

STANDING ORDERS POLICY

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RECORD OF AMENDMENTS

NO	SECTION	DATE
1	Section A – interpretations and definitions updates	March 2009
2	2.6.1 – updated to reflect LINKs	March 2009
3	2.6.1 removed – not relevant to standing orders	May 2010
4	1.2.12 amended	May 2010
5	1.1 and 1.1.1 amended to reflect change to establishment order	May 2010
6	4.2.1 reference to strategic health authorities deleted (not applicable to NHS provider trust)	May 2010
7	4.8 detailed description of committee responsibilities removed. Amended to reserve authority to agree terms of reference for all committees to the Board.	May 2010
8	4.8.1 and 4.8.5 Updated to reflect recommendations from KPMG review	May 2012
9	3.12.6.& 7 clarification of quorum and voting rights of deputies	May 2013
10	4.5.1 changes to the proportion of non executive membership of committees	May 2013
11	5.1.2 amended reference to legislation in relation to partnership working	May 2013
12	7.1.1 & 7.2.2- declaration of interests – clarification regarding inclusion of spouse's interests and routine review arrangements	May 2013
13	2.1.3, references to NHS Appointments Commission changed to NHS Trust Development Authority	July 2013
14	2.1.5 change reference from Board to Chair	July 2013
15	4.5.1 changed reference to additional sub-committees to 'additional committees'	July 2013
16	4.8 changed to 'Committees established by the Trust Board' and 'The committees established by the Trust Board are'	July 2013
17	4.8.6 Title added to section	July 2013
18	4.8.7 remove bold font	July 2013
19	7.1.3 provide clarity by adding ' Related Party Disclosures'	July 2013
20	General – update to Version 4.0 and May 2014	May 2014
21	1.2.20 Addition of definition for Board Advisor	May 2014
22	2.1.5 Amend to new ED titles and addition of Board Advisors	May 2014
23	4.8.3, 4.8.6, 4.8.8, 4.8.9 Amendments to Committee titles and the addition of the Staff Engagement Task Force	May 2014
24	1.2.20, change from 'Board Advisor' to 'Associate Non Executive Director'	April 2015
25	4.8.2 Additional responsibilities for Remuneration and Terms of Service Committee added in relation to the introduction of the Fit and Proper Person Test	April 2015
26	Other minor punctuation changes throughout	April 2015
27	2.1.3 and throughout, changed NHS Trust Development Authority to NHS Improvement	June 2016
28	2.1.5 and throughout, changed Director of Finance and Corporate Services to Director of Finance	June 2016
29	2.9.1 changed reference to Child Protection Services to Children's Safeguarding	June 2016
30	Section 4.8 removed reference to Finance Committee, Workforce Committee, Staff Engagement Task Force and Risk management Committee and added Resource and Performance Committee	June 2016
31	4.8.1 and throughout changed reference to Audit Committee to Audit and Governance Committee	June 2016
32	4.8.2 changed reference to the Director of Human Resources to HR Director (Operations)	June 2016
33	6.4.1 added the Bribery and Corruption Act to the specific guidance to be considered	June 2016

34	Various amendments to reflect the additional governance arrangements arising from membership of the WYAAT Committee in Common, affecting sections: 1.1.10, 1.2.28, 1.2.29, 1.2.30, 1.4, 1.3, 4.1, 4.3, 4.4, 4.5, 4.6, 4.8, 4.9, 4.10, 5.1.2, 7.1, 7.1.2	Dec 2016
35	Various amendments to reflect removal of the role of Vice Chair and the introduction of the role of Senior Independent Director, affecting sections: 1.2.27, 2.4, 3.9.1, 3.9.2	Dec 2016
36	Various amendments to reflect the additional governance arrangements arising from membership of the SY WTP Committee in Common, and the Wakefield Alliance New Models of Care Board affecting sections: 1.2.18a; 1.2.30; 1.2.31; 1.4.4; 1.4.5; 4.9; 4.10; 7.1.1; 7.1.3	Sep 2017
37	Various amendments to reflect the new Standards of Business Conduct Policy approved by Trust board September 2017 7.1.1, 7.1.2	Sep 2017
38	General throughout document – date change in footer, version number updated, hyperlinks added to publicly available documents and legislation	December 2018
39	1.2.30 Addition of definition of and Integrated Care System	December 2018
40	1.4 Integrated Governance – slight changes to make SO clearer and future tense changed to current	December 2018
41	2.1.5 Directors' Titles updated to Chief Operating Officer and Director of Nursing and Quality	December 2018
42	3.13.4 'Audit Committee' amended to 'Audit and Governance Committee'	December 2018
43	4.1.2 Future tense amended to current tense	December 2018

SECTION A

1. INTERPRETATION AND DEFINITIONS

- 1.1 Save as otherwise permitted by law, at any meeting the Chairman of the Trust shall be the final authority on the interpretation of Standing Orders (on which they should be advised by the Chief Executive or the nominated officer).
- 1.2 Any expression to which a meaning is given in the [National Health Service Act 1977](#), [National Health Service and Community Care Act 1990](#) and other Acts relating to the National Health Service or in the Financial Regulations made under the Acts shall have the same meaning in these Standing Orders and Standing Financial Instructions and in addition:
- 1.2.1 **"Accountable Officer"** means the NHS Officer responsible and accountable for funds entrusted to the Trust. The officer shall be responsible for ensuring the proper stewardship of public funds and assets. For this Trust it shall be the Chief Executive.
- 1.2.2 **"Trust"** means The Mid Yorkshire Hospitals NHS Trust.
- 1.2.3 **"Board"** means the Chairman, executive and non-executive members of the Trust collectively as a body.
- 1.2.4 **"Budget"** means a resource, expressed in financial terms, proposed by the Board for the purpose of carrying out, for a specific period, any or all of the functions of the Trust.
- 1.2.5 **"Budget holder"** means the director or employee with delegated authority to manage finances (Income, Expenditure and Capital) for a specific area of the organisation.
- 1.2.6 **"Chairman of the Board (or Trust)"** is the person appointed by the Secretary of State for Health to lead the Board and to ensure that it successfully discharges its overall responsibility for the Trust as a whole. The expression "the Chairman of the Trust" shall be deemed to include the Vice-Chairman of the Trust if the Chairman is absent from the meeting or is otherwise unavailable.
- 1.2.7 **"Chief Executive"** means the chief officer of the Trust.
- 1.2.8 **"Commissioning"** means the process for determining the need for and for obtaining the supply of healthcare and related services by the Trust within available resources.
- 1.2.9 **"Committee"** means a committee or sub-committee created and appointed by the Trust functioning as an internal committee.
- 1.2.10 **"Committee in Common"** means a collective group or representation from organisations, to perform a particular function or duty.
- 1.2.11 **"Committee members"** means persons formally appointed by the Board to sit on or to chair specific committees.
- 1.2.12 **"Contracting and procuring"** means the systems for obtaining the supply of goods, materials, manufactured items, services, building and engineering services, works of construction and maintenance and for disposal of surplus and obsolete assets.
- 1.2.13 **"Corporate Director"** means an executive director of the Trust who does not hold voting rights at the Trust Board
- 1.2.14 **"Director of Finance"** means the Chief Financial Officer of the Trust.
- 1.2.15 **"Funds held on trust"** shall mean those funds which the Trust holds on date of incorporation, receives on distribution by statutory instrument or chooses subsequently to accept under

powers derived under [S.90 of the NHS Act 1977, as amended](#). Such funds may or may not be charitable.

- 1.2.16 "**Member**" means executive or non-executive member of the Board as the context permits. Member in relation to the Board does not include its Chairman.
- 1.2.17 "**Associate Member**" means a person appointed to perform specific statutory and non-statutory duties which have been delegated by the Trust Board for them to perform and these duties have been recorded in an appropriate Trust Board minute or other suitable record.
- 1.2.18 "**Membership, Procedure and Administration Arrangements Regulations**" means [NHS Trusts \(Membership and Procedure Regulations \(SI 1990/2024\)\)](#) and subsequent amendments.
- 1.2.18a "**New Models of Care Board**" refers to the Board which is responsible and accountable for, the Wakefield Alliance. The Alliance aims to ensure that integrated, high quality, affordable and sustainable health and care services that are part of the agreement, are delivered in the most appropriate way to the adult population of Wakefield
- 1.2.19 "**Nominated officer**" means an officer charged with the responsibility for discharging specific tasks within Standing Orders and Standing Financial Instructions.
- 1.2.20 "**Non-executive director**" means a member of the Trust who is not an officer of the Trust and is not to be treated as an officer by virtue of regulation 1(3) of the [NHS Trusts \(Membership and Procedure Regulations \(SI 1990/2024\)\)](#), with voting rights at the Trust Board.
- 1.2.21 "**Associate non-executive director**" means a person appointed to perform certain non-statutory duties which have been delegated by the Trust Board for them to perform and these duties have been recorded in an appropriate Trust Board minute or other suitable minute.
- 1.2.22 "**Officer**" means employee of the Trust or any other person holding a paid appointment or office with the Trust.
- 1.2.23 "**Executive director**" means a member of the Trust who is either an officer of the Trust or is to be treated as an officer by virtue of regulation 1(3) [NHS Trusts \(Membership and Procedure Regulations \(SI 1990/2024\)\)](#) (i.e. the Chairman of the Trust or any person nominated by such a Committee for appointment as a Trust member), with voting rights at the Trust Board.
- 1.2.24 "**Secretary**" means a person appointed to act independently of the Board to provide advice on corporate governance issues to the Board and the Chairman and monitor the Trust's compliance with the law, Standing Orders, and Department of Health guidance.
- 1.2.25 "**SFIs**" means Standing Financial Instructions.
- 1.2.26 "**SOs**" means Standing Orders.
- 1.2.27 "**Senior Independent Director**" means a non-executive director who has a key role supporting the Chair in their leadership of the Board as a whole
- 1.2.28 "**Memorandum of Understanding**" (MOU) is a formal agreement between two or more parties, Companies and organisations can use MOUs to establish official partnerships. MOUs are not legally binding but they carry a degree of seriousness and mutual respect.
- 1.2.29 "**Sustainability and Transformation Plan (STP)**" are five year plans for the future of health and care services in local areas.
- 1.2.30 "**Integrated Care System**" (ICS) where NHS organisations, in partnership with local councils and others, take collective responsibility for managing resources, delivering NHS standards, and improving the health of the population they serve

1.2.31 **West Yorkshire Association of Acute Trusts (WYAAT)** is the six NHS acute Trusts in West Yorkshire and Harrogate District

1.2.32 **South Yorkshire Working Together Partnership (SYWTP)** is the seven NHS acute Trusts in South Yorkshire, Mid Yorkshire and North Derbyshire

SECTION B – STANDING ORDERS**1. INTRODUCTION****1.1 Statutory Framework**

The Mid Yorkshire Hospitals NHS Trust (the Trust) is a statutory body which came into existence on 1 April 2002 under [The Mid Yorkshire Hospitals NHS Trust \(Establishment\) Order and the Pinderfields and Pontefract Hospitals NHS Trust and the Dewsbury Health Care NHS Trust \(Dissolution\) Order 2002 No. 1341](#). The establishment Order was amended in June 2009 to describe the functions of the Trust as provision of hospital and community services.

1.1.1 The principal places of business of the Trust are:

Wakefield District and North Kirklees.

1.1.2 NHS Trusts are governed by Act of Parliament, mainly the National Health Service Act 1977 (NHS Act 1977), the National Health Service and Community Care Act 1990 (NHS & CC Act 1990) as amended by the [Health Authorities Act 1995](#) and the [Health Act 1999](#).

1.1.3 The functions of the Trust are conferred by this legislation.

1.1.4 As a statutory body, the Trust has specified powers to contract in its own name and to act as a corporate trustee. In the latter role it is accountable to the Charity Commission for those funds deemed to be charitable as well as to the Secretary of State for Health.

1.1.5 The Trust also has statutory powers under Section 28A of the NHS Act 1977, as amended by the Health Act 1999, to fund projects jointly planned with local authorities, voluntary organisations and other bodies.

1.1.6 The [Code of Accountability](#) requires the Trust to adopt Standing Orders for the regulation of its proceedings and business. The Trust must also adopt Standing Financial Instructions (SFIs) as an integral part of Standing Orders setting out the responsibilities of individuals.

1.1.7 The Trust will also be bound by such other statutes and legal provisions which govern the conduct of its affairs.

1.2 NHS Framework

1.2.1 In addition to the statutory requirements the Secretary of State through the Department of Health issues further directions and guidance. These are normally issued under cover of a circular or letter.

1.2.2 The Code of Accountability requires that, inter alia, Boards draw up a schedule of decisions reserved to the Board, and ensure that management arrangements are in place to enable responsibility to be clearly delegated to senior executives

(a scheme of delegation). The code also requires the establishment of audit and remuneration committees with formally agreed terms of reference. The Codes of Conduct makes various requirements concerning possible conflicts of interest of Board members.

1.2.3 The [Code of Practice on Openness in the NHS](#) sets out the requirements for public access to information on the NHS.

1.3 Delegation of Powers

1.3.1 The Trust has powers to delegate and make arrangements for delegation. The Standing Orders set out the detail of these arrangements. Under the Standing Order relating to the Arrangements for the Exercise of Functions (SO 5) the Trust is given powers to "make arrangements for the exercise, on behalf of the Trust of any of their functions by an internal committee or sub-committee appointed by virtue of Standing Order 4 or by an officer of the Trust, in each case subject to such restrictions and conditions as the Trust thinks fit or as the Secretary of State may direct". Delegated Powers are covered in a separate document entitled – 'Scheme of Reservation and Delegation' and have effect as if incorporated into the Standing Orders and Standing Financial Instructions.

1.4 Integrated Governance

1.4.1 As Trust Boards are encouraged to develop integrated governance that will lead to ensuring that decision making is informed by intelligent information covering the full range of corporate, financial, clinical, information and research governance. The Trust Board uses its committee structures to support it in implementing a model of integrated governance.

1.4.2 Collaboration of Services across West Yorkshire and Harrogate District – moving to support the implementation of the Sustainability and Transformation Plans (STPs) and Integrated Care Systems, acute providers are required to plan, commission and deliver efficient and sustainable healthcare services for patients across population.

1.4.3 Therefore the following trusts

- Airedale NHS Foundation Trust
- Bradford Teaching Hospitals NHS Foundation Trust
- Calderdale and Huddersfield NHS Foundation Trust
- Harrogate and District NHS Foundation Trust
- Leeds Teaching Hospitals NHS Trust
- Mid Yorkshire Hospitals NHS Trust

Work collaboratively to oversee a comprehensive system wide programme to deliver the objective of acute provider transformation. Collectively they share obligations agreed by all Parties set out in a Memorandum of Understanding and hold each other to account via a Committee in Common, with all Parties agreeing to its Terms of Reference.

- 1.4.4 Collaboration of Services across South Yorkshire, Mid Yorkshire and North Derbyshire – to support the South Yorkshire STP, is similar to the arrangements described in 1.4.2 for West Yorkshire.
- 1.4.5 Therefore the Trust works collaboratively with the following trusts as appropriate and on a project by project basis in the way described for the West Yorkshire trusts in 1.4.3 above.
- Barnsley NHS Foundation Trust
 - Chesterfield NHS Foundation Trust
 - Doncaster and Bassetlaw NHS Foundation Trust
 - Mid Yorkshire Hospitals NHS Trust
 - Rotherham NHS Foundation Trust
 - Sheffield Children’s Hospital NHS Foundation Trust
 - Sheffield Teaching Hospitals NHS Foundation Trust

2. THE TRUST BOARD: COMPOSITION OF MEMBERSHIP, TENURE AND ROLE OF MEMBERS

2.1 Composition of the Membership of the Trust Board

2.1.1 In accordance with the Membership, Procedure and Administration Arrangements regulations the composition of the Board shall be:

2.1.2 The Trust shall have not more than 11 voting members (unless otherwise determined by the Secretary of State for Health and set out in the Trust’s Establishment Order or such other communication from the Secretary of State).

2.1.3 The Chairman of the Trust (Appointed by NHS Improvement) who holds a casting vote.

2.1.4 Up to 5 non-executive directors (appointed by NHS Improvement) each of whom holds a vote

2.1.5 Up to 5 executive directors each of whom holds a vote (but not exceeding the number of non-director members) including:

- the Chief Executive;
- the Director of Finance
- the Medical Director
- the Chief Operating Officer
- the Director of Nursing and Quality

Other corporate directors who do not hold a vote attend Trust Board meetings. In addition, the Chair may appoint non-voting Associate Non-Executive Directors and non-voting Board Advisors.

2.2 Appointment of Chairman and Members of the Trust

2.2.1 Appointment of the Chairman and Members of the Trust - Paragraph 4 of Schedule 5A to the 1977 Act, as inserted by the Health Act 1999, provides that

the Chairman is appointed by the Secretary of State, but otherwise the appointment and tenure of office of the Chairman and members are set out in the Membership, Procedure and Administration Arrangements Regulations applicable to NHS Trusts.

2.3 Terms of Office of the Chairman and Members

2.3.1 The regulations setting out the period of tenure of office of the Chairman and members and for the termination or suspension of office of the Chairman and members are contained in Sections 2 to 4 of the Membership, Procedure and Administration Arrangements and Administration Regulations.

2.4 Senior Independent Director

2.4.1 The Senior Independent Director (SID) will be a Non-Executive Director appointed by the Chairman to undertake the role. The SID may be, but does not have to be, the Vice Chair to the Board of Directors. The SID will be available to Board members and Stakeholder Forum members if they have concerns that contact through the usual channels of Chairman, Chief Executive, Director of Finance and Company Secretary has failed to resolve or where it would be inappropriate to use such channels. In addition to the duties described above, the SID has the same duties as the other Non-Executive Directors.

2.5 Joint Members

2.5.1 Where more than one person is appointed jointly to a post mentioned in regulation 2(4)(a) of the Membership, Procedure and Administration Arrangements Regulations those persons shall count for the purpose of Standing Order 2.1 as one person.

2.5.2 Where the office of a member of the Board is shared jointly by more than one person:

- (a) Either or both of those persons may attend or take part in meetings of the Board
- (b) If both are present at a meeting they should cast one vote if they agree
- (c) In the case of disagreements no vote should be cast
- (d) The presence of either or both of those persons should count as the presence of one person for the purposes of Standing Order 3.11 Quorum.

2.6 Role of Directors

2.61 The Board will function as a corporate decision-making body, Executive and Non-Executive Directors will be full and equal members. Their role as directors of the Board of Directors will be to consider the key strategic and managerial issues facing the Trust in carrying out its statutory and other functions.

(1) Executive and Corporate Directors

Executive and Corporate Directors shall exercise their authority within the terms of these Standing Orders and Standing Financial Instructions and the Scheme of Delegation.

(2) Chief Executive

The Chief Executive shall be responsible for the overall performance of the executive functions of the Trust. S/He is the Accountable Officer for the Trust and shall be responsible for ensuring the discharge of obligations under Financial Directions and in line with the requirements of the [Accountable Officer Memorandum for Trust Chief Executives](#).

(3) Director of Finance

The Director of Finance shall be responsible for the provision of financial advice to the Trust and to its members and for the supervision of financial control and accounting systems. S/He shall be responsible along with the Chief Executive for ensuring the discharge of obligations under relevant Financial Directions.

(4) Non-Executive Directors

The Non-Executive Directors shall not be granted nor shall they seek to exercise any individual executive powers on behalf of the Trust.

(5) Chairman

The Chairman shall be responsible for the operation of the Board and chair all Board meetings when present. The Chairman has certain delegated executive powers. The Chairman must comply with the terms of appointment and with these Standing Orders.

2.6.2 The Chairman shall liaise with NHS Improvement over the appointment of Non-Executive Directors and once appointed shall take responsibility either directly or indirectly for their induction, their portfolios of interests and assignments, and their performance.

2.6.3 The Chairman shall work in close harmony with the Chief Executive and 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.

2.7 Corporate role of the Board

2.7.1 All business shall be conducted in the name of the Trust.

2.7.2 All funds received in trust shall be held in the name of the Trust as corporate trustee.

2.7.3 The powers of the Trust established under statute shall be exercised by the Board meeting in public session except as otherwise provided for in Standing Order No. 3.

2.8.4 The Board shall define and regularly review the functions it exercises on behalf of the Secretary of State.

2.8 Schedule of Matters reserved to the Board and Scheme of Delegation

2.8.1 The Board has resolved that certain powers and decisions may only be exercised by the Board in formal session. These powers and decisions are set out in the 'Scheme of Reservation and Delegation' and shall have effect as if incorporated into the Standing Orders. Those powers which it has delegated to officers and other bodies are contained in the Scheme of Reservation and Delegation.

2.9 Lead Roles for Board Members

2.9.1 The Chairman will ensure that the designation of lead roles or appointments of Board members as required by the Department of Health or as set out in any statutory or other guidance will be made in accordance with that guidance or statutory requirement (e.g. appointing a Lead Board Member with responsibilities for Infection Control or Children's safeguarding etc.)

3. MEETINGS OF THE TRUST

3.1 Calling meetings

3.1.1 Ordinary meetings of the Board shall be held at regular intervals at such times and places as the Board may determine.

3.1.2 The Chairman of the Trust may call a meeting of the Board at any time.

3.1.3 One third or more voting members of the Board may requisition a meeting in writing. If the Chairman refuses, or fails, to call a meeting within seven days of a requisition being presented, the members signing the requisition may forthwith call a meeting.

3.2 Notice of Meetings and the Business to be transacted

3.2.1 Before each meeting of the Board a written notice specifying the business proposed to be transacted shall be delivered to every member, or sent by post to the usual place of residence of each member, so as to be available to members at least three clear days before the meeting. The notice shall be signed by the Chairman or by an officer authorised by the Chairman to sign on their behalf. Want of service of such a notice on any member shall not affect the validity of a meeting.

3.2.2 In the case of a meeting called by members in default of the Chairman calling the meeting, the notice shall be signed by those members.

3.2.3 The business to be transacted at the meeting will be determined by the Chairman with advice being provided by the Chief Executive.

3.2.4 Ordinarily a director desiring a matter to be included on an agenda shall make his/her request in writing to the Chairman at least 14 clear days before the meeting. The request should state whether the item of business is proposed to be transacted in the presence of the public and should include appropriate supporting information. Requests made less than 14 days before a meeting may be included on the agenda at the discretion of the Chairman.

3.2.5 Before each meeting of the Board a public notice of the time and place of the meeting, shall be displayed at the Trust's principal offices at least three clear days before the meeting, (required by the <http://www.legislation.gov.uk/ukpga/Eliz2/8-9/67/contents>)

3.3 Agenda and Supporting Papers

3.3.1 The Board papers shall ordinarily be circulated not less than 7 days prior to a scheduled Board meeting. The agenda will be sent to members 7 days before the meeting and supporting papers, whenever possible, shall accompany the agenda. In exceptional circumstances, papers/matters not previously circulated will be available for review at the commencement of any Board meeting.

3.4 Petitions

3.4.1 Where a petition has been received by the Trust the Chairman shall include the petition as an item for the agenda of the next meeting.

3.5 Notice of Motion

3.5.1 Subject to the provision of Standing Orders 3.7 'Motions: Procedure at and during a meeting and 3.8 'Motions to rescind a resolution', a member of the Board wishing to move a motion shall send a written notice to the Chief Executive who will ensure that it is brought to the immediate attention of the Chairman.

3.5.2 The notice shall be delivered at least 14 clear days before the meeting. The Chief Executive shall include in the agenda for the meeting all notices so received that are in order and permissible under governing regulations. This Standing Order shall not prevent any motion being withdrawn or moved without notice on any business mentioned on the agenda for the meeting.

3.6 Emergency Motions

3.6.1 Subject to the agreement of the Chairman, and subject also to the provision of Standing Order 3.7 'Motions: Procedure at and during a meeting', a member of the Board may give written notice of an emergency motion after the issue of the notice of meeting and agenda, up to one hour before the time fixed for the meeting. The notice shall state the grounds of urgency. If in order, it shall be

declared to the Trust Board at the commencement of the business of the meeting as an additional item included in the agenda. The Chairman's decision to include the item shall be final.

3.7 Motions: Procedure at and during a meeting

3.7.1 Who may propose?

A motion may be proposed by the Chairman of the meeting or any member present. It must also be seconded by another member.

3.7.2 Contents of motions

The Chairman may exclude from the debate at their discretion any such motion of which notice was not given on the notice summoning the meeting other than a motion relating to:

- the reception of a report
- consideration of any item of business before the Trust Board
- the accuracy of minutes
- that the Board proceed to next business
- that the Board adjourn
- that the question be now put.

3.7.3 Amendments to motions

A motion for amendment shall not be discussed unless it has been proposed and seconded.

Amendments to motions shall be moved relevant to the motion, and shall not have the effect of negating the motion before the Board.

If there are a number of amendments, they shall be considered one at a time. When a motion has been amended, the amended motion shall become the substantive motion before the meeting, upon which any further amendment may be moved.

3.7.4 Rights of reply to motions

a) Amendments

The mover of an amendment may reply to the debate on their amendment immediately prior to the mover of the original motion, who shall have the right of reply at the close of debate on the amendment, but may not otherwise speak on it.

b) Substantive/original motion

The member who proposed the substantive motion shall have a right of reply at the close of any debate on the motion.

3.7.5 Withdrawing a motion

A motion, or an amendment to a motion, may be withdrawn.

3.7.6 Motions once under debate

When a motion is under debate, no motion may be moved other than:

- an amendment to the motion
- the adjournment of the discussion, or the meeting
- that the meeting proceed to the next business
- that the question should be now put
- the appointment of an 'ad hoc' committee to deal with a specific item of business
- that a member/director be not further heard
- a motion under Section 1 (2) or Section 1 (8) of the Public Bodies (Admissions to Meetings) Act 1960 resolving to exclude the public, including the press (see Standing Order 3.17).

In those cases where the motion is either that the meeting proceeds to the 'next business' or 'that the question be now put' in the interests of objectivity these should only be put forward by a member of the Board who has not taken part in the debate and who is eligible to vote.

If a motion to proceed to the next business or that the question be now put, is carried, the Chairman should give the mover of the substantive motion under debate a right of reply, if not already exercised. The matter should then be put to the vote.

3.8 Motion to Rescind a Resolution

3.8.1 Notice of motion to rescind any resolution (or the general substance of any resolution) which has been passed within the preceding six calendar months shall bear the signature of the member who gives it and also the signature of three other members, and before considering any such motion of which notice shall have been given, the Trust Board may refer the matter to any appropriate Committee or the Chief Executive for recommendation.

3.8.2 When any such motion has been dealt with by the Trust Board it shall not be competent for any director/member other than the Chairman to propose a motion to the same effect within six months. This Standing Order shall not apply to motions moved in pursuance of a report or recommendations of a Committee or the Chief Executive.

3.9 Chairman of meeting

3.9.1 At any meeting of the Trust Board, the Chairman, if present, shall preside. If the Chairman is absent from the meeting, the SID, or other Non-Executive Director as directed by the Chair shall preside.

3.9.2 If the Chairman and SID are absent, such member (who is not also an Officer Member of the Trust) as the members present shall choose shall preside.

3.10 Chairman's ruling

3.10.1 The decision of the Chairman of the meeting on questions of order, relevancy and regularity (including procedure on handling motions) and their interpretation of the Standing Orders and Standing Financial Instructions, at the meeting, shall be final.

3.11 Quorum

3.11.1 No business shall be transacted at a meeting unless at least one-third of the whole number of the Chairman and directors (including at least one of whom is also an Executive Director of the Trust and one who is a non-executive director) is present.

3.11.2 An Officer in attendance for an Executive Director but without formal acting up status may not count towards the quorum.

3.11.3 If the Chairman or director has been disqualified from participating in the discussion on any matter and/or from voting on any resolution by reason of a declaration of a conflict of interest (see SO No.7) that person shall no longer count towards the quorum. If a quorum is then not available for the discussion and/or the passing of a resolution on any matter, that matter may not be discussed further or voted upon at that meeting. Such a position shall be recorded in the minutes of the meeting. The meeting must then proceed to the next business.

3.12 Voting

3.12.1 Save as provided in Standing Orders 3.13 - Suspension of Standing Orders and 3.14 - Variation and Amendment of Standing Orders, every question put to a vote at a meeting shall be determined by a majority of the votes of members present and voting on the question. In the case of an equal vote, the person presiding (ie: the Chairman of the meeting shall have a second, and casting vote).

3.12.2 At the discretion of the Chairman all questions put to the vote shall be determined by oral expression or by a show of hands, unless the Chairman directs otherwise, or it is proposed, seconded and carried that a vote be taken by paper ballot.

3.12.3 If at least one third of the members present so request, the voting on any question may be recorded so as to show how each member present voted or did not vote (except when conducted by paper ballot).

3.12.4 If a member so requests, their vote shall be recorded by name.

3.12.5 In no circumstances may an absent member vote by proxy. Absence is defined as being absent at the time of the vote.

3.12.6 A manager who has been formally appointed to act up for an Executive Director during a period of incapacity or temporarily to fill an Executive Director vacancy shall count towards the quorum and shall be entitled to exercise the voting rights of the Executive Director.

3.12.7 A manager attending the Trust Board meeting to represent an Executive Director during a period of incapacity or temporary absence without formal acting up status will count towards the quorum but may not exercise the voting rights of the Executive Director. An Officer's status when attending a meeting shall be recorded in the minutes.

3.12.8 For the voting rules relating to joint members see Standing Order 2.5.

3.13 Suspension of Standing Orders

3.13.1 Except where this would contravene any statutory provision or any direction made by the Secretary of State or the rules relating to the Quorum (SO 3.11), any one or more of the Standing Orders may be suspended at any meeting, provided that at least two-thirds of the whole number of the members of the Board are present (including at least one member who is an Executive Director of the Trust and one member who is not) and that at least two-thirds of those members present signify their agreement to such suspension. The reason for the suspension shall be recorded in the Trust Board's minutes.

3.13.2 A separate record of matters discussed during the suspension of Standing Orders shall be made and shall be available to the Chairman and members of the Trust.

3.13.3 No formal business may be transacted while Standing Orders are suspended.

3.13.4 The Audit and Governance Committee shall review every decision to suspend Standing Orders.

3.14 Variation and amendment of Standing Orders

3.14.1 These Standing Orders shall not be varied except in the following circumstances:

- upon a notice of motion under Standing Order 3.5
- upon a recommendation of the Chairman or Chief Executive included on the agenda for the meeting
- that two thirds of the Board members are present at the meeting where the variation or amendment is being discussed, and that at least half of the Trust's Non-Executive members vote in favour of the amendment
- providing that any variation or amendment does not contravene a statutory provision or direction made by the Secretary of State.

3.15 Record of Attendance

3.15.1 The names of the Chairman and Directors present at the meeting shall be recorded.

3.16 Minutes

3.16.1 The minutes of the proceedings of a meeting shall be drawn up and submitted for agreement at the next ensuing meeting where they shall be signed by the person presiding at it.

3.16.2 No discussion shall take place upon the minutes except upon their accuracy or where the Chairman considers discussion appropriate.

3.17 Admission of public and the press

3.17.1 Admission and exclusion on grounds of confidentiality of business to be transacted

The public and representatives of the press may attend all meetings of the Trust, but shall be required to withdraw upon a Trust Board resolution as follows:

- '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', Section 1 (2), Public Bodies (Admission to Meetings) Act 1960

3.17.2 General disturbances

The Chairman (or Vice-Chairman if one has been appointed) or the person presiding over the meeting shall give such directions as he thinks fit with regard to the arrangements for meetings and accommodation of the public and representatives of the press such as to ensure that the Trust's business shall be conducted without interruption and disruption and, without prejudice to the power to exclude on grounds of the confidential nature of the business to be transacted, the public will be required to withdraw upon the Trust Board resolving as follows:

- 'That in the interests of public order the meeting adjourn for (the period to be specified) to enable the Trust Board to complete its business without the presence of the public'. Section 1(8) Public Bodies (Admissions to Meetings) Act 1960.

3.17.3 Business proposed to be transacted when the press and public have been excluded from a meeting

Matters to be dealt with by the Trust Board following the exclusion of representatives of the press, and other members of the public, as provided in (i) and (ii) above, shall be confidential to the members of the Board.

Members and Officers or any employee of the Trust in attendance shall not reveal or disclose the contents of papers marked 'In Confidence' or minutes headed 'Items Taken in Private' outside of the Board, without the express

permission of the Board. This prohibition shall apply equally to the content of any discussion during the Board meeting which may take place on such reports or papers.

3.17.4 Use of Mechanical or Electrical Equipment for Recording or Transmission of Meetings

Nothing in these Standing Orders shall be construed as permitting the introduction by the public, or press representatives, of recording, transmitting, video or similar apparatus into meetings of the Trust or Committee thereof. Such permission shall be granted only upon resolution of the Trust.

3.18 Observers at Trust meetings

3.18.1 The Trust will decide what arrangements and terms and conditions it feels are appropriate to offer in extending an invitation to observers to attend and address any of the Trust Board's meetings and may change, alter or vary these terms and conditions as it deems fit.

4. APPOINTMENT OF INTERNAL COMMITTEES AND SUB-COMMITTEES

4.1 Appointment of Committees

4.1.1 Subject to such directions as may be given by the Secretary of State for Health, the Trust Board may appoint internal committees of the Trust Board.

4.1.2 The Trust Board shall determine the membership and terms of reference of internal committees and sub-committees and shall if it requires to, receive and consider reports of such committees.

4.2 Joint Committees

4.2.1 Joint committees may be appointed by the Trust by joining together with one or more other Trusts consisting of, wholly or partly of the Chairman and members of the Trust or other health service bodies, or wholly of persons who are not members of the Trust or other health bodies in question.

4.2.2 Any committee or joint committee appointed under this Standing Order may, subject to such directions as may be given by the Secretary of State or the Trust or other health bodies in question, appoint sub-committees consisting wholly or partly of members of the committees or joint committee (whether or not they are members of the Trust or health bodies in question) or wholly of persons who are not members of the Trust or health bodies in question or the committee of the Trust or health bodies in question.

4.3 Applicability of Standing Orders and Standing Financial Instructions to Internal Committees

4.3.1 The Standing Orders and Standing Financial Instructions of the Trust, as far as they are applicable, shall, as appropriate, apply to meetings and any internal

committees established by the Trust. In which case the term “Chairman” is to be read as a reference to the Chairman of the committee as the context permits, and the term “member” is to be read as a reference to a member of the committee also as the context permits. (There is no requirement to hold meetings of internal committees established by the Trust in public.)

4.4 Terms of Reference

4.4.1 Each such internal committee shall have such terms of reference and powers and be subject to such conditions (as to reporting back to the Board), as the Board shall decide and shall be in accordance with any legislation and regulation or direction issued by the Secretary of State. Such terms of reference shall have effect as if incorporated into the Standing Orders.

4.5 Delegation of powers by Trust Board to Internal Committees of the Board

4.5.1 Only internal committees formally approved by the Trust Board will be recognised as internal committees to the Board. The Chief Executive and Chairman may instigate the establishment of an additional internal committee as necessary. Such an establishment will be ratified at the next available Board meeting.

4.5.2 The Board will hold the Chief Executive to account for the effective functioning of the organisation and whilst s/he will have a number of managerial committees to support her/him the accountability remains with the Chief Executive.

When the Board is not meeting as the Trust in public session it shall operate as an internal committee and may only exercise such powers as may have been delegated to it by the Trust in public session.

4.6 Approval of Appointments to Internal Committees

4.6.1 The Board shall approve the terms of reference, including membership, of the internal committees which it has formally constituted. Where the Board determines, and regulations permit, that persons, who are neither members nor officers, shall be appointed to an internal committee the terms of such appointment shall be within the powers of the Board as defined by the Secretary of State. The Board shall define the powers of such appointees and shall agree allowances, including reimbursement for loss of earnings, and/or expenses in accordance where appropriate with national guidance.

4.7 Appointments for Statutory functions

4.7.1 Where the Board is required to appoint persons to a committee and/or to undertake statutory functions as required by the Secretary of State, and where such appointments are to operate independently of the Board such appointment shall be made in accordance with the regulations and directions made by the Secretary of State.

4.8 Appointment to the WYAAT Committee in Common

4.8.1 Membership of the Committee in Common will be defined in the Terms of Reference which will be agreed or amended by all Parties. The Mid Yorkshire Hospitals NHS Trust has not agreed to delegate any of its statutory functions to the Committee in Common. The scope of the Committee in Common will be for it to be responsible for leading the development of the WYAAT Collaborative Programme and the workstreams in accordance with the defined key principles, setting overall strategic direction in order to deliver the WYAAT Collaborative Programme.

4.9 Appointment to the SY WTP Committee in Common

4.9.1 Membership of the Committee in Common will be defined in the Terms of Reference which will be agreed or amended by all Parties. The Mid Yorkshire Hospitals NHS Trust has not agreed to delegate any of its statutory functions to the Committee in Common. The scope of the Committee in Common will be for it to be responsible for leading the development of the SY WTP Collaborative Programme and the workstreams in accordance with the defined key principles, setting overall strategic direction in order to deliver the SY WTP Collaborative Programme

4.10 Appointment to the Wakefield Alliance New Models of Care Board

4.10.1 Membership of the New Models of Care Board will be defined in the Terms of Reference which will be agreed or amended by all Parties. The Mid Yorkshire Hospitals NHS Trust has not agreed to delegate any of its statutory functions to the New Models of Care Board. The scope of the New Models of Care Board will be for it to be responsible for leading the development of the Wakefield Alliance Programme and the workstreams in accordance with the defined key principles.

4.11 Internal Committees established by the Trust Board

The committees, established by the Board are:

4.11.1 Audit and Governance Committee

In line with the requirements of the NHS Audit Committee Handbook & NHS Codes of Conduct and Accountability, an Audit and Governance Committee will be established and constituted to provide the Trust Board with an independent and objective review on its assurance systems and arrangements for financial and clinical governance, financial systems, financial information and compliance with laws, guidance, and regulations governing the NHS. The Terms of Reference will be approved by the Trust Board and reviewed on a periodic basis.

A minimum of three non-executive directors will be appointed to the Audit and Governance Committee, of which one must have significant, recent and relevant financial experience.

4.11.2 Remuneration and Terms of Service Committee

In line with the requirements of the NHS Codes of Conduct and Accountability, a Remuneration and Terms of Service Committee will be established and constituted.

The committee will be comprised exclusively of Non-Executive Directors, a minimum of three, who are independent of management. The Committee will be advised by the HR Director (Operations). The Terms of Reference will be approved by the Trust Board.

Additional responsibilities have been conferred on the Remuneration and Terms of Service Committee in response to the introduction of the Fit and Proper Person Test. The Committee will take on the role of review and debate if individuals suitable for appointment do not meet all of the requirements of the Act, and then report on their conclusions which will be minuted.

4.11.3 Quality Committee

The purpose of the committee is to oversee the quality of care delivered by the Trust and ensure that services are clinically safe. To demonstrate this, the committee must balance (integrate) the agenda with matters relating to both patient safety and staff governance. The focus of the committee shall be on scrutiny and provision of assurance to the Trust Board. The Terms of Reference will be approved by the Trust Board. .

4.11.4 Resource and Performance Committee

The purpose of the Resource and Performance Committee is to provide assurance to Trust Board on the management of key Trust resources and performance. The committee will take assurance by appropriate methods that key corporate and business priorities have been translated into effective workforce strategies and plans; provide assurance to Trust Board in relation to delivery of workforce plans and the governance of key workforce risks; provide assurance to Trust Board on matters of financial performance, including delivery of the capital programme and cost improvement plans, and receive assurance in relation to key performance targets and recovery plans to enable it to provide assurance to the Trust Board to support the Board's monthly review of the Integrated Performance Report.

4.11.5 Charitable Funds Committee

In line with its role as a corporate trustee for any funds held in trust, either as charitable or non-charitable funds, the Trust Board will establish a Charitable Funds Committee to administer those funds in accordance with any statutory or other legal requirements or best practice required by the Charities Commission. The Terms of Reference will be approved by the Trust Board and reviewed on an annual basis.

The provisions of this Standing Order must be read in conjunction with Standing Order 2.8 and Standing Financial Instructions 18.

The Board will meet as a Board of Trustees at least once a year, or more frequently if required.

4.12 External Committees established by the Trust Board

4.12.1 WYAAT Committee in Common (WYAAT CIC)

The WYAAT CIC is responsible for leading the development of the WYAAT Collaborative Programme and the workstreams in accordance with the key principles and setting overall strategic direction. Each Party to the WYAAT CIC will appoint their Chair and Chief Executive as members. The Terms of reference for WYAAT CIC is approved by the Board of Directors for each Party.

The WYAAT Committee in Common has a separate confidentiality agreement and information sharing protocol to underpin business.

4.12.2 SYWTP Committee in Common (SYWTP CIC)

The SYWTP CIC is responsible for leading the development of the SYWTP Collaborative Programme and the workstreams in accordance with the key principles and setting overall strategic direction. Each Party to the SYWTP CIC will appoint their Chair and Chief Executive as members. The Terms of reference for SYWTP CIC will be approved by the Board of Directors for each Party.

The SYWTP Committee in Common has a separate confidentiality agreement and information sharing protocol to underpin business.

The terms of reference for all committees will be reviewed at least once a year.

5. ARRANGEMENTS FOR THE EXERCISE OF TRUST FUNCTIONS BY DELEGATION

5.1 Delegation of Functions to Committees, Officers or other bodies

5.1.1 Subject to such directions as may be given by the Secretary of State, the Board may make arrangements for the exercise, on behalf of the Board, of any of its functions by a committee, sub-committee appointed by virtue of Standing Order 4, or by an officer of the Trust, or by another body as defined in Standing Order 5.1.2 below, in each case subject to such restrictions and conditions as the Trust thinks fit.

5.1.2 Subject to compliance with legislation and Section 16B of the NHS Act 1977, the Trust may allow functions to be carried out by or in partnership with other organisations, including:

- (i) another Trust
- (ii) jointly with any one or more of the following: NHS Trusts or CCGs
- (iii) by arrangement with the appropriate trust or CCG, by a joint committee or joint sub-committee of the trust and one or more other health service bodies
- (iv) In relation to arrangements made under Section 63(1) of the Health Services and Public Health Act 1968, jointly with one or more trusts or CCGs
- (v) Local Authorities
- (vi) Community Interest and Voluntary organisations

5.1.3 Where a function is delegated by these Regulations to another Trust, then that Trust or health service body exercises the function in its own right; the receiving Trust has responsibility to ensure that the proper delegation of the function is in place. In other situations, i.e. delegation to committees, sub-committees or officers, the Trust delegating the function retains full responsibility.

5.2 Emergency Powers and urgent decisions

5.2.1 The powers which the Board has reserved to itself within these Standing Orders (see Standing Order 2.9) may, in emergency, or for an urgent decision be exercised by the Chief Executive and the Chairman. The exercise of such powers by the Chief Executive and Chairman shall be reported to the next formal meeting of the Trust Board in public or private session for formal ratification.

5.3 Delegation to Officers

5.3.1 Those functions of the Trust which have not been retained as reserved by the Board or delegated to another committee or sub-committee or joint-committee shall be exercised on behalf of the Trust by the Chief Executive. The Chief Executive shall determine which functions s/he will perform personally and shall nominate officers to undertake the remaining functions for which s/he will still retain accountability to the Board.

5.3.2 The Chief Executive shall prepare a Scheme of Reservation and Delegation identifying proposals which shall be considered and approved by the Board. The Chief Executive may periodically propose amendments to the Scheme of Reservation and Delegation which shall be considered and approved by the Board.

5.3.3 Nothing in the Scheme of Reservation and Delegation shall impair the discharge of the direct accountability to the Board of the Director of Finance to provide information and advise the Board in accordance with statutory or Department of Health requirements. Outside these statutory requirements the role of the Director of Finance shall be accountable to the Chief Executive for operational matters.

5.4 Schedule of Reservation and Delegation

5.4.1 The arrangements made by the Board as set out in the Scheme of Reservation and Delegation shall have effect as if incorporated in these Standing Orders.

5.5 Duty to report non-compliance with Standing Orders

5.5.1 If for any reason these Standing Orders are not complied with, full details of the non-compliance and any justification for non-compliance and the circumstances around the non-compliance, shall be reported to the next formal meeting of the Board for action or ratification. All members of the Trust Board and staff have a duty to disclose any non-compliance with these Standing Orders to the Chief Executive as soon as possible.

6. OVERLAP WITH OTHER TRUST POLICY STATEMENTS/PROCEDURES, REGULATIONS AND THE STANDING FINANCIAL INSTRUCTIONS

6.1 Policy statements: general principles

6.1.1 The Trust Board will from time to time agree and approve Policy statements/procedures which will apply to all or specific groups of staff employed by the Trust. The decisions to approve such policies and procedures will be recorded in an appropriate Trust Board minute and will be deemed where appropriate to be an integral part of the Trust's Standing Orders and Standing Financial Instructions.

6.2 Specific Policy statements

6.2.1 Notwithstanding the application of SO 6.1 above, these Standing Orders and Standing Financial Instructions must be read in conjunction with the following Policy statements:

- the Policy on Standards of Business Conduct/Declaration of Interest for The Mid Yorkshire Hospitals NHS Trust staff;
- the staff Disciplinary and Appeals Procedures adopted by the Trust both of which shall have effect as if incorporated in these Standing Orders.

6.3 Standing Financial Instructions

6.3.1 Standing Financial Instructions adopted by the Trust Board in accordance with the Financial Regulations shall have effect as if incorporated in these Standing Orders.

6.4 Specific guidance

6.4.1 Notwithstanding the application of SO 6.1 above, these Standing Orders and Standing Financial Instructions must be read in conjunction with the following guidance and any other issued by the Secretary of State for Health:

- [Caldicott Guardian 1997](#);
- [Human Rights Act 1998](#);
- [Freedom of Information Act 2000](#)
- The Bribery and Corruption Act 2010..

7. DUTIES AND OBLIGATIONS OF EXECUTIVE AND NON EXECUTIVE DIRECTORS AND SENIOR MANAGERS UNDER THESE STANDING ORDERS

7.1 Declaration of Interests

7.1.1 Requirements for Declaring Interests and applicability to Board Members

The NHS Code of Accountability requires Trust Board Members to declare interests relating to themselves or their spouse/partner and other close family members, which are relevant and material to the NHS Board of which they are a member (including the WYAAT Committee in Common). All existing Board members should declare such interests. Any Board members appointed subsequently should do so on appointment.

A conflict of interest is a set of circumstances by which a reasonable person would consider that an individual's ability to apply judgement or act, in the context of delivering, commissioning, or assuring taxpayer funded health and care services is, or could be, impaired or influenced by another interest they hold. A conflict of interest may be actual – there is a material conflict between one or more interests, or potential – there is the possibility of a material conflict between one or more interests in future.

WYAAT Committee in Common and SYWTP Committee in Common have defined processes for managing conflicts of interest both at a personal and organisational level, which will be adhered to by Board members representing Mid Yorkshire Hospitals NHS Trust to ensure that interest are declared as described within the Memoranda of Understanding, Conflicts of Interests.

7.1.2 Interests

Interests fall into the following categories

- a) **Financial interests** where an individual may get direct financial benefit (a financial gain or avoidance of a loss) from the consequences of a decision they are involved in making
- b) **Non-financial professional interests** where an individual may obtain a non-financial professional benefit from the consequences of a decision they are involved in making, such as increasing their professional reputation or promoting their professional career
- c) **Non-financial personal interests** where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit because of decisions they are involved in making in their professional career
- d) **Indirect interests** where an individual has a close association (common sense approach taken to this, eg close family members and relatives, close friends and associates and business partners) with another individual who has a financial interest, a non-financial professional interest or a non-financial personal interest and could stand to benefit from a decision they are involved in making.

Any member of the Trust Board who comes to know that the Trust has entered into or proposes to enter into a contract in which he/she or any person connected with him/her (as defined in Standing Order 7.3 below and elsewhere) has any pecuniary interest, direct or indirect, the Board member shall declare his/her interest by giving notice in writing of such fact to the Trust as soon as practicable.

In relation to the WYAAT Committee in Common and the SYWTP Committee in Common, the Chair and Chief Executive of the Mid Yorkshire Hospitals NHS Trust will adhere to declaring interests as described in the relevant MOU.

7.1.3 Advice on Interests

If Board members have any doubt about the relevance of an interest, this should be discussed with the Chairman of the Trust or with the Company Secretary.

Financial Reporting Standard No 8, Related Party Disclosures (issued by the Accounting Standards Board) specifies that influence rather than the immediacy of the relationship is more important in assessing the relevance of an interest. The interests of partners in professional partnerships including general practitioners should also be considered.

7.1.4 Recording of Interests in Trust Board minutes

At the time Board members' interests are declared, they should be recorded in the Trust Board minutes.

Any changes in interests should be declared at the next Trust Board meeting following the change occurring and recorded in the minutes of that meeting.

7.1.5 Publication of declared interests in Annual Report

Board members' directorships of companies likely or possibly seeking to do business with the NHS should be published in the Trust's annual report. The information should be kept up to date for inclusion in succeeding annual reports.

7.1.6 Conflicts of interest which arise during the course of a meeting

During the course of a Trust Board meeting, if a conflict of interest is established, the Board member concerned should withdraw from the meeting and play no part in the relevant discussion or decision. (See overlap with SO 7.3)

7.2 Register of Interests

7.2.1 The Chief Executive will ensure that a Register of Interests is established to record formally declarations of interests of Board or Committee members. In

particular the Register will include details of all directorships and other relevant and material interests (as defined in SO 7.1.2) which have been declared by both executive and non-executive directors.

7.2.2 These details will be updated following any reported change to declared interests and will be reviewed periodically by the Audit and Governance Committee. Declaration of interests will be a standing item on the Trust Board agenda.

7.2.3 The Register will be available to the public and the Chief Executive will take reasonable steps to bring the existence of the Register to the attention of local residents and to publicise arrangements for viewing it.

7.3 Exclusion of Chairman and Members in proceedings on account of pecuniary interest

7.3.1 Definition of terms used in interpreting 'Pecuniary' interest

For the sake of clarity, the following definition of terms is to be used in interpreting this Standing Order:

- (i) "spouse" shall include any person who lives with another person in the same household (and any pecuniary interest of one spouse shall, if known to the other spouse, be deemed to be an interest of that other spouse);
- (ii) "contract" shall include any proposed contract or other course of dealing.
- (iii) "Pecuniary interest"

Subject to the exceptions set out in this Standing Order, a person shall be treated as having an indirect pecuniary interest in a contract if:-

- a) he/she, or a nominee of his/her, is a member of a company or other body (not being a public body), with which the contract is made, or to be made or which has a direct pecuniary interest in the same, or
 - b) he/she is a partner, associate or employee of any person with whom the contract is made or to be made or who has a direct pecuniary interest in the same.
- iv) Exception to Pecuniary interests

A person shall not be regarded as having a pecuniary interest in any contract if:-

- a) neither he/she or any person connected with him/her has any beneficial interest in the securities of a company of which he/she or such person appears as a member, or
- b) any interest that he/she or any person connected with him/her may have in the contract is so remote or insignificant that it cannot

reasonably be regarded as likely to influence him/her in relation to considering or voting on that contract, or

- c) those securities of any company in which he/she (or any person connected with him/her) has a beneficial interest do not exceed £5,000 in nominal value or one per cent of the total issued share capital of the company or of the relevant class of such capital, whichever is the less.

Provided however, that where paragraph (c) above applies the person shall nevertheless be obliged to disclose/declare their interest in accordance with Standing Order 7.1.2.

7.3.2 Exclusion in proceedings of the Trust Board

- (i) Subject to the following provisions of this Standing Order, if the Chairman or a member of the Trust Board has any pecuniary interest, direct or indirect, in any contract, proposed contract or other matter and is present at a meeting of the Trust Board at which the contract or other matter is the subject of consideration, they shall at the meeting and as soon as practicable after its commencement disclose the fact and shall not take part in the consideration or discussion of the contract or other matter or vote on any question with respect to it.
- (ii) The Secretary of State may, subject to such conditions as he/she may think fit to impose, remove any disability imposed by this Standing Order in any case in which it appears to him/her in the interests of the National Health Service that the disability should be removed. (See SO 7.3.3 on the 'Waiver' which has been approved by the Secretary of State for Health).
- (iii) The Trust Board may exclude the Chairman or a member of the Board from a meeting of the Board while any contract, proposed contract or other matter in which he/she has a pecuniary interest is under consideration.
- (iv) Any remuneration, compensation or allowance payable to the Chairman or a Member by virtue of paragraph 11 of Schedule 5A to the National Health Service Act 1977 (pay and allowances) shall not be treated as a pecuniary interest for the purpose of this Standing Order.
- (v) This Standing Order applies to a committee or sub-committee and to a joint committee or sub-committee as it applies to the Trust and applies to a member of any such committee or sub-committee (whether or not he/she is also a member of the Trust) as it applies to a member of the Trust.

7.3.3 Waiver of Standing Orders made by the Secretary of State for Health

- (1) Power of the Secretary of State to make waivers

Under regulation 11(2) of the NHS (Membership and Procedure Regulations SI 1999/2024 (“the Regulations”), there is a power for the Secretary of State to issue waivers if it appears to the Secretary of State in the interests of the health service that the disability in regulation 11 (which prevents a chairman or a member from taking part in the consideration or discussion of, or voting on any question with respect to, a matter in which he has a pecuniary interest) is removed. A waiver has been agreed in line with sub-sections (2) to (4) below.

(2) Definition of ‘Chairman’ for the purpose of interpreting this waiver

For the purposes of paragraph 7.3.3.(3) (below), the “relevant chairman” is –

- (a) at a meeting of the Trust, the Chairman of that Trust;
- (b) at a meeting of a Committee –
 - (i) in a case where the member in question is the Chairman of that Committee, the Chairman of the Trust;
 - (ii) in the case of any other member, the Chairman of that Committee.

(3) Application of waiver

A waiver will apply in relation to the disability to participate in the proceedings of the Trust on account of a pecuniary interest.

It will apply to:

- (i) A member of The Mid Yorkshire Hospitals NHS Trust (“the Trust”), who is a healthcare professional, within the meaning of regulation 5(5) of the Regulations, and who is providing or performing, or assisting in the provision or performance, of –
 - (a) services under the National Health Service Act 1977; or
 - (b) services in connection with a pilot scheme under the National Health Service Act 1997;

for the benefit of persons for whom the Trust is responsible.

- (ii) Where the ‘pecuniary interest’ of the member in the matter which is the subject of consideration at a meeting at which he is present:-
 - (a) arises by reason only of the member’s role as such a professional providing or performing, or assisting in the provision or performance of, those services to those persons;

- (b) has been declared by the relevant chairman as an interest which cannot reasonably be regarded as an interest more substantial than that of the majority of other persons who:–
- (i) are members of the same profession as the member in question,
 - (ii) are providing or performing, or assisting in the provision or performance of, such of those services as he provides or performs, or assists in the provision or performance of, for the benefit of persons for whom the Trust is responsible.
- (4) Conditions which apply to the waiver and the removal of having a pecuniary interest

The removal is subject to the following conditions:

- (a) the member must disclose his/her interest as soon as practicable after the commencement of the meeting and this must be recorded in the minutes;
- (b) the relevant chairman must consult the Chief Executive before making a declaration in relation to the member in question pursuant to paragraph 7.3.3 (2) (b) above, except where that member is the Chief Executive;
- (c) **in the case of a meeting of the Trust:**
 - (i) the member may take part in the consideration or discussion of the matter which must be subjected to a vote and the outcome recorded;
 - (ii) may not vote on any question with respect to it.
- (d) **in the case of a meeting of the Committee:**
 - (i) the member may take part in the consideration or discussion of the matter which must be subjected to a vote and the outcome recorded;
 - (ii) may vote on any question with respect to it; but
 - (iii) the resolution which is subject to the vote must comprise a recommendation to, and be referred for approval by, the Trust Board.

7.4 Standards of Business Conduct

7.4.1 Trust Policy and National Guidance

All Trust staff and members must comply with the Trust's Standards of Business Conduct and Conflicts of Interest Policy and the national guidance contained in HSG(93)5 on 'Standards of Business Conduct for NHS staff' (see SO 6.2).

7.4.2 Interest of Officers in Contracts

- (i) Any officer or employee of the Trust who comes to know that the Trust has entered into or proposes to enter into a contract in which he/she or any person connected with him/her (as defined in SO 7.3) has any pecuniary interest, direct or indirect, the Officer shall declare their interest by giving notice in writing of such fact to the Chief Executive or the nominated officer as soon as practicable.
- (ii) An officer should also declare to the Chief Executive any other employment or business or other relationship of his/her, or of a cohabiting spouse, that conflicts, or might reasonably be predicted could conflict with the interests of the Trust.
- (iii) The Trust will require interests, employment or relationships so declared to be entered in a register of interests of staff.

7.4.3 Canvassing of and Recommendations by Members in Relation to Appointments

- (i) Canvassing of members of the Trust or of any Committee of the Trust directly or indirectly for any appointment under the Trust shall disqualify the candidate for such appointment. The contents of this paragraph of the Standing Orders shall be included in application forms or otherwise brought to the attention of candidates.
- (ii) Members of the Trust shall not solicit for any person any appointment under the Trust or recommend any person for such appointment; but this paragraph of this Standing Order shall not preclude a member from giving written testimonial of a candidate's ability, experience or character for submission to the Trust.

7.4.4 Relatives of Members or Officers

- (i) Candidates for any staff appointment under the Trust shall, when making an application, disclose in writing to the Trust whether they are related to any member or the holder of any office under the Trust. Failure to disclose such a relationship shall disqualify a candidate and, if appointed, render him liable to instant dismissal.
- (ii) The Chairman and every member and officer of the Trust shall disclose to the Trust Board any relationship between himself and a candidate of whose candidature that member or officer is aware. It shall be the duty of the Chief Executive to report to the Trust Board any such disclosure made.

- (iii) On appointment, members (and prior to acceptance of an appointment in the case of Executive Directors) should disclose to the Trust whether they are related to any other member or holder of any office under the Trust.
- (iv) Where the relationship to a member of the Trust is disclosed, the Standing Order headed 'Disability of Chairman and members in proceedings on account of pecuniary interest' (SO 7) shall apply.

8. CUSTODY OF SEAL, SEALING OF DOCUMENTS AND SIGNATURE OF DOCUMENTS

8.1 Custody of Seal

The common seal of the Trust shall be kept by the Chief Executive or a nominated Manager in a secure place

8.2 Sealing of Documents

Where it is necessary that a document shall be sealed, the seal shall be affixed in the presence of two officers, one of whom should be an executive director, duly authorised by the Chief Executive, and not also from the originating department, and shall be attested by them.

8.3 Register of Sealing

The Chief Executive, or the nominated officer, shall keep a register in which he, shall enter a record of the sealing of every document.

8.4 Signature of documents

8.4.1 Where any document will be a necessary step in legal proceedings on behalf of the Trust, it shall, unless any enactment otherwise requires or authorises, be signed by the Chief Executive or any Executive Director.

8.4.2 In land transactions, the signing of certain supporting documents will be delegated to Managers and set out clearly in the Scheme of Delegation but will not include the main or principal documents effecting the transfer (e.g. sale/purchase agreement, lease, contracts for construction works and main warranty agreements or any document which is required to be executed as a deed).

9. MISCELLANEOUS (see overlap with SFI No. 19.3)

9.1 Joint Finance Arrangements

The Board may confirm contracts to purchase from a voluntary organisation or a local authority using its powers under Section 28A of the NHS Act 1977. The Board may confirm contracts to transfer money from the NHS to the voluntary sector or the health related functions of local authorities where such a transfer

is to fund services to improve the health of the local population more effectively than equivalent expenditure on NHS services, using its powers under Section 28A of the NHS Act 1977, as amended by Section 29 of the Health Act 1999.