Trust Board Meeting in Public

Monday 5 February 2018

1.30 pm – 4.45 linua25ndaMtriTm TFesrpm

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Minutes of the Public Board m eeting held on
4 December 2017 in the Board Room at Salisbury Hospital

Present :

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Corporate Directors Present:

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In Attendance :

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2343/00 QUALITY AND RISK

2343/01 Board Assurance Framework – SFT3957 – Presented by LW

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/RUQD :LOVRQ H[SODLQHG WKDW WKLV QHZ IRUPDW %$)
IRUPDW LV LQWHQGHG WR SURYLGH JUHDWHU WUDQVSDU
XQGHUZD\ WR UHYLHZ WKH FRUSRUDWH ULVN UHJLVWHU
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/RUQD :LOLQVRQ DVNHG WKH %RDUG WR DSSURYH WKH
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- 0LFKDHO 0DUVK DVNHG IRU WKH SLSNUHOLHKRRWGWFRQVHTXHK WR EH UHYLHZHG
- .LUVWDWHZK UHTXHVWHG WKH 3DWLHQWKDUGEHBQKHG DQG UHYLHZHG XSGDWHG
- 3DXO +DUJUHDYHV LQIRUPHG WKH %RDUG RI D FKDQJH RI WKH ILUVW ULVN XQGHU WKH µ3HRSOH¶ VHFWLRQ

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HDFK SXEOLF %RDUG PHHWLQJ ZKLOVW WKH QHZ IRUPDW

2343/02 JBD Minutes Evidencing Presentation of Assurance Framework and Risk Register – SFT3958 – Presented by LW

2344/04 Report of Director of Infection Prevention and Control – LW SFT3960 – Presented by

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SUHVHQW WKH 'LUHFWRU RI ,QIHFWLRQ 3UHYHQWLRQ DQ
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2346/02 Any Other Business

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2346/03 Date Of Next Meeting

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Deadline passed. Completed Status = N	1
Deadline in future. Current progress made is updated. Completed status = 'N'	2
Completed status = 'Y'	3
Deadline in future. Current progress made is not updated	4

Reference Number	Action	Owner	Deadline	Current progress made	Completed Status (Y/N)	RAG Rating
10/02/01	Genetics seminar	DS/CB/IA	05/03/18	Noted that draft tender specification now issued. March for seminar session in line with tendering timeframe	N	2
Minute ref 2336/00 (04/12/17)	Patient Story - consider tea/coffee machine facilities for t	AH	28/02/18	Facilities are exploring solutions with suppliers	N	2
Minute ref 2342/00 (04/12/17)	Assurance reports of Clinical Governance Committee - GI to be a Board seminar topic	CB	15/01/18		Y	3
Minute ref 2343/00 (04/12/17)	Integrated Performance Report M7 - value in a communications piece with the general public as part of managing winter pressures. Lorna Wilkinson will raise this at a weekly winter resilience meeting.	LW	22/12/17	Letter sent to Journal	Y	3
Minute ref 2344/00 (04/12/17)	Board Assurance Framework					

Reference Number	Action	Owner	Deadline	Current progress made	Completed Status (Y/N)	RAG Rating
Minute ref 2348/00 (04/12/17)	National Emergency Department Survey 2016 - need to b the ED survey to the attention of all staff who work in ED including trainees who may also be unlikely to know about					

Report to:	7 U X V W % R D U G	Agenda item:	SFT3983
Date of Meeting:	) H E U X D U \		

Report Title:	& K L H I ([H F X W L Y H ¶ V 5 H S R U W		
Status:	Information	Discussion	

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1. Business Undertaken

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Salisbury

Report to:	7 U X V W % R D U G	Agenda item:	6) 7
Date of Meeting:	[illegible]) H E U X D U \		

Report Title:	6 W D Q G L Q J) L Q D Q F L D O , Q V W U X F W L R Q V D Q G 6			
Status:	Information	Discussion	Assurance	Approval
				X
Prepared by:	$ Q G \ - D P H V) L & R D Q W U O H U			
Executive Sponsor (presenting) :	/ L V D 7 K R P D V ' L U H F W R U R I) L Q D Q F H			
Appendices (list if applicable) :	6W D Q G L Q J) L Q D Q , Q V W U X F W L R Q V 2. 6 F K H P H R I ' H O H J D W L R Q			

Recommendation:

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1. Purpose

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2. Backgrou nd

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   ZLWK WKH 7UXVW %RDUG DQG WKHVH DUH FRYHUHG LQ
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   LPSRUWDQW WKH 6),¶V DUH ILW IRU SXUSRVH 7KH 6),¶V
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3. Key Changes

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   TXRWDWLRQ LV UHTXLUHG IRU JRRGV DQG VHUYLFHV DQG

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Standing Financial Instructions

Version:	Final 2017-18 Version
Authorisation Committee:	Trust Board
Date of Authorisation:	
Signature of authorising Committee:	
Ratification Committee (Category 1 documents):	

Date of R

Standing Financi al Instructions

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1.2 Responsi bi liti es an d delegati on

Foundation Trust Board of Di rectors

1.2.1 The

c) Maintaining an effective system of internal financial control including ensuring that detailed financial procedures and systems incorporating the principles of separation of duties and internal checks are prepared, documented and maintained to supplement these instructions;

d) Ensuring that sufficient records are maintained to show and explain the Trusten he 2 Tc 50.07 0 Tc 8.4 0 Td55.8her-48 lJl cs

c) Deciding at what stage to involve the police in cases of misappropriation

iii) Poor value for money or other causes;

iv) Any form of risk, especially business and financial risk but not exclusively so.

f) The adequacy of follow-up actions by the Trust to internal audit reports;

g) Any investigations / project work agreed with and under terms of reference laid down by the DOF;

h) The Trust ¶ ³Assurance Framework Statements ´in accordanTj 0 Tc [( )eoBTT1 11.04 2 0

2.4 Fraud, Corruption and Bribery

2.4.1 In line with their responsibilities, the Chief Executive and DOF shall monitor and ensure compliance with the NHS Standard contract Service Condition 24 to put in place and maintain appropriate anti-fraud, bribery and corruption arrangements, having regard to NHS Protect's standards.

2.4.2 The DOF is the executive board member responsible for countering fraud, bribery and corruption in the Trust.

2.4.3 The Trust shall nominate a professionally accredited Local Counter Fraud Specialist (LCFS), to conduct the full range of anti-fraud, bribery and corruption work on behalf of the trust as specified in the NHS Protect anti-crime Standards.

2.4.4 The LCFS shall report to the DOF and shall work with staff in NHS Protect, in accordance with the NHS Protect anti-crime Standards, the anti-fraud manual and NHS Protect's Investigation Case File Toolkit.

2.4.5 If it is considered that evidence of offences exists and that a prosecution is desirable, the LCFS will consult with the DOF to obtain the necessary authority and agree the appropriate route for pursuing any action e.g. referral to the police or NHS Protect.

2.4.6 The Local Counter Fraud Specialist will provide a written report, at least annually, on anti-fraud, bribery and corruption work within the Trust to the Audit Committee.

2.4.7 The LCFS will ensure that measures to mitigate identified risks are included in an organisational work plan which ensures that an appropriate level of resource is available to the level of any risks identified. Work will be monitored by the DOF and outcomes fed back to the Audit Committee.

2.4.8 In accordance with the Freedom to Speak Up (Raising Concerns Policy), the Trust shall have a whistle-blowing mechanism to report any suspected or actual fraud, bribery or corruption matters and internally publicise this, together with the national fraud and corruption reporting line provided by NHS Protect.

2.4.9 The Trust will report annually on how it has met the standards set by NHS Protect in relation to anti-fraud, bribery and corruption work and the DOF shall sign-off the annual self-review and authorise its submission to NHS Protect. The DOF shall sign-off the annual qualitative assessment (in years when this assessment is required) and submit it to the relevant authority.

2.5 Security Management

2.5.1 In line with their responsibilities, the Chief Executive will monitor and ensure compliance with the NHS Standard Service Condition 24 to put in place and maintain appropriate security management arrangements, having regards to NHS Protect's standards.

2.5.2 The Trust shall nominate a suitable person to carry out the duties of the Local Security Management Specialist (LSMS) as specified in the NHS Protect anti-crime standards.

2.5.3 The Trust shall nominate a Non-Executive Directo

2.5.4 The Chief Executive has overall responsibility for controlling and coordinating security. However, key tasks are delegated to the Security Management Director (SMD). who is the Chief Operating Officer and also to the appointed LSMS.

3. BUSINESS PLANNING, BUDGETS, BUDGETAR Y CONTROL, AND MONITORING

3.1 Prepa ration an d App ro val of the Trust Busine ss Plan and Budgets

3.1.1 In accordance with the annual planning cycle, the Chief Executive will compile and submit to the Trust Board of Directors and to the Council of Governors the annual ³Trust Business Plan ´which takes into account financial targets and forecast limits of available resources. The Trust Business Plan will contain:

a) A statement of the significant assumptions on which the plan is based;

b) Details of major changes in patient care activity, delivery of services or resources required to achieve the plan;

c) The Financial Plan for the year;

d) Such other contents as may be determined by NHS Improvement (NHSI).

3.1.2 The annual plan must be approved by the Trust Board and submitted to

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performance of the Trust. This may include the following:

i) Income and expenditure to date, showing trends and the forecast year-end position;

ii) Workforce spend and WTEs;

iii) NHS commissioner ¶ contractual performance to date;

iv) Movements in working capital (including cash);

v) Capital project spend and projected outturn against plan;

vi) Explanations of any material variances from budget;

vii) Details of any corrective action where necessary and the Chief Executive's and/or DOF's view of whether such actions are sufficient to correct the situation;

b) The issue of timely, accurate and comprehensible advice and financial reports to each budget holder, covering the areas for which they are responsible;

c) Investigation and reporting of variances from financial, workload and manpower budgets;

d) Monitoring of management action to correct variances; and

e) Arrangements fo

4. ANNUAL REPORT AND ACCOUNTS AND QUALITY REPORT

4.1 The DOF, on behalf of the Trust,

5. GOVERNMENT BANKING SERVICE BANK ACCOUNTS

5.1 General

5.1.1 The DOF is responsible for managing the Trust's banking arrangements and for advising the Trust on the provision of banking services and operation of accounts.

5.1.2 The DOF will review the banking needs of the Trust at regular intervals to ensure they reflect current business patterns and represent value for money.

5.1.3 The Trust Board will approve recommendations regarding the opening of any bank account in the name of the Trust.

5.2 Government Banking Service ("GBS") Bank Accounts

5.2.1 In line with public sector practice, the Trust's principal bankers are those commercial banks working in partnership with the GBS, referred to in 5.2.2(a) below. However, these SFIs will apply to any other accounts opened in the name of the Trust or its subsidiaries from time to time.

5.2.2 The DOF is responsible for:

a) GBS bank accounts and any non GBS bank accounts held for banking and merchant services.

b) Establishing separate bank accounts for the Trust's non-exchequer funds as appropriate;

c) Ensuring payments made from bank/GBS/RBS accounts do not exceed the amount credited to the account except where arrangements have been made, or there is a right of set-off with another account held with that bank;

d) Reporting to the Board of Directors any arrangements made with the Trust's bankers for accounts to be overdrawn;

f) Monitoring compliance with NHS Improvement or DH guidance on the level of cleared funds;

g) Ensuring covenants attached to bank borrowings are adhered to.

5.3 Banking Procedures

5.3.1 The DOF will prepare detailed instructions on the operation of bank accounts which must include:

a) The conditions under which each bank account is to be operated, including the overdraft limit, if applicable;

b) Those members of staff with mandated authority to carry out transactions (by signing transfer authorities or cheques or other orders) in accordance with the authorisation framework of these GBS bank accounts.

5.3.2 The DOF must advise the Trust's bankers in writing of the conditions under which each account will be operated.

The following tables outline the correct procurement process to be followed

of the procurement process.

Threshold limits represent the contract's lifetime value (e.g. a 5 year contract of £25,000 per year requires £125,000 method and authorisation).

The cumulative amount spent with the supplier over a rolling 12 month period (e.g. 5 separate spends of £5k each will trigger the appropriate procurement process in line with the values above)

In circumstances after market engagement has been conducted, where the specified number of quotations/tenders cannot be obtained (e.g. where there is a limited number of suppliers), the reasons for receiving a lower number of quotations/tenders must be recorded in the recommendation report and in this event a waiver/ STA will not be required.

7.3 Placing Contracts

Authorisation to sign a Contract and recommendation report requirements are detailed in Table 2 below.

Under no circumstances should any member of the Trust sign and authorise a Contract from a supplier unless they are permitted under r c

originating department, to receive tenders on his/her behalf and to be responsible for their endorsement and safe custody until the time appointed for their opening, and for the records maintained in accordance with SFI 7.7.

7.7 Opening Formal Tende rs

As soon as practicable after the date and time stated as being the latest time for the receipt of tenders they shall be opened either electronically or if manually by two officers designated by the officer as appropriate.

Every tender received shall be stamped with the date of opening and if manually opened they shall be initialed by two of those present at the opening.

A permanent record shall be maintained to show for each set of competitive tender invitations dispatched:

a) The names of firms/individuals invited;

b) The names of and the number of firms/individuals from which tenders have been received;

c) The total price(s) tendered;

d) Closing date and time;

e) Date and time of opening; and

f) The persons present at the opening shall sign the record, where a manual process has been conducted.

Except as in the paragraph below, a record shall be maintained of all pri1-e[(E)4(x)22(ce)2(p)2(t)-

Technically late tenders (i.e. those despatched in good time but delayed through no faul

Where the total contract value exceeds £25,000 the Trust has a legal obligation to ensure that they advertise through the appropriate portal in line with Public Contracts Regulations and must subsequently ensure the respective award is also published.

Where the total contract value exceeds the Public Contracts Regulations Thresholds then the Trust is committed to conducting a legally compliant procurement process in line with the Public Contracts Regulations.

Where appropriate, pharmacy orders will be placed against National or Regionally/Divisionally agreed Pharmacy Contracts, which should cover the majority of orders placed by the Pharmacy Department.

The values listed also apply to disposals (SFI 14). All other Financial Limits are detailed at SFI 7.2

Tender lists for building and engineering works will be compiled in conjunction with the Director of Corporate Development from ³Construction line ´the Trust ¶ approved list of Contractors.

Where there is a wide discrepancy between the estimate and / or approved funding and the final total tendered cost involving an increase in expenditure this is to be reported to the Director of Finance for further instructions.

The number of firms to be invited to tender for a particular contract shall be in accordance with the financial limits specified in SFI 7.2.

Quotation/tenders will be completed accordance with these SFIs.

Adjudication must be made in accordance with SFI 7.8 recommendation report shall be prepared by procurement for approval or to seek authorisation, according to delegated limits.

Acceptance of the tender/quotation must comply with the financial limits set out in SFI 7.2).

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permissible and recommended according to the rules of the framework. On these occasions a recommendation report will require authorisation in accordance with SFI 7.3 Table 2. The Trust will be required to demonstrate in the report, with supporting evidence, that a direct award offers value for money and is in the best interests of the Trust

g. The requirement is to attend a seminar, conference or similar unique event

h. A consortium arrangement is in place and a lead organisation has been appointed to carry out tendering activity on behalf of the consortium members

i. A commissioning body is market testing the whole business to ensure value for money and the Trust requires a partner or subcontractor to respond to the invitation to tender. The selection of the partner by the Trust need not be separately competed

j. The requirement is for the securing of a named individual on a temporary basis to fulfil a role and where substitution of another resource is not acceptable. In this case this does not constitute a procurement but the nominated Officer must still ensure value for money

8. CONTRACTS FOR THE PROVISION OF SERVICES

8.1 Service Contracts

8.1.1 The Trust Board shall regularly review and shall at all times maintain and ensure the capacity and capability of the Trust to provide the mandatory goods and services referred to in its Terms of Authorisation and related schedules.

8.1.2 The Chief Executive, as the Accounting Officer, is resv

and inequalities. This will require the Chief Executive to ensure that the Trust works with all partner agencies involved in both the delivery and the commissioning of the service required. The contract will apportion responsibility for handling a particular risk to the party or parties in the best position to influence the risk in question and financial arrangements should reflect this. In this way the Trust can jointly manage risk with all interested parties.

8.3 Tendering (where SFT is a competing body)

8.3.1 Where SFT participates in a tendering exercise (whether in competition with others or not) for a health related service, approval must be sought according to the delegated authority limits.

8.3.2 Delegated authority limits associated with tendering:

	Director ate Management Team	Joint Board of Directors	Finance & Performance Committee	Trust Board
Decision not to bid or Bid sign-off prior to submission				
Total value range	<£50k	<£5m	<£15m	>£15m
Annual value	£20k pa	<£1m pa	>£1m<£5m pa	>£5m pa

8.3.3 No tender must be submitted without sign-off from the relevant authority. For absolute clarity, no Trust employee should sign a tender or contract unless they have authority and the total contract value is within the above financial limits. All tender decisions will be reported to Executive Directors for noting.

9. TERMS OF SERVICE AND PAYMENT OF BOARD DIRECTORS AND EMPLOYEES

9.1 Remuneration Committee

9.1.1 The Trust Board shall establish a Remuneration Committee, with clearly defined terms of reference specifying which posts fall within its area of responsibility, its composition and its reporting arrangements.

9.1.2 Any Trust Board post and most Senior Manager Posts will be subject to the requirements of the Fit and Proper Persons Test which is administered by Human Resources. Human Resources are responsible for keeping the list of applicable posts up to date.

9.1.3 Appointments to senior management or Director Posts above the salary of the Prime Minister (currently circa £150k) must be referred to NHS Improvement and onward ratification by the Secretary of State.

9.2 Staff Appointments, Terminations and changes

9.2.1 An Employee or Director to whom a staff budget or part of a staff budget is delegated may engage employees, or hire agency staff subject to any approval that may be required by the Workforce Control Panel (if applicable) and provided the post is within the limit of their approved budget and affordable staffing limit. They may also regrade employees

10.3 Choice, Requisi tioning , Ordering, Recei pt and Payment f or Goo ds and Services

10.3.1 The requisitioner, in choosing the item to be supplied (or the service to be performed) shall always obtain the best value for money for the Trust. In so doing, the advice of the Trust Director of Procurement shall be sought. Where this advice is not acceptable to the requisitioner, the DOF shall be consulted.

10.3.2 Once the item to be supplied (or service to be performed) has been identified the requisitioner should raise a requisition. Only for agreed goods and services (i.e. agency staff an

evidenced;

c) Changes to the list of Directors and Employees authorised to certify invoices are in accordance with the scheme approved by the Board;

d) Purchases from petty cash are restricted in value and by type of purchase in accordance with instructions issued by the DOF;

e) Petty cash records are maintained in a form as determined by the DOF;

f) Contracts above specified thresholds are advertised and awarded in accordance with EU and GATT rules on public procurement; and

g) In certain circumstances, where regular transactions are made for items such as travel, course and accommodation bookings and one off purchases, a Trust purchasing card can be an alternative means of procurement. All purchase card holders are required .138 TcC14 0 r ds ance
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11. EXTERNAL BORROWING, PUBLIC DIVIDEND CAPITAL AND CASH INVESTMENTS

11.1 External Borrowing

11.1.1 The Trust may borrow money for the purposes of, or in connection with, its strategic objectives and its operational functions.

11.1.2 The total amount of the Trust's borrowing must be affordable within NHS Improvement's Single Oversight Framework for Trusts.

11.1.3 Any application for a loan or overdraft facility must be approved by the Trust Board and will only be made by the DOF or a person with specific delegated powers from the DOF. Use of such loans or overdraft fac ed Siomd (ili]TJ -02766 5.3 686(53(d a

investment accounts and on the records to be maintained.

11.3.7 The DOF (or a senior finance manager with specific delegated powers from the DOF) will authorise all investment transactions and ensure compliance with the Treasury Management Policy at all times, with no investment made which would be outside the laid-down parameters for investment risk management in the policy. All investments are subject to periodic review and monitoring by the Finance and Performance Committee.

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

12.1 Capital Investment

12.1.1 The Trust will establish a Capital Control Group (Cap CG) chaired by the Director of Finance to oversee its allocation of capital investment. The DOF will ensure that there is an adequate appraisal and approval process in place for determining capital expenditure priorities and the effect of each proposal upon the Trust's Business Planning process.

12.1.2 The Cap CG will oversee the development and monitoring of an annual capital plan, including any changes to the plan as necessary in year. The Trust Board will approve the annual capital plan.

12.1.3 The DOF shall establish systems to ensure that approved capital schemes are progressed ea

Programme allocations within Capital Plan	Group/ individual responsible for approval
Backlog Maintenance	The Building and Works Group
Medical Equipment	Medical Devices Committee
Information Systems	Information Systems Steering Group

12.3 Private Finance Initiative

12.3.14 Proposals for Private Finance must be submitted to the Investment Group

12.5 Security of Assets

12.5.1 The overall control of fixed assets is the responsibility of the Chief Executive. trd e.12 d o

12.6.2 The following matters related to property must be approved by the Trust Board:

a) An Estate Strategy;

b) Acquisition of freehold property over £200,000 (excluding VAT); and

12.6.10Disposals of protected assets requires

14.1.3 All unserviceable articles shall be:

a) Condemned or otherwise disposed of by an employee authorised for that purpose by the DOF;

b) Recorded by the condemning officer in a form approved by the DOF which will indicate whether the articles are to be converted, destroyed or otherwise disposed of. All entries shall be confirmed by the countersignature of a second employee authorised for the purpose by the DOF.

14.1.4 The condemning officer shall satisfy him/herself as to whether or not there is evidence of negli

15. INFORMATION TECHNOLOGY

15.1 Comput er Systems and Data

15.1.1 The Director of Corporate Development, supported by the Director of Informatics, who is responsible for the accuracy and security of the computerised financial data of the Trust, shall devise and implement any necessary procedures to ensure adequate (reasonable) protection of the Trust ¶ data, programs and computer hardware for which he/she is responsible from accidental or intentional disclosure to unauthorised persons, deletion or modification, theft or damage, having due regard for the Data Protection Act 1998;ensure that adequate (reasonable) controls exist over data entry, processing, storage, transmission and output to ensure security, privacy, accuracy, completeness, and timeliness of the data, as well as the efficient and effective operation of the system ensure that

No hardware equipment should be connected to the network without the approval of the Informatics department.

It will be at the discretion of the Director of Corporate Development or the Director of Informatics whether a case requires discussion at ISSG.

16. PATIENTS' PROPERTY

16.1 Patients ¶Property and Income

16.1.1 The Trust has a responsibility to provide safe custody for

16.1.6 Staff should be informed, on appointment, by the appropriate departmental or senior manager of their responsibilities and duties for the administration of the property of patients.

16.1.7 Where patient V[illegible]roperty tll upp

c) Produce codes of procedure covering the financial management of funds held;

d) Ensure funds are held within designated or restricted accounts in accordance with charity law;

e) Periodically review the funds, rationalise funds within statutory guidelines, and report changes to the Salisbury District Hospital Charitable Fund Committee;

f) Recommend additional funds where this is consistent with good practice for ensuring the safe and appropriate management of restricted/designated funds, in particular ensuring that the new fund could not adequately be managed as part of an existing fund;

g) Ensure that all charitable funds are banked in accordance with the Trust ¶ SFI for banking arrangements;

h) Report income and expenditure totals to the Salisbury District Hospital Charitable Fund Committee at their quarterly meetings;

i) Ensure that charitable fund V ¶ income and expenditure is managed with due regard to taxation implications;

j) Prepare the annual accounts and Truste H s ¶ report in the required format for timely submission to the Auditors, Salisbury Hospital Charitable Funds Committee and the Charity Commission.

17.3 Fund raising an d Incoming Funds

17.3.1 All gifts, donations and proceeds of fund raising activities are the responsibility of the Trustees and shall be handed immediately to the DOF to be banked in the Charitable Funds bank account.

17.3.2 All gifts accepted shall be receipted and held in the name of the Trustees and administered in accordance with the Trustee V ¶ plicies, subject to the terms of specific trusts. As the Trustees can accept gifts only for all or any purposes relating to the Health Service, managers shall, in cases of doubt, or where there are material revenue expenditure implications, consult the DOF before accepting gifts.

17.3.3 The DOF shall advise the Trustees on the financial implications of any proposal for fund raising activities which may be initiated, sponsored or approved.

17.3.4 The DOF shall be kept informed [illegible] 012 Tc 27.728 0 Td 7.1

17.4.2 The DOF will allocate dividends, interest, and realised and unrealised gains and losses across the funds appropriately.

17.5 Expenditure

17.5.1 Expenditure from any Charitable Fund shall be conditional upon the item being within the terms of the appropriate trust, the procedures approved by the Trustees and sufficient funds being available.

17.5.2 Day to day management of individual expenditure is delegated to Fund Managers who shall not enter into any transaction which will result in any fund under their control becoming overdrawn without first obtaining authorisation in writing from the DOF.

17.5.3 The DOF shall act on behalf of the Trustees in ensuring that all expenditure incurred is in accordance with the purposes identified by the donor.

17.5.4 The powers of delegation available to commit resources are detailed in the table below. The levels of authority relate to single orders or connected multiple orders.

17.5.5 A connected multiple orders could be for example:

a) The refurbishment of a room where several suppliers are involved

b) An ECG machine and its trolley

c) An order to cover a period of more than one year (the whole value of the order is considered rather than each annual value).

17.5.6 Levels of Authority

No expenditure can take place without the approval of the following:

£	Orders can only be processed once the following people give their authority
Up to £10,000	The Fund Manager
Over £10,000	The Fund Manager + The Salisbury District Hospital Charitable Funds Committee (reported to the Trust Board)

17.5.7 Where charitable fund expenditure has an impact on NHS costs, tNH

agreement by the Salisbury District Hospi

19. RETENTION OF RECORDS AND INFORMATION

19.1 The Chief Executive shall be responsible for maintaining archives for all records, information and data required to be retained in accordance with NHS Improvement / DH guidelines. The delegated responsibility for holding and safekeeping of contracts, in secure storage where applicable, shall be as follows:

Document	Held By

cost effective insurance cover, and decisions on the acceptable level of residual risk;

d) Contingency plans to offset the impact of adverse events;

e) Audit arrangements including:

21. LITIGATION PAYMENTS

21.1 Claims from Staff, Patients and t he Public

21.1.1 Out of court settlement of claims from staff, patients and the public shall be made where the NHS Resolution (formerly NHS Litigation Authority)/Cl

24.5 The submission of grant applications to support research shall be signed by the Director of Finance or designated representative.

24.6 The agreem (at)Tj (a)2(3.6 T)]TJ 3o[43 81298.606 -12.36 Td ( )Tj EMC /P <</Lang //ri Tc 46

Annex 1

Authorisation Levels For Electronic Requisitioning System

1.1 All staff authorised to approve the purchase of goods or services, and signing of invoices where appropriate, will be allocated an authorisation level. Each Directorate can set its own authorisation levels under Level 3 below (Levels 1 and 2 are shown as suggested levels only)

Level 1 - Up to and including £500 per total requisition (e.g. nurses, ward assistants, staff with requisitioning responsibility in smaller departments)

Level 2 - £501 - £5,000 per total requisition. The actual level of authority will depend on the work area and the following are examples:
- £1,000: requisitioning staff in larger departments
- £2,000: ward sisters
- £3,000: supervisory levelsIn departme

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Annex 3

Contracti ng for Income - Financi al Limits

NON NHS
All limits exclude Value Added Tax where applicable.

Li feti me Contract value	Ap pr oval
Up to £20,000	Directorate Manager
£20,001 - £300,000	DOF
£300,001 to £1.5million	Chief Executive
£1.5million plus	Trust Board

Li feti me Contract value (NHS) Service Level Agreements	
Up to £100,000,000	Director of Finance
Over £100,000,000	Chief Executive

Schedule of Decisions Reserved to the Board and the Scheme of Delegation

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Schedule of Decisi ons R eserved to the Board

SFI Ref	Decision reserved to the Board
	•) R U P X O K D H V Q H D Q D R W D U W H J \ • $ S S U R E Y H G J H W V • ' H I Q H D Q G S S U R V H Q D O L D W X R I S R U W E Q G H S Q Q G D Q F O V \ V W H P V • ' H L Q H G E U D W G H V S O E L W H V
	$ S S U R Y H W K H $ Q Q X D O % X V L Q H V V 3 O D Q
	$ S S R Y H $ Q Q X 5 H S R U W D Q F F R X Q W Q G J W H X L V U H S R W
	$ S S U R Y H W O J H R I Q H Z E D Q N D F F R X Q W V
	$ X W K R U L V H F R Q W U D F W V Z L W K 6 X S S O L H U V Z K L F K H [
	5 H J X O U H Y L Z D Q G D L Q F D S L E Q G D E L W R S U R Y G H P

Decisions/Duties delegated by the Board to Committees

Committee	Duties delegated by the Board
$XGLW&RPPLWWHH	6HH7HUPVRI5HIHUHQFHDYDLODEOHIURP+HDG RI &RUSRUDWH *RYHUQDQFH 6),, HVWDEOLVKPHQWRFOL2YHUHHLQDEVWHQW WDUQVDFWSLSSURHYDHVXSURYOLF\ 6),, SSURVYKHRWPHUQHYWHQWWKLHF O
5HPXQHUDWRQ &RPPLWWHH	6HH7HUPVRI5HIHUHQFHDYDLODEOHIURP+HDG RI &RUSR*URDYWHUQDQFH
6DOLVEXU\ 'LVWULFWDWWDE)RXQ &RPPLWHH	6HH 7HUP5HIHUHQFHDYDLODEOHIURP +HDG R &RUSRUDWH *RYHUQDQFH

Scheme of Delegation of Powers from the Standing Financial Instructions (SFIs)

SFI Ref	Delegated to	Authorities / Duties Delegated
	$XGLW &RPPLWWHH	5HIHUULQJ DMRUDWWHUDWR QRUDWLRQDO QHZVSDSHU6),V $VVRQHHGEMVRGRWHGOWRR2)W
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- ,PSOHPHQWKWLXQW¶QYDIQFO SHRVOLFL
- 0DLQWDLQLQHFWLYHPVRVIVWQDWQHDUQFL FRQWUROV
- 0DLQWDHLRGVRIQK@, GOpPP-DCROL À#–P]KQ

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±	'2)	' HWHUPLQH WKH VWDWXV RI DQG HQVXUH DSSURSULDWH DQG HQGRUVHG SURFHGXUHV DUH LQSODFH WR PDQDJH
	'2)	0DLQWDLQ DUUHVW RI DVVHWV
	'2)	3UHSDUH SURJUHVV UHSRUWV RI DVVHW
	'2)	$SSURYH SURFHGXUHV LQYROYLQJ DVVHWV

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	&KLHI([HFXWLYH	0DLQWDLQDUHFRUGVRIDOODUHFHLSWVDQG GDWD
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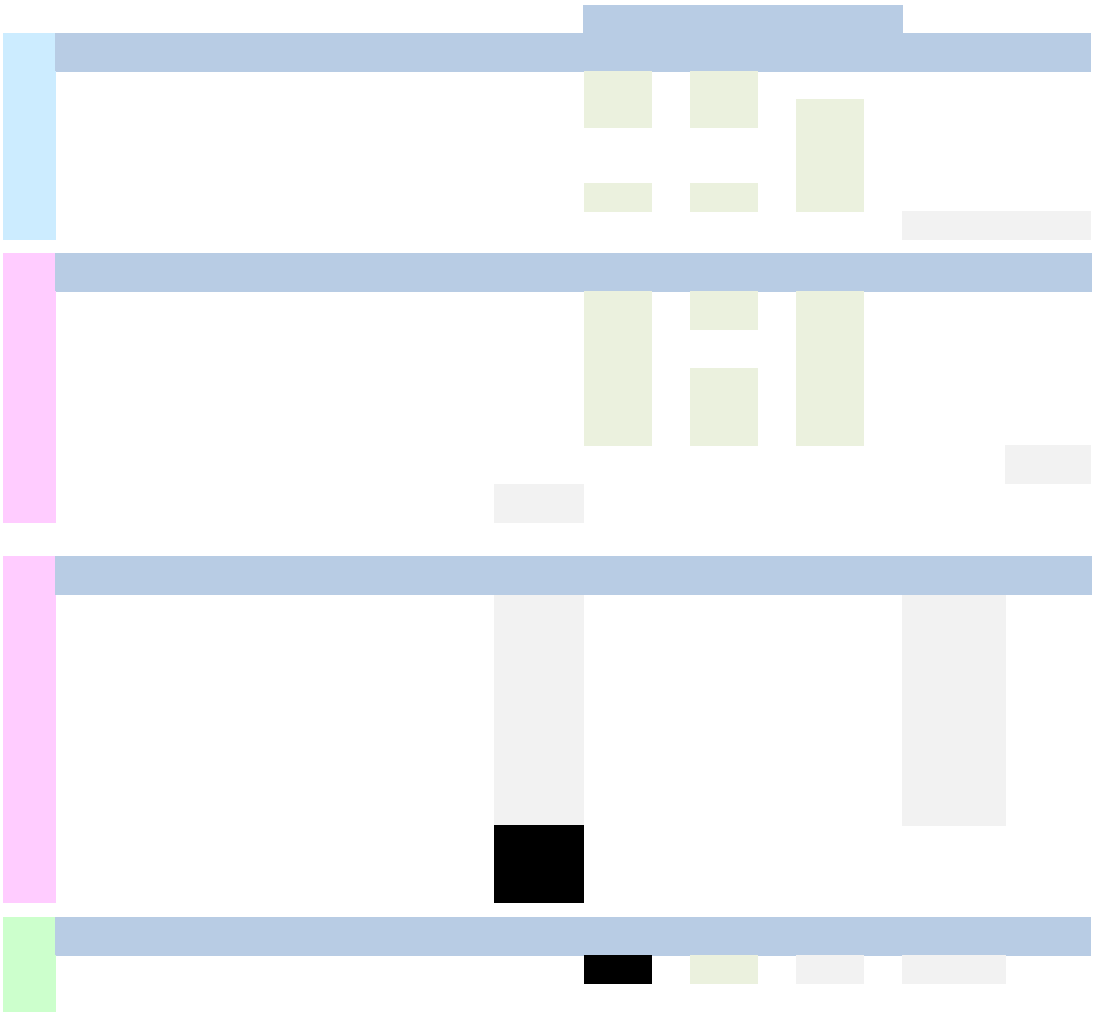
Performance Summary Narrative – December Performance, plus recent

Vision – To Deliver an outstanding experience for every patient			
	Positives	Challenges	Plans / Forecasts
Care (MD/DoN)	‘requires improvement to good’ initiative x Well led review by Deloitte’s commissioned x Deep dive into nursing recruitment and retention presented to Executive Workforce Committee	x Staffing remains challenging in a number of ward areas x Nurse sensitive indicators (falls, pressure ulcers) seeing an increase in Q3	x Agreed further overseas nurse recruitment trip x Refresh of ‘share and learn’ sessions to commence in February
People (DoHR)	x Overseas nursing recruitment – cost effective and successful campaign in Australia – ongoing x Well attended open day for nursing assistants (driven by social media) x Locum’s nest – successful pilot and rollout in progress on flexible contract locum staff at reduced rate – new contract signed pending permanent solution options x Absence has fallen again, but increase in long term (fall in short term) x Agency spend has fallen for 3rd a month in a row – due to tighter control x Vacancy rate fallen (change in reporting to a more accurate figure)	x Level of vacancies, especially in nursing, exacerbated by need for escalation x Month 9 control total exceeded, but improving position. NHSI control total reached – now on “comply or explain” x Flu take up rates good but refreshing communications, data evaluation to improve vaccination rate x Absence rate – high levels in theatres, causing capacity issues, as number of staff in informal stage x Long term absences have increased x Higher number of leavers than starters x Staff morale at time of intense operational pressures	x Longer term recruitment - “grow your own” plan, 10 month plan to achieve lift to 95% for ward based nursing. x On current run rate will be overspent on NHSI control total by some £2m x Workforce pay control group to review temporary pay RAG x Workforce controls group link nursing authorisation with medical authorisation and is overseeing temporary staffing costs going forward x 30/100 surveys planned x Engagement strategy in development (due February) x Retention strategy finalising January x Staff engagement group (6 February) x Sub group engagement (e.g. medical secretaries)

Vision – To Deliver an outstanding experience for every patient			
	Positives	Challenges	Plans / Forecasts
People (DoHR)	x Staff survey rate was 42%. The average response rate for Acute Trusts was 45.5%. x Developing engagement strategy/events x Flu update has met CQUIN target (but CCG confirmation required)	x Appraisal challenging to hit 85% x Overspend on workforce at £807k (0.80%)	



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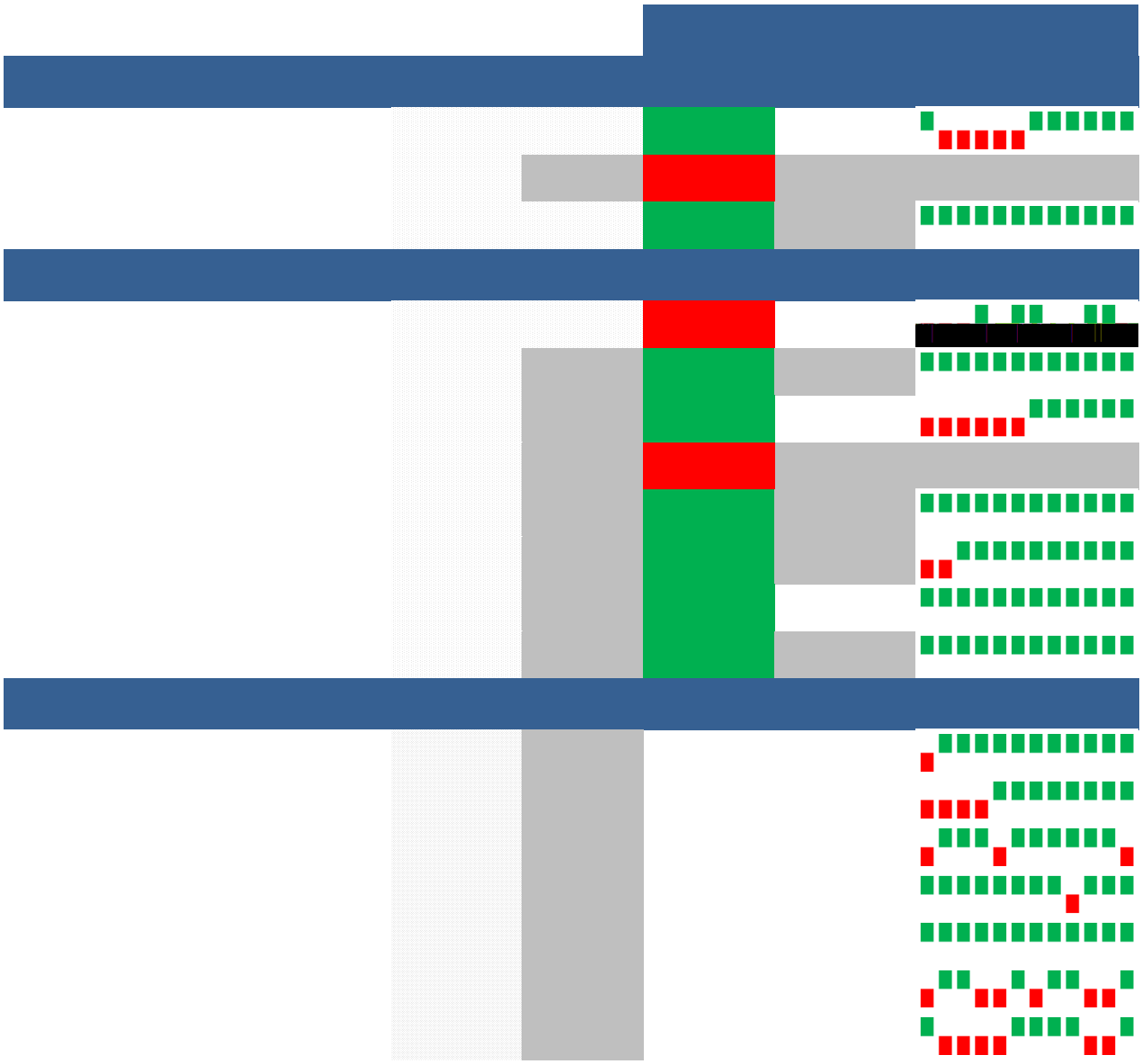

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7UDLQLQJ				
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	Starters (head count in month)	Leavers (head count in month)	Average Heads (in year)	Number of Leavers (in year)	Turnover (rolling year)	Budget Wte (Ledger)	Staff In Post Wte (Ledger - month end)	Vacant Wte	Vacancy Rate	spend on Agency	% Temp Spend on Agency (in month)	spend on Bank	Total Temp Spend	Agency Budget	Long Term Sick WTE lost (in month)	% Short Term Sick WTE lost (in month)	% Total WTE lost to Sickness (in month)	Training			
																		Sickness Rate	Mandatory Training	% Complete Medical Staff	% Complete non-medical staff
YTD Trend																					
Month Trend																					
Target		29		240	8.50%			154.06	5.00%												

5HSRUW WR	7UXVW %RDUG	$JHQGD LWHP	6)7
'DWH RI 0HHWLQJ	WK HEUXDU\		

5HSRUW 7LWOH	)LQDQFH 5HSRUW 0RQWK			
6WDWXV	,QIRUPD\	' LVFXV\	$VVXUDQ	$SSURYDO
			[	
3UHSDUHG E\	0DUN &RHOSXLW\ 'LUHFWRU RI)LQDQFH			
([HFXWLYH 6SRQVRULQJ SUHVHQWLQJ	7KRPDV 'LUHFWRU RI)LQDQFH			
$SSHQGLFHV OLVWHG DSSOLFDEOH	1RQH			

5HFRPPHQGDWLRQ
7KH %RDUG LV VNHG WR QRWH WKH ILQDQFH SHUIRUPDQFH UHSRUW DQG WKH DFWLRQV EHLQJ WDNHQ WR PLWLJDWH WKHP

([HFXWLYH 6XPPDU\
7KH SXUSRVH RI WKLV UHSRUW LV WR VHW RXW WKH 7UXVW¶V 'HFHPEHU 7KH 7UXVW LV VXEMHFW WR D VHFWLRQ UHJXODWRU\ HQIRU ILQDQFLDO SRVLWLRQ 7KH 7UXVW UHSRUWV TXDUWHUO\ WR WKH 'HSDUWPHQW RI +HDOWK UHJXODWRUV SURWRFRO 7KLV VKRZV WKH 7UXVW LV OLNHO\ W 7KH PRQWK UHSRUWHG SRVLWLRQ RI WKH 7UXVW DV DW WKH HQG RI WKH PRQWK ZDV KLJKHU WKDQ DQWLFLSDWHG DQG FRVWV 7KHUHIRUH EHORZ EXGJHW ZLWK DFWLYLW\ OHYHOV LQ HDUO\ -DQXDU\ SRVH D ULVN WR WKH 7UXVW UHPDLQV IRFXVHG RQ HQVXULQJ D UREXVW VHW RI DJHQF\ VSHQG DQG WKH 7UXVW LV ZRUNLQJ ZLWK FRPPLVVLRQ DFWLYLW\ IORZ DQG VXEVHTXHQW HVFDODWLRQ FRVWV