

Board Meeting in Public

Tuesday, 28 March 2023

Title of Report	Standing Financial Instructions	Agenda No.	4.3.4
Nature of Report (tick one)	<input checked="" type="checkbox"/> Official	<input type="checkbox"/> Official Sensitive	
Author(s)	Mark Taylor, Assistant Finance Director Gabriel Recalde, Head of Financial Accounting and Control		
Lead Executive	Carl Vincent, Chief Financial Officer		
Non-Executive Director Sponsor (if applicable)	n/a		
Presented for (tick all that applies)	<input checked="" type="checkbox"/> Approval	<input type="checkbox"/> Information	
	<input type="checkbox"/> Assurance	<input type="checkbox"/> Update	
Purpose of the report and key issues			
<p>The SFIs are one of the key governance documents which underpin our operating framework. Policies and regulations - NHS Blood and Transplant (nhsbt.nhs.uk).</p> <p>As part of our annual review, the updated SFIs are available in the reading room. These have been updated with tracked changes which are predominantly administrative in nature, with no fundamental revisions being recommended for approval.</p>			
Previously Considered by			
<p>The SFIs have been reviewed by the Executive Team on 8 March 2023. The SFIs received positive feedback and were approved with only minor tweaks being recommended of an administrative nature.</p> <p>The SFIs have now also been reviewed by the Audit, Risk and Governance Committee on 14 March 2023 and were approved with no material concerns being raised (requested that for the Board the SFIs were included in the reading room, rather than the main papers, and a check list of all key changes be included in the cover paper (see below), so that the reader does not have to review the primary document in detail).</p>			
Recommendation	The Board is asked to approve the SFIs, noting that changes are according to latest intelligence/input from the organisation and are predominantly administrative in nature. Please see key changes detailed below, so the reader does not have to review the primary document in detail.		

Blood and Transplant

Risk(s) identified (Link to Board Assurance Framework Risks)	
n/a	
Strategic Objective(s) this paper relates to: [Click on all that applies]	
<input type="checkbox"/> Collaborate with partners <input type="checkbox"/> Invest in people and culture <input type="checkbox"/> Drive innovation <input type="checkbox"/> Modernise our operations <input type="checkbox"/> Grow and diversify our donor base	
Appendices:	Standing Financial Instructions

The table below contains the key suggested changes to the SFIs (*highlighted in yellow is the new text being added/amended*)

Blood and Transplant

Current version 2021	Revised version 2023	Comments
<p>1.1.1 Reference to the 2006 Act tbc</p>		<p>Pending to hear from DHSC sponsoring team.</p>
<p>2.1.2 The Audit Risk and Governance Committee's responsibilities are</p> <p>In carrying out this work, the Committee will utilise the work of Internal Audit, External Audit, Clinical Audit and other assurances as appropriate but will not be limited to these. It will also seek reports and assurances from directors and managers as necessary, concentrating on the governance, risk management and internal control processes together with indicators of their effectiveness.</p>	<p>2.1.2 The Audit Risk and Governance Committee's responsibilities are</p> <p>In carrying out this work, the Committee will utilise the work of Internal Audit, External Audit, Clinical Audit and other assurances as appropriate but will not be limited to these. It will also seek reports and assurances from directors and managers as necessary, concentrating on the governance, risk management and internal control processes together with indicators of their effectiveness.</p>	<p>The Executive Team to ensure that key Clinical Audit issues are communicated to the relevant governance stream.</p>
<p>4.1 PREPARATION AND APPROVAL OF BUSINESS PLANS AND BUDGETS</p> <p>4.1.1 The Chief Executive will compile and submit to the Board an annual business plan prior to the start of the financial year which takes into account financial targets and forecast limits of available resources. The annual business plan will contain:</p> <ul style="list-style-type: none"> • statement of the key assumptions on which the plan is based • details of major changes in workload, delivery of services or resources required to achieve the plan. 	<p>4.1 PREPARATION AND APPROVAL OF BUSINESS PLANS AND BUDGETS</p> <p>4.1.1 The Chief Executive will compile and submit to the Board an annual business plan prior to the start of the financial year which takes into account financial targets and forecast limits of available resources. The annual business plan will contain:</p> <ul style="list-style-type: none"> • statement of the key assumptions on which the plan is based • resources required to achieve the plan. details of major changes in workload, delivery of services or resources required to achieve the plan. 	<p>As per feedback from ARGC.</p>

<p>Section 8.21 Permanent and Temporary Staff Contracts Contracts of Employment, staff re-grading and temporary staff service contracts must be authorised by employees within the People Directorate as nominated by the Chief of People</p>	<p>Section 8.21 Permanent and Temporary Staff Contracts Contracts of Employment, staff re-grading and temporary staff service contracts must be authorised by employees within the People Directorate as nominated by the Chief People Officer</p> <p>Temporary staff, will be approved as follows:</p> <ul style="list-style-type: none"> - Directors up to £245 (inc VAT) per day; - Chief Executive Officer up to £900 (inc VAT) per day; - DHSC greater than £900 (inc VAT) per day. <p>The Spending Controls Assurance Panel (sub-committee of the Executive) will review and recommend to the Chief Executive Officer, contingent labour cases above £245 (inc VAT) per day.</p>	<p>NHSBT has implemented a new subcommittee (Spending Control Assurance Panel) which align us with the broader system view on the need for increase oversight in these areas (ALBs savings and efficiencies).</p>
<p>8.23 The recruitment of all interim or specialist contractors employed to perform time limited roles in support of business transformation will be approved by the Assistant Director, Business Transformation Services (on behalf of the Chief of People). All programme and non-programme roles over £900 per day will require Chief Executive and DHSC approval. As required by HM Treasury all roles over £220 per day will be reviewed by delegates of the Chief of People and Finance Director to ensure compliance with taxation reporting rules. In case that such evidence and</p>	<p>8.23 The recruitment of all interim or specialist contractors employed to perform time limited roles in support of business transformation will be approved by the Assistant Director, Business Transformation Services (on behalf of the Deputy Chief Executive). All programme and non-programme roles over £245 (inc VAT) per day will require Chief Executive Officer and then DHSC approval (where greater than £900 inc VAT per day). As required by HM Treasury all roles over £245 (inc VAT) per day will be reviewed by delegates of the Chief People Officer and Chief Financial Officer to ensure compliance</p>	<p>Per the above, the change here aligns with the agreed subcommittee approval route.</p> <p>Changes are aligned with IR35 compliance.</p>

<p>assurance cannot be obtained then the relevant contracts should be terminated.</p>	<p>with taxation reporting rules. In case that such evidence and assurance cannot be obtained then the relevant contracts should be terminated.</p>	
<p>8.25 References to the Emergency Plan</p>	<p>8.25 Have been replaced with the Critical Incident Plan</p>	<p>Updated to reflect latest naming convention.</p>
<p>9.3 In general SLAs shall be signed by the Finance Director except in the following circumstances where the power is delegated to the indicated nominees:</p> <ul style="list-style-type: none"> For the provision of blood components and specialist services under standard SLAs agreed with the National Commissioning Group for Blood, the Head of Customer Services is able to sign SLAs on behalf of the Authority. Any variation to the standard SLA must be approved by the Director of Clinical Services and the Finance Director. R&D contracts that involve projects approved by the R&D Committee, under government funded work streams, may be signed by the Head of R&D. Any variation to standard terms must be approved by the Director of Clinical Services and the Finance Director. SLAs for organ retrieval services, as part of the annual commissioning plan approved by the Board, may be signed by the Director of Organ Donation and Transplantation. 	<p>9.3 In general SLAs shall be signed by the Chief Financial Officer except in the following circumstances where the power is delegated to the indicated nominees:</p> <ul style="list-style-type: none"> For the provision of blood components and specialist services under standard SLAs agreed with the National Commissioning Group for Blood, the Head of Customer Services is able to sign SLAs on behalf of the Authority. Any variation to the standard SLA must be approved by the Director of Clinical Services and the Chief Financial Officer R&D contracts that involve projects approved by the R&D Committee, under government funded work streams, may be signed by the Head of R&D. Any variation to standard terms must be approved by the Director of Clinical Services and the Chief Financial Officer SLAs for organ retrieval services, as part of the annual commissioning plan approved by the Board, may be signed by the Director of Organ Donation and Transplantation. 	<p>RDC no longer exists, governance rest with Clinical Services SMT (sign off of funding), with R&D contracts being authorised by the CFO.</p>
<p>10.1.1 In accordance with Standing Orders the Board shall establish a Remuneration Committee, with clearly defined terms of reference, specifying which posts fall within</p>	<p>10.1.1 In accordance with Standing Orders the Board shall establish a People Committee, with clearly defined terms of reference, specifying which posts fall within</p>	<p>Aligned with latest naming convention.</p>

its area of responsibility, its composition, and the arrangements for reporting	its area of responsibility, its composition, and the arrangements for reporting.	
10.3.3 Appointment of employees or temporary staff must also be in accord with any Cabinet Office or DHSC procedures that apply at the time. Their application to NHSBT will be described in guidance notes and operating procedures issued by Finance/People and must be adhered to at all times.	10.3.3 Appointment of employees or temporary staff must also be in accord with any DHSC procedures that apply at the time. Their application to NHSBT will be described in guidance notes and operating procedures issued by Finance/People and must be adhered to at all times.	Alignment with our status as a Public Corporation.
11.4 EMERGENCY PLAN	11.4 CRITICAL INCIDENT PLAN	Aligned with latest naming convention.
15.2.1 The Director that is accountable for Information Technology shall have corresponding duties to those outlined in Section 15.1 for all other IT systems operated by the Authority.	15.2.1 The Chief Digital and Information Officer is accountable for Information Technology and shall have corresponding duties to those outlined in Section 15.1 for all other IT systems operated by the Authority.	Aligned with latest naming convention.
15.3 INFORMATION GOVERNANCE AND SECURITY	15.3 DATA SECURITY AND RECORDS MANAGEMENT (DSPR) AND CYBER OPERATIONS.	Aligned with latest naming convention.
19.1 Confidentiality Agreements All stand-alone confidentiality agreements that are entered into by NHSBT shall be approved by the Finance Director, or to someone to who the Finance Director has delegated responsibility.	19.1 Settlement Agreements and confidentiality clauses The use of settlement agreements, including (or not) the use of confidentiality clauses, is managed in line with specific Cabinet Office guidance. Any settlement agreement entered into by NHSBT should be approved by the Chief Financial Officer and the Chief People Officer. All settlement agreements which contain a confidentiality clause shall be approved by the Chief Finance Officer and Chief People Officer as well as through the People Committee ahead of any further approvals through DHSC, ministers and the Cabinet Office.	Lessons learned from 2021/22 statutory accounts – greater clarity on approach/approvals.
Other Minor Changes:		

<ul style="list-style-type: none">• References to Director of Finance, changed to Chief Financial Officer.• References to Chief of People, changed to Chief People Officer.• References to Department of Health, changed to Department of Health and Social Care.• References to Audit and Risk Assurance Committee, changed to Audit, Risk and Governance Committee.• References to the Spending Control Assurance Panel (SCAP) have been added.• Annex 1 – Flowchart updated with latest naming convention.		
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