

Governance Manual

1.Standing Orders

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**Standing Orders
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2	All	Complete review	November 2020	Deputy Director of Corporate Governance
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Standing Orders

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STANDING ORDERS

SO1 Purpose

These Standing Orders form a central part of Lincolnshire Community Health Services NHS Trust's (the Trust) Governance Manual. Together with the Standing Financial Instructions and the Schedule of Matters Reserved for the Board and Scheme of Delegation, they fulfil the dual role of protecting the Trust's interests and protecting Employees from possible accusation that they have acted less than properly (provided that Employees have followed the correct procedures outlined in the relevant document).

All Executive and Non-Executive Members and all Employees should be aware of the existence of these documents and be familiar with their detailed provisions.

1.1 Statutory Framework

The Lincolnshire Community Health Services NHS Trust (the Trust) is a statutory body which came into existence on 1 April 2011 under The Lincolnshire Community Health Services NHS Trust (Establishment) Order 2011 No 802, (Establishment Order).

- (1) The principal place of business of the Trust is Beech House, Witham Park, Waterside South, Lincoln, LN5 7JH.
- (2) NHS Trusts are governed by Acts of Parliament, mainly the National Health Service Act (2006) and the Health and Social Care Act 2012.
- (3) The functions of the Trust are conferred by this legislation.
- (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 and Social Care.
- (5) The Membership and Procedure Regulations require 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 (SOs) setting out the responsibilities of individuals.
- (6) 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) In addition to the statutory requirements the Secretary of State for Health and

Social Care, through the Department of Health and Social Care, issues further directions and guidance, primarily in the form of a circular or letter.

Other documents of particular significance are:

- The Standards for Members of NHS Boards
- The Code of Accountability for NHS Boards;
- The Code of Conduct for NHS Boards;
- The Code of Conduct for NHS Managers; and,
- The Code of Practice on Openness in the NHS.

1.3 Delegation of Powers

SO5 summarises the Trust's powers under the National Health Service Act 2006 (as amended) to "make arrangements for the exercise, on behalf of the Trust, of any of their functions by a committee or subcommittee appointed by virtue of SO5 or by an employee of the Trust, in each case subject to such restrictions and conditions as the Trust thinks fit or as the Secretary of State for Health and Social Care may direct".

The Schedule of Matters Reserved to the Board & Scheme of Delegation and the Standing Financial Instructions have effect as if incorporated into these Standing Orders.

Employees only have the authority to exercise powers specifically delegated to them, as summarised in Scheme of Delegation or as detailed in accordance with SO6.3. Wherever the title Chief Executive, Chief Financial Officer, or other Employee position is used in these Standing Orders, it will be deemed to include such other Employees as have been duly authorised to deputise, in accordance with the principles of SO6.

1.4 Integrated Governance

As systems move to becoming Integrated Care Systems (ICS) they will increasingly be encouraged to move toward shared accountability for health outcomes and financial balance and to drive transformation through their governance. The principle of subsidiarity is likely to be a key feature with the system only taking responsibility for things where there is a clear need to work on a larger footprint, as agreed with local 'places', and what is lead at ICS and place-level being worked out in each area. Regardless of any legislative changes that may be made in relation to the statutory footing of ICS, there is likely to be greater integration around:

- Joint decision-making at system level, including with local authorities around integrated commissioning arrangements for health and social care, and local responsiveness through health and wellbeing boards
- 'Place' level partnerships with devolved responsibility for functions and resources e.g. distribution of financial resources; flexibly deploying

improvement and transformation resource to address system priorities; collective accountability for operational delivery; workforce planning, commissioning and development; joined up emergency planning and response; and use of digital and data. Place-based partnerships of NHS, primary care, local government and third sector providers working together are likely to have a role in enabling the population to stay well, access preventative services, proactive support to the most vulnerable. Systems will need to ensure that each 'place' has appropriate resources, autonomy and decision-making capabilities to discharge these roles effectively, within a clear but flexible accountability framework that enables collaboration around funding and financial accountability, commissioning and risk management. This could include 'places' taking on delegated budgets.

- Provider collaboratives that will deliver services to populations at ICS level e.g. ambulance, Mental Health and acute through horizontal integration or through vertical integration at 'place' level.
- Greater voice for lay, resident voices and the voluntary sector in governance structures.

SO2 Definitions

- (1) Save as otherwise permitted by law, at any meeting the Chair's interpretation of these Standing Orders (on which the Chief Executive or Deputy Director of Corporate Governance may advise) shall be final.
- (2) Unless a contrary intention is evident or the context requires otherwise, words or expressions contained in this document, the Standing Financial Instructions and Schedule of Matters Reserved to the Board and Scheme of Delegation, shall have the same meaning as set out in the National Health Service Act 2006 (as amended) and the Health & Social Care Act 2012 or in any secondary legislation made under the National Health Service Act 2006 (as amended) and the Health & Social Care Act 2012 and the following defined terms shall have the specific meanings given to them below:

"Accountable Officer" means the NHS Employee responsible and accountable for funds entrusted to the Trust. The employee shall be responsible for ensuring the proper stewardship of public funds and assets. For this Trust it shall be the Chief Executive.

"Trust" means the Lincolnshire Community Health Services NHS Trust.

"Board or Trust Board" means the Chair, Executive Directors and Non-Executive Directors of the Trust collectively as a body.

"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.

"Budget holder" means the director or employee with delegated

authority to manage finances (Income and Expenditure) for a specific area of the organisation.

"Chair of the Board (or Trust)" is the person appointed by NHS Improvement on behalf of the Secretary of State for Health and Social Care to lead the Board and to ensure that it successfully discharges its overall responsibility for the Trust as a whole. The expression "the Chair of the Trust" shall be deemed to include the Vice-Chair of the Trust if the Chair is absent from the meeting or is otherwise unavailable.

"Chief Executive" means the chief officer of the Trust.

"Quality and Risk Committee" means a committee whose functions are concerned with the arrangements for the purpose of monitoring and improving the quality of healthcare for which the Lincolnshire Community Health Services NHS Trust has responsibility.

"Finance, Performance and Investment Committee" means a committee whose functions are concerned with the arrangements for the purpose of reviewing, monitoring and challenging the financial and operational performance and investments for which Lincolnshire Community Health Services NHS Trust has responsibility.

"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.

"Committee" means a committee or sub-committee created and appointed by the Trust.

"Committee members" means persons formally appointed by the Board to sit on or to chair specific committees.

"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.

"Director of Finance & Business Intelligence" means the Director of Finance and Business Intelligence of the Trust.

"Financial Directions" set out Revenue resource limits, Capital resource limits and certain expenditure controls which NHS bodies in England must adhere to.

"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 paragraph 14(2)(c) of Schedule 4 to the 2006 Act. Such funds may or may not be charitable.

"Member" means Executive Director or Non-Executive Director of the Board as the context permits. Member in relation to the Board does not include its Chair.

"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.

"Membership and Procedure Regulations" means the National Health Service Trusts (Membership and Procedure) Regulations (SI 1990/2024) as amended from time to time.

"Motion" means a formal proposition to be discussed and voted on during the course of a meeting of the Board.

"NHS Improvement" means the operational name for the organisation that brings together Monitor and the NHS Trust Development Authority.

"Nominated employee" means an employee charged with the responsibility for discharging specific tasks within Standing Orders and Standing Financial Instructions.

"Non-Executive Director" means a member of the Trust who is not an employee of the Trust and is not to be treated as an employee by virtue of regulation 5 of the Membership and Procedure Regulations.

"Employee" means employee of the Trust or any other person holding a paid appointment or office with the Trust.

"Executive Director" means a member of the Trust who is either an employee of the Trust or is to be treated as an employee by virtue of regulation 5 of the Membership and Procedure Regulations (i.e. the Chair of the Trust or any person nominated by such a Committee for appointment as a Trust member).

"Deputy Director of Corporate Governance" means a person appointed to act independently of the Board to provide advice on corporate governance issues to the Board and the Chair in addition to monitoring the Trust's compliance with the law, Standing Orders, the Department of Health and Social Care, Care Quality Commission and NHS Improvement guidance.

"Schedule of Matters Reserved to the Board and Scheme of Delegation" document setting out the reservation of powers to the Trust & delegation of powers.

"SFIs" means Standing Financial Instructions.

"SOs" means Standing Orders.

"Vice-Chair" means the Non-Executive Director appointed by the Board to take on the Chair's duties if the Chair is absent for any reason.

"2006 Act" means The National Health Service Act 2006 (as amended).

"Bailee" refers to a person or organisation in possession (but not ownership) of another person's or organisation's property. In reference to the Scheme of Delegation, the Trust is the bailee of patient property and as such, has a duty to take reasonable care of this and return it in accordance with any express or implied contract of bailment.

SO3 The Trust Board: Composition of Membership, Tenure and Role of Members

3.1 Composition of the Membership of the Trust Board

In accordance with the Membership and Procedure Regulations the Trust's Establishment Order and NHS Improvement the composition of the Board shall be:

- (1) The Chair of the Trust (appointed by NHS Improvement);
- (2) 5 Non-Executive Directors (appointed by NHS Improvement);
- (3) 5 Executive Directors with full voting rights including:
 - the Chief Executive;
 - the Director of Finance & Business Intelligence;
 - the Director of Nursing, AHPs and Operations/Deputy Chief Executive
 - the Director of People and Innovation
 - the Medical Director

3.2 Appointment of Chair and Members of the Trust

- (1) Appointment of the Chair and Members of the Trust - Paragraph 3 of Schedule 4 to the 2006 Act provides that the Chair is appointed by the Secretary of State, but otherwise the appointment and tenure of office of the Chair and members are set out in the Membership and Procedure Regulations.

3.3 Terms of Office of the Chair and Members

- (1) Regulation 7 of the Membership and Procedure Regulations sets out the period of tenure of office of the Chair and members and Regulations 8 and 9 of the Membership and Procedure Regulations set out provisions regarding the termination or suspension of office of the Chair and members.

3.4 Appointment and Powers of Vice-Chair

- (1) Subject to Standing Order 3.4 (2) below, the Chair and members of the Trust may appoint one of their numbers, who is not also an Executive Director, to be Vice-Chair, for such period, not exceeding the remainder of his term as a member of the Trust, as they may specify on appointing him.
- (2) Any member so appointed may at any time resign from the office of Vice-Chair by giving notice in writing to the Chair. The Chair and members may thereupon appoint another member as Vice-Chair in accordance with the provisions of Standing Order 2.4 (1).
- (3) Where the Chair of the Trust has died or has ceased to hold office, or where they have been unable to perform their duties as Chair owing to illness or any other cause, the Vice-Chair shall act as Chair until a new Chair is appointed or the existing Chair resumes their duties, as the case may be; and references to the Chair in these Standing Orders shall, so long as there is no Chair able to perform those duties, be taken to include references to the Vice-Chair.

3.5 Joint Members

- (1) Where more than one person is appointed jointly to a post mentioned in regulation 6 of the Membership and Procedure Regulations those persons shall count for the purpose of Standing Order 3.1 as one person.
- (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.

3.6 Role of Members

The Board will function as a corporate decision-making body, Executive Directors and Non-Executive Directors will be full and equal members. Their role as members 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 Members

The five voting Executive Members shall exercise their authority within the terms of these Standing Orders, the Standing Financial Instructions and the Schedule of Matters Reserved to the Board 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. He/she is the Accountable Officer for the Trust and shall be responsible for ensuring the discharge of obligations under Standing Financial Instructions and in line with the requirements of the Accountable Officer Memorandum for Trust Chief Executives and the Department of Health and Social Care Group Accounting Manual.

(3) Director of Finance & Business Intelligence

The Director of Finance & Business Intelligence 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. He/she shall be responsible along with the Chief Executive for ensuring the discharge of obligations under relevant Standing Financial Instructions.

(4) Non-Executive Members

The Non-Executive Members shall not be granted nor shall they seek to exercise any individual executive powers on behalf of the Trust. They may, however, exercise collective authority when acting as members of or when chairing a committee of the Trust which has delegated powers.

(5) Chair

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

The Chair 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.

The Chair 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.

3.7 Corporate Role of the Board

- (1) All business shall be conducted in the name of the Trust.
- (2) All funds received in trust shall be held in the name of the Trust as corporate trustee.
- (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 SO4.
- (4) The Board shall define and regularly review the functions it exercises on behalf of the Secretary of State.

3.8 Schedule of Matters Reserved to the Trust Board and Scheme of Delegation

- (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 "Schedule of Matters Reserved to the Board and shall have effect as if incorporated into the Standing Orders. Those powers which it has delegated to employees and other bodies are contained in the Scheme of Delegation.

3.9 Lead Roles for Board Members

The Chair will ensure that the designation of Lead roles or appointments of Board members as required by the Department of Health and Social Care or as set out in any statutory or other guidance will be made in accordance with that guidance or statutory requirement.

SO4 Meetings of the Trust

4.1 Calling meetings

- (1) Ordinary meetings of the Board shall be held at regular intervals at such times and places, or by electronic means, as the Board may determine.
- (2) The Chair of the Trust may call a meeting of the Board at any time.
- (3) One third or more members of the Board may requisition a meeting in writing. If the Chair 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.

4.2 Notice of Meetings and the Business to be Transacted

- (1) Before each meeting of the Board a written notice specifying the business proposed, to be transacted, and any supporting papers, shall be provided electronically to every member, so as to be available to members at least three clear days before the meeting. The notice shall be signed by the Chair or by an employee authorised by the Chair to sign on their behalf. Want of service of such a notice on any member shall not affect the validity of a meeting.
- (2) In the case of a meeting called by members in default of the Chair calling the meeting, the notice shall be signed by those members.
- (3) No business shall be transacted at the meeting other than that specified on the agenda or emergency motions allowed under SO4.6.
- (4) A member desiring a matter to be included on an agenda shall make his/her request in writing to the Chair at least 10 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 10 days before a meeting may be included on the agenda at the discretion of the Chair.
- (5) Before each meeting of the Board a public notice of the time and place of the meeting and the public part of the agenda, shall be displayed on the Trust's website and a media release will be sent to all local media outlets at least three clear days before the meeting, (required by the Public Bodies (Admission to Meetings) Act 1960 Section 1 (4) (a)).

4.3 Agenda and Supporting Papers

The Agenda will be sent to members at least 7 days before the meeting and supporting papers, whenever possible, shall accompany the agenda, being dispatched no later than three clear days before the meeting, save in emergency.

Trust Board papers must be written in the required Trust Board format and be submitted to the Chief Executive's Office at least 7 clear days before the date of the Trust Board meeting to facilitate timely distribution of the papers.

4.4 Petitions

Where a petition has been received by the Trust the Chair may, in his/her absolute discretion, include the petition as an item for the agenda of the next meeting.

4.5 Notice of Motion

- (1) Subject to the provision of SO4.7 Motions: Procedure at and during a meeting and SO4.8 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 Chair.
- (2) The notice shall be provided electronically at least 15 clear calendar 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.

4.6 Emergency Motions

Subject to the agreement of the Chair, and subject also to the provision of SO 4.7 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 Chair's decision to include the item shall be final.

4.7 Motions: Procedure at and During a Meeting

(1) Who may propose

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

(2) Contents of motions

The Chair 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 adjourns;
- that the question be now put.

(3) Amendments to motions

A motion for amendment of a motion 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.

(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.

(5) Withdrawing a motion

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

(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 I (2) or Section I (8) of the Public Bodies (Admission to Meetings) Act 1960 resolving to exclude the public, including the press (see SO4.17).

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 Chair 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.

4.8 Motion to Rescind a Resolution

- (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.
- (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 Chair 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.

4.9 Chair of Meeting

- (1) At any meeting of the Trust Board the Chair, if present, shall preside. If the Chair is absent from the meeting, the Vice-Chair (if the Board has appointed one), if present, shall preside.
- (2) If the Chair and Vice-Chair are absent, such member (who is not also an Executive Director of the Trust) as the members present shall choose shall preside.

4.10 Chair's Ruling

The decision of the Chair 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.

4.11 Quorum

- (1) No business shall be transacted at a meeting unless at least one-third of the whole number of the Chair and other voting members of the Board (including at least two members who are also an Executive Director of the Trust and two members who are not) are present.
- (2) An Employee in attendance for an Executive Director but without formal

acting up status may not count towards the quorum.

- (3) If the Chair or member 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 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.

4.12 Voting

- (1) Save as provided in SO 4.13 - Suspension of Standing Orders and SO 4.14 - 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 the voting members present and voting on the question. In the case of an equal vote, the person presiding, ie: the Chair of the meeting shall have a second, and casting vote.
- (2) At the discretion of the Chair all questions put to the vote shall be determined by oral expression or by a show of hands, unless the Chair directs otherwise, or it is proposed, seconded and carried that a vote be taken by paper ballot.
- (3) If at least one third of the voting 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).
- (4) If a member so requests, their vote shall be recorded by name.
- (5) In no circumstances may an absent member vote by proxy. Absence is defined as being absent at the time of the vote.
- (6) An Employee 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 be entitled to exercise the voting rights of the Executive Director.
- (7) An Employee attending the Trust Board meeting to represent an Executive Director during a period of incapacity or temporary absence without formal acting up status may not exercise the voting rights of the Executive Director. An Employee's status when attending a meeting shall be recorded in the minutes.
- (8) For the voting rules relating to joint members see SO3.5.

4.13 Suspension of Standing Orders

- (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 4.11), 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.
- (2) A separate record of matters discussed during the suspension of Standing Orders shall be made and shall be available to the Chair and members of the Trust.]
- (3) No formal business may be transacted while Standing Orders are suspended.
- (4) The Audit Committee shall review every decision to suspend Standing Orders.

4.14 Variation and Amendment of Standing Orders

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

- upon a notice of motion under SO4.5;
- upon a recommendation of the Chair 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 Directors 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.

4.15 Record of Attendance

The names of the Chair and Directors/members present at the meeting shall be recorded.

4.16 Minutes

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.

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

4.17 Admission of Public and the Press

(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 the Trust Board 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
- On matters to be included in the exclusion, due regard should be given to the Freedom of Information Act 2000.
- *Guidance should be sought from the NHS Trust's Freedom of Information Lead to ensure correct procedure is followed on matters to be included in the exclusion.*

(2) General disturbances

The Chair (or Vice-Chair if one has been appointed) or the person presiding over the meeting shall give such directions as he/she 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 or 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) 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 (1) and (2) above, shall be confidential to the members of the Board.

Members and Employees 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 Trust, without the express

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

(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 Board.

4.18 Observers at Trust Meetings

The Trust Board 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.

SO5 Appointment of Committees and Sub-Committees

5.1 Appointment of Committees

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

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

5.2 Appointment of Sub-committees

Any committee appointed under this Standing Order may, subject to such directions as may be given by the Secretary of State, appoint subcommittees consisting wholly or partly of members of the committees (whether or not they include directors of the Trust) or wholly of persons who are not members of the committee (whether or not they include directors of the Trust).

5.3 Applicability of Standing Orders and Standing Financial Instructions to Committees

The Standing Orders and Standing Financial Instructions of the Trust, as far as they are applicable, shall as appropriate apply to meetings and any committees established by the Trust. In which case the term "Chair" is to be

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

5.4 Terms of Reference

Each such 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.

5.5 Delegation of Powers by Committees to Sub-Committees

Where committees are authorised to establish sub-committees they may not delegate executive powers to the sub-committee unless expressly authorised by the Trust Board.

5.6 Approval of Appointments to Committees

The Board shall approve the appointments to each of the committees which it has formally constituted. Where the Board determines, and regulations permit, that persons, who are neither members nor employees, shall be appointed to a 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.

5.7 Appointments for Statutory functions

Where the Board is required to appoint persons to a committee and/or to undertake statutory functions as required by the Secretary of State for Health and Social Care, 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 for Health and Social Care.

5.8 Committees to be Established by the Trust Board

The committees, sub-committees, and joint-committees established by the Board are:

- (1) **Audit Committee**

In line with the requirements of the NHS Audit Committee Handbook, NHS Codes of Conduct and Accountability, the Higgs report, an Audit Committee will be established and constituted to provide the Trust Board with an independent and objective review on its risk management and 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 an annual basis.

The Committee will act as an Auditor Panel to advise on the appointment of external auditors as detailed in Schedule 4 of the Local Audit and Accountability Act 2014. Authority to carry out this duty is delegated to Audit Committee by Trust Board.

(2) Remuneration and Terms of Service Committee

A Board Remuneration and Terms of Service Standing Committee has been established to oversee, review and advise the Board about appropriate terms of service and remuneration for the Chief Executive and the other Executive Directors, including:

- (i) all aspects of salary (including any performance-related elements /bonuses);
- (ii) provisions for other benefits, including pensions and cars;
- (iii) arrangements for termination of employment and other contractual terms.

In addition, the Committee will also review redundancy payments for all Trust staff members.

Membership of the Remuneration and Terms of Service Committee comprises of the Trust Chair and the Non-Executive Directors.

(3) Trust and 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 Trust and 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 provisions of this Standing Order must be read in conjunction with SO3.7 and SFI 18.

(4) **Quality and Risk Committee**

The Quality and Risk Committee role within the Trust includes the review, consideration, investigation, monitoring and approval, as appropriate, of the following:

- monitor, review and report on the quality of services provided by the Trust.
- including review of corporate governance, compliance and regulation, clinical risk management and internal control systems to ensure that the Trust's services deliver safe, high quality, patient-centered care;
- performance against internal and external quality improvement targets; and progress in implementing action plans to address shortcomings in the quality of services, should they be identified.

Membership will comprise of two Non-Executive Directors (one of whom will act as Chair) and two members of the Executive Leadership Team. The Terms of Reference will be approved by the Trust Board and reviewed on an annual basis. The Committee receives reports from other groups within the governance structure and reports directly to the Trust Board on a monthly basis.

(5) **Finance, Performance and Investment Committee**

The Finance Performance and Investment Committee role within the Trust includes the review, consideration, investigation, monitoring and approval, as appropriate, of the following:

- Financial policy, management and reporting.
- Performance management and reporting
- Investment policy, management and reporting.
- Operational Plan
- Digital Strategy
- Finance and Business Intelligence strategy
- Estates strategy
- People Strategy
- Information Governance
- Equality, Diversity and Inclusion

Membership of the Committee comprises two Non-Executive Directors (one of whom will act as Chair), the Trust Chief Executive and three Executive Directors, including the Director of Finance & Business Intelligence. The Committee receives reports from the People Executive Group and Health and Safety Committee and reports directly to the Trust Board on a monthly basis.

(6) **Auditor Panel**

An Auditor Panel has been established to advise on the appointment of

external auditors as detailed under Schedule 4 of the Local Audit and Accountability Act 2014 (see SO5).

(7) **Other Committees**

The Board may also establish such other committees as required to discharge the Trust's responsibilities.

SO6. Arrangements for the Exercise of Trust Functions by Delegation

6.1 Delegation of Functions to Committees, Employees or Other Bodies

- (1) Subject to such directions as may be given by the Secretary of State for Health and Social Care, 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 employee of the Trust in each case subject to such restrictions and conditions as the Trust thinks fit.

Paragraph 18 of Schedule 4 of the 2006 Act allows the functions of the Trust to be carried out jointly with any one or more of the following: NHS trusts, Special Health Authorities or any other body or individual, on such terms as the Trust considers appropriate.

(2) **Emergency Powers and Urgent Decisions**

The powers which the Board has reserved to itself within these Standing Orders (see SO 3.9) may in emergency or for an urgent decision be exercised by the Chief Executive and the Chair after having consulted at least two Non-Executive Directors. The exercise of such powers by the Chief Executive and Chair shall be reported to the next formal meeting of the Trust Board in public session for formal ratification.

The powers to commit resources proportionate to an incident response, which are reserved to the Board within these Standing Orders may, for a major incident or emergency that requires the immediate commitment of resources be exercised by the Director on-call. The exercise of such powers by the Director on-call shall be notified to the next meeting of the Trust Leadership Team and shall be reported to the next meeting of the Trust Board for formal ratification.

6.2 Delegation to Committees

- (1) The Board shall agree from time to time to the delegation of executive powers to be exercised by other committees, or sub-committees which it has formally

constituted in accordance with Regulation 15 of the Membership and Procedure Regulations. The constitution and terms of reference of these committees, or sub-committees and their specific executive powers shall be approved by the Board.

6.3 Delegation to Employees

- (1) Those functions of the Trust which have not been retained as reserved by the Board or delegated to other committee or sub-committee shall be exercised on behalf of the Trust by the Chief Executive. The Chief Executive shall determine which functions he/she will perform personally and shall nominate employees to undertake the remaining functions for which he/she will still retain accountability to the Trust.
- (2) The Chief Executive shall prepare a Scheme of Delegation identifying his/her proposals which shall be considered and approved by the Board. The Chief Executive may periodically propose amendment to the Scheme of Delegation which shall be considered and approved by the Board.
- (3) Nothing in the Scheme of Delegation shall impair the discharge of the direct accountability to the Board of the Director of Finance & Business to provide information and advise the Board in accordance with statutory or Department of Health and Social Care requirements. Outside these statutory requirements the roles of the Director of Finance & Business Intelligence shall be accountable to the Chief Executive for operational matters.

6.4 Schedule of Matters Reserved to the Board and Scheme of Delegation of Powers

- (1) The arrangements made by the Board as set out in the "Schedule of Matters Reserved to the Board" and "Scheme of Delegation" of powers shall have effect as if incorporated in these Standing Orders.

6.5 Duty to Report Non-Compliance with Standing Orders and Standing Financial Instructions

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.

SO7 Overlap with other Trust Policy Statements/ Procedures, Regulations and the Standing Financial

Instructions

7.1 Policy Statements: General Principles

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 Lincolnshire Community Health Services NHS Trust. The decisions to approve such policies and procedures will be recorded in an appropriate Trust Board minutes and will be deemed where appropriate to be an integral part of the Trust's Standing Orders and Standing Financial Instructions.

7.2 Specific Policy Statements

Notwithstanding the application of SO 7.1 above, these Standing Orders and Standing Financial Instructions must be read in conjunction with the following Policy statements:

- the Standards of Business Conduct and Conflicts of Interest Policy for Lincolnshire Community Health Services 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.

7.3 Standing Financial Instructions

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

7.4 Specific Guidance

Notwithstanding the application of SO 7.1 above, these Standing Orders and Standing Financial Instructions must be read in conjunction with all relevant legislation and guidance including, amongst others:

- Caldicott Guardian Manual 2010;
- Human Rights Act 1998;
- Freedom of Information Act 2000;
- Bribery Act 2010;
- The Public Contracts Regulations 2015;
- The Code of Conduct for NHS Managers 2002;
- The NHS Codes of Conduct and Accountability 2004;
- Commercial Sponsorship - Ethical Standards for the NHS 2000
- Standards for members of NHS boards and Clinical Commissioning Group governing bodies in England. (2013)
- Standards of Business Conduct Policy (2017)

- Third party assurance from legal professionals

Where such legislation or guidance is updated or revised, the version in force at the relevant date must be considered.

SO8. Duties and Obligations of Board Members/Directors and Senior Managers under these Standing Orders

8.1 Declaration of Interests

Each Director has a duty to avoid a situation in which the director has (or can have) a direct or indirect interest that conflicts (or may conflict) with the interests of the Trust and a duty not to accept a benefit from a third party by reason of being a director or doing (or not doing) anything in that capacity.

(1) Requirements for Declaring Interests and Applicability to Board Members

- i) The NHS Code of Accountability requires Trust Board Members to declare interests which are relevant and material to the NHS Board of which they are a member. All existing Board members should declare such interests. Any Board members appointed subsequently should do so on appointment.
- ii) Board members are required to declare the nature and extent of any direct or indirect interests in any proposed contracts, transactions or arrangements to the Trust Board prior to them being entered into. Such declarations should be made in writing (or where made orally at a meeting, confirmed in writing) and sent to the Deputy Director of Corporate Governance for consideration by the Trust Board. Should a declaration prove to be, or become, inaccurate or incomplete a further declaration should be made. Responsibility to declare an interest is solely that of the director concerned and shall be declared within 14 days of appointment or, if arising later, as soon as the director becomes aware of the interest.

(2) Interests which are Relevant and Material

- (i) Interests which should be regarded as "relevant and material" are:
 - a) Directorships, including Non-Executive Directorships held in private companies or PLCs (with the exception of those of dormant companies);
 - b) Ownership or part-ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS;

- c) Majority or controlling share-holdings in organisations likely or possibly seeking to do business with the NHS;
 - d) A position of Authority in a charity or voluntary organisation in the field of health and social care;
 - e) Any connection with a voluntary or other organisation contracting for NHS services;
 - f) Research funding/grants that may be received by an individual or their department;
 - g) Interests in pooled funds that are under separate management.
- (ii) 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 SO 8.3 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.

(3) Advice on Interests

If Board members have any doubt about the relevance of an interest, this should be discussed with the Chair of the Trust or with the Deputy Director of Corporate Governance.

International Accounting Standard No 24 (issued by the International 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, together with spouses, partners and other family members.

(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.

(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.

(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 SO8.3)

8.2 Register of Interests

- (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 8.1 (2)) which have been declared by both executive and non-executive Trust Board members.
- (2) These details will be kept up to date by means of an annual review of the Register in which any changes to interests declared during the preceding twelve months will be incorporated.
- (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.

8.3 Exclusion of Chair and Members in Proceedings on Account of Pecuniary Interest

(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 SO8.1(2) (ii).

(2) Exclusion in Proceedings of the Trust Board

- (i) Subject to the following provisions of this Standing Order, if the Chair 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 SO8.3 (3) on the "Waiver which has been approved by the Secretary of State for Health and Social Care).
- (iii) The Trust Board may exclude the Chair 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 Chair or a Member by virtue of paragraph 11 of Schedule 4 to the 2006 Act (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 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.

(3) Waiver of Standing Orders made by the Secretary of State for Health and Social Care

(1) Power of the Secretary of State for Health and Social Care to make waivers

Under regulation 20(2) of the Membership and Procedure Regulations, there is a power for the Secretary of State for Health and Social Care to issue waivers if it appears to the Secretary of State for Health and Social Care in the interests of the health service that the disability imposed by regulation 20 (which prevents a Chair 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.

8.4 Standards of Business Conduct

(1) Trust Policy and National Guidance

All Trust staff and members of 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 7.2).

(2) Interest of Employees in Contracts

- i) Any employee 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 8.3) has any pecuniary interest, direct or indirect, the Employee shall declare their interest by giving notice in writing of such fact to the Chief Executive or Deputy Director of Corporate Governance as soon as practicable.
- ii) An Employee 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.

(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 Order 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.

(4) Relatives of Members or Employees

- 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 Chair and every member and employee of the Trust shall disclose to the Trust Board any relationship between themselves and a candidate of whose candidature that member or employee is aware. It shall be the duty of the Chief Executive to report to the Trust Board any such disclosure made.
- (iv) 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 Chair and members in proceedings on account of pecuniary interest (SO8) shall apply.

SO9 Custody of Seal, Sealing of Documents and Signature of Documents

9.1 Custody of Seal

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

9.2 Sealing of Documents

Where it is necessary that a document shall be sealed, the seal shall be affixed and then authenticated by the Chair, or of some other person authorised (whether generally or specifically) by the Trust for that purpose, and of one other Director, neither from the originating department.

9.3 Register of Sealing

The Chief Executive shall keep a register in which he/she, or another manager of the Authority authorised by him/her, shall enter a record of the sealing of every document.

9.4 Signature of Documents

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.

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).

Appendix 1 Equality Analysis

NB - It is the responsibility of the author / reviewer of this document to complete / update the Equality Analysis each time it has a full review and to contact the Equality Diversity and Inclusion Lead if a full equality impact analysis is required

Equality Impact Analysis Screening Form

Title of activity	LCHS Governance Manual – 1. Standing Orders		
Date form completed	22.12.2020	Name of lead for this activity	Catherine Leggett

Analysis undertaken by:		
Name(s)	Job role	Department
Catherine Leggett	Deputy Director of Corporate Governance	Chief Executive's Office

What is the aim or objective of this activity?	NHS Trusts are required by law to make Standing Orders (SOs), which regulate the way in which the proceedings and business of the Trust will be conducted.
Who will this activity impact on? <i>E.g. staff, patients, carers, visitors etc.</i>	Unlikely to impact.

Potential impacts on different equality groups:

Equality Group	Potential for positive impact	Neutral Impact	Potential for negative impact	Please provide details of how you believe there is a potential positive, negative or neutral impact (and what evidence you have gathered)
Age	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Disability	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Gender reassignment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Marriage & civil partnerships	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Pregnancy & maternity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Race	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Religion or belief	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Sex	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Sexual Orientation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Additional Impacts (<i>what other groups might this activity impact on? Carers, homeless, travelling communities etc.</i>)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

If you have ticked one of the above equality groups please complete the following:

Level of impact

	Yes	No
Could this impact be considered direct or indirect discrimination?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, how will you address this?		
N/A		

	High	Medium	Low
What level do you consider the potential negative impact would be?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If the negative impact is high, a full equality impact analysis will be required.

Action Plan

How could you minimise or remove any negative impacts identified, even if this is rated low?
N/A
How will you monitor this impact or planned actions?
N/A
Future review date: December 2021