pathology Lead)

LEGISLATION COMPLIANCE	N/A	Patient Safety	N/A	Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015	Director of Nursing, Quality & Patient Experience	Assistant Director of Nursing for Quality, Assurance, Professional Regulation
LEGISLATION COMPLIANCE	N/A	Patient Safety	N/A	Nurse Staffing Levels (Wales) Act 2016	Director of Nursing, Quality & Patient Experience	Assistant Director of Nursing (Practice)
LEGISLATION COMPLIANCE	N/A	Public Health	N/A	Public Health (Control of Diseases) Act 1984 (c.22) & Health Protection (Notification) (Wales) Regulations 2010 - Cases of notifiable diseases, death and disposal of bodies	Director of Public Health (Temporarily with Director of Therapies and Health Science)	Head of Health Emergency Planning
LEGISLATION COMPLIANCE	N/A	Public Health	N/A	Smoke-Free Premises (Wales) Regulations 2007	Director of Public Health	Public Health Officer (Tobacco)
LEGISLATION COMPLIANCE	N/A	Public Involvement	N/A	Local Government and Public Involvement in Health Act 2007 (c.28) – Disclosure of information, ethical standards, patient and public involvement	Director of Public Health	Communications and Engagement Director
LEGISLATION COMPLIANCE	N/A	Public Safety	N/A	Civil Contingencies Act 2004 - Establishes a coherent framework for emergency planning	Director of Public Health (Temporarily with Director of Therapies and Health Science)	Head of Health Emergency Planning
LEGISLATION COMPLIANCE	N/A	Safeguarding	N/A	Children's Act 1989, 2004 - Provides the legislative framework for child protection in Wales	Director of Nursing, Quality & Patient Experience	Assistant Director of Nursing for Quality, Assurance & Professional Regulation
LEGISLATION COMPLIANCE	N/A	Safeguarding	N/A	Care Standards Act 2000 - Provides for the administration of a variety of care institutions, including children's homes, independent hospitals, nursing homes and residential care homes	Director of Primary Care, Community & Long Term Care	Head of Long Term Care
LEGISLATION COMPLIANCE	N/A	Safeguarding	N/A	Protecting Vulnerable Groups Act 2006 - Provides the legislative framework for the new Vetting and Barring scheme	Director of Nursing, Quality & Patient Experience	Assistant Director of Nursing for Quality, Assurance & Professional Regulation
LEGISLATION COMPLIANCE	N/A	Safeguarding	N/A	Mental Capacity Act 2005 - Provides a statutory framework for people who lack capacity to make decisions for themselves	Director of Operations	Head of Consent & Mental Capacity
CAPITAL SCHEMES	N/A	N/A	N/A	Women & Children's Phase 2. GGH	Director of Acute Services (SRO)	Project Director - Lisa Humphrey
CAPITAL SCHEMES	N/A	N/A	N/A	Fire Enforcement work WGH	Director of Operations (SRO)	Project Director - Rob Elliott
CAPITAL SCHEMES	N/A	N/A	N/A	Transforming Mental Health	Director of Operations (SRO)	Project Director - Liz Carroll
CAPITAL SCHEMES	N/A	N/A	N/A	Fire Enforcement work GGH	Director of Operations (SRO)	Project Director - Rob Elliott
CAPITAL SCHEMES	N/A	N/A	N/A	Diagnostic Imaging – All Schemes	Director of Operations (SRO)	Project Director - Sarah Perry
CAPITAL SCHEMES	N/A	N/A	N/A	Demountable Theatre PPH	Director of Strategy and Planning (SRO)	Project Director - Keith Jones
CAPITAL SCHEMES	N/A	N/A	N/A	Carmarthen Hwb	Director of Strategy and Planning (SRO)	Project Director - Rhian Matthews
CAPITAL SCHEMES	N/A	N/A	N/A	Cross Hands Health & Wellbeing Centre, Cross Hands, Carmarthenshire	Director of Strategy and Planning (SRO)	Project Director - Rhian Matthews
CAPITAL SCHEMES	N/A	N/A	N/A	Aseptic Unit, Witybush General Hospital	Director of Primary Care, Community & Long Term Care	Project Director - Jenny Pugh-Jones
CAPITAL SCHEMES	N/A	N/A	N/A	Business Continuity Programme Business Case	Director of Operations (SRO)	Project Director - Rob Elliott
CAPITAL SCHEMES	N/A	N/A	N/A	Cylch Caron, Tregaron.	County Director & Commissioner Ceredigion (SRO). Project lead by Ceredigion County Council.	N/A
CAPITAL SCHEMES	N/A	N/A	N/A	Aberystwyth Integrated Care Centre	Director of Operations (SRO)	Project Director - Peter Skitt
CAPITAL SCHEMES	N/A	N/A	N/A	Aberystwyth Integrated Education & Research Centre	TBC	Project Director - Peter Skitt
CAPITAL SCHEMES	N/A	N/A	N/A	Integrated Primary and Community Development, Neyland	TBC	Project Director - Elaine Lorton

	N/A	N/A	N/A	Integrated Primary and Community Development, Neyland	Jill Paterson	Rhian Bond
CAPITAL SCHEMES	N/A	N/A	N/A	Fishguard Wellbeing Centre	Jill Paterson	Project Director - Elaine Lorton
CAPITAL SCHEMES	N/A	N/A	N/A	Llandovery Health and Wellbeing Hub	Director of Strategy and Planning (SRO)	Project Director - Rhian Matthews
CAPITAL SCHEMES	N/A	N/A	N/A	Chemotherapy Day Unit Bronglais	Director of Operations (SRO)	Project Director - Peter Skitt
CAPITAL SCHEMES	N/A	N/A	N/A	Medical & Non Medical Equipment Replacement. HDUHB wide	Director of Operations (SRO)	Project Director - Gareth Rees
CAPITAL SCHEMES	N/A	N/A	N/A	Regional Cellular Pathology services	TBC	N/A