CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	29 May 2025
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Revised Model Standing Orders and Scheme of Delegation
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Joanne Wilson, Director of Corporate Governance/Board Secretary
SWYDDOG ADRODD: **REPORTING OFFICER:**	Charlotte Wilmshurst, Assistant Director of Assurance and Risk

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The Local Health Boards, NHS Trusts and Special Health Authorities (Constitution, Membership and Procedures) (Miscellaneous Amendments) (Wales) Regulations 2024 came into force on 20 January 2025.

These Regulations amended the Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulations 2009, The Public Health Wales National Health Service Trust (Membership and Procedure) Regulations 2009, The National Health Service Trusts (Membership and Procedure) Regulations 1990 and The Health Education and Improvement Wales Regulations 2017.

Welsh Government have issued interim amendments to the Model Standing Orders (SO) for Local Health Boards and NHS Trusts in Wales. In line with this, Hywel Dda University Health Board's (HDdUHB's) SOs have been reviewed and updated to account for these amendments, and these are presented to the Board for approval, following review by the Audit and Risk Assurance Committee at its meeting on 15 April 2025.

Cefndir / Background

HDdUHB's SOs were last approved by Board in May 2024; however, these have been further updated following receipt of a letter received on 30 January 2025 from the Cabinet Secretary for Health and Social Care regarding amendments required to the Standing Orders.

The Local Health Boards, NHS Trusts and Special Health Authorities (Constitution, Membership and Procedures) (Miscellaneous Amendments) (Wales) Regulations 2024 came into force on 20 January 2025. These Regulations amended the Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulations 2009, The Public Health Wales National Health Service Trust (Membership and Procedure) Regulations 2009, The National Health Service Trusts (Membership and Procedure) Regulations 1990 and The Health Education and Improvement Wales Regulations 2017.

The purpose of these amendments is to ensure consistency relating to:

(i) The eligibility requirements for the chair, vice-chair and non-officer members/non-executive directors of the Board.
(ii) The provisions relating to the appointment of officer members to boards of Local Health Boards.
(iii) The arrangements for appointing the trade union member to a board of Local Health Boards.
(iv) The timescales for the publication of board and committee agendas and papers.

Considering these amendments, it is necessary to make revisions to the Model Standing Orders and Reservation and Delegation of Powers for Local Health Boards, NHS Trusts and Special Health Authorities using the Welsh Ministers power of direction in accordance with Section 12(3), Section 19(1) and Section 23(1) of the National Health Service (Wales) Act 2006

Asesiad / Assessment

Standing Orders

A review has been undertaken of the Model SOs and SFIs for Health Boards, NHS Trusts and Special Health Authorities. These amendments supersede those issued previously in WHC/2024/019. A new Welsh Circular, WHC (2025) 007 has been issued to confirm this.

HDdUHB's SOs have been reviewed and updated (Appendix 1). The key areas to note are highlighted below:

1. **Eligibility requirements**

   No amendments.

2. **Appointment of officer members**

   Section B – The Local Health Board: Membership of the Local Health Board

   1.1.1 The membership of the LHB shall be no more than 24 members comprising the Chair, Vice Chair, non-officer members (appointed by the Minister for Health and Social Services), Associate Members, the Chief Executive (appointed by the Board with the involvement of the Chief Executive, NHS Wales) and officer members ~~(appointed by the Board).~~ (appointed by Non-Executive Members of the Board and the Chief Executive

   Section B – The Local Health Board: Officer Members [to be known as Executive Directors]

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

3. **Appointment of the Trade Union Member to Local Health Boards**

Section B – The Local Health Board: Non-Officer Members [to be known as Independent Members]

1.1.4 A total of 9, appointed by the Minister for Health and Social Services, including: an elected member of a local authority whose area falls within the LHB area; a current member or employee of a Third Sector organisation within the LHB area; a nominated trade union official; a person who holds a post in a University that is related to health; and five other Independent Members who together have experience and expertise in legal; finance; estates; Information Technology; and community knowledge and understanding.

4. **Publication of Board agendas and papers**

Section B – Meetings: Notifying and equipping Board members

7.4.3 Board members shall be sent an Agenda and a complete set of supporting papers at least ~~10 calendar days~~ 5 clear days before a formal Board meeting. This information may be provided to Board members electronically or in paper form, in an accessible format, to the address provided, and in accordance with their stated preference. Supporting papers may, exceptionally, be provided, after this time provided that the Chair is satisfied that the Board's ability to consider the issues contained within the paper would not be impaired.

Section B – Meetings: Notifying the public and others

7.4.7 Except for meetings called in accordance with Standing Order 7.3, at least 10 calendar days before each meeting of the Board a public notice of the time and place of the meeting, ~~and the public part of the agenda,~~ shall be displayed bilingually (in English and Welsh):

- On the LHB's website~~, together with the papers supporting the public part of the Agenda; as well as~~
- Through other methods of communication as set out in the LHB's communication strategy.

7.4.8 When providing notification of the forthcoming meeting, the LHB shall set out when and how the Agenda and the papers supporting the public part of the Agenda may be accessed, in what language and in what format, e.g., as Braille, large print, easy read, etc. The agenda and papers will be made available to the public at least 5 clear days before each meeting of the Board.

Schedule 1

No amendments.

Schedule 2.1 - Model Standing Financial Instructions for Local Health Boards

No changes have been made to HDdUHB's Standing Financial Instructions; however, following the introduction of the Procurement Act 2023, the model SFIs are in the process of being updated and will be issued in due course.

Schedule 3 - Board and Committee Arrangements

The 3 new Committees constituted from 1 April 2025 have been added:

- Digital, Data and Innovation Committee
- Finance and Performance Committee
- Strategy and Planning Committee

The 2 Committees that were disestablished on 31 March 2025 have been removed:

- Sustainable Resources Committee
- Strategic Development and Operational Delivery Committee

Schedule 4 – Joint Committee Arrangements

No amendments.

Schedule 5 – Advisory Group Terms of Reference and Operating Arrangements

No amendments.

Corporate Scheme of Delegation

The Health Board's current Corporate Scheme of Delegation was approved by Board on 28 November 2024.

As part of this year's annual review, separate work has been undertaken on an Operational Scheme of Delegation which has exposed a number of necessary changes to make within the Corporate Scheme of Delegation.

The revised Corporate Scheme of Delegation has been shared with Executive Directors, identifying these revisions and also the revisions made in line with changes agreed and approved at Remuneration and Terms of Service Committee meetings throughout the year. The revised version of the Corporate Scheme of Delegation was shared at Executive Team on 26 March 2025 and, in subsequent e-mails following this, for final agreement. The revisions to the Corporate Scheme of Delegation were reviewed at the Audit and Risk Assurance Committee on 15 April 2025 and the Committee recommended the revised version to the Board for approval.

The Scheme of Delegation attached (Appendix 2) represents the 2025 revised version for Board approval.

Section	What has changed?	Rationale?
Throughout	Standardisation of Health Board Officer titles given the introduction of the Health Board's new operational arrangements including Clinical Care Groups and Clinical Service Groups.	Standardisation of titles required following the introduction of the Health Board's new operational arrangements including Clinical Care Groups and Clinical Service Groups.
	Removal of reference to OJEU thresholds.	OJEU thresholds no longer relevant – replaced with 'relevant EC Directives'.

	Reference to 'Serious Adverse Incidents' amended to 'incidents meeting criteria for nationally reporting to NHS Executive' with the inclusion of those categories that require reporting i.e. severe, catastrophic, etc.	Terminology updated
Standing Orders	**WORKING IN PARTNERSHIP** Working in Partnership (Row 30) Identification and engagement with all key partners and regular review of effectiveness	Addition of Director of Public Health in the Operational Responsibility column as the Health Board lead for Partnerships) alongside the Director of Primary Care, Community Strategy and Long-Term Care. Removal of the Director of Strategy & Planning in the Operational Responsibility column given their responsibility for ARCH, the Mid Wales Collaborative and Llais are covered elsewhere in the Corporate Scheme of Delegation.
Standing Financial Instructions (SFIs)	**CAPITAL INVESTMENT, FIXED ASSET REGISTERS AND SECURITY OF ASSETS** **15.1.1f Capital Plan** (Row 219) 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	Delegated Responsibility transferred from the Chief Operating Officer to the Director of Allied Health Professions & Health Science. Operational responsibility transferred from the Director of Estates, Facilities & Capital Management to the Head of Property Performance
Standing Financial Instructions (SFI)	**CAPITAL INVESTMENT, FIXED ASSET REGISTERS AND SECURITY OF ASSETS** **15.1.3 Capital Plan** (Row 220) 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	Identification of Head of Capital Planning in the Operational Responsibility column
Standing Financial Instructions (SFI)	**CAPITAL INVESTMENT, FIXED ASSET REGISTERS AND SECURITY OF ASSETS** **15.6.1 Asset Registers** (Row 227) Maintenance of asset registers (on advice from Director of Strategy & Planning and Director of Finance)	Operational responsibility broadened to include 'Asset Owners'
Scheme of Delegation from other	**QUALITY, SAFETY AND EXPERIENCE** **Management of Incident Reporting & Investigation** (Row 309) j) Reporting of incidents in accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR)	Delegated responsibility transferred from the Chief Operating Officer to the Director of Allied Health Professions and Health Science given their lead for Health & Safety, with operational responsibility

		transferred from the Director of Estates, Facilities & Capital Management to the Head of Health, Safety & Security.
Scheme of Delegation from other	**QUALITY, SAFETY AND EXPERIENCE Management of the Clinical Audit Function** (Row 319) a) Coordination and participation in national audits and development of a Hywel Dda Clinical Audit Plan	Delegated responsibility transferred from the Director of Nursing, Quality & Patient Experience to the Medical Director (as agreed at RTSC on 02.04.25) with operational responsibility transferred from the Assistant Director of Quality & Service Improvement to the Clinical Audit Manager
Scheme of Delegation from other	**QUALITY, SAFETY AND EXPERIENCE HM Coroner** (Row 328) a) Maintaining relationship and ensuring appropriate response to requests for information	New entry – previously a gap. Delegated responsibility attributed to the Director of Nursing, Quality & Patient Experience with operational responsibility attributed to the Assistant Director (Legal & Patient Support)
Scheme of Delegation from other	**QUALITY, SAFETY AND EXPERIENCE HM Coroner** (Row 329) b) Sending response to HM Coroner	New entry – previously a gap. Delegated responsibility and operational responsibility attributed to the Chief Executive
Scheme of Delegation from other	**COMMISSIONING Commissioning (including Primary Care Services)** (Rows 357–360; 368-369; 371) c) Maintaining a register of commissioning contracts d) Ensuring every commissioning contract has a lead manager responsible for ensuring that contract delivers activity, quality and finance e) Agreement of annual contract with existing providers and within existing budgets - NHS, third sector, independent or private f) Agreement of contract variations 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 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 o) Authorisation of invoices against contracts (within budget) excluding NHS Long Term Agreements (LTAs)	As contracting sits with Finance, delegated and operational responsibility transferred from the Director of Strategy & Planning to the Director of Finance (alongside the Director of Primary Care, Community Strategy & Long-Term Care).

Scheme of Delegation from other	**COMMISSIONING Commissioning (including Primary Care Services)** (Row 366) j) Agreement of changes to contracts where this would place a cost pressure on the organisation which would have a significant impact on the delivery of outcomes	New entry – previously a gap identified through work on the Operational SoD. Delegated responsibility and operational responsibility attributed to both the Director of Strategy & Planning and the Director of Finance
Scheme of Delegation from other	**COMMISSIONING Commissioning of Continuing Healthcare and Funded Nursing Care (**Row 376) c) Authorising of invoices against agreed packages of care ~~outside panel~~	Delegated Matter broadened (and standard terminology updated).
Scheme of Delegation from other	**OPERATIONAL Operational Delivery of:** (Row 397) f) Primary Care	New entry – previously a gap. Delegated responsibility attributed to the Director of Primary Care, Community Strategy and Long-Term Care with operational responsibility attributed to the Primary Care Clinical Care Group Service Director
Scheme of Delegation from other	**OPERATIONAL Operational Delivery of:** (Row 398) g) Estates & Facilities	New entry – previously a gap. Delegated responsibility attributed to the Estates & Facilities Group Service Director with Page 9 of 12 operational responsibility attributed to the Estates & Facilities Group Service Director
Scheme of Delegation from other	**OPERATIONAL Operational Delivery of:** (Row 403) l) WGH Creche	Operational responsibility transferred from the Director of Estates, Facilities & Capital Management to the Women & Family Health Clinical Service Group General Manager
Scheme of Delegation from other	**OPERATIONAL Medical Records:** (Row 419) Responsibility for Medical Records Directorate	New entry – previously a gap. Delegated and operational responsibility transferred from the Chief Operating Officer to the Director of Finance
Scheme of Delegation from other	**OPERATIONAL Operational quality and safety and effectiveness** (Row 473) a) Implementing Hospital Patient Environment audits	Operational responsibility transferred from the Director of Estates, Facilities & Capital Management to the Service Director, Estates & Facilities Group

Scheme of Delegation from other	**OPERATIONAL Estates** (Row 489) f) Delivery of Capital Estates Projects	Added the Director of Allied Health Professions and Health Science alongside the Director of Strategy & Planning for delegated responsibility given the new split of roles, and added in the Head of Operations alongside the Director of Estates, Facilities & Capital Management for operational responsibility
Scheme of Delegation from other	**CORPORATE Legal Advice** (Row 530) b) Authority to seek legal advice – all issues	Added in Director of Workforce & OD to the Delegated Responsibility column to reflect the seeking of legal advice for workforce matters (and added in the Page 10 of 12 Assistant Director of People Management to the Operational Responsibility column)
Scheme of Delegation from other	**CORPORATE Committee Lead** (Row 573) g) Finance and Performance Committee	Change of Committee title from the Sustainable Resources Committee to the Finance and Performance Committee
Scheme of Delegation from other	**CORPORATE Committee Lead** (Row 576) j) Strategy and Planning Strategic Development and Operational Delivery Committee	Change of Committee title from the Strategic Development and Operational Delivery Committee to the Strategy and Planning Committee
Scheme of Delegation from other	**CORPORATE Committee Lead** (Row 577) k) Digital, Data and Innovation Committee	Additional Committee (Digital, Data and Innovation Committee) to reflect new Committee structure
Legislation Compliance	**Health & Safety** (Row 628) Fire & Rescue Services Act 2005 & Regulatory Reform (Fire Safety) Order 2005	Transfer of delegated responsibility from the Chief Operating Officer to the Director of Allied Health Professions and Health Science (as agreed at RTSC on 02.04.25)

Argymhelliad / Recommendation

The Board is requested to **APPROVE**:

- The required amendments made to the HDdUHB's Standing Orders (Appendix 1), following Welsh Government amendments to the Model Standing Orders in January 2025.
- The revised Scheme of Delegation (Appendix 2).

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	Not Applicable
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	Not Applicable
Amcanion Strategol y BIP: UHB Strategic Objectives:	Not Applicable
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	10. Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Model Standing Orders and Standing Financial Instructions
Rhestr Termau: Glossary of Terms:	Included within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Director of Corporate Governance/Board Secretary Audit and Risk Assurance Committee

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: **Financial / Service:**	Robust governance arrangements underpinning financial management contribute towards internal control and value for money being achieved.
Ansawdd / Gofal Claf: **Quality / Patient Care:**	Where applicable, included within the report
Gweithlu: **Workforce:**	Where applicable, included within the report

Risg: **Risk:**	A sound system of internal control ensures that any risks to the achievement of the Health Board's objectives are identified, assessed and managed.
Cyfreithiol: **Legal:**	Model SOs are issued by Welsh Ministers to Health Boards using powers of direction provided in section 12 (3) of the National Health Service (Wales) Act 2006. Health Boards in Wales must agree SOs for the regulation of their proceedings and business. SOs are designed to translate the statutory requirements set out in the Local Health Boards (Constitution, Membership and Procedures (Wales) Regulations 2009 (S.I 2009/779 W.67)) into day to day operating practice, and, together with the adoption of a Scheme of Decisions reserved to the Boar; a Scheme of Delegations to officers and others; and SFIs, they provide a regulatory framework for the business conduct of the Health Board.
Enw Da: **Reputational:**	Not Applicable
Gyfrinachedd: **Privacy:**	No direct impacts
Cydraddoldeb: **Equality:**	The Model SOs and SFIs have been subject to an Equality Impact Assessment as part of the NHS Reform Programme, and the revised SO's were subject to an in house EqIA screening in September 2012, the outcome of which indicated no negative impacts in relation to the Health Board's duties under the Equality Act 2010. A summary report was produced to this effect. The March 2014 revisions have been scrutinised with no negative impacts identified; therefore, no amendments will be made to the report produced in 2012. The most recent amendments outlined above and attached have been subject to an EqIA Screening, and there is no evidence at this stage of potential adverse impact in relation to equality, diversity or human rights. Should any issues arise at any stage following implementation of the revised SOs, a full EqIA will be undertaken as appropriate.

Model Standing Orders

Reservation and Delegation of Powers

For Local Health Boards

Foreword

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

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

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

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

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

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Section A – Introduction

Statutory Framework

i) The Hywel Dda University Local Health Board (the LHB) is a statutory body that was established on 1 June 2009 and became operational on the 1 October 2009 under **The Local Health Boards (Establishment and Dissolution) (Wales) Order 2009 (S.I. 2009/778)**, "the Establishment Order".

ii) The principal place of business of the LHB is – Corporate Offices, Ystwyth Building, St David's Park, Carmarthen, SA31 3BB.

iii) All business shall be conducted in the name of Hywel Dda University LHB, and all funds received in trust shall be held in the name of the LHB as a corporate Trustee.

iv) LHBs are corporate bodies and their functions must be carried out in accordance with their statutory powers and duties. Their statutory powers and duties are mainly contained in the **NHS (Wales) Act 2006** which is the principal legislation relating to the NHS in Wales. Whilst the **NHS Act 2006** applies equivalent legislation to the NHS in England, it also contains some legislation that applies to both England and Wales. The NHS (Wales) Act 2006 and the NHS Act 2006 are a consolidation of the NHS Act 1977 and other health legislation which has now been repealed. The NHS (Wales) Act 2006 contains various powers of the Welsh Ministers to make subordinate legislation and details how LHBs are governed and their functions.

v) Under powers set out in paragraph 4 of Schedule 2 to the NHS (Wales) Act 2006, the Welsh Ministers have made **the Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulations 2009 (S.I. 2009/779)** ("The Constitution Regulations") which set out the constitution and membership arrangements of LHBs, which includes a requirement for LHBs to make SOs for the regulation of its proceedings and business including provision for the Boards suspension. Sections 12 and 13 of the NHS (Wales) Act 2006 provide for Welsh Ministers to confer functions on LHBs and to give directions about how they exercise those functions. LHBs must act in accordance with those directions. Most of the LHB's statutory functions are set out in the **Local Health Boards (Directed Functions) (Wales) Regulations 2009 (S.I. 2009/1511).**

vi) **The National Health Service Joint Commissioning Committee (Wales) Directions 2024 (WG24-06)** provide that the seven LHBs in Wales will establish a joint committee to exercise the functions of planning, securing and commissioning:

(a) specialised services for –
    (i) cancer and blood disorders,

(ii) cardiac conditions,
(iii) mental health and vulnerable groups,
(iv) neurosciences, and
(v) women and children,

(b) services where there is agreement between the Local Health Boards that they should be arranged on a regional and national basis,
(c) emergency medical services,
(d) non-emergency patient transport services,
(e) emergency medical retrieval and transfer services,
(f) NHS 111 services,
(g) sexual assault referral centres, and
(h) other services as directed by the Welsh Ministers.

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

viii) In addition to directions the Welsh Ministers may from time to time issue guidance which LHBs must take into account when exercising any function. However in some cases the relevant function may be contained in other legislation. In exercising their powers LHBs must be clear about the statutory basis for exercising such powers.

ix) As a statutory body, the LHB has specified powers to contract in its own name and to act as a corporate trustee. The LHB also has statutory powers under sections 194 and 195 of the NHS (Wales) Act 2006 to fund projects jointly planned with local authorities, voluntary organisations and other bodies.

x) The **National Health Service Bodies and Local Authorities Partnership Arrangements (Wales) Regulations 2000 (S.I. 2000/2993)** have effect as made under section 33 of the NHS (Wales) Act 2006 enable LHBs, NHS Trusts and Local Authorities to enter into any partnership arrangements to exercise certain NHS functions and health-related functions as specified in the Regulations. The arrangement can only be made if it is likely to lead to an improvement in the way in which NHS functions and health-related functions are exercised, and the partners have consulted jointly with all affected parties, and the arrangements fulfil the objectives set out in the Area Plan developed in accordance with the **Social Services and Well-being (Wales) Act 2014 (2014).**

xi) Section 72 of the NHS Act 2006 places a duty on NHS bodies to co-operate with each other in exercising their functions. NHS bodies includes the NHS bodies in England such as the NHS Commissioning Board, NHS Trust and NHS Foundation Trusts and, for the purpose of this duty, also

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

xii) Section 82 of the NHS Act 2006 places a duty on NHS bodies and local authorities to co-operate with one another in order to secure and advance the health and welfare of the people of England and Wales.

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

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

xiv) **The Health and Social Care (Quality and Engagement) (Wales) Act 2020 (2020 asc 1) (**the 2020 Act) makes provision for:

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

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

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

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

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

xv) The **Well-being of Future Generations (Wales) Act 2015** also places duties on LHBs and some Trusts in Wales. Sustainable development in the context of the Act means the process of improving economic, social, environmental and cultural well-being of Wales by taking action, in accordance with the sustainable development principle, aimed at achieving the well-being goals.

xvi) The Welsh Language (Wales) Measure 2011 makes provision with regards to the development of standards of conduct relating to the Welsh language. These standards replace the requirement for a Welsh Language Scheme previously provided for by Section 5 of the Welsh Language Act 1993. The Welsh Language Standards (No.7) Regulations 2018 (2018/411) came into force on the 29 June 2018 and specifies standards in relation to the conduct of Local Health Boards. The Local Health Board will ensure that it has arrangements in place to meet those standards which the Welsh Language Commissioner has required by way of a compliance notice under section 44 of the 2011 Measure.

xvii) LHBs are also bound by any other statutes and legal provisions which govern the way they do business. The powers of LHBs established under statute shall be exercised by LHBs meeting in public session, except as otherwise provided by these SOs.

NHS Framework

xviii) In addition to the statutory requirements set out above, LHBs must carry out all business in a manner that enables them to contribute fully to the achievement of the Welsh Government's vision for the NHS in Wales and its standards for public service delivery. The governance standards set for the NHS in Wales are based upon the Welsh Government's Citizen Centred Governance principles. These principles provide the framework for good governance and embody the values and standards of behaviour that are expected at all levels of the service, locally and nationally.

xix) Adoption of the principles will better equip LHBs to take a balanced, holistic view of their organisations and their capacity to deliver high quality, safe healthcare services for all its citizens within the NHS framework set nationally.

xx) The overarching NHS governance and accountability framework incorporates these SOs; the Schedules of Reservation and Delegation of Powers; SFIs together with a range of other frameworks designed to cover specific aspects. These include the NHS Values and Standards of Behaviour Framework*; the Health and Care Quality Standards 2023, the NHS Risk and Assurance Framework, and the NHS planning and performance management systems.

* The NHS Wales Values and Standards of Behaviour Framework can be

accessed via the following link: https://nwssp.nhs.wales/all-wales-programmes/governance-e-manual/living-public-service-values/values-and-standards-of-behaviour-framework/

xxi) The Welsh Ministers, reflecting their constitutional obligations and legal duties under the **Well-being of Future Generations (Wales) Act 2015,** have stated that sustainable development should be the central organising principle for the public sector and a core objective for the NHS in all it does.

xxii) Full, up to date details of the other requirements that fall within the NHS framework – as well as further information on the Welsh Government's Citizen Centred Governance principles - are provided on the NHS Wales Governance e-manual which can be accessed at https://nwssp.nhs.wales/all-wales-programmes/governance-e-manual/. Directions or guidance on specific aspects of LHB business are also issued electronically, usually under cover of a Welsh Health Circular.

Local Health Board Framework

xxiii) Schedule 2 provides details of the key documents that, together with these SOs, make up the LHB's governance and accountability framework. These documents must be read in conjunction with these SOs and will have the same effect as if the details within them were incorporated within the SOs themselves. The Standing Financial Instructions form Schedule 2.1 of these SOs.

xxiv) LHBs will from time to time agree and approve policy statements which apply to the LHB's Board members and/or all or specific groups of staff employed by Hywel Dda University LHB and others. The decisions to approve these policies will be recorded in an appropriate Board minute and, where appropriate, will also be considered to be an integral part of the LHB's SOs and SFIs. Details of the LHB's key policy statements are also included in Schedule 2.

xxv) LHBs shall ensure that an official is designated to undertake the role of the Director of Corporate Governance/Board Secretary (the role of which is set out in paragraph xxxiii below).

xxvi) For the purposes of these SOs, the members of the LHB shall collectively to be known as "the Board" or "Board members"; the officer and non-officer members shall be referred to as Executive Directors and Independent Members respectively; and the Chief Officer and the Chief Finance Officer shall respectively be known as the Chief Executive and the Director of Finance – SOs 1.1.2 refers.

Applying Standing Orders

xxvii) The SOs of the LHB (together with SFIs and the Values and Standards of

Behaviour Framework (Standards of Behaviour Policy), will, as far as they are applicable, also apply to meetings of any formal Committees established by the LHB, including any Advisory Groups, sub-Committees, joint-Committees and joint sub-Committees. These SOs may be amended or adapted for the Committees as appropriate, with the approval of the Board. *Further details on committees may be found in Schedule 3 of these SOs and further details on joint-Committees may be found in Schedule* 4.

xxviii) Full details of any non-compliance with these SOs, including an explanation of the reasons and circumstances must be reported in the first instance to the Director of Corporate Governance/Board Secretary, who will ask the Audit and Risk Assurance Committee to formally consider the matter and make proposals to the Board on any action to be taken. All Board members and LHB officers have a duty to report any non-compliance to the Director of Corporate Governance/Board Secretary as soon as they are aware of any circumstance that has not previously been reported.

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

Variation and amendment of Standing Orders

xxx) Although these SOs are subject to regular, annual review by the LHB, there may, exceptionally, be an occasion where it is necessary to vary or amend the SOs during the year. In these circumstances, the Director of Corporate Governance/Board Secretary shall advise the Board of the implications of any decision to vary or amend SOs, and such a decision may only be made if:

- The variation or amendment is in accordance with regulation 15 of the Constitution Regulations and does not contravene a statutory provision or direction made by the Welsh Ministers;
- The proposed variation or amendment has been considered and approved by the Audit and Risk Assurance Committee and is the subject of a formal report to the Board; and
- A notice of motion under Standing Order 7.5.14 has been given.

Interpretation

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

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

The role of the Director of Corporate Governance/Board Secretary

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

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

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

xxxiv) Further details on the role of the Director of Corporate Governance/Board Secretary within Hywel Dda University LHB, including details on how to contact them, are available at Board Secretary - Hywel Dda University Local Health Board.

Section B – Standing Orders

1. THE LOCAL HEALTH BOARD

1.0.1 The LHB's principal role is to ensure the effective planning and delivery of the local NHS system, within a robust governance framework, to achieve the highest standards of patient safety and public service delivery, improve health and reduce inequalities and achieve the best possible outcomes for its citizens, and in a manner that promotes human rights.

1.0.2 The LHB was established by the **Local Health Boards (Establishment and Dissolution) (Wales) Order 2009** (S.I. 2009/778) and most of its functions are contained in the **Local Health Boards (Directed Functions) (Wales) Regulations 2009** (S.I. 2009/1511). The LHB must ensure that all its activities are in exercise of those functions or other statutory functions that are conferred on it.

1.0.3 To fulfil this role, the LHB will work with all its partners and stakeholders in the best interests of its population.

1.1 Membership of the Local Health Board

1.1.1 The membership of the LHB shall be no more than 24 members comprising the Chair, Vice Chair, non-officer members (appointed by the Minister for Health and Social Services), Associate Members, the Chief Executive (appointed by the Board with the involvement of the Chief Executive, NHS Wales) and officer members (appointed by Non-Executive Members of the Board and the Chief Executive).

1.1.2 For the purposes of these SOs, the members of the LHB shall collectively to be known as "the Board" or "Board members"; the officer and non-officer members (which will include the Chair) shall be referred to as Executive Directors and Independent Members respectively; and the Chief Officer and the Chief Finance Officer shall respectively be known as the Chief Executive and the Director of Finance. Officer and non-officer members shall have full voting rights. Associate Members do not have voting rights.

Officer Members [to be known as Executive Directors]

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

Non Officer Members [to be known as Independent Members]

1.1.4 A total of 9, appointed by the Minister for Health and Social Services, including: an elected member of a local authority whose area falls within the LHB area; a current member or employee of a Third Sector organisation within the LHB area; a nominated trade union official; a person who holds a post in a University that is related to health; and five other Independent Members who together have experience and expertise in legal; finance; estates; Information Technology; and community knowledge and understanding.

1.1.5 In addition to the eligibility, disqualification, suspension and removal provisions contained within the Constitution Regulations, an individual shall not normally serve concurrently as a non-officer member on the Board of more than one NHS body in Wales.

Associate Members

1.1.6 A total of 4 associate members may be appointed to the Board. They will attend Board meetings on ex-officio basis but will not have any voting rights.

1.1.7 No more than three Associate Members may be appointed by the Minister for Health and Social Services. This may include:

- Director of Social Services (nominated by local authorities in the LHB area)
- Chair of the Stakeholder Reference Group
- Chair of the Healthcare Professionals' Forum

1.1.8 The Board may appoint an additional Associate Member to assist in carrying out its functions, subject to the agreement of the Minister for Health and Social Services.

Use of the term 'Independent Members'

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

- Chair
- Vice Chair
- Non Officer Members

unless otherwise stated.

1.2 Joint Directors

1.2.1 Where a post of Executive Director of the LHB is shared between more

than one person because of their being appointed jointly to a post:

i) Either or both persons may attend and take part in Board meetings;
ii) If both are present at a meeting they shall cast one vote if they agree;
iii) In the case of disagreement no vote shall be cast; and
iv) The presence of both or one person will count as one person in relation to the quorum.

1.3 Tenure of Board members

1.3.1 Independent Members and Associate Members appointed by the Minister for Health and Social Services shall be appointed for a period specified by the Welsh Ministers, but for no longer than 4 years in any one term. These members can be reappointed but may not hold office as a member or associate member for the same Board for a total period of more than 8 years. Time served need not be consecutive and will still be counted towards the total period even where there is a break in the term.

1.3.2 Any Associate Member appointed by the Board will be for a period of up to one year. An Associate member may be re-appointed if necessary or expedient for the performance of the LHBs functions. If re-appointed they may not hold office as an Associate Member for the same Board for a total period of more than four years. Time served includes time as a Ministerial appointment (if relevant) which need not be consecutive and will still be counted towards the total period even where there is a break in the term. An Independent or Associate Member appointed by the Minister for Health and Social Services who has already served the maximum 8 years as a Ministerial appointment to the same Board will not be eligible for appointment by the Board as an Associate Member.

1.3.3 Executive Directors' tenure of office as Board members will be determined by their contract of appointment.

1.3.4 All Board members' tenure of appointment will cease in the event that they no longer meet any of the eligibility requirements, so far as they are applicable, as specified in Schedule 2 of the Constitution Regulations. Any member must inform the Chair as soon as is reasonably practicable to do so in respect of any issue which may impact on their eligibility to hold office. The Chair will advise the Minister in writing of any such cases immediately.

1.3.5 The LHB will require Board members to confirm in writing their continued eligibility on an annual basis.

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

Role

1.4.1 The principal role of the LHB is set out in SO 1.0.1. The Board's main role is to add value to the organisation through the exercise of strong

leadership and control, including:

- Setting the organisation's strategic direction
- Establishing and upholding the organisation's governance and accountability framework, including its values and standards of behaviour
- Ensuring delivery of the organisation's aims and objectives through effective challenge and scrutiny of the LHB's performance across all areas of activity.

Responsibilities

1.4.2 The Board will function as a corporate decision-making body, Executive Directors and Independent Members being full and equal members and sharing corporate responsibility for all the decisions of the Board.

1.4.3 Independent Members who are appointed to bring a particular perspective, skill or area of expertise to the Board must do so in a balanced manner, ensuring that any opinion expressed is objective and based upon the best interests of the health service. Similarly, Board members must not place an over reliance on those individual members with specialist expertise to cover specific aspects of Board business and must be prepared to scrutinise and ask questions about any contribution that may be made by that member.

1.4.4 LHBs shall issue an indemnity to any Chair and Independent Member in the following terms: "A Board [or Committee] member, who has acted honestly and in good faith, will not have to meet out of their personal resources any personal liability which is incurred in the execution of their Board function. Such cover excludes the reckless or those who have acted in bad faith".

1.4.5 Associate Members, whilst not sharing corporate responsibility for the decisions of the Board, are nevertheless required to act in a corporate manner at all times, as are their fellow Board members who have voting rights.

1.4.6 All Board members must comply with their terms of appointment. They must equip themselves to fulfil the breadth of their responsibilities by participating in appropriate personal and organisational development programmes, engaging fully in Board activities and promoting the LHB within the communities it serves.

1.4.7 **The Chair** – The Chair is responsible for the effective operation of the Board, chairing Board meetings when present and ensuring that all Board business is conducted in accordance with these SOs. The Chair may have certain specific powers delegated by the Board and set out in the Scheme of Delegation.

1.4.8 The Chair shall work in close harmony with the Chief Executive and,

supported by the Director of Corporate Governance/Board Secretary, shall ensure that key and appropriate issues are discussed by the Board in a timely manner with all the necessary information and advice being made available to the Board to inform the debate and ultimate resolutions.

1.4.9 **The Vice-Chair** – The Vice-Chair shall deputise for the Chair in their absence for any reason and will do so until either the existing chair resumes their duties or a new chair is appointed.

1.4.10 In addition to their corporate role across the breadth of the Board's responsibilities, the Vice-Chair has a specific brief to oversee the LHB's performance in the planning, delivery and evaluation of primary care, community health and mental health services ensuring a balanced care model to meet the needs of the population within the LHB's area.

1.4.11 **Chief Executive** – The Chief Executive is responsible for the overall performance of the executive functions of the LHB. They are the appointed Accountable Officer for the LHB and shall be responsible for meeting all the responsibilities of that role, as set out in their Accountable Officer Memorandum.

1.4.12 **Lead roles for Board members** – The Chair will ensure that individual Board members are designated as lead roles or "champions" as required by the Welsh Ministers or as set out in any statutory or other guidance. Any such role must be clearly defined and must operate in accordance with the requirements set by the LHB, the Welsh Ministers or others. In particular, no operational responsibilities will be placed upon any Independent Member fulfilling such a role. The identification of a Board member in this way shall not make them more vulnerable to individual criticism, nor does it remove the corporate responsibility of the other Board members for that particular aspect of Board business.

2. RESERVATION AND DELEGATION OF LHB FUNCTIONS

2.0.1 Subject to any directions that may be given by the Welsh Ministers, the Board shall make arrangements for certain functions to be carried out on its behalf so that the day to day business of the LHB may be carried out effectively and in a manner that secures the achievement of its aims and objectives. In doing so, the Board must set out clearly the terms and conditions upon which any delegation is being made.

2.0.2 The Board's determination of those matters that it will retain, and those that will be delegated to others shall be set out in a:

i) Schedule of matters reserved to the Board;
ii) Scheme of delegation to committees and others; and
iii) Scheme of delegation to officers.

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

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

2.1 Chair's action on urgent matters

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

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

2.2 Delegation of Board functions

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

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

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

2.3 Delegation to officers

2.3.1 The Board may delegate certain functions to the Chief Executive. For these aspects, the Chief Executive, when compiling the Scheme of

Delegation to Officers, shall set out proposals for those functions they will perform personally and shall nominate other officers to undertake the remaining functions. The Chief Executive will still be accountable to the Board for all functions delegated to them irrespective of any further delegation to other officers.

2.3.2 This must be considered and approved by the Board (subject to any amendment agreed during the discussion). The Chief Executive may periodically propose amendments to the Scheme of Delegation to Officers and any such amendments must also be considered and approved by the Board.

2.3.3 Individual Executive Directors are in turn responsible for delegation within their own directorates/departments/localities in accordance with the framework established by the Chief Executive and agreed by the Board.

3. COMMITTEES

3.1 LHB Committees

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

Use of the term 'Committee'

3.1.2 For the purposes of these SOs, use of the term 'Committee' incorporates the following:

- Board Committee
- Joint-Committee
- Sub-Committee
- Joint Sub-Committee

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

3.2 Joint Committees

3.2.1 The Board may, and where directed by the Welsh Ministers must, together with one or more LHBs or NHS Trusts or the local authorities operating within the LHB's area, appoint joint-Committees or joint sub-Committees. These may consist wholly or partly of the LHB's Board members or Board members of other health service bodies or of persons who are not LHB Board members or Board members of other health service bodies. Any

such appointments must be made in accordance with the Board's defined requirements on membership (including definition of member roles, powers and terms and conditions of appointment) and any directions given by the Welsh Ministers.

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

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

- The Welsh Health Specialised Services Committee (WHSSC).
- The Emergency Ambulance Services Committee
- The National Health Service Wales Joint Commissioning Committee (JCC)

Joint Committee Standing Orders, terms of reference and operating arrangements

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

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

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

3.3 Sub-Committees

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

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

3.4 Committees established by the LHB

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

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

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

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

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

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

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

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

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

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

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

3.5 Other Committees

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

3.6 Confidentiality

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

3.7 Reporting activity to the Board

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

4. NHS WALES SHARED SERVICES PARTNERSHIP

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

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

Wales have a member on the Shared Services Committee and that the views of all the NHS organisations in Wales are taken into account when making decisions in respect of Shared Services activities.

4.0.3 The Director of Shared Services will be designated as Accountable Officer for Shared Services.

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

4.0.5 The Shared Services Committee is to be known as the Shared Services Partnership Committee for operational purposes.

5. ADVISORY GROUPS

5.0.1 The LHB has a statutory duty to take account of representations made by persons and organisations who represent the interests of the communities it serves, its officers and healthcare professionals. To help discharge this duty, the Board may and where directed by the Welsh Ministers must, appoint Advisory Groups to the LHB to provide advice to the Board in the exercise of its functions.

5.0.2 The LHB's Advisory Groups include a Stakeholder Reference Group, Healthcare Professionals' Forum and Local Partnership Forum. *The membership and terms of reference for these groups are set out in Schedule 5.*

5.0.3 The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out by others to advise it in the conduct of its business. The Board shall, wherever possible, require its Advisory Groups to hold meetings in public unless there are specific, valid reasons for not doing so.

5.1 Terms of reference and operating arrangements

5.1.1 The Board must formally approve terms of reference and operating arrangements for the Advisory Groups. These must establish the governance arrangements and ways of working, setting out, as a minimum:

- The scope of its work (including its purpose and any delegated powers and authority);

- Membership (including member appointment and removal, role, responsibilities and accountabilities, and terms and conditions of office) and quorum;
- Meeting arrangements;
- Communications;
- Relationships with others (including the LHB Board, its Committees and Advisory Groups) as well as other relevant local and national groups);
- Any budget and financial responsibility;
- Secretariat and other support;
- Training, development and performance; and
- Reporting and assurance arrangements.

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

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

5.2 Support to the Advisory Groups

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

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

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

5.3 Confidentiality

5.3.1 Advisory Group members and attendees must not disclose any matter dealt with by or brought before a Group in confidence without the permission of the Advisory Group Chair.

5.4 Advice and feedback

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

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

5.5 Reporting activity

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

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

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

5.6 THE STAKEHOLDER REFERENCE GROUP (SRG)

Role

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

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

5.6.2 The SRG provides a forum to facilitate full engagement and active debate amongst stakeholders from across the communities served by the LHB, with the aim of reaching and presenting a cohesive and balanced

stakeholder perspective to inform the LHB's decision making.

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

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

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

5.7 Relationship with the Board

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

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

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

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

5.8 Relationship between the SRG and others

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

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

5.9 Working with Llais

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

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

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

5.10 THE HEALTHCARE PROFESSIONALS' FORUM (HPF)

Role

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

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

5.11 Terms of reference and operating arrangements

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

5.12 Relationship with the Board

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

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

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

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

5.13 Rights of Access to the LHB Board for Professional Groups

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

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

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

5.14 Relationship with the National Professional Advisory Group

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

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

5.15 THE LOCAL PARTNERSHIP FORUM (LPF)

Role

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

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

5.16 Relationship with the Board and others

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

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

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

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

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

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

6. WORKING IN PARTNERSHIP

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

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

- The LHB's own structures and operating arrangements, e.g., Advisory Groups; and

- The involvement (at very local and community wide levels) in partnerships and community groups – such as Regional Partnership and Public Service Boards – of Board members and LHB officers with delegated authority to represent the LHB and, as appropriate, take decisions on its behalf.

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

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

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

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

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

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

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

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

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

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

6.1.6 In discharging these duties, the Board shall work constructively with Llais to ensure both organisations are able to discharge their duties. They will ensure their involvement in:

- The planning of the provision of its healthcare services;
- The development and consideration of proposals for service change and the way in which those services are provided;
- The Board's decisions affecting the operation of those healthcare services that it has responsibility for; and

- Engaging, formally consulting and working jointly within the LHB's area on any proposals for substantial development or change of the services it is responsible for, in line with the Guidance on Changes to Health Services in Wales 2023.

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

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

Relationship with the Board

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

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

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

7. MEETINGS

7.1 Putting Citizens first

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

- Active communication of forthcoming business and activities;
- The selection of accessible, suitable venues for meetings when these are not held via electronic means;
- The availability of papers in English and Welsh languages and in accessible formats, such as Braille, large print, easy read (where requested or required) and in electronic formats;
- Requesting that attendees notify the LHB of any access needs sufficiently in advance of a proposed meeting, and responding appropriately, e.g., arranging British Sign Language (BSL)

interpretation at meetings; and
- Where appropriate, ensuring suitable translation arrangements are in place to enable the conduct of meetings in either English or Welsh,

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

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

7.2 Annual Plan of Board Business

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

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

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

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

Annual General Meeting (AGM)

7.2.5 The LHB must hold an AGM in public no later than the 31 July each year [Note: no later than 30 September 2023 for year 2023/2024]. At least 10 calendar days prior to the meeting a public notice of the intention to hold the meeting, the time and place of the meeting, and the agenda, shall be displayed bilingually (in English and Welsh) on the LHB's website.

The notice shall state that:

- Electronic or paper copies of the Annual Report and Accounts of the LHB are available, on request, prior to the meeting; and

- State how copies can be obtained, in what language and in what format, e.g. as Braille, large print, easy read etc.

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

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

7.3 Calling Meetings

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

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

7.4 Preparing for Meetings

Setting the agenda

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

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

Notifying and equipping Board members

7.4.3 Board members shall be sent an Agenda and a complete set of supporting papers at least 5 clear days before a formal Board meeting. This information may be provided to Board members electronically or in paper form, in an accessible format, to the address provided, and in accordance

with their stated preference. Supporting papers may, exceptionally, be provided, after this time provided that the Chair is satisfied that the Board's ability to consider the issues contained within the paper would not be impaired.

7.4.4 No papers will be included for consideration and decision by the Board unless the Chair is satisfied (subject to advice from the Director of Corporate Governance/Board Secretary, as appropriate) that the information contained within it is sufficient to enable the Board to take a reasonable decision. This will include evidence that appropriate impact assessments have been undertaken and taken into consideration. Impact assessments shall be undertaken on all new or revised policies, strategies, guidance and or practice to be considered by the Board, and the outcome of that assessment shall accompany the report to the Board to enable the Board to make an informed decision.

7.4.5 In the event that at least half of the Board members do not receive the Agenda and papers for the meeting as set out above, the Chair must consider whether or not the Board would still be capable of fulfilling its role and meeting its responsibilities through the conduct of the meeting. Where the Chair determines that the meeting should go ahead, their decision, and the reason for it, shall be recorded in the minutes.

7.4.6 In the case of a meeting called by Board members, notice of that meeting must be signed by those members and the business conducted will be limited to that set out in the notice.

Notifying the public and others

7.4.7 Except for meetings called in accordance with Standing Order 6.3, at least 10 calendar days before each meeting of the Board a public notice of the time and place of the meeting, ~~and the public part of the agenda~~ shall be displayed bilingually (in English and Welsh):

- On the LHB's website, as well as
- Through other methods of communication as set out in the LHB's communication strategy.

7.4.8 When providing notification of the forthcoming meeting, the LHB shall set out when and how the agenda and the papers supporting the public part of the Agenda may be accessed, in what language and in what format, e.g., as Braille, large print, easy read, etc. The agenda and papers will be made available to the public at least 5 clear days before each meeting of the Board.

7.5 Conducting Board Meetings

Admission of the public, the press and other observers

7.5.1 The LHB shall encourage attendance at its formal Board meetings by the public and members of the press as well as LHB officers or representatives from organisations who have an interest in LHB business. The venue for such meetings shall be appropriate to facilitate easy access for attendees and translation services; and shall have appropriate facilities to maximise accessibility.

7.5.2 The Board and its committees shall conduct as much of its formal business in public as possible. There may be circumstances where it would not be in the public interest to discuss a matter in public, e.g., business that relates to a confidential matter. In such cases the Chair (advised by the Director of Corporate Governance/Board Secretary where appropriate) shall schedule these issues accordingly and require that any observers withdraw from the meeting. In doing so, the Board shall resolve:

> *That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960 (c.67).*

7.5.3 In these circumstances, when the Board is not meeting in public session it shall operate in private session, formally reporting any decisions taken to the next meeting of the Board in public session. Wherever possible, that reporting shall take place at the end of a private session, by reconvening a Board meeting held in public session.

7.5.4 The Director of Corporate Governance/Board Secretary, on behalf of the Chair, shall keep under review the nature and volume of business conducted in private session to ensure such arrangements are adopted only when absolutely necessary.

7.5.5 In encouraging entry to formal Board Meetings from members of the public and others, the Board shall make clear that attendees are welcomed as observers. The Chair shall take all necessary steps to ensure that the Board's business is conducted without interruption and disruption. In exceptional circumstances, this may include a requirement that observers leave the meeting.

7.5.6 Unless the Board has given prior and specific agreement, members of the public or other observers will not be allowed to record proceedings in any way other than in writing.

Addressing the Board, its Committees and Advisory Groups

7.5.7 The Board will decide what arrangements and terms and conditions it feels are appropriate in extending an invitation to observers to attend and address any meetings of the Board, its Committees and Advisory Groups,

and may change, alter or vary these terms and conditions as it considers appropriate. In doing so, the Board will take account of its responsibility to actively encourage the engagement and, where appropriate, involvement of citizens and stakeholders in the work of the LHB, (whether directly or through the activities of bodies such as Llais and the LHB's Advisory Groups representing citizens and other stakeholders) and to demonstrate openness and transparency in the conduct of business.

Chairing Board Meetings

7.5.8 The Chair of the LHB will preside at any meeting of the Board unless they are absent for any reason (including any temporary absence or disqualification from participation on the grounds of a conflict of interest). In these circumstances the Vice Chair shall preside. If both the Chair and Vice-Chair are absent or disqualified, the Independent Members present shall elect one of the Independent Members to preside.

7.5.9 The Chair must ensure that the meeting is handled in a manner that enables the Board to reach effective decisions on the matters before it. This includes ensuring that Board members' contributions are timely and relevant and move business along at an appropriate pace. In doing so, the Board must have access to appropriate advice on the conduct of the meeting through the attendance of the nominated Director of Corporate Governance/Board Secretary. The Chair has the final say on any matter relating to the conduct of Board business.

Quorum

7.5.10 At least six Board members, at least three of whom are Executive Directors and three are Independent Members, must be present to allow any formal business to take place at a Board meeting.

7.5.11 If the Chief Executive or an Executive Director is unable to attend a Board meeting, then a nominated deputy may attend in their absence and may participate in the meeting, provided that the Chair has agreed the nomination before the meeting. However, Board members' voting rights cannot be delegated so the nominated deputy may not vote or be counted towards the quorum. If a deputy is already a Board member in their own right, e.g., a person deputising for the Chief Executive will usually be an Executive Director, they will be able to exercise their own vote in the usual way but they will not have any additional voting rights.

7.5.12 The quorum must be maintained during a meeting to allow formal business to be conducted, i.e., any decisions to be made. Any Board member disqualified through conflict of interest from participating in the discussion on any matter and/or from voting on any resolution will no longer count towards the quorum. If this results in the quorum not being met that particular matter or resolution cannot be considered further at that meeting and must be noted in the minutes.

Dealing with motions

7.5.13 In the normal course of Board business items included on the agenda are subject to discussion and decisions based on consensus. Considering a motion is therefore not a routine matter and may be regarded as exceptional, e.g. where an aspect of service delivery is a cause for particular concern, a Board member may put forward a motion proposing that a formal review of that service area is undertaken by a Committee of the Board. The Director of Corporate Governance/Board Secretary will advise the Chair on the formal process for dealing with motions. No motion or amendment to a motion will be considered by the Board unless moved by a Board member and seconded by another Board member (including the Chair).

7.5.14 **Proposing a formal notice of motion –** Any Board member wishing to propose a motion must notify the Chair in writing of the proposed motion at least 12 days before a planned meeting. Exceptionally, an emergency motion may be proposed up to one hour before the fixed start of the meeting, provided that the reasons for the urgency are clearly set out. Where sufficient notice has been provided, and the Chair has determined that the proposed motion is relevant to the Board's business, the matter shall be included on the Agenda, or, where an emergency motion has been proposed, the Chair shall declare the motion at the start of the meeting as an additional item to be included on the agenda.

7.5.15 The Chair also has the discretion to accept a motion proposed during a meeting provided that the matter is considered of sufficient importance and its inclusion would not adversely affect the conduct of Board business.

7.5.16 **Amendments -** Any Board member may propose an amendment to the motion at any time before or during a meeting and this proposal must be considered by the Board alongside the motion.

7.5.17 If there are a number of proposed amendments to the motion, each amendment will be considered in turn, and if passed, the amended motion becomes the basis on which the further amendments are considered, i.e., the substantive motion.

7.5.18 **Motions under discussion –** When a motion is under discussion, any Board member may propose that:

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

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

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

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

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

Voting

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

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

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

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

7.6 Record of Proceedings

7.6.1 A record of the proceedings of formal Board meetings (and any other

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

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

7.7 Confidentiality

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

8. VALUES AND STANDARDS OF BEHAVIOUR

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

8.1 Declaring and recording Board members' interests

8.1.1 ***Declaration of interests –*** It is a requirement that all Board members must declare any personal or business interests they may have which may affect, or be perceived to affect the conduct of their role as a Board member. This includes any interests that may influence or be perceived to influence their judgement in the course of conducting the Board's business. Board members must be familiar with the Values and Standards of Behaviour Framework (Standards of Behaviour Policy), and their

statutory duties under the Constitution Regulations. Board members must notify the Chair and Director of Corporate Governance/Board Secretary of any such interests at the time of their appointment, and any further interests as they arise throughout their tenure as Board members.

8.1.2 Board members must also declare any interests held by family members or persons or bodies with which they are connected. The Director of Corporate Governance/Board Secretary will provide advice to the Chair and the Board on what should be considered as an 'interest', taking account of the regulatory requirements and any further guidance, e.g., the Values and Standards of Behaviour framework. If individual Board members are in any doubt about what may be considered as an interest, they should seek advice from the Director of Corporate Governance/Board Secretary. However, the onus regarding declaration will reside with the individual Board member.

8.1.3 ***Register of interests –*** The Chief Executive, through the Director of Corporate Governance/Board Secretary will ensure that a Register of Interests is established and maintained as a formal record of interests declared by all Board members. The register will include details of all Directorships and other relevant and material interests which have been declared by Board members.

8.1.4 The register will be held by the Director of Corporate Governance/Board Secretary, and will be updated during the year, as appropriate, to record any new interests, or changes to the interests declared by Board members. The Director of Corporate Governance/Board Secretary will also arrange an annual review of the Register, through which Board members will be required to confirm the accuracy and completeness of the register relating to their own interests.

8.1.5 In line with the Board's commitment to openness and transparency, the Director of Corporate Governance/Board Secretary must take reasonable steps to ensure that the citizens served by the LHB are made aware of, and have access to view the LHB's Register of Interests. This may include publication on the LHB's website.

8.1.6 ***Publication of declared interests in Annual Report –*** Board members' directorships of companies or positions in other organisations likely or possibly seeking to do business with the NHS shall be published in the LHB's Annual Report.

8.2 Dealing with Members' interests during Board meetings

8.2.1 The Chair, advised by the Director of Corporate Governance/Board Secretary, must ensure that the Board's decisions on all matters brought before it are taken in an open, balanced, objective and unbiased manner. In turn, individual Board members must demonstrate, through their actions, that their contribution to the Board's decision making is based

upon the best interests of the LHB and the NHS in Wales.

8.2.2 Where individual Board members identify an interest in relation to any aspect of Board business set out in the Board's meeting agenda, that member must declare an interest at the start of the Board meeting. Board members should seek advice from the Chair, through the Director of Corporate Governance/Board Secretary before the start of the Board meeting if they are in any doubt as to whether they should declare an interest at the meeting. All declarations of interest made at a meeting must be recorded in the Board minutes.

8.2.3 It is the responsibility of the Chair, on behalf of the Board, to determine the action to be taken in response to a declaration of interest, taking account of any regulatory requirements or directions made by the Welsh Ministers. The range of possible actions may include determination that:

i) The declaration is formally noted and recorded, but that the Board member should participate fully in the Board's discussion and decision, including voting. This may be appropriate, for example where the Board is considering matters of strategy relating to a particular aspect of healthcare and an Independent Member is a healthcare professional whose profession may be affected by that strategy determined by the Board;
ii) The declaration is formally noted and recorded, and the Board member participates fully in the Board's discussion, but takes no part in the Board's decision;
iii) The declaration is formally noted and recorded, and the Board member takes no part in the Board discussion or decision;
iv) The declaration is formally noted and recorded, and the Board member is excluded for that part of the meeting when the matter is being discussed. A Board member must be excluded, where that member has a direct or indirect financial interest in a matter being considered by the Board.

8.2.4 In extreme cases, it may be necessary for the member to reflect on whether their position as a Board member is compatible with an identified conflict of interest.

8.2.5 Where the Chair is the individual declaring an interest, any decision on the action to be taken shall be made by the Vice Chair, on behalf of the Board.

8.2.6 In all cases the decision of the Chair (or the Vice Chair in the case of an interest declared by the Chair) is binding on all Board members. The Chair should take advice from the Director of Corporate Governance/Board Secretary when determining the action to take in response to declared interests; taking care to ensure their exercise of judgement is consistently applied.

8.2.7 ***Members with pecuniary (financial) interests –*** Where a Board

member, or any person they are connected with[1] has any direct or indirect pecuniary interest in any matter being considered by the Board, including a contract or proposed contract, that member must not take part in the consideration or discussion of that matter or vote on any question related to it. The Board may determine that the Board member concerned shall be excluded from that part of the meeting.

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

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

8.3 Dealing with officers' interests

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

8.4 Reviewing how Interests are handled

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

8.5 Dealing with offers of gifts[2], hospitality and sponsorship

8.5.1 The Values and Standards of Behaviour Framework (Standards of Behaviour Policy) approved by the Board prohibits Board members and LHB officers from receiving gifts, hospitality or benefits in kind from a third party which may reasonably give rise to suspicion of conflict between their official duty and their private interest, or may reasonably be seen to compromise their personal integrity in any way.

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[1] In the case of persons who are married to each other or in a civil partnership with each other or who are living together as if married or civil partners, the interest of one person shall, if known to the other, be deemed for the purpose of this Standing Order to be also an interest of the other.
[2] The term gift refers also to any reward or benefit.

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

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

- **Relationship:** Contacts which are made for the purpose of information gathering are generally less likely to cause problems than those which could result in a contractual relationship, in which case accepting a gift or hospitality could cause embarrassment or be seen as giving rise to an obligation;

- **Legitimate Interest:** Regard should be paid to the reason for the contact on both sides and whether it is a contact that is likely to benefit the LHB;

- **Value:** Gifts and benefits of a trivial or inexpensive seasonal nature, e.g., diaries/calendars, are more likely to be acceptable and can be distinguished from more substantial offers. Similarly, hospitality in the form of a working lunch would not be treated in the same way as more expensive social functions, travel or accommodation (although in some circumstances these may also be accepted);

- **Frequency:** Acceptance of frequent or regular invitations particularly from the same source would breach the required standards of conduct. Isolated acceptance of, for example, meals, tickets to public, cultural or social events would only be acceptable if attendance is justifiable in that it benefits the LHB; and

- **Reputation:** If the body concerned is known to be under investigation by or has been publicly criticised by a public body, regulators or inspectors, acceptance of a gift or hospitality might be seen as supporting the body or affecting in some way the investigation or negotiations and it should always be declined.

8.5.4 A distinction may be drawn between items offered as hospitality and items offered in substitution for fees for broadcasts, speeches, lectures or other work done. There may be circumstances where the latter may be accepted if they can be used for official purposes.

8.6 Sponsorship

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

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

8.7 Register of Gifts, Hospitality and Sponsorship

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

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

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

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

8.7.4 Board members and LHB officers may accept the occasional offer of modest and proportionate hospitality but in doing so must consider

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

whether the following conditions are met:

- Acceptance would further the aims of the LHB ;
- The level of hospitality is reasonable in the circumstances;
- It has been openly offered; and,
- It could not be construed as any form of inducement and will not put the individual under any obligation to those offering it.

8.7.5 The Director of Corporate Governance/Board Secretary will arrange for a full report of all offers of Gifts, Hospitality and Sponsorship recorded by the LHB to be submitted to the Audit Committee (or equivalent) at least annually. The Audit Committee will then review and report to the Board upon the adequacy of the LHB's arrangements for dealing with offers of gifts, hospitality and sponsorship.

9. SIGNING AND SEALING DOCUMENTS

9.0.1 The common seal of the LHB is primarily used to seal legal documents such as transfers of land, lease agreements and other important/key contracts. The seal may only be fixed to a document if the Board has determined it shall be sealed, or if a transaction to which the document relates has been approved by the Board.

9.0.2 Where it is decided that a document shall be sealed it shall be fixed in the presence of the Chair or Vice Chair (or other authorised independent Member) and the Chief Executive (or another authorised individual) both of whom must witness the seal.

9.1. Register of Sealing

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

9.2 Signature of Documents

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

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

9.3 Custody of Seal

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

10. GAINING ASSURANCE ON THE CONDUCT OF LHB BUSINESS

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

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

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

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

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

10.1 The role of Internal Audit in providing independent internal assurance

10.1.1 The Board shall ensure the effective provision of an independent internal audit function as a key source of its internal assurance arrangements, in accordance with NHS Wales Internal Auditing Standards and any other requirements determined by the Welsh Ministers.

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

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

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

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

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

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

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

10.3 External Assurance

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

10.3.2 The Board may be assured, from the work carried out by external audit and others, on the adequacy of its own assurance framework, but that external assurance activity shall not form part of, or replace its own internal assurance arrangements, except in relation to any additional work that the Board itself may commission specifically for that purpose.

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

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

11. DEMONSTRATING ACCOUNTABILITY

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

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

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

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

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

12. REVIEW OF STANDING ORDERS

12.0.1 A summary equality impact assessment has been carried out on these SOs prior to their formal adoption by the Board.

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

Schedule 1

MODEL SCHEME OF RESERVATION AND DELEGATION OF POWERS

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

MODEL SCHEME OF RESERVATION AND DELEGATION OF POWERS

Introduction

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

i) A Committee, e.g., Quality and Safety Committee;

ii) A sub-Committee, e.g., a locality based Quality and Safety Committee taking forward matters within a defined area. Any such delegation would, subject to the Board's authority, usually be via a main Committee of the Board;

iii) A joint-Committee or joint sub-Committee, e.g., with other LHBs established to take forward matters relating to specialist services; and

iv) Officers of the LHB (who may, subject to the Board's authority, delegate further to other officers and, where appropriate, other third parties, e.g. shared/support services, through a formal scheme of delegation)

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

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

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

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

DECIDING WHAT TO RETAIN AND WHAT TO DELEGATE: GUIDING PRINCIPLES

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

- ***Everything is retained by the Board unless it is specifically delegated in accordance with the requirements set out in SOs or SFIs***

- ***The Board must retain that which it is required to retain (whether by statute or as determined by the Welsh Ministers) as well as that which it considers is essential to enable it to fulfil its role in setting the organisation's direction, equipping the organisation to deliver and ensuring achievement of its aims and objectives through effective performance management***

- ***Any decision made by the Board to delegate functions must be based upon an assessment of the capacity and capability of those to whom it is delegating responsibility***

- ***The Board must ensure that those to whom it has delegated powers (whether a Committee, partnership or individuals) remain equipped to deliver on those responsibilities through an ongoing programme of personal, professional and organisational development***

- ***The Board must take appropriate action to assure itself that all matters delegated are effectively carried out***

- ***The framework of delegation will be kept under active review and, where appropriate, will be revised to take account of organisational developments, review findings or other changes***

- ***Except where explicitly set out, the Board retains the right to decide upon any matter for which it has statutory responsibility, even if that matter has been delegated to others***

- ***The Board may delegate authority to act, but retains overall responsibility and accountability***

- ***When delegating powers, the Board will determine whether (and the extent to which) those to whom it is delegating will, in turn, have powers to further delegate those functions to others.***

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

The Board

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

The Chief Executive

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

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

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

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

The Director of Corporate Governance/Board Secretary

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

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

The Audit and Risk Assurance[4] Committee

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

Individuals to who powers have been delegated

Individuals will be personally responsible for:

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

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

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

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

SCOPE OF THESE ARRANGEMENTS FOR THE RESERVATION AND DELEGATION OF POWERS

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

The LHB's Scheme of Delegation was approved by the Board at its meeting on 25 May 2023. This detailed electronic scheme of delegation encompasses all delegations including Standing Orders, Standing Financial Instructions, financial delegations, legislative compliance, other delegations and responsibilities, both at delegated lead and operational responsibility level. It has been further expanded through Directorate delegations and is kept under regular review. It can be

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

accessed via the following hyperlink to LHB's website:

Standing Orders and Standing Financial Instructions - Hywel Dda University Health Board (nhs.wales)

SCHEDULE OF MATTERS RESERVED TO THE BOARD[5]

THE BOARD		AREA	DECISIONS RESERVED TO THE BOARD
1	FULL	GENERAL	Board may determine any matter for which it has statutory or delegated authority in accordance with SOs (except for those decisions delegated to the NHS Wales Joint Commissioning Committee (the JCC).
2	FULL	GENERAL	The Board must determine any matter that will be reserved to the whole Board.
3	FULL	GENERAL	Approve the LHB's Governance Framework
4	FULL	OPERATING ARRANGEMENTS	Approve, vary and amend: ▪ SOs; ▪ SFIs; ▪ Schedule of matters reserved to the LHB; ▪ Scheme of delegation to Committees and others; and ▪ Scheme of delegation to officers. In accordance with any directions set by the Welsh Ministers.
5	FULL	OPERATING ARRANGEMENTS	Ratify any urgent decisions taken by the Chair and the Chief Executive in accordance with Standing Order requirements.
6	NO – Audit Committee	OPERATING ARRANGEMENTS	Formal consideration of report of Director of Corporate Governance**/**Board Secretary on any non-compliance with Standing Orders, making proposals to the Board on any action to be taken.

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

7	FULL	OPERATING ARRANGEMENTS	Receive report and proposals regarding any non-compliance with Standing Orders, and where required ratify in public session any action required in response to failure to comply with SOs.
8	FULL	OPERATING ARRANGEMENTS	Authorise use of the LHB's official seal.
9	FULL	OPERATING ARRANGEMENTS	Approve the LHB's Values and Standards of Behaviour framework (Standards of Behaviour Policy).
10	NO - Chair on behalf of Joint Committee, Vice-Chair on behalf of Joint Committee if Chair is declaring interest	ORGANISATION STRUCTURE & STAFFING	Require, receive and determine action in response to the declaration of Board members' interests, in accordance with advice received, e.g. From Audit Committee or Director of Corporate Governance**/**Board Secretary.
11	FULL	STRATEGY & PLANNING	Determine the LHB's strategic aims, objectives and priorities.
12	FULL	STRATEGY & PLANNING	Approve the LHB's key strategies and programmes related to: ▪ Population Health Needs Assessment and Commissioning Plan ▪ The development and delivery of patient and population centred health and care/clinical services ▪ Improving quality and patient safety outcomes ▪ Workforce and Organisational Development ▪ Infrastructure, including IM &T, Estates and Capital (including major capital investment and disposal plans)
13	FULL	STRATEGY & PLANNING	Approval of Joint Area Plan prepared under the direction of the Regional Partnership Board and in response to the population assessment.
14	FULL	STRATEGY & PLANNING	Agreement of Well-being objectives in accordance with the requirements of the Well-being and Future Generations (Wales) Act 2015.

15	FULL	STRATEGY & PLANNING	Approval of Well-being Plan prepared and agreed by the Public Service Board.
16	FULL	STRATEGY & PLANNING	Approve the LHB's Integrated Medium Term Plan, including the balanced Medium Term Financial Plan.
17	FULL	STRATEGY & PLANNING	Approve the LHB's budget and financial framework (including overall distribution of the financial allocation and unbudgeted expenditure).
18	FULL	OPERATING ARRANGEMENTS	Approve the LHB's framework and strategy for performance management.
19	FULL	STRATEGY & PLANNING	Approve the LHB's framework and strategy for risk and assurance.
20	FULL	OPERATING ARRANGEMENTS	Ratify policies for dealing with raising concerns, complaints and incidents in accordance with the Putting Things Right and health and safety requirements.
21	FULL	OPERATING ARRANGEMENTS	Agree the arrangements for ensuring the adoption of standards of governance and performance (including the quality and safety of healthcare, and the patient experience) to be met by the LHB, including standards/ requirements determined by Welsh Government, regulators, professional bodies/others, e.g. National Institute of Health and Care Excellence (NICE).
22	FULL	STRATEGY & PLANNING	Approve the LHB's patient, public, staff, partnership and stakeholder engagement and co-production strategies.
23	FULL	OPERATING ARRANGEMENTS	Approve the introduction or discontinuance of any significant activity or operation. Any activity or operation shall be regarded as significant if the Board determines it so based upon its contribution/impact on the achievement of the LHB's aims, objectives and priorities.
24	FULL	ORGANISATION STRUCTURE & STAFFING	Appointment of officer members of the Board (Chief Executive and Directors) in accordance with the provisions of the Regulations and in accordance with Ministerial Instructions.
25	NO – Remuneration and Terms of Service	ORGANISATION STRUCTURE & STAFFING	Termination of appointment and suspension officer members in accordance with the provisions of the Regulations and in accordance with Ministerial instructions.

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

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

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

49	FULL	REPORTING	Receive, approve and ensure the publication of LHB reports, including its Annual Report and annual financial accounts in accordance with directions and guidance issued.

DELEGATION OF POWERS TO COMMITTEES AND OTHERS[6]

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

- the composition, terms of reference and reporting requirements in respect of any such Committees; and
- the governance arrangements, terms and conditions and reporting requirements in respect of any delegation to others

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

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

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

Standing Orders and Standing Financial Instructions - Hywel Dda University Health Board (nhs.wales)

[6] As defined in Standing Orders

SCHEME OF DELEGATION TO EXECUTIVE DIRECTORS, OTHER DIRECTORS AND OFFICERS

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

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

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

Schedule 2

KEY GUIDANCE, INSTRUCTIONS AND OTHER RELATED DOCUMENTS

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

LHB framework

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

- ***SFIs*** *(see Schedule 2.1 below) – available via the following hyperlink to the LHB's website):*
  Standing Orders and Standing Financial Instructions - Hywel Dda University Health Board (nhs.wales)

- ***Values and Standards of Behaviour Framework***
  Our values – Hywel Dda University Health Board (nhs.wales)

- ***Standards of Behaviour Policy*** – available via the following hyperlink to the LHB's website:
  hduhb.nhs.wales/about-us/governance-arrangements/policies-and-written-control-documents/policies/standards-of-behaviour-policy/

- ***Risk and Assurance Framework***
  hduhb.nhs.wales/about-us/governance-arrangements/policies-and-written-control-documents/policies/risk-management-framework/

- ***Key policy documents –*** available via the following hyperlink to the LHB's website:
  Policies and written control documents - Hywel Dda University Health Board (nhs.wales)

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

These documents may be accessed by contacting the Corporate Goverance Team, corporate Offices, Ystwyth Building, St David's Park, Carmarthen, SA31 3BB.

NHS Wales framework

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

Schedule 2.1

MODEL STANDING FINANCIAL INSTRUCTIONS FOR LOCAL HEALTH BOARDS

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

Available via the following hyperlink to the LHB's website:

Standing Orders and Standing Financial Instructions - Hywel Dda University Health Board (nhs.wales)

Schedule 3

BOARD COMMITTEE ARRANGEMENTS

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

- Audit and Risk Assurance Committee
- Charitable Funds Committee
- Health and Safety Committee
- Mental Health Legislation Committee
- People, Organisational Development and Culture Committee
- Quality, Safety and Experience Committee
- Remuneration and Terms of Service Committee
- Strategic Development and Operational Delivery Committee
- Sustainable Resources Committee

Terms of Reference for Board Committees are available via the following hyperlink to the LHB's website:

Board committees - Hywel Dda University Health Board (nhs.wales)

Schedule 4

JOINT COMMITTEE ARRANGEMENTS

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

Available via the following hyperlinks:

- Schedule 4.1 – National Health Service Wales Joint Commissioning Committee

  Standing Orders - NHS Wales Joint Commissioning Committee

  Standing Financial Instructions - NHS Wales Joint Commissioning Committee

Schedule 5

ADVISORY GROUPS

Terms of Reference and Operating Arrangements

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

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

Terms of Reference for Board Advisory Groups available via the following hyperlink to the LHB's website:

Advisory groups - Hywel Dda University Health Board (nhs.wales)

CORPORATE SCHEME OF DELEGATION

SCHEME OF DELEGATION DERIVED FROM THE ACCOUNTABLE OFFICER MEMORANDUM FOR CHIEF EXECUTIVES OF LOCAL HEALTH BOARDS						
SOURCE	**REF**	**SECTION HEADER**	**SUB HEADER**		**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 becomes 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/Board Secretary	Director of Corporate Governance/Board Secretary
STANDING ORDERS	xxxi	GENERAL	Applying Standing Orders	Final interpretation of Standing Orders	Chair	Director of Corporate Governance/Board Secretary 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/Board Secretary	Director of Corporate Governance/Board Secretary
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	Director of Corporate Governance/Board Secretary
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/Board Secretary
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/Directors	Executive Directors/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 Public Health and Director of Primary Care, Community Strategy and 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/Board Secretary
STANDING ORDERS	7.3	MEETINGS	Calling Meetings	Call meetings of the Board	Chair	Director of Corporate Governance/Board Secretary
STANDING ORDERS	7.4	MEETINGS	Preparing for Meetings	Preparation of Board meetings	Chair	Director of Corporate Governance/Board Secretary
STANDING ORDERS	7.5	MEETINGS	Conducting Board Meetings	Report decisions made & review HB business conducted in private session	Chair	Director of Corporate Governance/Board Secretary
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/Board Secretary	Director of Corporate Governance/Board Secretary

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/Board Secretary
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/Board Secretary
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/Board Secretary
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/Board Secretary	Director of Corporate Governance/Board Secretary
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	Director of Corporate Governance/Board Secretary
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/Board Secretary	Director of Corporate Governance/Board Secretary
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 advice in regard to the interpretation/applications of SFIs	Director of Finance	Director of Finance
STANDING FINANCIAL INSTRUCTIONS (SFI)	1.2.1	INTRODUCTION	General	Report non-compliance with SFIs for consideration by Audit Committee (to formally consider the matter and make proposals to the Board on any action taken)	Director of Finance	Director of Finance
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 SFIs	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 SFIs	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/Board Secretary
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/Board Secretary
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/Board Secretary
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/Board Secretary
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/Board Secretary
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/Board Secretary
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/Board Secretary	Director of Corporate Governance/Board Secretary
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/Board Secretary
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/Board Secretary
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 Allied Health Professions and Health Science
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 Allied Health Professions and Health Science, and Chief Operating Officer
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) Ensure that any ring-fenced or non-discretionary allocations are disbursed in accordance with Welsh Ministers' requirements;	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	The budgetary total of virement limit set by the Board must not be exceeded.	Chief Executive, Director of Finance, Budget Holders	Chief Executive, Director of Finance, 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 i.e. Budgets must only be used for the purposes designated, and any budgeted funds not required for their designated purpose(s) revert to the immediate control of the Chief Executive, subject to any authorised use of virement	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	Chief Executive	Chief Executive
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	Chief Executive	Chief Executive
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	All Officers	All Officers
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	Assistant Director of Finance - Financial Planning & Statutory Reporting
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 relevant thresholds (in compliance with relevant Directives as appropriate)	Director of Finance	Budget Holders/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 relevant threshold (in compliance with relevant 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 (note 8.3, Scd 1, SFIs)	Director of Finance	Director of Finance
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)	11.11.1l	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 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)	11.11.1o	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	Director of Strategy and Planning (Medical Director for IPCAs)
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/Board Secretary
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/Board Secretary
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	Assistant Director of People Management
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 People Management
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 (within 3 months of incurring expenditure)	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	Chief Operating Officer	Executive Directors/Directors/ Directors for Corporate Departments/Clinical Care Group Service Directors/Clinical Service Groups General Managers/General Managers for Operational Directorate

STANDING FINANCIAL INSTRUCTIONS (SFI)	14.3.1h(ii)	PAY EXPENDITURE	Staff Appointments	h) Authority to book Bank or Agency Staff for (ii) Nursing Staff	Chief Operating Officer	Executive Directors/Directors/ Directors for Corporate Departments/Clinical Care Group Service Directors/Clinical Service Groups General Managers/General Managers for Operational Directorate
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	Chief Operating Officer	Executive Directors/Directors/Directors for Corporate Departments/Clinical Care Group Service Directors/Clinical Service Groups General Managers/General Managers for Operational Directorate
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 in exceptional circumstances 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	Line 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, Care Group Director/General Manager Professional Head & Executive led Panel	Line Managers, Care Group 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)	Assistant Director of People Management
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)	Assistant Director of People Management
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 Holders	Budget Holders/NWSSP (Procurement)
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	Budget Holders	Budget Holders
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	Assistant Director of People Management
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	Assistant Director of People Management
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	Assistant Director of People Management
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	Director of Strategy and Planning	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 Strategy and Planning

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	Director of Allied Health Professions & Health Science	Head of Property Performance
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	Director of Strategy and Planning	Head of Capital Planning
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 for the development of business cases as set out in: a)NHS Wales Infrastructure Investment Guidance (Welsh Health Circular WHC (2018) 043) https://gov.wales/nhs-wales-infrastructure-investment-guidance b) Better business cases: investment decision-making framework https://gov.wales/better-business-cases-investment-decision-making-framework	Director of Strategy and Planning	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	Director of Strategy and Planning	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	Director of Strategy and Planning	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	Director of Strategy and Planning	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 SOs	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 Strategy & Planning and Director of Finance)	Chief Executive	Asset Owners
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	Director of Finance	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 Holders/NWSSP (Procurement)
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	Chief Operating Officer
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 Strategy and 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	Chief Operating Officer	Service Director, Estates & Facilities Group
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	Chief Operating Officer/ Director of Primary Care, Community Strategy and 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	Chief Operating Officer
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/Board Secretary	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	Chief Operating Officer	Departmental/Senior Managers
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 and Director of Finance	Deputy Director of Finance
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 and Director of Finance	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, Heads 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 or Service Director, 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 and Director of Finance	Assistant Director of Corporate Legal Services and Public Affairs (FOI only)
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 and Chief Operating Officer	Acute records - Acute Records Manager Mental Health records - MHA Administrator Community – Community & Integrated Medicine Clinical Care Group Service Director
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 and Chief Operating Officer and Director of Finance	Acute records - Acute Records Manager Mental Health records - MHA Administrator Community records – Community & Integrated Medicine Clinical Care Group Service Director
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	CLINICAL LEADERSHIP	Research & Governance	Accountable for the effective set-up, delivery, governance, financial management and strategic leadership of research and development activities	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 (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 (Legal and Patient Support) (supported by Concerns Department)

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 (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 1-3 - Complaint Investigation Team with Service Manager Grade 4/5 – Complaint Investigation Team with Service Director/General Manager
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 (Legal and Patient Support)
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/Deputy Chief Executive/relevant Clinical ED for signature	Director of Nursing Quality & Patient Experience	Assistant Director (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/Deputy Chief Executive/relevant Clinical Executive Director

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 Nursing, Assurance & Safeguarding
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 incidents meeting criteria for nationally reporting to NHS Executive	Director of Nursing, Quality & Patient Experience	Assistant Director of Nursing, Assurance & Safeguarding
SCHEME OF DELEGATION FROM OTHER	N/A	QUALITY, SAFETY AND EXPERIENCE	Management of Incident Reporting & Investigation	e) Arranging serious patient safety incident (SI) management 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 incidents (severe, catastrophic, or those that meet criteria to report nationally)	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 (severe, catastrophic, or those that meet criteria to report nationally)	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 (severe, catastrophic, or those that meet criteria to report nationally)	Director of Nursing, Quality & Patient Experience (Grade 5's only) Chief Operating Officer (other)	Assistant Director of Nursing Assurance & Safeguarding (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 (RIDDOR)	Director of Allied Health Professions and Health Science	Head of Health, Safety & Security
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 Allied Health Professions and Health Science	Patient Safety & Assurance 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	Clinical Governance	Joint responsibility for Clinical Governance (Clinical Directors)	Director of Nursing, Quality & Patient Experience/Medical Director/Director of Allied Health Professions and Health Science	Director of Nursing, Quality & Patient Experience /Medical Director/Director of Allied Health Professions and Health Science
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 Nursing 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) Completing assessment and compliance with the standards	Director of Nursing, Quality & Patient Experience	Assistant Director of Nursing 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	Medical Director	Clinical Audit Manager
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	Quality, Safety & Experience Committee
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	Committee
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	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/Directors	Directors for Corporate Departments/Clinical Care Group Service Directors/General Managers for Operational Directorate
SCHEME OF DELEGATION FROM OTHER	N/A	QUALITY, SAFETY AND EXPERIENCE	National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	a) Performing the role of the NCEPOD Ambassador and collation and provision of information to contribute to NCEPOD audit findings	Director of Nursing, Quality & Patient Experience	Assistant Director of Nursing for Planned & Specialist Care Clinical Care Group/Heads of Service
SCHEME OF DELEGATION FROM OTHER	N/A	QUALITY, SAFETY AND EXPERIENCE	National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	b) Maintaining 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	Directors for Corporate Departments/Clinical Care Group Service Directors/General Managers for Operational Directorate
SCHEME OF DELEGATION FROM OTHER	N/A	QUALITY, SAFETY AND EXPERIENCE	HM Coroner	a) Maintaining relationship and ensuring appropriate response to requests for information	Director of Nursing, Quality & Patient Experience	Assistant Director (Legal & Patient Support)
SCHEME OF DELEGATION FROM OTHER	N/A	QUALITY, SAFETY AND EXPERIENCE	HM Coroner	b) Sending response to HM Coroner	Chief Executive	Chief Executive
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/Assistant Director of Nursing for Planned & Specialist Care Clinical Care Group/Assistant Director of Nursing for Community & Integrated Medicine Clinical Care Group/Heads of Service/Designated Lead Managers
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	Assistant Director of Nursing Quality & Governance
SCHEME OF DELEGATION FROM OTHER	N/A	QUALITY, SAFETY AND EXPERIENCE	Safeguarding – Deprivation of Liberties	a) Supervising Authority	Director of Primary Care, Community Strategy and 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	Chief Operating Officer	Deputy Chief Operating Officer
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 Quality & Governance
SCHEME OF DELEGATION FROM OTHER	N/A	QUALITY, SAFETY AND EXPERIENCE	Coordination of Welsh Risk Pool Assessments	a) A&E Services	Chief Operating Officer	Community and Integrated Medicine Clinical Care Group Service Director
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 (Legal and Patient Support)
SCHEME OF DELEGATION FROM OTHER	N/A	QUALITY, SAFETY AND EXPERIENCE	Coordination of Welsh Risk Pool Assessments	c) Maternity Services	Chief Operating Officer	Planned and Specialist Care Clinical Care Group Service Director/Children, Women and Family Health Clinical Service Group General Manager
SCHEME OF DELEGATION FROM OTHER	N/A	QUALITY, SAFETY AND EXPERIENCE	Coordination of Welsh Risk Pool Assessments	d) Surgical Pathway	Chief Operating Officer	Planned and Specialist Care Clinical Care Group Service Director

SCHEME OF DELEGATION FROM OTHER	N/A	QUALITY, SAFETY AND EXPERIENCE	Coordination of Welsh Risk Pool Assessments	e) Theatres	Chief Operating Officer	Planned and Specialist Care Clinical Care Group Service Director
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 Strategy and Long Term Care	Director of Primary Care, Community Strategy and 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 Allied Health Professions and Health Science	Assistant Director of Allied Health Professions/Deputy Director of Health Sciences
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 Allied Health Professions and Health Science	Assistant Director of Allied Health Professions/Deputy Director of Health Sciences
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	QUALITY, SAFETY AND EXPERIENCE	N/A	Community Health Pathways Platform	Medical Director	Medical Director
SCHEME OF DELEGATION FROM OTHER	N/A	COMMISSIONING	N/A	Development of a Primary Care Strategy	Director of Primary Care, Community Strategy and Long Term Care	Director of Primary Care, Community Strategy and Long Term Care
SCHEME OF DELEGATION FROM OTHER	N/A	COMMISSIONING	Commissioning (including Primary Care Services)	a) Approval to commission new healthcare services from NHS, private, third sector or independent organisations	Director of Strategy and Planning and Director of Primary Care, Community Strategy and Long Term Care or through the Chief Operating Officer	Director of Strategy and Planning and Director of Primary Care, Community Strategy and Long Term Care or through the Chief Operating Officer
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 Strategy and 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 Finance and Director of Primary Care, Community Strategy and Long Term Care	Director of Strategy and Planning/Director of Finance and Director of Primary Care, Community Strategy and Long Term Care
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 Finance and Director of Primary Care, Community Strategy and Long Term Care	Director of Strategy and Planning/Director of Finance and Director of Primary Care, Community Strategy and Long Term Care
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 Finance and Director of Primary Care, Community Strategy and Long Term Care	Director of Strategy and Planning/Director of Finance and Director of Primary Care, Community Strategy and Long Term Care
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 Finance and Director of Primary Care, Community Strategy and Long Term Care	Director of Strategy and Planning/Director of Finance and Director of Primary Care, Community Strategy and Long Term Care
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)	g) Signing contracts of value < £125,000 and contract variations > £50,000	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)	j) Agreement of changes to contracts where this would place a cost pressure on the organisation which would have a significant impact on the delivery of outcomes	Director of Strategy & Planning/Director of Finance	Director of Strategy & Planning/Director of Finance
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 and Director of Primary Care, Community Strategy and Long Term Care	Director of Strategy and Planning and Director of Primary Care, Community Strategy and Long Term Care
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 Finance and Director of Primary Care, Community Strategy and Long Term Care	Director of Strategy and Planning/Director of Finance and Director of Primary Care, Community Strategy and Long Term Care
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 Finance and Director of Primary Care, Community Strategy and Long Term Care	Director of Strategy and Planning/Director of Finance and Director of Primary Care, Community Strategy and Long Term Care
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 Finance and Director of Primary Care, Community Strategy and Long Term Care	Director of Strategy and Planning, Director of Finance and Director of Primary Care, Community Strategy and Long Term Care
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 Strategy and Planning/Director of Finance and Director of Primary Care, Community Strategy and Long Term Care	As per Scheme of Delegation and Authorised Limits
SCHEME OF DELEGATION FROM OTHER	N/A	COMMISSIONING	Commissioning (including Primary Care Services)	p) Authorisation of invoices against NHS LTAs	Director of Finance	As per Scheme of Delegation and Authorised Limits
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 Strategy and 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 Strategy and 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	Director of Primary Care, Community Strategy and Long Term Care	Service Director for Community & Integrated Medicine Clinical Care Group for high cost/exceptional packages of care/General Manager for routine packages of care within their delegated budget level
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 Strategy and Long Term Care	Director of Primary Care, Community Strategy and 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 Strategy and Long Term Care
SCHEME OF DELEGATION FROM OTHER	N/A	COMMISSIONING	Commissioning of cross border secondary and tertiary services for population	a) Attending NHS Wales Joint Commissioning Committee meetings	Chief Executive	Director of Strategy and Planning
SCHEME OF DELEGATION FROM OTHER	N/A	COMMISSIONING	Commissioning of cross border secondary and tertiary services for population	b) Input to NHS Wales Joint Commissioning Committee commissioning decisions and agreement to Joint Commissioning Committee policies	Chief Executive	Director of Strategy and Planning
SCHEME OF DELEGATION FROM OTHER	N/A	COMMISSIONING	Commissioning of cross border secondary and tertiary services for population	c) Dissemination of NHS Wales Joint Commissioning Committee commissioning policies throughout the organisation	Chief Executive	Director of Strategy & Planning
SCHEME OF DELEGATION FROM OTHER	N/A	COMMISSIONING	Commissioning of cross border secondary and tertiary services for population	d) Approving and signing the annual contract with the NHS Wales Joint Commissioning Committee as commissioner	Chief Executive	Chief Executive

SCHEME OF DELEGATION FROM OTHER	N/A	COMMISSIONING	Commissioning of cross border secondary and tertiary services for population	e) Agreeing contract variations with the NHS Wales Joint Commissioning Committee	Chief Executive	Chief Executive
SCHEME OF DELEGATION FROM OTHER	N/A	COMMISSIONING	Commissioning of cross border secondary and tertiary services for population	f) Hywel Dda University Health Board representative on the Joint Commissioning Committee Collaborative Commissioning Leadership Group	Director of Strategy & Planning	Director of Strategy & Planning
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	Provision of Low Vision Service for HDdUHB population.	Director of Primary Care, Community Strategy and Long Term Care	Director of Primary Care, Community Strategy and Long Term Care
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Delivery of:	a) Scheduled Care	Chief Operating Officer	Planned & Specialist Care Clinical Care Group Service Director
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Delivery of:	b) Cancer & Oncology	Chief Operating Officer	Planned & Specialist Care Clinical Care Group Service Director ~~Triumvirates~~
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Delivery of:	c) Children, Women & Family Health	Chief Operating Officer	Planned & Specialist Care Clinical Care Group Service Director
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Delivery of:	d) Community Services	Chief Operating Officer	Community & Integrated Medicine Clinical Care Group Service Director
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Delivery of:	e) Mental Health & Learning Disability Services	Chief Operating Officer	Mental Health & Learning Disabilities Clinical Care Group Service Director

SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Delivery of:	e) Therapy Services	Chief Operating Officer	Allied Health and Health Sciences Clinical Care Group Service Director
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Delivery of:	f) Primary Care	Director of Primary Care, Community Strategy and Long Term Care	Primary Care Clinical Care Group Service Director
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Delivery of:	g) Estates & Facilities	Director of Allied Health Professions and Health Science	Estates & Facilities Group Service Director
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Delivery of:	h) 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:	i) Organ Donation	Chief Operating Officer	Chief Operating Officer
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Delivery of:	j) Falls	Director of Nursing, Quality & Patient Experience	Director of Nursing, Quality & Patient Experience
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Delivery of:	k) Deconditioning	Director of Allied Health Professions and Health Science	Director of Allied Health Professions and Health Science
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Delivery of:	l) WGH Creche	Chief Operating Officer	Women & Family Health Clinical Service Group General Manager
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Delivery of:	m) Out of Hours Service	Director of Primary Care, Community Strategy and Long Term Care	Assistant Director of Primary Care
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Delivery of:	n) Management of School Nursing & Health Visiting Service	Chief Operating Officer	Community & Integrated Medicine Clinical Care Group Service Director
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Delivery of:	o) Establish revised children's partnership arrangements	Director of Public Health	Director of Public Health
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Delivery of:	p) Providing assurance on screening services	Director of Public Health	Consultant in Public Health
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Delivery of:	q) Management of Substance Misuse Service	Chief Operating Officer	Commissioning Manager – Substance Misuse
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	N/A	Designated Education Clinical Lead Officer (DECLO)	Director of Allied Health Professions and 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	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	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	Head of Health Emergency Planning
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Emergency planning, readiness & resilience (including business continuity)	Responsibility for oversight of CONTEST (Counter-Terrorism Strategy)	Director of Public Health	Director of Allied Health Professions and Health Science, Director of Nursing, Quality and Patient Experience and the Director of Finance for the sub-parts of CONTEST i.e. PREVENT, PURSUE, PROTECT AND PREPARE
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 Allied Health Professions and Health Science	All Executive Directors/Directors, Clinical Care Group Service Directors, Clinical Service Group General Managers, Assistant Director of EFCM, Digital Director, Deputy Chief Operating Officer
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Health and Safety, Security	b) Management of security issues	Director of Allied Health Professions and Health Science	All Executive Directors/Directors, Clinical Care Group Service Directors, Clinical Service Group General Managers, Assistant Director of EFCM, Digital Director, Deputy Chief Operating Officer
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Health and Safety, Security	c) Responsibility for fire safety management	Director of Allied Health Professions and Health Science	Estates & Facilities Group Service Director
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Health and Safety, Security	Responsibility for Annual Health and Safety Report	Director of Allied Health Professions and Health Science	Director of Allied Health Professions and Health Science
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Additional Learning Needs	Additional Learning Needs (ALN) arrangements	Director of Allied Health Professions and Health Science	Director of Allied Health Professions and Health Science

SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Medical Records	Responsibility for Medical Records Directorate	Director of Finance	Director of Finance
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Health Records Management	a) Physiotherapy Records	Chief Operating Officer	Allied Health & Health Sciences Clinical Care Group Service Director
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Health Records Management	b) Occupational Therapy Records	Chief Operating Officer	Allied Health & Health Sciences Clinical Care Group Service Director
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Health Records Management	c) Speech and Language Therapy Records	Chief Operating Officer	Allied Health & Health Sciences Clinical Care Group Service Director
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Health Records Management	d) Dietetics Records	Chief Operating Officer	Allied Health & Health Sciences Clinical Care Group Service Director
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Health Records Management	e) Podiatry Records	Chief Operating Officer	Allied Health & Health Sciences Clinical Care Group Service Director
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Health Records Management	f) Orthoptic Records	Chief Operating Officer	Planned & Specialist Care Clinical Care Group Service Director
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Health Records Management	g) Audiology Records	Chief Operating Officer	Planned & Specialist Care Clinical Care Group Service Director
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Health Records Management	h) Cardio Physiologist Records	Chief Operating Officer	Planned & Specialist Care Clinical Care Group Service Director
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Health Records Management	i) Neurophysiology Records	Chief Operating Officer	Planned & Specialist Care Clinical Care Group Service Director
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Health Records Management	j) OOH Clinical Service Records	Director of Primary Care, Community Strategy and Long Term Care	Primary Care Clinical Care Group Service Director Assistant Director of Primary Care
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Health Records Management	k) Acute Medical Records	Chief Operating Officer	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)	Chief Operating Officer	Primary Care Clinical Care Group Service Director
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Health Records Management	m) Outpatient service records	Chief Operating Officer	Planned & Specialist Care Clinical Care Group Service Director
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Health Records Management	n) Palliative Care Records	Chief Operating Officer	Planned & Specialist Care Clinical Care Group Service Director
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Health Records Management	o) Nursing Records	Chief Operating Officer	Assistant Director (Operations, Quality and Nursing)
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Health Records Management	p) Mental Capacity Records	Chief Operating Officer	Assistant Director (Operations, Quality and Nursing)

SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Health Records Management	q) Specialist Nurse (tissue viability records)	Chief Operating Officer	Assistant Director (Operations, Quality and Nursing)
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Health Records Management	r) Cancer Services Records	Chief Operating Officer	Planned & Specialist Care Clinical Care Group Service Director
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Health Records Management	s) Community Paediatric Records	Chief Operating Officer	Planned & Specialist Care Clinical Care Group Service Director
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Health Records Management	t) Acute Paediatric and Neonates Records	Chief Operating Officer	Planned & Specialist Care Clinical Care Group Service Director
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Health Records Management	u) Community Children's Service Records	Chief Operating Officer	Planned & Specialist Care Clinical Care Group Service Director
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Health Records Management	v) Midwifery and Women's Health Records	Chief Operating Officer	Planned & Specialist Care Clinical Care Group Service Director
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Health Records Management	w) Obstetrics and Gynaecology Records	Chief Operating Officer	Planned & Specialist Care Clinical Care Group Service Director
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Health Records Management	x) Pathology Records	Chief Operating Officer	Allied Health & Health Sciences Clinical Care Group Service Director
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Health Records Management	y) Radiology Records	Chief Operating Officer	Allied Health & Health Sciences Clinical Care Group Service Director Radiology Services Manager
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Health Records Management	z) Cardiology Records	Chief Operating Officer	Planned & Specialist Care Clinical Care Group Service Director
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Health Records Management	aa) Renal Records	Chief Operating Officer	Planned & Specialist Care Clinical Care Group Service Director
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Health Records Management	ab) General Medicine Records	Chief Operating Officer	Planned & Specialist Care Clinical Care Group Service Director
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Health Records Management	ac) Gastroenterology Records	Chief Operating Officer	Planned & Specialist Care Clinical Care Group Service Director
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Health Records Management	ad) Neurology Records	Chief Operating Officer	Planned & Specialist Care Clinical Care Group Service Director
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Health Records Management	ae) Stroke Records	Chief Operating Officer	Planned & Specialist Care Clinical Care Group Service Director
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Health Records Management	af) Care of The Elderly	Chief Operating Officer	Planned & Specialist Care Clinical Care Group Service Director
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Health Records Management	ag) General surgery, vascular, breast care records	Chief Operating Officer	Planned & Specialist Care Clinical Care Group Service Director

SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Health Records Management	ah) Ophthalmology Records	Chief Operating Officer	Planned & Specialist Care Clinical Care Group Service Director
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Health Records Management	ai) Ear, Nose and Throat Records	Chief Operating Officer	Planned & Specialist Care Clinical Care Group Service Director
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Health Records Management	aj) Trauma and Orthopaedics Records	Chief Operating Officer	Planned & Specialist Care Clinical Care Group Service Director
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Health Records Management	ak) Plaster Services Records	Chief Operating Officer	Planned & Specialist Care Clinical Care Group Service Director
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Health Records Management	al) Dermatology Records	Chief Operating Officer	Planned & Specialist Care Clinical Care Group Service Director
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Health Records Management	am) Rheumatology Records	Chief Operating Officer	Planned & Specialist Care Clinical Care Group Service Director
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Health Records Management	an) Theatres Records	Chief Operating Officer	Planned & Specialist Care Clinical Care Group Service Director
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Health Records Management	ao) Day Surgery Unit Records	Chief Operating Officer	Planned & Specialist Care Clinical Care Group Service Director
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Health Records Management	ap) Pre-assessment Records	Chief Operating Officer	Planned & Specialist Care Clinical Care Group Service Director
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Health Records Management	aq) Endoscopy Records	Chief Operating Officer	Planned & Specialist Care Clinical Care Group Service Director
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Health Records Management	ar) Anaesthetics Records	Chief Operating Officer	Planned & Specialist Care Clinical Care Group Service Director
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Health Records Management	as) Urology Records	Chief Operating Officer	Planned & Specialist Care Clinical Care Group Service Director
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Health Records Management	at) Critical Care Records	Chief Operating Officer	Planned & Specialist Care Clinical Care Group Service Director
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Health Records Management	au) Mental Health and Learning Disability Records	Chief Operating Officer	Mental Health & Learning Disabilities Clinical Care Group Service Director
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Health Records Management	av) Psychology Records	Chief Operating Officer	Allied Health & Health Sciences Clinical Care Group Service Director
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Health Records Management	ax) Mental Health Subject Access Requests	Chief Operating Officer	Mental Health Act Administrator
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Health Records Management	aw) Acute Subject Access Requests	Chief Operating Officer	Acute Records Manager

SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Health Records Management	ay) Managed Practices records	Director of Primary Care, Community Strategy and 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 Strategy and Long Term Care	Head of Dental and Optometry
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational Health Records Management	aaa) Dental services records for specific services and not independent Dental Practices	Director of Primary Care, Community Strategy and 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	Chief Operating Officer	Service Director, Estates & Facilities Group
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational quality and safety and effectiveness	b) Decontamination	Chief Operating Officer	Chief Operating Officer
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational quality and safety and effectiveness	c) Capital equipment renewal & replacement	Chief Operating Officer	Chief Operating Officer
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Operational quality and safety and effectiveness	d) Electro-Bio Medical Engineering (EBME)	Chief Operating Officer	Chief Operating Officer
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Managed Practices	Delivery of Managed Practices Contacts	Director of Primary Care, Community Strategy and Long Term Care	Director of Primary Care, Community Strategy and Long Term Care
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Managed Practices	Management and service delivery of Health Board Managed Practices (including premises contracts)	Director of Primary Care, Community Strategy and Long Term Care	Director of Primary Care, Community Strategy and Long Term Care
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	N/A	Medicines and Healthcare products Regulatory Agency (MHRA) (linking in with the Medical Director for issues relating to medicines/blood as necessary)	Director of Allied Health Professions & Health Science	Director of Allied Health Professions & Health Science/Medical Director
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	N/A	Medical Devices	Chief Operating Officer	Deputy Director of Operations
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	N/A	Medicines Management	Director of Primary Care, Community Strategy and 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 Strategy and 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 Strategy and Long Term Care	Assistant Director of Primary Care
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Estates	a) Develop an estates strategy and rationalisation plan	Director of Strategy & Planning	Director of Estates & Facilities (Operational)
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Estates	b) Compliance with environmental regulations	Director of Allied Health Professions and Health Science	Estates & Facilities Clinical Care Group Service Director
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Estates	c) Management of land, buildings, included leased assets	Director of Allied Health Professions and Health Science	Estates & Facilities Clinical Care Group Service Director

SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Estates	d) Authorised holder of deed and controller of property	Director of Allied Health Professions and Health Science	Estates & Facilities Clinical Care Group Service Director
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Estates	e) District Valuer issues and negotiations	Director of Allied Health Professions and Health Science	Estates & Facilities Clinical Care Group Service Director
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Estates	f) Delivery of Capital Estates Projects	Director of Strategy & Planning and Director of Allied Health Professions & Health Science	Director of Estates, Facilities & Capital Management and Head of Operations
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Estates	g) Licences and leases for property	Director of Allied Health Professions and Health Science	Estates & Facilities Clinical Care Group Service Director
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	b) Data Protection Officer	Director of Finance	Head of Information Governance
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Information Management & Technology Strategy	c) Senior Information Risk Owner (SIRO)	Director of Finance	Digital Director
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Information Management & Technology Strategy	d) Caldicott Standards and Action Plan	Medical Director	Deputy Caldicott Guardian /Head of Information Governance
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Information Management & Technology Strategy	e) 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	f) IG Training Programme	Director of Finance	Head of Counter Fraud
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Information Management & Technology Strategy	g) Data Quality	Director of Finance	Digital Director & all information Asset Owners
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Information Management & Technology Strategy	h) 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	i) Purchases/installation of IT software & hardware	Director of Finance	Digital Director
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	Information Management & Technology Strategy	j) 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	OPERATIONAL	N/A	To oversee the Health Board's contribution to the NHS Wales Decarbonisation Strategic Delivery Plan	Director of Public Health	Director of Public Health
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	N/A	To oversee the Health Board's contribution for social model for health & well-being	Director of Public Health	Director of Public Health
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	N/A	Responsibility for Biodiversity	Director of Public Health	Director of Public Health
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	N/A	Compliance with Climate Change regulations	Director of Public Health	Director of Public Health
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	N/A	Responsibility for the production of an independent annual report on the health of the population of Hywel Dda University Health Board	Director of Public Health	Director of Public Health
SCHEME OF DELEGATION FROM OTHER	N/A	OPERATIONAL	N/A	Hywel Dda University Health Board representative on the Area Planning Board	Director of Public Health	Director of Public Health
SCHEME OF DELEGATION FROM OTHER	N/A	CORPORATE	Corporate Governance, Assurance Framework & Risk Management	a) Develop Board Risk Appetite Statement	Director of Corporate Governance/Board Secretary	Assistant Director of Assurance and Risk

SCHEME OF DELEGATION FROM OTHER	N/A	CORPORATE	Corporate Governance, Assurance Framework & Risk Management	b) Review internal risk management processes	Director of Corporate Governance/Board Secretary	Assistant Director of Assurance & Risk
SCHEME OF DELEGATION FROM OTHER	N/A	CORPORATE	Corporate Governance, Assurance Framework & Risk Management	c) Co-ordination & maintenance of Corporate Risk Register	Director of Corporate Governance/Board Secretary	Assistant Director of Assurance & Risk
SCHEME OF DELEGATION FROM OTHER	N/A	CORPORATE	Corporate Governance, Assurance Framework & Risk Management	d) Management & maintenance of Operational (Clinical Care Group/Clinical Service Group/Executive Function) Risk Registers	Executive Directors and Directors	Heads of Departments/Heads of Service/Clinical Care Group Service Directors/Clinical Service Group 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/Board Secretary	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	All Executive Directors and Directors	All Executive Directors and Directors
SCHEME OF DELEGATION FROM OTHER	N/A	CORPORATE	Corporate Governance, Assurance Framework & Risk Management	Accountable for compliance with Welsh Health Circulars issued by Welsh Government, Ministerial Directions and Consultations	All Executive Directors and Directors	All Executive Directors and 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/Board Secretary	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/Board Secretary	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 Scheme of Delegation *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/Board Secretary	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/Board Secretary	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/Board Secretary	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/Board Secretary	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/Board Secretary	Assistant Director of Assurance & Risk
SCHEME OF DELEGATION FROM OTHER	N/A	CORPORATE	Legal Advice	a) Engagement of UHB solicitors	Director of Corporate Governance/Board Secretary Director of Workforce & OD for workforce related matters	Assistant Director of Corporate Legal Services and Public Affairs Assistant Director of People Management for workforce related matters
SCHEME OF DELEGATION FROM OTHER	N/A	CORPORATE	Legal Advice	b) Authority to seek legal advice – all issues	Director of Corporate Governance/Board Secretary Director of Workforce & OD for workforce related matters	Assistant Director of Corporate Legal Services and Public Affairs Assistant Director of People Management for workforce related matters
SCHEME OF DELEGATION FROM OTHER	N/A	CORPORATE	Legal Advice	Legal partnership functions and regionalisation solution discussions with SBUHB	Director of Corporate Governance/Board Secretary	Assistant Director of Corporate Legal Services and Public Affairs
SCHEME OF DELEGATION FROM OTHER	N/A	CORPORATE	Partnership Working	Partnership Working with SBUHB	Chief Executive	Director of Strategy and Planning
SCHEME OF DELEGATION FROM OTHER	N/A	CORPORATE	Partnership Working	Health Board link with Llais	Director of Strategy and Planning	Director of Strategy and Planning
SCHEME OF DELEGATION FROM OTHER	N/A	CORPORATE	N/A	Arrangements that appropriate insurance/indemnity is in place (Corporate)	Director of Corporate Governance/Board Secretary	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-(Legal and Patient Support)/Assistant Director of Nursing (Professional Standards and Regulation)
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	N/A	COVID-19 Inquiry	Director of Corporate Governance/Board Secretary	Assistant Director of Corporate Legal Services and Public Affairs

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/Board Secretary	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 or 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 Engagement
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 Engagement
SCHEME OF DELEGATION FROM OTHER	N/A	CORPORATE	Stakeholder Engagement & Management (excluding armed forces)	a) Organising a continuous programme of stakeholder events across Hywel Dda	Communications and Engagement Director	Head of Engagement
SCHEME OF DELEGATION FROM OTHER	N/A	CORPORATE	Stakeholder Engagement & Management (excluding armed forces)	b) Supporting services in engaging with staff, patients and the public during service change	Communications and Engagement Director	Head of Engagement
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	Director of Workforce & OD	Assistant Director of Workforce & OD, Business Support, 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	Communications and Engagement Director	Assistant Director of Communications
SCHEME OF DELEGATION FROM OTHER	N/A	CORPORATE	Communications	b) Internal communications with staff (Corporate Information)	Communications and Engagement Director	Assistant Director of Communications
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	Communications and Engagement Director	Assistant Director of Communications
SCHEME OF DELEGATION FROM OTHER	N/A	CORPORATE	Communications	d) Responsibility for the effective implementation, delivery and evaluation of the organisation's Communications and Engagement Strategy	Communications and Engagement Director	Assistant Director of Communications
SCHEME OF DELEGATION FROM OTHER	N/A	CORPORATE	Annual Report	a) Annual Report - Ensure the necessary disclosures on governance and the workings of the Board through the preparation, publication and distribution of the Accountability Report including the Annual Governance Statement	Director of Corporate Governance/Board Secretary	Assistant Director of Assurance and Risk

SCHEME OF DELEGATION FROM OTHER	N/A	CORPORATE	Annual Report	b) Annual Report - Performance Report	Communications and Engagement Director	Assistant Director of Communications
SCHEME OF DELEGATION FROM OTHER	N/A	CORPORATE	Policy Development	a) Accountability for all communications and engagement policies ensuring their application within the organisation and ensuring any joint policies agreed with local partners are also applied consistently amongst key partners, including reference to the Health Board's branding, corporate identity, etc	Communications and Engagement Director	Communications and Engagement Director
SCHEME OF DELEGATION FROM OTHER	N/A	CORPORATE	Sponsorship	a) Sponsorship to attend courses and conferences	Executive Directors/Directors/Clinical Care Group Service/Director/Heads of Service/General Managers	Individual is responsible for completing Gifts, Hospitality & Sponsorship form
SCHEME OF DELEGATION FROM OTHER	N/A	CORPORATE	Sponsorship	b) Sponsorship of HB events	Communications and Engagement Director	Assistant Director of Communications
SCHEME OF DELEGATION FROM OTHER	N/A	CORPORATE	Advertising	a) Relating to recruitment	Director of Workforce & OD	Assistant Director of People Management
SCHEME OF DELEGATION FROM OTHER	N/A	CORPORATE	Advertising	b) Other	Communications and Engagement Director	Assistant Director of Communications
SCHEME OF DELEGATION FROM OTHER	N/A	CORPORATE	Welsh Language	a) Compliance with the Welsh Language Act 1993 and the Welsh Language Standards	Communications and Engagement Director	Welsh Language Service Manager
SCHEME OF DELEGATION FROM OTHER	N/A	CORPORATE	Welsh Language	b) Welsh translation services	Communications and Engagement Director	Welsh Language Service Manager
SCHEME OF DELEGATION FROM OTHER	N/A	CORPORATE	Welsh Language	c) Welsh Language Strategy and development	Communications and Engagement Director	Welsh Language Service Manager
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 of Workforce & OD, Business Support, 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 of Workforce & OD, Business Support, Strategic Partnerships, Diversity & Inclusion
SCHEME OF DELEGATION FROM OTHER	N/A	CORPORATE	Partnership Governance	Regional Partnership Board Governance	Director of Primary Care, Community Strategy and Long Term Care	Assistant Director of Primary Care
SCHEME OF DELEGATION FROM OTHER	N/A	CORPORATE	Partnership Governance	Public Services Board Governance	Director of Public Health	Director of Public Health
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 Public Health	Director of Public Health
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 of Workforce & OD, Business Support, 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/Board Secretary	Director of Corporate Governance/Board Secretary
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	Chief Operating Officer	Chief Operating Officer
SCHEME OF DELEGATION FROM OTHER	N/A	CORPORATE	Committee Lead	g) Finance and Performance Committee	Director of Finance	Director of Finance
SCHEME OF DELEGATION FROM OTHER	N/A	CORPORATE	Committee Lead	h) Health and Safety Committee	Director of Allied Health Professions and Health Science	Director of Allied Health Professions and Health Science
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) Strategy and Planning Committee	Director of Strategy and Planning	Director of Strategy and Planning
SCHEME OF DELEGATION FROM OTHER	N/A	CORPORATE	Committee Lead	k) Digital, Data and Innovation Committee	Director of Finance	Director of Finance
SCHEME OF DELEGATION FROM OTHER	N/A	CORPORATE	Committee Lead	l) Healthcare Professionals Forum	Director of Allied Health Professions and Health Science	Director of Allied Health Professions and Health Science
SCHEME OF DELEGATION FROM OTHER	N/A	CORPORATE	Committee Lead	m) Stakeholder Reference Group	Communications and Engagement Director	Communications and Engagement Director
SCHEME OF DELEGATION FROM OTHER	N/A	CORPORATE	Committee Lead	n) Staff Partnership Forum	Director of Workforce & OD	Director of Workforce & OD
SCHEME OF DELEGATION FROM OTHER	N/A	CORPORATE	N/A	Targeted Intervention SRO	Director of Strategy and Planning	Deputy Director of Operational Planning and Commissioning
SCHEME OF DELEGATION FROM OTHER	N/A	CORPORATE	N/A	Medical Examiners Service	Medical Director	Medical Director

SCHEME OF DELEGATION FROM OTHER	N/A	CORPORATE	N/A	Engagement with Education Providers	Director of Workforce & OD	Assistant Director of People Development
SCHEME OF DELEGATION FROM OTHER	N/A	WORKFORCE	Staff Engagement and Support	a) Occupational Health Service	Director of Workforce & OD	Assistant Director of People Management
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	Director of Workforce & OD	Communications and Engagement Director
SCHEME OF DELEGATION FROM OTHER	N/A	WORKFORCE	Staff Engagement and Support	e) Speak Up Safely	Director of Workforce & OD	Assistant Director of OD
SCHEME OF DELEGATION FROM OTHER	N/A	WORKFORCE	Workforce Planning, recruitment and retention	a) Develop & implement a workforce strategy	Director of Workforce & OD	Assistant Director of People 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, Business Support, 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	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	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) i.e Optometry and Community Pharmacy	Director of Primary Care, Community Strategy and Long Term Care	Director of Primary Care, Community Strategy and 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
SCHEME OF DELEGATION FROM	N/A	CORPORATE	N/A	Responsibility for Quality Impact Assessment	Director of Nursing, Quality & Patient Experience	Director of Nursing, Quality & Patient Experience
SCHEME OF DELEGATION FROM	N/A	CORPORATE	N/A	Responsibility for Integrated Impact Assessment	Director of Nursing, Quality & Patient Experience	Director of Nursing, Quality & Patient Experience
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 connection with services provided as part of the health service in Wales	Director of Nursing, Quality & Patient Experience	Assistant Director (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 (Legal and Patient Support)
LEGISLATION COMPLIANCE	N/A	Corporate	N/A	The Well-being of Future Generations (Wales) Act 2015	Director of Public Health	Director of Public Health
LEGISLATION COMPLIANCE	N/A	Corporate	N/A	Social Services and Well-being (Wales) Act 2014	Director of Primary Care, Community Strategy and Long Term Care	Director of Primary Care, Community Strategy and Long Term Care
LEGISLATION COMPLIANCE	N/A	Corporate	N/A	The Partnership Arrangements (Wales) Regulations 2015	Director of Primary Care, Community Strategy and Long Term Care	Assistant Director of Primary Care
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 Executive Directors/Directors

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 Executive Directors/Directors
LEGISLATION COMPLIANCE	N/A	Corporate	N/A	The Local Health Boards (Establishment and Dissolution) (Wales) Order 2009	Chief Executive	Director of Corporate Governance/Board Secretary
LEGISLATION COMPLIANCE	N/A	Corporate	N/A	The Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulations 2009	Chief Executive	Director of Corporate Governance/Board Secretary
LEGISLATION COMPLIANCE	N/A	Corporate	N/A	The Local Health Boards (Directed Functions) (Wales) Regulations 2009	Chief Executive	Director of Corporate Governance/Board Secretary
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/Board Secretary
LEGISLATION COMPLIANCE	N/A	Corporate	N/A	The Local Health Boards (Establishment and Dissolution) (Wales) (Amendment) Order 2013	Chief Executive	Director of Corporate Governance/Board Secretary
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 Workforce & OD	Assistant Director of Workforce & OD, Business Support, 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 Workforce & OD	Assistant Director of Workforce & OD, Business Support, 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	Communications and Engagement Director	Communications and Engagement Director
LEGISLATION COMPLIANCE	N/A	Equality	N/A	Welsh Language (Wales) Measure 2011	Communications and Engagement Director	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 Allied Health Professions and Health Science	Estates & Facilities Clinical Care Group Service Director
LEGISLATION COMPLIANCE	N/A	Estates	N/A	Energy Act 2008 (c.32) - Combined Heat and Power Quality Assurance (CHPQA)	Director of Allied Health Professions and Health Science	Estates & Facilities Clinical Care Group Service Director
LEGISLATION COMPLIANCE	N/A	Health & Safety	N/A	Health and Safety at Work Act 1974 & Secondary Legislation (Regulations)	Director of Allied Health Professions and Health Science	All Executive Directors/Directors, Clinical Care Group Service Directors, Clinical Service Group General Managers, Assistant Director of EFCM, Digital Director, Deputy Chief Operating Officer

LEGISLATION COMPLIANCE	N/A	Health & Safety	N/A	Fire & Rescue Services Act 2005 & Regulatory Reform (Fire Safety) Order 2005	Director of Allied Health Professions and Health Science	All Executive Directors/Directors, Clinical Care Group Service Directors, Clinical Service Group General Managers, Assistant Director of EFCM, Digital Director, Deputy Chief Operating Officer
LEGISLATION COMPLIANCE	N/A	Health & Safety	N/A	Ionising Radiation (Medical Exposure) Regulations 1999	Director of Allied Health Professions and 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	Chief Operating Officer	Acute Records Manager
LEGISLATION COMPLIANCE	N/A	Information Governance	N/A	General Data Protection Regulations 2018 - Mental Health Subject Access Requests	Chief Operating Officer	Mental Health Administrator
LEGISLATION COMPLIANCE	N/A	Information Governance	N/A	Access to Health Records Act 1990 - Access to the health records of a deceased person	Chief Operating Officer	Health Records Manager/ Mental Health 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/Board Secretary	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/Board Secretary	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	Chief Operating Officer	Mental Health & Learning Disabilities Clinical Care Group Service Director
LEGISLATION COMPLIANCE	N/A	Mental Health	N/A	Mental Health (Wales) Measure 2010	Chief Operating Officer	Mental Health & Learning Disabilities Clinical Care Group Service Director
LEGISLATION COMPLIANCE	N/A	Patient Safety	N/A	Human Tissue Act 2004 – Licence Holder	Director of Allied Health Professions and Health Science	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	Chief Operating Officer	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 (Nursing Practice)
LEGISLATION COMPLIANCE	N/A	Patient Safety	N/A	Health and Social Care (Quality and Engagement) (Wales) Act 2020 - The Duty of Quality	Director of Nursing, Quality & Patient Experience	Deputy Director Nursing, Quality & Patient Experience/Assistant Director of Nursing Quality & Governance
LEGISLATION COMPLIANCE	N/A	Patient Safety	N/A	Health and Social Care (Quality and Engagement) (Wales) Act 2020 - The Duty of Candour	Director of Nursing, Quality & Patient Experience	Assistant Director of Nursing Quality & Governance
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	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	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, independent hospitals, nursing homes and residential care homes	Director of Primary Care, Community Strategy and 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	Chief Operating Officer	Head of Consent & Mental Capacity
LEGISLATION COMPLIANCE	N/A	Finance	N/A	The Social Partnership and Public Procurement (Wales) Act 2023 (effective from 1 April 2024).	Director of Finance	Director of Finance
LEGISLATION COMPLIANCE	N/A	Partnerships	N/A	The Social Partnership and Public Procurement (Wales) Act 2023 (effective from 1 April 2024).	Director of Public Health	Director of Public Health
LEGISLATION COMPLIANCE	N/A	Childrens	N/A	Corporate Parenting Charter 2024	Chief Operating Officer	Community and Integrated Medicine Clinical Care Group Service Director
LEGISLATION COMPLIANCE	N/A	Childrens	N/A	Additional Learning Needs and Education Tribunal (Wales) Act 2018	Director of Allied Health Professions and Health Science	Director of Allied Health Professions and Health Science
CAPITAL SCHEMES	N/A	N/A	N/A	Women & Children's Phase 2. GGH	Director of Acute Services (SRO)	Project Director - General Manager, Children, Women and Family Health Clinical Service Group

CAPITAL SCHEMES	N/A	N/A	N/A	Fire Enforcement Work WGH	Director of Strategy and Planning (SRO)	Project Director - Director of Estates, Facilities & Capital Management
CAPITAL SCHEMES	N/A	N/A	N/A	Fire Enforcement Work GGH	Director of Strategy and Planning (SRO)	Project Director - Director of Estates, Facilities & Capital Management
CAPITAL SCHEMES	N/A	N/A	N/A	Diagnostic Imaging – All Schemes	Chief Operating Officer (SRO)	Project Director - Clinical Care Director for Radiology
CAPITAL SCHEMES	N/A	N/A	N/A	Carmarthen Hwb	Director of Strategy and Planning (SRO)	Project Director - Senior Delivery Manager for System Flow & Urgent Care
CAPITAL SCHEMES	N/A	N/A	N/A	Cross Hands Health & Wellbeing Centre, Cross Hands, Carmarthenshire	Director of Primary Care, Community Strategy and Long Term Care	Project Director - General Manager, Carmarthenshire Integrated System Service Group
CAPITAL SCHEMES	N/A	N/A	N/A	Aseptic Unit, Withybush General Hospital	Director of Primary Care, Community Strategy and Long Term Care	Project Director - Clinical Director, Pharmacy & Medicines Management
CAPITAL SCHEMES	N/A	N/A	N/A	Business Continuity Programme Business Case	Director of Strategy and Planning (SRO)	Project Director - Director of Estates, Facilities & Capital Management
CAPITAL SCHEMES	N/A	N/A	N/A	Cylch Caron, Tregaron	Director of Primary Care, Community Strategy and Long Term Care	Clinical Care Group Service Director – Community and Integrated Medicine
CAPITAL SCHEMES	N/A	N/A	N/A	Aberystwyth Integrated Care Centre	Chief Operating Officer (SRO)	Clinical Care Group Service Director – Community and Integrated Medicine
CAPITAL SCHEMES	N/A	N/A	N/A	Fishguard Wellbeing Centre	Director of Primary Care, Community Strategy and Long Term Care	Project Director - General Manager, Pembrokeshire Integrated System Service Group
CAPITAL SCHEMES	N/A	N/A	N/A	Llandovery Health and Wellbeing Hub	Director of Strategy and Planning (SRO)	Project Director - TBC
CAPITAL SCHEMES	N/A	N/A	N/A	Chemotherapy Day Unit Bronglais	Chief Operating Officer (SRO)	Project Director - Clinical Care Group Service Director – Community and Integrated Medicine
CAPITAL SCHEMES	N/A	N/A	N/A	Sexual Assault Referral Centre (SARC)	Project Director - Clinical Care Group Service Director – Community and Integrated Medicine	Project Director - General Manager, Children, Women and Family Health Clinical Service Group