

positive

About Good Governance

NHS TRUST

**STANDING ORDERS, RESERVATION AND DELEGATION of
POWERS, STANDING FINANCIAL INSTRUCTIONS AND
LOCAL SCHEME OF DELEGATION**

JUNE 2013

SECTION A

INTERPRETATION AND DEFINITIONS FOR STANDING ORDERS AND STANDING FINANCIAL INSTRUCTIONS	8
---	----------

SECTION B – STANDING ORDERS	10
------------------------------------	-----------

1. INTRODUCTION	10
1.1 Statutory Framework	
1.2 NHS Framework	
1.3 Delegation of Powers	
1.4 Integrated Governance	
2. THE TRUST BOARD: COMPOSITION OF MEMBERSHIP, TENURE AND ROLE OF MEMBERS	11
2.1 Composition of the Trust Board	
2.2 Appointment of the Chairman and Members of the Trust	
2.3 Terms of Office of the Chairman and Members	
2.4 Appointment and Powers of Vice-Chairman	
2.5 Joint Members	
2.6 Role of Members	
2.7 Corporate Role of the Board	
2.8 Schedule of Matters Reserved to the Board and Scheme of Delegation	
2.9 Lead Roles for Board Members	
3. MEETINGS OF THE TRUST	14
3.1 Calling Meetings	
3.2 Notice of Meetings and the business to be transacted	
3.3 Agenda and Supporting Papers	
3.4 Petitions	
3.5 Notice of Motion	
3.6 Emergency Motions	
3.7 Motions: Procedure at and during a meeting	
(i) who may propose	
(ii) contents of motions	
(iii) amendments to motions	
(iv) rights of reply to motions	
(v) withdrawing a motion	
(vi) motions once under debate	
3.8 Motion to Rescind a Resolution	
3.9 Chairman of meeting	
3.10 Chairman's ruling	
3.11 Quorum	
3.12 Voting	
3.13 Suspension of Standing Orders	
3.14 Variation and amendment of Standing Orders	
3.15 Record of Attendance	
3.16 Minutes	
3.17 Admission of public and the press	
3.18 Observers at Trust meetings	

CONTENTS		Page
4.	APPOINTMENT OF COMMITTEES AND SUB-COMMITTEES	20
4.1	Appointment of Committees	
4.2	Joint Committees	
4.3	Applicability of Standing Orders and Standing Financial Instructions to Committees	
4.4	Terms of Reference	
4.5	Delegation of powers by Committees to Sub-Committees	
4.6	Approval of Appointments to Committees	
4.7	Appointments for Statutory functions	
4.8	Committees of the Trust Board	
4.8.1	o Audit Committee	
4.8.2	o Nominations and Remuneration Committee	
4.8.3	o Charitable Funds Committee	
4.8.4	o Quality & Risk Committee	
4.8.5	o Mental Health Act Hospital Managers' Committee	
4.8.6	o Advisory Appointments Committee	
4.8.7	o Finance and Performance Committee	
4.8.8	o Equality & Diversity Committee	
4.8.9	o Other Committees	
5.	ARRANGEMENTS FOR THE EXERCISE OF FUNCTIONS BY DELEGATION	23
5.1	Delegation of functions to Committees, Officers or other bodies	
5.2	Emergency powers and urgent decisions	
5.3	Delegation of Committees	
5.4	Delegation to Officers	
5.5	Schedule of matters reserved to the Trust and Scheme of Delegation of Powers	
5.6	Duty to report non-compliance with Standing Orders and Standing Financial Instructions	
6.	OVERLAP WITH OTHER TRUST POLICY STATEMENTS/PROCEDURES, REGULATIONS AND THE STANDING FINANCIAL INSTRUCTIONS	24
6.1	Policy statements: general principles	
6.2	Specific Policy statements	
6.3	Standing Financial Instructions	
6.4	Specific guidance	
7.	DUTIES AND OBLIGATIONS OF BOARD MEMBERS, MEMBERS, DIRECTORS AND SENIOR MANAGERS UNDER THE STANDING ORDERS AND STANDING FINANCIAL INSTRUCTIONS	25
7.1	Declaration of Interests	
7.1.1	Requirements for Declaring Interests and applicability to Board	
7.1.2	Interests which are relevant and material	
7.1.3	Advice on Interests	
7.1.4	Record of Interests in Trust Board minutes	
7.1.5	Publication of declared interests in Annual Report	
7.1.6	Conflicts of interest which arise during the course of a meeting	
7.2	Register of Interests	
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	
7.3.2	Exclusion in proceedings of the Trust Board	
7.3.3	Waiver of Standing Orders made by the Secretary of State for Health	
7.4	Standards of Business Conduct Policy	

CONTENTS		Page
7.4.1	- Trust Policy and National Guidance	
7.4.2	- Interest of Officers in Contracts	
7.4.3	- Canvassing of, and Recommendations by, Members in relation to appointments	
7.4.4	- Relatives of Members or Officers	
8.	CUSTODY OF SEAL, SEALING OF DOCUMENTS AND SIGNATURE OF DOCUMENTS	31
8.1	Custody of Seal	
8.2	Sealing of Documents	
8.3	Register of Sealing	
8.4	Signature of documents	
9.	MISCELLANEOUS	31
9.1	Joint Finance Arrangements	
	SECTION C - RESERVATION and DELEGATION of POWERS	32
	SECTION D – STANDING FINANCIAL INSTRUCTIONS	58
10.	INTRODUCTION	58
10.1	General	
10.2	Responsibilities and delegation	
10.2.1-3	The Trust Board	
10.2.4-5	The Chief Executive and Director of Finance	
10.2.6	The Director of Finance	
10.2.7	Board Members and Employees	
10.2.8-9	Contractors and their employees	
11.	AUDIT	60
11.1	Audit Committee	
11.2	Director of Finance	
11.3	Role of Internal Audit	
11.4	External Audit	
11.5	Fraud and Corruption	
11.6	Compliance with the Bribery Act	
11.7	Security Management	
12.	RESOURCE LIMIT CONTROL (Not applicable to NHS Trusts)	63
13.	ALLOCATIONS, PLANNING, BUDGETS, AND MONITORING BUDGETARY CONTROL	63
13.1	Preparation and Approval of Plans and Budgets	
13.2	Budgetary Delegation	
13.3	Budgetary Control and Reporting	
13.4	Capital Expenditure	
13.5	Monitoring Returns	
14.	ANNUAL ACCOUNTS AND REPORTS	65

CONTENTS		Page
15.	BANK AND GBS ACCOUNTS	66
15.1	General	
15.2	Bank and GBS Accounts	
15.3	Banking Procedures	
14.4	Tendering and Review	
16.	INCOME, FEES AND CHARGES AND SECURITY OF CASH, CHEQUES AND OTHER NEGOTIABLE INSTRUMENTS	67
16.1	Income Systems	
16.2	Fees and Charges	
16.3	Debt Recovery	
16.4	Security of Cash, Cheques and other Negotiable Instruments	
17.	TENDERING AND CONTRACTING PROCEDURE	68
17.1	Duty to comply with Standing Orders and Standing Financial Instructions	
17.2	EU Directives Governing Public Procurement	
17.3	Reverse Auctions	
17.4	Capital Investment Manual and other Department of Health guidance	
17.5	Formal Competitive Tendering	
17.5.1	General Applicability	
17.5.3	Health Care Services	
17.5.4	Exceptions and instances where formal tendering need not be applied	
17.5.5	Single Tender Waiver	
17.5.6	Fair and Adequate Competition	
17.5.7	Building and Engineering Construction Works	
17.5.9	Items which subsequently breach thresholds after original approval	
17.6	Contracting/Tendering Procedure (including the E-Tendering process)	
17.6.1	Invitation to tender	
17.6.2	Receipt and safe custody of tenders	
17.6.3	Opening tenders and Register of Tenders	
17.6.4	Admissibility	
17.6.5	Late tenders	
17.6.6	Acceptance of formal tenders (See overlap with SFI No. 17.7)	
17.6.7	Tender reports to the Trust Board	
17.6.8	Financial Standing and Technical Competence of Contractors	
17.7	Quotations: Competitive and Non-Competitive	
17.7.1	Authorisation of tenders and Competitive Quotations	
17.8	Private finance for capital procurement (see overlap with SFI No. 24)	
17.9	Compliance requirements for all contracts	
17.9.2	Building and Engineering Works	
17.10	Personnel and Agency or temporary staff contracts	
17.11	Health Care Service Agreements (see overlap with SFI No. 18)	
17.11.2	Cancellation of Contracts	
17.11.3	Determination of Contracts for failure to deliver goods or materials	
17.12	Disposals (see overlap with SFI No. 26)	
17.13	In-house Services	
17.14	Disposal of and acquisition of land and property	
17.15	Applicability of SFIs on Tendering and Contracting SFIs to funds held in trust (see overlap with SFI No. 29)	

CONTENTS		Page
18.	NHS SERVICE AGREEMENTS FOR PROVISION OF SERVICES	78
18.1	Service Level Agreements (SLAs)	
18.2	Involving Partners and Jointly Managing Risk	
18.3	A 'Patient Led NHS' and 'Practice Based Commissioning'	
18.4	Reports to Board on SLAs	
19.	COMMISSIONING	80
20.	TERMS OF SERVICE, ALLOWANCES AND PAYMENT OF MEMBERS OF THE TRUST BOARD AND EMPLOYEES	80
20.1	Remuneration and Terms of Service (See overlap with SO No. 4)	
20.2	Funded Establishment	
20.3	Staff Appointments	
20.4	Processing Payroll	
20.5	Contracts of Employment	
21.	NON-PAY EXPENDITURE (see overlap with SFI No. 17)	83
21.1	Delegation of Authority	
21.2	Choice, Requisitioning, Ordering, Receipt and Payment for Goods and Services (see overlap with Standing Financial Instructions No. 17)	
21.2.1	Requisitioning	
21.2.2	System of Payment and Payment Verification	
21.2.4	Prepayments	
21.2.5	Official Orders	
21.2.6	Duties of Managers and Officers	
21.3	Joint Finance Arrangements with Local Authorities and Voluntary Bodies (see overlap with SO No. 9.1)	
22.	EXTERNAL BORROWING	87
22.1	External Borrowing	
22.2	Investments	
23.	FINANCIAL FRAMEWORK	87
24.	CAPITAL INVESTMENT, PRIVATE FINANCING, FIXED ASSET REGISTERS AND SECURITY OF ASSETS	87
24.1	Capital Investment	
24.2	Private Finance (see overlap with SFT No. 17.8)	
24.3	Asset Registers	
24.4	Security of Assets	
25.	STORES AND RECEIPT OF GOODS	91
25.1	General Position	
25.2	Control of Stores, Stocktaking, Condemnations and Disposal	
25.3	Goods Supplied by NHS Supply Chain	
26.	DISPOSALS AND CONDEMNATIONS, LOSSES AND SPECIAL PAYMENT (See overlap with SFI 17)	93
26.1	Disposals and Condemnations	
26.2	Losses and Special Payments	

CONTENTS		Page
26.2.2	Procedures	
27.	INFORMATION TECHNOLOGY	95
27.1	Responsibilities and duties of the Director of Finance	
27.2	Responsibilities and duties of other Directors and Officers in relation to computer systems of a general application.	
27.3	Contracts for Computer Services with other health bodies or outside agencies.	
27.4	Risk Assessment	
27.5	Requirements for Computer Systems which have an impact on corporate financial systems.	
28.	PATIENTS' PROPERTY	96
28.5.2	Custody and Use	
28.5.3	Deceased Patients	
29.	FUNDS HELD ON TRUST	98
29.1	General	
29.2	Existing Trusts	
29.3	New Trusts	
29.4	Sources of New Funds	
29.5	Disposition Management	
29.6	Investment Management	
29.7	Banking Services	
29.8	Asset Management	
29.9	Reporting	
29.10	Accounting and Audit	
29.11	Administration Costs	
29.12	Taxation	
30.	ACCEPTANCE OF GIFTS BY STAFF AND LINK TO STANDARDS OF BUSINESS CONDUCT	102
31.	PAYMENTS TO INDEPENDENT CONTRACTORS	102
32.	RETENTION OF RECORDS	102
33.	RISK MANAGEMENT AND INSURANCE	102
33.1	Programme of Risk Management	
33.2	Insurance: Risk Pooling Schemes Administered by NHSLA	
33.3	Insurance Arrangements with Commercial Insurers	
33.4	Arrangements to be followed by the Board in agreeing insurance cover.	
	LOCAL SCHEME OF DELEGATION	105
	SECTION E SCHEME OF DELEGATION – BUDGETARY CONTROL	106
	SECTION F DETAILED SCHEME OF DELEGATION	108

SECTION A

1. INTERPRETATION AND DEFINITIONS FOR STANDING ORDERS AND STANDING FINANCIAL INSTRUCTIONS

- 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 Company Secretary to the Board).
- 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 Nottinghamshire Healthcare NHS Trust.
- 1.2.3 "**Board**" means the Chairman, officer and non-officer 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 and Expenditure) 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.
- 1.2.10 "**Committee members**" means persons formally appointed by the Board to sit on or to chair specific committees.
- 1.2.11 "**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.
- 1.2.12 "**Director of Finance**" means the Chief Financial Officer of the Trust.
- 1.2.13 "**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.

- 1.2.14 **"Board Member"** means officer or non-officer member of the Board as the context permits. Member in relation to the Board does not include its Chairman.
- 1.2.15 **"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.
- 1.2.16 **"Membership, Procedure and Administration Arrangements Regulations"** means NHS Membership and Procedure Regulations (SI 1990/2024) and subsequent amendments.
- 1.2.17 **"Members' Council"** means a body of elected and nominated Governors appointed to form the Members' Council and carry out its function as part of the Trust's governance framework.
- 1.2.18 **"Member Governors"** means persons elected to the office of Governor of the Trust to serve for a period of 2 or 3 years as a Governor on the Members' Council.
- 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-officer member"** 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 Membership, Procedure and Administration Arrangements Regulations.
- 1.2.21 **"Officer"** means employee of the Trust or any other person holding a paid appointment or office with the Trust.
- 1.2.22 **"Officer member"** 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) (i.e. the Chairman of the Trust or any person nominated by such a Committee for appointment as a Trust member).
- 1.2.23 **"Quality & 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 Nottinghamshire Healthcare NHS Trust has responsibility. In the Trust the Quality & Risk Committee undertakes this function.
- 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 **"Vice-Chairman"** means the non-officer member appointed by the Board to take on the Chairman's duties if the Chairman is absent for any reason.

SECTION B – STANDING ORDERS

1. INTRODUCTION

1.1 Statutory Framework

The Nottinghamshire Healthcare NHS Trust is a statutory body which came into existence on 1 April 2001 under The Nottinghamshire Healthcare NHS Trust (Establishment) Order 2000 No. 2908, (the Establishment Order). This order was subsequently replaced by the (Establishment) Amendment Order 2011 No. 1518 (Establishment Order) to take account of Community Health Services now provided by the Trust. This Establishment Order (No 1518) became effective from 1 July 2011.

- (1) The principal place of business of the Trust is Nottinghamshire Healthcare NHS Trust, The Resource, Duncan Macmillan House, Porchester Road, Nottingham, NG3 6AA.
- (2) NHS Trusts are governed by Act of Parliament, - The National Health Service Act 2006 (NHS Act 2006), which replaced the National Health Service Act 1977 (NHS Act 1977), the National Health Service and Community Care Act 1990 (NHS and CC Act 1990), as amended by the Health Authorities Act 1995 and the Health Authority Act 1999.
- (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.
- (5) The Trust has statutory powers under the 2006 Act to fund projects jointly planned with Local Authorities, voluntary organisations and other bodies.
- (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.
- (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) 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.
- (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.
- (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

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 a committee, sub-committee or joint 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 (Reservation of Powers to the Board and Delegation of Powers). (See Section 1.8 and Appendix 2 of the Corporate Governance Framework Manual.) This document has effect as if incorporated into the Standing Orders. Delegated Powers are covered in a separate document entitled – 'Schedule of Matters reserved to the Board and Scheme of Delegation' and have effect as if incorporated into the Standing Orders and Standing Financial Instructions.

1.4 Integrated Governance

Trust Boards are now encouraged to move away from silo governance and develop integrated governance that will lead to good governance and to ensure that decision-making is informed by intelligent information covering the full range of corporate, financial, clinical, information and research governance. Guidance from the Department of Health on the move toward and implementation of integrated governance has been issued and will be incorporated in the Trust's Governance Strategy (see Integrated Governance Handbook 2006). Integrated governance will better enable the Board to take a holistic view of the organisation and its capacity to meet its legal and statutory requirements and clinical, quality and financial objectives.

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

2.1 Composition of the Membership of the Trust Board

In accordance with the Membership, Procedure and Administration Arrangements regulations the composition of the Board shall be and is set out within its Establishment Order:

- (1) The Chairman of the Trust (Appointed by the NHS Trust Development Authority);
- (2) 6 non-officer members, in addition to the Chairman, (appointed by the NHS Trust Development Authority);
- (3) 6 officer members (but not exceeding the number of non-officer members) including:
 - the Chief Executive;
 - the Executive Director of Finance;

The Trust Board shall have 12 members plus the Chairman (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).

Footnote: Nottinghamshire Healthcare NHS Trust Establishment Order 2011 No. 1518.

2.2 Appointment of Chairman and Members of the Trust

- (1) The Chairman is appointed by the Secretary of State under the 2006 Act in accordance with the Schedule 4, Part 1 of the 2006 Act but otherwise the appointment and tenure of office of the Chairman and members of the Trust are set out in the Membership Procedure and Administration Arrangements Regulations.

2.3 Terms of Office of the Chairman and Members

- (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 Appointment and Powers of Vice-Chairman

- (1) Subject to Standing Order 2.4 (2) below, the Chairman and members of the Trust may appoint one of their numbers, who is not also an officer member, to be Vice-Chairman, 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-Chairman by giving notice in writing to the Chairman. The Chairman and members may thereupon appoint another member as Vice-Chairman in accordance with the provisions of Standing Order 2.4 (1).
- (3) Where the Chairman of the Trust has died or has ceased to hold office, or where they have been unable to perform their duties as Chairman owing to illness or any other cause, the Vice-Chairman shall act as Chairman until a new Chairman is appointed or the existing Chairman resumes their duties, as the case may be; and references to the Chairman in these Standing Orders shall, so long as there is no Chairman able to perform those duties, be taken to include references to the Vice-Chairman.

2.5 Joint Members

- (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) 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 Members

The Board will function as a corporate decision-making body, Officer and Non-Officer Board Members 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 Board Members

Executive Board Members 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. He/she 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. He/she shall be responsible along with the Chief Executive for ensuring the discharge of obligations under relevant Financial Directions.

(4) Non-Executive Board Members

The Non-Executive Board 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) 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.

The Chairman shall liaise with the NHS Trust Development Authority 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 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

- (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 Standing Order No. 3.

- (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

- (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 officers and other bodies are contained in the Scheme of Delegation.

2.9 Lead Roles for Board Members

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 Child Protection Services etc.).

3. MEETINGS OF THE TRUST

3.1 Calling meetings

- (1) Ordinary meetings of the Board shall be held at regular intervals at such times and places as the Board may determine.
- (2) The Chairman 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 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

- (1) Before each meeting of the Board a written notice specifying the business proposed to be transacted shall be delivered to every Board 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 Board Member shall not affect the validity of a meeting.
- (2) In the case of a meeting called by Board members in default of the Chairman calling the meeting, the notice shall be signed by those Board members.
- (3) No business shall be transacted at the meeting other than that specified on the agenda, or emergency motions allowed under Standing Order 3.6.
- (4) A Board member desiring a matter to be included on an agenda shall make his/her request in writing to the Chairman 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 Chairman.
- (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 at the Trust's principal offices at least three clear days before the meeting, (required by the Public Bodies (Admission to Meetings) Act 1960 Section 1 (4) (a)).

3.3 Agenda and Supporting Papers

The Agenda will be sent to Board Members 5 days before the meeting and supporting papers, whenever possible, shall accompany the agenda, but will certainly be dispatched no later than three clear days before the meeting, save in emergency.

3.4 Petitions

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

- (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.
- (2) The notice shall be delivered at least 10 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

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

i) Who may propose

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

ii) 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.

iii) 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.

iv) **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.

v) **Withdrawing a motion**

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

vi) **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 (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

- (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 Board 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

- (1) At any meeting of the Trust Board the Chairman, if present, shall preside. If the Chairman is absent from the meeting, the Vice-Chairman (if the Board has appointed one), if present, shall preside.
- (2) If the Chairman and Vice-Chairman 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

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

- (i) No business shall be transacted at a meeting unless at least one-third of the whole number of the Chairman and Board members (including at least one member who is also an Officer Member of the Trust and one member who is not) is present.
- (ii) An Officer in attendance for an Executive Director (Officer Member) but without formal acting up status may not count towards the quorum.
- (iii) If the Chairman or Board 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 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. The above requirement for at least one Executive Director to form part of the quorum shall not apply where the Executive Director is excluded from the meeting, for example when the Board considers the recommendations for the Remuneration Committee.

3.12 Voting

- (i) 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 Board 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.
- (ii) 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.

- (iii) If at least one third of the Board 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).
- (iv) If a Board member so requests, their vote shall be recorded by name.
- (v) In no circumstances may an absent member vote by proxy. Absence is defined as being absent at the time of the vote.
- (vi) A manager who has been formally appointed to act up for an Officer Member during a period of incapacity or temporarily to fill an Executive Director vacancy shall be entitled to exercise the voting rights of the Officer Member.
- (vii) A manager attending the Trust Board meeting to represent an Officer Member during a period of incapacity or temporary absence without formal acting up status may not exercise the voting rights of the Officer Member. An Officer's status when attending a meeting shall be recorded in the minutes.
- (viii) For the voting rules relating to joint members see Standing Order 2.5.

3.13 Suspension of Standing Orders

- (i) 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 Officer Member 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.
- (ii) 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.
- (iii) No formal business may be transacted while Standing Orders are suspended.
- (iv) The Audit Committee shall review every decision to suspend Standing Orders.

3.14 Variation and amendment of Standing Orders

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

- upon a notice of motion under 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-Officer 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

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

3.16 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 Chairman considers discussion appropriate. Any amendments to the minutes shall be agreed and recorded at the next Board Meeting.

3.17 Admission of public and the press

(i) 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
- 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.

(ii) 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.

(iii) 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 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.

(iv) 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

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 COMMITTEES AND SUB-COMMITTEES

4.1 Appointment of Committees

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

The Trust 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.

4.2 Joint Committees

- (i) Joint committees may be appointed by the Trust by joining together with one or more other Strategic Health Authorities, or 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.
- (ii) 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 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 "Chairman" is to be read as a reference to the Chairman 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.)

4.4 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.

4.5 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.

4.6 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 officers, 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.

4.7 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, 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 Committees of the Trust Board

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

4.8.1 Audit Committee

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

The Higgs report recommends a minimum of three non-executive directors be appointed, of which one must have significant, recent and relevant financial experience. Nottinghamshire Healthcare NHS Trust has designated that its Audit Committee will consist of 4 Non-Executive Directors.

4.8.2 Nomination and Remuneration Committee

In line with the requirements of the NHS Codes of Conduct and Accountability, and more recently the Higgs report, a Nominations and Remuneration Committee will be established and constituted.

The Higgs report recommends the committee be comprised exclusively of Non-Executive Directors, a minimum of three, who are independent of management.

The purpose of the Committee will be to review the Trust Boards composition, talent management and succession planning arrangements and advise the Trust Board about appropriate remuneration and terms of service for the Chief Executive and other Executive Directors including:

- (i) to regularly review and evaluate the structure, size and composition of the Trust Board, making recommendations in this regard, recognizant of prevailing legal and statutory requirements

- (ii) oversee and review the Trust's Talent Management and succession planning arrangements
- (iii) all aspects of salary (including any performance-related elements/bonuses);
- (iv) provisions for other benefits, including pensions and cars;
- (v) arrangements for termination of employment and other contractual terms.
- (vi) Oversee pay strategy for any staff groups not included within Agenda for Change pay framework

4.8.3 **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 Standing Order 2.8 and Standing Financial Instructions 29.

4.8.4 **Quality & Risk Committee**

In line with the requirements of the integrated governance handbook the Trust has decided to maintain a Quality & Risk Committee to provide the Board with an strategic assurance with regard to the quality of service provision by the Trust and facilitation, development and implementation of robust risk management arrangements throughout the Trust. The Committee shall work closely with the Trust's Audit Committee.

The Committee will be constituted of 3 Non-Executive members (none of whom shall be the Chair of the Audit Committee nor the Trust Chair), one of whom will be the Chair, plus Executive Directors and Officers

4.8.5 **Mental Health Act Hospital Managers' Committee**

In line with the requirements to exercise its duties and functions as managers under the Mental Health Act 1983 as described in the Mental Health Act Code of Practice, the Trust shall appoint a Mental Health Act Hospital Managers Committee. The Committee shall comprise of a Non-Executive Director as Chair, all other Non-Executive Directors and Executive Directors of the Trust and other persons known as Associate Managers who shall not be officers of the Trust. The responsibility of the Committee will be to consider policy practice and procedure in relation to the management of administration of the Mental Health Act 1983 and related legislation and to also ensure that the Trust discharges those functions under the Mental Health Act 1983 which have been delegated to officers.

4.8.6 **Advisory Appointments Committee**

In line with the requirements of the NHS Appointment of Consultants Regulations 1996 (as amended) and NHS Circular HSG96/24 the Trust is required to appoint a committee to advise the Trust Board on the appointment of consultant medical staff to the Trust.

4.8.7 **Finance & Performance Committee**

In line with its role to oversee all aspects of the financial arrangements and performance of the Trust, the Finance & Performance Committee answers to the Trust Board to provide assurance that financial issues and the performance of the Trust is being addressed appropriately.

4.8.8 **Equality & Diversity Committee**

In line with its role to develop capacity within the services provided by the Trust for equality and diversity issues, the Equality and Diversity Committee will provide assurance to the Trust Board that networks are being developed, best practice is being established and the national programme is being developed and promoted.

4.8.9 **Other Committees**

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

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 Section 16B of the NHS Act 1977 allows for regulations to provide for the functions of Trust's to be carried out by third parties. In accordance with The Trusts (Membership, Procedure and Administration Arrangements) Regulations 2000 the functions of the Trust may also be carried out in the following ways:

- (i) by another Trust;
- (ii) jointly with any one or more of the following: NHS trusts, Strategic Health Authorities or PCTs (National clarification of post 4/2013 position awaited)
- (iii) by arrangement with the appropriate Trust or PCT, by a joint committee or joint sub-committee of the Trust and one or more other health service bodies; (National clarification of post 4/2013 position awaited)
- (iv) in relation to arrangements made under S63(1) of the Health Services and Public Health Act 1968, jointly with one or more Strategic Health Authorities, SHAs, NHS Trusts or PCT. (National clarification of post 4/2013 position awaited)

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

The powers which the Board has reserved to itself within these Standing Orders (see Standing Order 2.8) may in emergency or for an urgent decision be exercised

by the Chief Executive and the Chairman after having consulted at least two non-officer members. 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 session for formal ratification.

5.3 Delegation to Committees

5.3.1 The Board shall agree from time to time to the delegation of executive powers to be exercised by other committees, or sub-committees, or joint-committees, which it has formally constituted in accordance with directions issued by the Secretary of State. The constitution and terms of reference of these committees, or sub-committees, or joint committees, and their specific executive powers shall be approved by the Board in respect of its sub-committees.

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

5.4 Delegation to Officers

5.4.1 Those functions of the Trust which have not been retained as reserved by the Board or delegated to other 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 he/she will perform personally and shall nominate officers to undertake the remaining functions for which he/she will still retain accountability to the Trust.

5.4.2 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.

5.4.3 Nothing in the Scheme of 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 roles of the Director of Finance shall be accountable to the Chief Executive for operational matters.

5.5 Schedule of Matters Reserved to the Trust and Scheme of Delegation of powers

5.5.1 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.

5.6 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.

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

6.1 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 Nottinghamshire Healthcare NHS 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

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 Standards of Business Conduct and Conflicts of Interest Policy for Nottinghamshire Healthcare 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.
- the Counter Fraud, Corruption and Bribery Policy

6.3 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.

6.4 Specific guidance

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.

7. DUTIES AND OBLIGATIONS OF BOARD MEMBERS/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

- 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.

7.1.2 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 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.

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 Trust's Company Secretary.

Financial Reporting Standard No 8 (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 Trust Board members.

7.2.2. 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.

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 (ii).

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 Nottinghamshire Healthcare 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 1977;

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 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 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 Trust's Company Secretary 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 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.

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 'Exclusion 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 by him/her 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 senior managers 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 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. A report on all Sealings shall be made to the Audit Committee on a quarterly basis.

8.4 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).

9. MISCELLANEOUS (see overlap with SFI No. 21.3)

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.

SECTION C - SCHEME OF RESERVATION AND DELEGATION OF POWERS

REF	THE BOARD	DECISIONS RESERVED TO THE BOARD
NA	THE BOARD	<p>General Enabling Provision</p> <p>The Board may determine any matter, for which it has delegated or statutory authority, it wishes in full session within its statutory powers.</p>
NA	THE BOARD	<p><i>Regulations and Control</i></p> <ol style="list-style-type: none"> 1. Approve Standing Orders (SOs), a schedule of matters reserved to the Board and Standing Financial Instructions for the regulation of its proceedings and business. 2. Suspend Standing Orders. 3. Vary or amend the Standing Orders. 4. Ratify any urgent decisions taken by the Chairman and Chief Executive in public session in accordance with SO 5.2 5. Approve a scheme of delegation of powers from the Board to committees. 6. Require and receive the declaration of Board members' interests that may conflict with those of the Trust and determining the extent to which that member may remain involved with the matter under consideration. 7. Require and receive the declaration of officers' interests that may conflict with those of the Trust. 8. Approve arrangements for dealing with complaints. 9. Adopt the organisation structures, processes and procedures to facilitate the discharge of business by the Trust and to agree modifications thereto. 10. Receive reports from committees including those that the Trust is required by the Secretary of State or other regulation to establish and to take appropriate action on. 11. Confirm the recommendations of the Trust's committees where the committees do not have executive powers. 12. Approve arrangements relating to the discharge of the Trust's responsibilities as a corporate trustee for funds held on trust. 13. Establish terms of reference and reporting arrangements of all committees and sub-committees that are established by the Board. 14. Approve arrangements relating to the discharge of the Trust's responsibilities as a bailer for patients' property. 15. Authorise use of the seal.

REF	THE BOARD	DECISIONS RESERVED TO THE BOARD
		16. Ratify or otherwise instances of failure to comply with Standing Orders brought to the Chief Executive's attention in accordance with SO 5.6. 17. Discipline members of the Board or employees who are in breach of statutory requirements or SOs.
NA	THE BOARD	Appointments/ Dismissal 1. Appoint the Vice Chairman of the Board. 2. Appoint and dismiss committees (and individual members) that are directly accountable to the Board. 3. Appoint, appraise, discipline and dismiss Executive Directors (subject to SO 2.2). 4. Confirm appointment of members of any committee of the Trust as representatives on outside bodies. 5. Appoint, appraise, discipline and dismiss the Secretary (if the appointment of a Secretary is required under Standing Orders). Approve proposals of the Remuneration Committee regarding directors and senior employees and those of the Chief Executive for staff not covered by the Remuneration Committee.
NA	THE BOARD	Strategy, Plans and Budgets 1. Define the strategic aims and objectives of the Trust. 2. Approve proposals for ensuring quality and developing clinical governance in services provided by the Trust, having regard to any guidance issued by the Secretary of State. 3. Approve the Trust's policies and procedures for the management of risk. 4. Approve Outline and Final Business Cases for Capital Investment. 5. Approve budgets. 6. Approve annually Trust's proposed organisational development proposals. 7. Ratify proposals for acquisition, disposal or change of use of land and/or buildings. 8. Approve PFI proposals. 9. Approve the opening of bank accounts. 10. Approve proposals on individual contracts (other than NHS contracts) of a capital or revenue nature amounting to, or likely to amount to over [£100,000] over a 3 year period or the period of the contract if longer. 11. Approve proposals in individual cases for the write off of losses or making of special payments above the limits of delegation to the Chief Executive and Director of Finance (for losses and special payments) previously approved by the Board. 12. Approve individual compensation payments.

REF	THE BOARD	DECISIONS RESERVED TO THE BOARD
		13. Approve proposals for action on litigation against or on behalf of the Trust. Review use of NHSLA risk pooling schemes (LPST/CNST/ RPST).
	THE BOARD	<p>Policy Determination</p> <p>1. Approve management policies including personnel policies incorporating the arrangements for the appointment, removal and remuneration of staff.</p> <p>Policies so adopted shall be listed and appended to this document by the Secretary</p>
	THE BOARD	<p>Audit</p> <p>1. Receive of the annual management letter received from the external auditor and agreement of proposed action, taking account of the advice, where appropriate, of the Audit Committee.</p> <p>2. Receive an annual report from the Internal Auditor and agree action on recommendations where appropriate of the Audit Committee.</p>
NA	THE BOARD	<p>Annual Reports and Accounts</p> <p>1. Receipt and approval of the Trust's Annual Report and Annual Accounts.</p> <p>2. Receipt and approval of the Annual Report and Accounts for funds held on trust.</p>
NA	THE BOARD	<p>Monitoring</p> <p>1. Receive of such reports as the Board sees fit from committees in respect of their exercise of powers delegated.</p> <p>2. Continuous appraisal of the affairs of the Trust by means of the provision of such reports to the Board as the Board may require from directors, committees, and officers of the Trust as set out in management policy statements. All monitoring returns required by the Department of Health and the Charity Commission shall be reported, at least in summary, to the Board.</p> <p>3. Receive reports from DoF on financial performance against budget and Local Delivery Plan. Receive reports from CE on actual and forecast income from SLA.</p>

REF	COMMITTEE	DECISIONS/DUTIES DELEGATED BY THE BOARD TO COMMITTEES
SFI 11.1.1	AUDIT COMMITTEE	<p>The Committee will:</p> <ol style="list-style-type: none"> 1. Advise the Board that there is an effective internal audit function that provides appropriate independent assurance to the Audit Committee, Chief Executive and the Board. 2. Review the work and findings of the External Auditor and consider the implications of management's response to their work. 3. Monitor compliance with Standing Orders and Standing Financial Instructions; 4. Review schedules of losses and compensations and making recommendations to the Board, including every decision to suspend the Standing Orders. 5. Review the annual financial statements prior to submission to the Board. 6. Delegate the responsibility for receiving key assurances in respect of all risks faced by the Trust to the Quality & Risk Committee 7. Review the policies and procedures for all fraud, corruption and bribery as set out in the Secretary of State Directions / NHS Provider Standards as required by NHS Protect. 8. Review and agree the completion of the Annual Governance Statement 9. Review the minutes/notes of relevant sub-committees and progress reports against all actions. <p>[This will vary according to the terms of reference and the role of the Audit Committee relative to that of the Quality and Risk Committee.]</p>
SFI 20.1.2	NOMINATIONS AND REMUNERATION COMMITTEE	<p>The Committee will:</p> <ol style="list-style-type: none"> 1. Review the Trust Board's size composition and structure, making recommendations in this regard 2. Review the Trust's Talent Management and succession planning arrangements as these relate to the Board, making recommendations in this regard 3. Advise the Board about appropriate remuneration and terms of service for the Chief Executive, other Executive Directors and other senior employees including: <ol style="list-style-type: none"> 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; 4. Make recommendations to the Board on the remuneration and terms of service of executive directors and senior employees to ensure they are fairly rewarded for their individual contribution to the Trust - having proper regard to the Trust's circumstances and performance and to the provisions of any national

REF	COMMITTEE	DECISIONS/DUTIES DELEGATED BY THE BOARD TO COMMITTEES
		<p>arrangements for such staff;</p> <p>5. Proper calculation and scrutiny of termination payments taking account of such national guidance as is appropriate advise on and oversee appropriate contractual arrangements for such staff;</p> <p>4. The Committee shall report in writing to the Board the basis for its recommendations.</p>
<p>HSC 1999/065 HSC 1998/70 HSC 1999/123</p>	<p>QUALITY & RISK COMMITTEE (INCORPORATING CLINICAL GOVERNANCE FUNCTIONS)</p>	<p>The Committee will:</p> <p>1 provide assurance to the Trust Board that robust Quality Governance and Risk Management arrangements are in place throughout the Trust and are working effectively</p> <p>2. Monitor and review the Trust's quality priorities relating to experience, clinical effectiveness and patient safety and the production of the Trust's Quality Account.</p> <p>3. Oversee the Trust's registration with the Care Quality Commission and its ongoing compliance.</p> <p>4. Promote learning and sharing for all areas of activity, both from within and outside of the Trust.</p> <p>5 Receive key assurances on NHS LA Risk Management, Standards, Incident Statistics, Board Assurance Framework, Risk Registers, (Local & Forensic Divisions), Claims Activity and the Minutes/Reports from the Clinical Governance Executive Forum, Trust Risk Management Group and the Trust Health and Safety Committee.</p> <p>6 Act as a co-ordination leadership body to ensure that the operational committees and groups are working effectively in accordance with the agreed risk management strategy for the Trust.3 In conjunction with the work of the Audit Committee, receive periodic reports from operational committees and groups, as required.</p> <p>7 Promote a culture of risk management and effective governance within the Trust, including establishing the links between the Board Assurance Framework and Local Risk Registers.</p> <p>8 Monitor the Trust's compliance with statutory and other requirements and practice guidelines.</p> <p>9 Review the underlying assurance processes that indicate the degree of achievement of corporate objectives.</p> <p>10 Review relevant policies relating to Risk and Governance to ensure compliance with regulatory legal and code of conduct requirements.</p>
	<p>CHARITABLE FUNDS COMMITTEE</p>	<p>The Committee will:</p> <p>1 Ensure corporate responsibility and observance of the law relating to, and for the proper administration of, charitable funds owned by the Trust.</p>

REF	COMMITTEE	DECISIONS/DUTIES DELEGATED BY THE BOARD TO COMMITTEES
		2 Ensure that policies determined by the Trustees are implemented appropriately.
	ADVISORY APPOINTMENTS COMMITTEE	The Committee will: 1 Consider applications for appointment of consultant medical staff to the Trust.
	MHA HOSPITAL MANAGERS COMMITTEE	The Committee will: 1 Consider policy, practice and procedure in relation to the management and administration of the Mental Health Act 2010 and related legislation. 2 Consider the Trust's discharge of those functions under the Mental Health Act 1983 which have been delegated to officers. 3 Have the power to establish local working groups, from time to time,, as sub-committees to look at specific issues and make recommendations to the full committee. 4 Form panels of three members who shall undertake the responsibilities of reviewing detention.
	FINANCE AND PERFORMANCE COMMITTEE	The Committee will: 1 Oversee and evaluate the development of the Trust's financial strategies, its service and financial plans and service delivery agreements and key contractual agreements. 2 Oversee the development, management and delivery of the Trust's Annual Capital Programme, review the Trust's Estates and Assets Strategy. 3 Oversee the delivery of the Trust's Cost Improvement Programme and in year financial position. 4 Ensure information systems are developed to support the Trust.
	EQUALITY & DIVERSITY COMMITTEE	The Committee will: 1 Develop capacity within services to address equality and diversity issues underlying supporting Equalities Impact Assessments. 2 Develop networks to share best practice and to train management in equality and diversity. 3 Establish increased knowledge of equality and diversity across the workforce, developing practice models, networks and positive action initiatives.

REF	COMMITTEE	DECISIONS/DUTIES DELEGATED BY THE BOARD TO COMMITTEES
		<p>4 Develop model policies and practice to help NHS organizations meet existing and impending legislation.</p> <p>5 Work with higher education and other key stakeholders to improve access to nursing, midwifery and medical professionals of black and ethnic minority people.</p> <p>6 Work with professional bodies representing nurses and attend health professionals to ensure equality and diversity issues affecting their members are being adhered by NHS organizations.</p> <p>7 Ensuring quality and diversity of employment, receiving regular equality monitoring reports and developing positively a diverse national development programme.</p> <p>8 Review and approve appropriate resources, action plans and work streams.</p>

SCHEME OF DELEGATION DERIVED FROM THE ACCOUNTABLE OFFICER MEMORANDUM

REF	DELEGATED TO	DUTIES DELEGATED
7	CHIEF EXECUTIVE (CE)	Accountable through NHS Accounting Officer to Parliament for stewardship of Trust resources.
9	CE AND DIRECTOR OF FINANCE (DOF)	Ensure the accounts of the Trust are prepared under principles and in a format directed by the SofS. Accounts must disclose a true and fair view of the Trust's income and expenditure and its state of affairs. Sign the accounts on behalf of the Board.
10	CHIEF EXECUTIVE	Sign a statement in the accounts outlining responsibilities as the Accountable Officer. Sign a statement in the accounts outlining responsibilities in respect of Internal Control.
12 & 13	CHIEF EXECUTIVE	<i>Ensure effective management systems that safeguard public funds and assist the Trust Chairman to implement requirements of corporate governance including ensuring managers:</i> <ul style="list-style-type: none"> • “have a clear view of their objectives and the means to assess achievements in relation to those objectives • be assigned well defined responsibilities for making best use of resources • have the information, training and access to the expert advice they need to exercise their responsibilities effectively.”
12	CHAIRMAN	Implement requirements of corporate governance.
13	CHIEF EXECUTIVE	Achieve value for money from the resources available to the Trust and avoid waste and extravagance in the organisation's activities. Follow through the implementation of any recommendations affecting good practice as set out on reports from such bodies as the Audit Commission and the National Audit Office (NAO).
15	DOF	Operational responsibility for effective and sound financial management and information.
15	CHIEF EXECUTIVE	Primary duty to see that DoF discharges this function.
16	CHIEF EXECUTIVE	Ensuring that expenditure by the Trust complies with Parliamentary requirements.

REF	DELEGATED TO	DUTIES DELEGATED
18	CHIEF EXECUTIVE and DIRECTOR OF FINANCE	Chief Executive, supported by Director of Finance, to ensure appropriate advice is given to the Board on all matters of probity, regularity, prudent and economical administration, efficiency and effectiveness.
19	CHIEF EXECUTIVE	If the Chief Executive considers the Board or Chairman is doing something that might infringe probity or regularity, he should set this out in writing to the Chairman and the Board. If the matter is unresolved, he/she should ask the Audit Committee to inquire and if necessary the SHA and Department of Health.
21	CHIEF EXECUTIVE	If the Board is contemplating a course of action that raises an issue not of formal propriety or regularity but affects the CE's responsibility for value for money, the CE should draw the relevant factors to the attention of the Board. If the outcome is that the Chief Executive is overruled, it is normally sufficient to ensure that the advice of the Chief Executive and the overruling of it are clearly apparent from the papers.

SCHEME OF DELEGATION DERIVED FROM THE CODES OF CONDUCT AND ACCOUNTABILITY

REF	DELEGATED TO	AUTHORITIES/DUTIES DELEGATED
1.3.1.7	BOARD	Approve procedure for declaration of hospitality and sponsorship.
1.3.1.8	BOARD	Ensure proper and widely publicised procedures for voicing complaints, concerns about misadministration, breaches of Code of Conduct, and other ethical concerns.
1.31.9 & 1.3.2.2	ALL BOARD MEMBERS	Subscribe to Code of Conduct.
1.3.2.4	BOARD	Board members share corporate responsibility for all decisions of the Board.
1.3.2.4	CHAIR AND NON EXECUTIVE/OFFICER MEMBERS	Chair and non-officer members are responsible for monitoring the executive management of the organisation and are responsible to the Secretary of State for the discharge of those responsibilities.
1.3.2.4	BOARD	<p>The Board has six key functions for which it is held accountable by the Department of Health on behalf of the Secretary of State:</p> <ol style="list-style-type: none"> 1. to ensure effective financial stewardship through value for money, financial control and financial planning and strategy; 2. to ensure that high standards of corporate governance and personal behaviour are maintained in the conduct of the business of the whole organisation; 3. to appoint, appraise and remunerate senior executives; 4. to ratify the strategic direction of the organisation within the overall policies and priorities of the Government and the NHS, define its annual and longer term objectives and agree plans to achieve them; 5. to oversee the delivery of planned results by monitoring performance against objectives and ensuring corrective action is taken when necessary; 6. to ensure effective dialogue between the organisation and the local community on its plans and performance and that these are responsive to the community's needs.

REF	DELEGATED TO	AUTHORITIES/DUTIES DELEGATED
1.3.2.4	BOARD	<p>It is the Board's duty to:</p> <ol style="list-style-type: none"> 1. act within statutory financial and other constraints; 2. be clear what decisions and information are appropriate to the Board and draw up Standing Orders, a schedule of decisions reserved to the Board and Standing Financial Instructions to reflect these, 3. ensure that management arrangements are in place to enable responsibility to be clearly delegated to senior executives for the main programmes of action and for performance against programmes to be monitored and senior executives held to account; 4. establish performance and quality measures that maintain the effective use of resources and provide value for money; 5. specify its requirements in organising and presenting financial and other information succinctly and efficiently to ensure the Board can fully undertake its responsibilities; 6. establish Audit and Nominations & Remuneration Committees on the basis of formally agreed terms of reference that set out the membership of the sub-committee, the limit to their powers, and the arrangements for reporting back to the main Board.
1.3.2.5	CHAIRMAN	<p>It is the Chairman's role to:</p> <ol style="list-style-type: none"> 1. provide leadership to the Board; 2. enable all Board members to make a full contribution to the Board's affairs and ensure that the Board acts as a team; 3. ensure that key and appropriate issues are discussed by the Board in a timely manner, 4. ensure the Board has adequate support and is provided efficiently with all the necessary data on which to base informed decisions; 5. lead Non-Executive Board members through a formally-appointed Remuneration Committee of the main Board on the appointment, appraisal and remuneration of the Chief Executive and (with the latter) other Executive Board members; 6. appoint Non-Executive Board members to an Audit Committee and other committees of the Trust Board; 7. advise the Secretary of State on the performance of Non-Executive Board members.
1.3.2.6	CHIEF EXECUTIVE	<p>The Chief Executive is accountable to the Chairman and Non-Executive members of the Board for ensuring that its decisions are implemented, that the organisation works effectively, in accordance with</p>

REF	DELEGATED TO	AUTHORITIES/DUTIES DELEGATED
		<p>Government policy and public service values and for the maintenance of proper financial stewardship. The Chief Executive should be allowed full scope, within clearly defined delegated powers, for action in fulfilling the decisions of the Board.</p> <p>The other duties of the Chief Executive as Accountable Officer are laid out in the Accountable Officer Memorandum.</p>
1.3.2.7	NON EXECUTIVE DIRECTORS	Non-Executive Directors are appointed by NHS Trust Development Authority, to bring independent judgement to bear on issues of strategy, performance, key appointments and accountability through the Department of Health to Ministers and to the local community.
1.3.2.8	CHAIR AND DIRECTORS	Declaration of conflict of interests.
1.3.2.9	BOARD	NHS Boards must comply with legislation and guidance issued by the Department of Health on behalf of the Secretary of State, respect agreements entered into by themselves or in on their behalf and establish terms and conditions of service that are fair to the staff and represent good value for taxpayers' money.

SCHEME OF DELEGATION FROM STANDING ORDERS

SO REF	DELEGATED TO	AUTHORITIES/DUTIES DELEGATED
1.1	CHAIRMAN	Final authority in interpretation of Standing Orders (SOs).
2.4	BOARD	appointment of Vice Chairman and Senior Independent Director.
3.1	CHAIRMAN	Call meetings.
3.9	CHAIRMAN	Chair all Board meetings and associated responsibilities.
3.10	CHAIRMAN	Give final ruling in questions of order, relevancy and regularity of meetings.
3.12	CHAIRMAN	Having a second or casting vote
3.13	BOARD	Suspension of Standing Orders
3.13 (iv)	AUDIT COMMITTEE	Audit Committee to review every decision to suspend Standing Orders (power to suspend Standing Orders is reserved to the Board)
3.14	BOARD	Variation or amendment of Standing Orders
4.1	BOARD	Formal delegation of powers to sub committees or joint committees and approval of their constitution and terms of reference. (Constitution and terms of reference of sub committees may be approved by the Chief Executive.)
5.2	CHAIRMAN & CHIEF EXECUTIVE	The powers which the Board has retained to itself within these Standing Orders may in emergency be exercised by the Chair and Chief Executive after having consulted at least two Non-Executive members.
5.4.2	CHIEF EXECUTIVE	The Chief Executive shall prepare a Scheme of Delegation identifying his/her proposals that shall be considered and approved by the Board, subject to any amendment agreed during the discussion.
5.6	ALL	Disclosure of non-compliance with Standing Orders to the Chief Executive as soon as possible.
7.1	THE BOARD	Declare relevant and material interests.
7.2	CHIEF EXECUTIVE	Maintain Register(s) of Interests.

SO REF	DELEGATED TO	AUTHORITIES/DUTIES DELEGATED
7.4	ALL STAFF	Comply with national guidance contained in HSG 1993/5 "Standards of Business Conduct for NHS Staff".
7.4	ALL	Disclose relationship between self and candidate for staff appointment. (CE to report the disclosure to the Board.)
8.1/8.3	CHIEF EXECUTIVE	Keep seal in safe place and maintain a register of sealing.
8.4	CHIEF EXECUTIVE/ EXECUTIVE DIRECTOR	Approve and sign all documents which will be necessary in legal proceedings.

* Nominated officers and the areas for which they are responsible should be incorporated into the Trust's Scheme of Delegation document.

SCHEME OF DELEGATION FROM STANDING FINANCIAL INSTRUCTIONS

SFI REF	DELEGATED TO	AUTHORITIES/DUTIES DELEGATED
10.1.3	DIRECTOR OF FINANCE	Approval of all financial procedures.
10.1.4	DIRECTOR OF FINANCE	Advice on interpretation or application of SFIs.
10.1.6	ALL MEMBERS OF THE BOARD AND EMPLOYEES	Have a duty to disclose any non-compliance with these Standing Financial Instructions to the Director of Performance and Finance as soon as possible.
10.2.4	CHIEF EXECUTIVE	Responsible as the Accountable Officer to ensure financial targets and obligations are met and have overall responsibility for the System of Internal Control.
10.2.4	CHIEF EXECUTIVE & DIRECTOR OF FINANCE	Accountable for financial control but will, as far as possible, delegate their detailed responsibilities.
10.2.5	CHIEF EXECUTIVE	To ensure all Board members, officers and employees, present and future, are notified of and understand Standing Financial Instructions.
10.2.6	DIRECTOR OF FINANCE	Responsible for: a) Implementing the Trust's financial policies and coordinating corrective action; b) Maintaining an effective system of financial control including ensuring detailed financial procedures and systems are prepared and documented; c) Ensuring that sufficient records are maintained to explain Trust's transactions and financial position; d) Providing financial advice to members of Board and staff; e) Maintaining such accounts, certificates etc as are required for the Trust to carry out its statutory duties.
10.2.7	ALL MEMBERS OF THE BOARD AND EMPLOYEES	Responsible for security of the Trust's property, avoiding loss, exercising economy and efficiency in using resources and conforming to Standing Orders, Financial Instructions and financial procedures.
10.2.8	CHIEF EXECUTIVE	Ensure that any contractor or employee of a contractor who is empowered by the Trust to commit the Trust to expenditure or who is authorised to obtain income are made aware of these instructions and their requirement to comply.

SFI REF	DELEGATED TO	AUTHORITIES/DUTIES DELEGATED
11.1.1	AUDIT COMMITTEE	Provide independent and objective view on internal control and probity.
11.1.2	CHAIR	Raise the matter at the Board meeting where Audit Committee considers there is evidence of ultra vires transactions or improper acts.
11.1.3 & 11.2.1	DIRECTOR OF FINANCE	Ensure an adequate internal audit service, for which he/she is accountable, is provided (and involve the Audit Committee in the selection process when/if an internal audit service provider is changed.)
11.2.1	DIRECTOR OF FINANCE	Decide at what stage to involve police in cases of misappropriation and other irregularities not involving fraud or corruption.
11.3	HEAD OF INTERNAL AUDIT	Review, appraise and report in accordance with NHS Internal Audit Manual and best practice.
11.4	AUDIT COMMITTEE	Ensure cost-effective External Audit.
11.5	CHIEF EXECUTIVE & DIRECTOR OF FINANCE	Monitor and ensure compliance with Secretary of State Directions / NHS Provider Standards on fraud, corruption and bribery, including the appointment of the Local Counter Fraud Specialist.
11.6	CHIEF EXECUTIVE	Monitor and ensure compliance with Directions issued by the Secretary of State for Health on NHS security management including appointment of the Local Security Management Specialist.
13.1.1	CHIEF EXECUTIVE	Compile and submit to the Board an LDP which takes into account financial targets and forecast limits of available resources. The LDP will contain: <ul style="list-style-type: none"> • a statement of the significant assumptions on which the plan is based; • details of major changes in workload, delivery of services or resources required to achieve the plan.
13.1.2 & 13.1.3	DIRECTOR OF FINANCE	Submit budgets to the Board for approval. Monitor performance against budget; submit to the Board financial estimates and forecasts.
13.1.6	DIRECTOR OF FINANCE	Ensure adequate training is delivered on an on going basis to budget holders.
13.3.1	CHIEF EXECUTIVE	Delegate budget to budget holders.
13.3.2	CHIEF EXECUTIVE & BUDGET HOLDERS	Must not exceed the budgetary total or virement limits set by the Board.

SFI REF	DELEGATED TO	AUTHORITIES/DUTIES DELEGATED
13.4.1	DIRECTOR OF FINANCE	Devise and maintain systems of budgetary control.
13.4.2	BUDGET HOLDERS	Ensure that a) no overspend or reduction of income that cannot be met from virement is incurred without prior consent of Board; b) approved budget is not used for any other than specified purpose subject to rules of virement; c) no permanent employees are appointed without the approval of the CE other than those provided for within available resources and manpower establishment.
13.4.3	CHIEF EXECUTIVE	Identify and implement cost improvements and income generation activities in line with the LDP.
13.6.1	CHIEF EXECUTIVE	Submit monitoring returns
14.1	DIRECTOR OF FINANCE	Preparation of annual accounts and reports.
15.1	DIRECTOR OF FINANCE	Managing banking arrangements, including provision of banking services, operation of accounts, preparation of instructions and list of cheque signatories. (Board approves arrangements.)
16.	DIRECTOR OF FINANCE	Income systems, including system design, prompt banking, review and approval of fees and charges, debt recovery arrangements, design and control of receipts, provision of adequate facilities and systems for employees whose duties include collecting or holding cash.
16.2.3	ALL EMPLOYEES	Duty to inform DoF of money due from transactions which they initiate/deal with.
17.	CHIEF EXECUTIVE	Tendering and contract procedure.
17.5.4	CHIEF EXECUTIVE	Waive formal tendering procedures.
17.5.4	CHIEF EXECUTIVE	Report waivers of tendering procedures to the Audit Committee.
17.5.6	DIRECTOR OF FINANCE	Where a supplier is chosen that is not on the approved list the reason shall be recorded in writing to the Chief Executive.
17.6.2	CHIEF EXECUTIVE	Responsible for the receipt, endorsement and safe custody of tenders received.
17.6.3	CHIEF EXECUTIVE	Shall maintain a register to show each set of competitive tender invitations despatched.

SFI REF	DELEGATED TO	AUTHORITIES/DUTIES DELEGATED
17.6.4	CHIEF EXECUTIVE AND DIRECTOR OF FINANCE	Where one tender is received will assess for value for money and fair price.
17.6.6	CHIEF EXECUTIVE	No tender shall be accepted which will commit expenditure in excess of that which has been allocated by the Trust and which is not in accordance with these Instructions except with the authorisation of the Chief Executive.
17.6.8	CHIEF EXECUTIVE	Will appoint a manager to maintain a list of approved firms.
17.6.9	CHIEF EXECUTIVE	Shall ensure that appropriate checks are carried out as to the technical and financial capability of those firms that are invited to tender or quote.
17.7.2	CHIEF EXECUTIVE	The Chief Executive or his nominated officer should evaluate the quotation and select the quote which gives the best value for money.
17.7.4	CHIEF EXECUTIVE OR DIRECTOR OF FINANCE	No quotation shall be accepted which will commit expenditure in excess of that which has been allocated by the Trust and which is not in accordance with these Instructions except with the authorisation of the Chief Executive.
17.10	CHIEF EXECUTIVE	The Chief Executive shall demonstrate that the use of private finance represents value for money and genuinely transfers risk to the private sector.
17.10	BOARD	All Private Finance Initiative (PFI) proposals must be agreed by the Board.
17.11,1 (h)	CHIEF EXECUTIVE	The Chief Executive shall nominate an officer who shall oversee and manage each contract on behalf of the Trust.
17.12	CHIEF EXECUTIVE	The Chief Executive shall nominate officers with delegated authority to enter into contracts of employment, regarding staff, agency staff or temporary staff service contracts.
17.15	CHIEF EXECUTIVE	The Chief Executive shall be responsible for ensuring that best value for money can be demonstrated for all services provided on an in-house basis.
17.15.5	CHIEF EXECUTIVE	The Chief Executive shall nominate an officer to oversee and manage the contract on behalf of the Trust.
18.1.1	CHIEF EXECUTIVE	Must ensure the Trust enters into suitable Service Level Agreements (SLAs) with service commissioners for the provision of NHS services

SFI REF	DELEGATED TO	AUTHORITIES/DUTIES DELEGATED
18.4	CHIEF EXECUTIVE	As the Accountable Officer, ensure that regular reports are provided to the Board detailing actual and forecast income from the SLA
20.1.1	BOARD	Establish a Remuneration & Terms of Service Committee
20.1.2	NOMINATIONS AND REMUNERATION COMMITTEE	Advise the Board on and make recommendations on the remuneration and terms of service of the CE, other officer members and senior employees to ensure they are fairly rewarded having proper regard to the Trust's circumstances and any national agreements; Monitor and evaluate the performance of individual senior employees; Advise on and oversee appropriate contractual arrangements for such staff, including proper calculation and scrutiny of termination payments.
20.1.3	NOMINATIONS AND REMUNERATION COMMITTEE	Report in writing to the Board its advice and its bases about remuneration and terms of service of directors and senior employees.
20.1.4	BOARD	Approve proposals presented by the Chief Executive for setting of remuneration and conditions of service for those employees and officers not covered by the Remuneration Committee.
20.2.2	CHIEF EXECUTIVE	Approval of variation to funded establishment of any department.
20.3	CHIEF EXECUTIVE	Staff, including agency staff, appointments and re-grading.
20.4.1 and 20.4.2	DIRECTOR OF FINANCE	Payroll: a) specifying timetables for submission of properly authorised time records and other notifications; b) final determination of pay and allowances; c) making payments on agreed dates; d) agreeing method of payment; e) issuing instructions (as listed in SFI 10.4.2).
20.4.3	NOMINATED MANAGERS*	Submit time records in line with timetable. Complete time records and other notifications in required form. Submitting termination forms in prescribed form and on time.
20.4.4	DIRECTOR OF FINANCE	Ensure that the chosen method for payroll processing is supported by appropriate (contracted) terms and conditions, adequate internal controls and audit review procedures and that suitable arrangements are

SFI REF	DELEGATED TO	AUTHORITIES/DUTIES DELEGATED
		<i>made for the collection of payroll deductions and payment of these to appropriate bodies.</i>
20.5	NOMINATED MANAGER*	Ensure that all employees are issued with a Contract of Employment in a form approved by the Board and which complies with employment legislation; and Deal with variations to, or termination of, contracts of employment.
21.1	CHIEF EXECUTIVE	Determine, and set out, level of delegation of non-pay expenditure to budget managers, including a list of managers authorised to place requisitions, the maximum level of each requisition and the system for authorisation above that level.
21.1.3	CHIEF EXECUTIVE	Set out procedures on the seeking of professional advice regarding the supply of goods and services.
21.2.1	REQUISITIONER*	In choosing the item to be supplied (or the service to be performed) shall always obtain the best value for money for the Trust. In so doing, the advice of the Trust's adviser on supply shall be sought.
21.2.2	DIRECTOR OF FINANCE	Shall be responsible for the prompt payment of accounts and claims.
21.2.3	DIRECTOR OF FINANCE	<ul style="list-style-type: none"> a) Advise the Board regarding the setting of thresholds above which quotations (competitive or otherwise) or formal tenders must be obtained; and, once approved, the thresholds should be incorporated in standing orders and regularly reviewed; b) Prepare procedural instructions [where not already provided in the Scheme of Delegation or procedure notes for budget holders] on the obtaining of goods, works and services incorporating the thresholds; c) Be responsible for the prompt payment of all properly authorised accounts and claims; d) Be responsible for designing and maintaining a system of verification, recording and payment of all amounts payable; e) A timetable and system for submission to the Director of Finance of accounts for payment; provision shall be made for the early submission of accounts subject to cash discounts or otherwise requiring early payment; f) Instructions to employees regarding the handling and payment of accounts within the Finance Department; g) Be responsible for ensuring that payment for goods and services is only made once the goods and services are received
21.2.4	APPROPRIATE EXECUTIVE DIRECTOR	Make a written case to support the need for a prepayment.

SFI REF	DELEGATED TO	AUTHORITIES/DUTIES DELEGATED
21.2.4	DIRECTOR OF FINANCE	Approve proposed prepayment arrangements.
21.2.4	BUDGET HOLDER	Ensure that all items due under a prepayment contract are received (and immediately inform Director of Finance if problems are encountered).
21.2.5	CHIEF EXECUTIVE	Authorise who may use and be issued with official orders.
21.2.6	MANAGERS AND OFFICERS	Ensure that they comply fully with the guidance and limits specified by the Director of Finance.
21.2.7	CHIEF EXECUTIVE DIRECTOR OF FINANCE	Ensure that the arrangements for financial control and financial audit of building and engineering contracts and property transactions comply with the guidance contained within CONCODE and ESTATECODE. The technical audit of these contracts shall be the responsibility of the relevant Director.
21.3.1	DIRECTOR OF FINANCE	Lay down procedures for payments to local authorities and voluntary organisations made under the powers of section 28A of the NHS Act.
22.1.1	DIRECTOR OF FINANCE	The Director of Finance will advise the Board on the Trust's ability to pay dividend on PDC and report, periodically, concerning the PDC debt and all loans and overdrafts.
22.1.2	BOARD	Approve a list of employees authorised to make short term borrowings on behalf of the Trust. (This must include the CE and DoF.)
22.1.3	DIRECTOR OF FINANCE	Prepare detailed procedural instructions concerning applications for loans and overdrafts.
22.1.5	CHIEF EXECUTIVE OR DIRECTOR OF FINANCE	Be on an authorising panel comprising one other member for short term borrowing approval.
22.2.2	DIRECTOR OF FINANCE	Will advise the Board on investments and report, periodically, on performance of same.
22.2.3	DIRECTOR OF FINANCE	Prepare detailed procedural instructions on the operation of investments held.
23	DIRECTOR OF FINANCE	Ensure that Board members are aware of the Financial Framework and ensure compliance
24.1.1 & 2	CHIEF EXECUTIVE	Capital investment programme: a) ensure that there is adequate appraisal and approval process for determining capital expenditure priorities and the effect that each has on plans b) responsible for the management of capital schemes and for ensuring that they are delivered on time and within cost; c) ensure that capital investment is not undertaken without availability of resources to finance all

SFI REF	DELEGATED TO	AUTHORITIES/DUTIES DELEGATED
		revenue consequences; d) ensure that a business case is produced for each proposal.
24.1.2	DIRECTOR OF FINANCE	Certify professionally the costs and revenue consequences detailed in the business case for capital investment.
24.1.3	CHIEF EXECUTIVE	Issue procedures for management of contracts involving stage payments.
24.1.4	DIRECTOR OF FINANCE	Assess the requirement for the operation of the construction industry taxation deduction scheme.
24.1.5	DIRECTOR OF FINANCE	Issue procedures for the regular reporting of expenditure and commitment against authorised capital expenditure.
24.1.7	CHIEF EXECUTIVE	Issue manager responsible for any capital scheme with authority to commit expenditure, authority to proceed to tender and approval to accept a successful tender. Issue a scheme of delegation for capital investment management.
24.1.8	DIRECTOR OF FINANCE	Issue procedures governing financial management, including variation to contract, of capital investment projects and valuation for accounting purposes.
24.2.1	DIRECTOR OF FINANCE	Demonstrate that the use of private finance represents value for money and genuinely transfers significant risk to the private sector.
24.2.1	BOARD	Proposal to use Private Finance Initiative (PFI) must be specifically agreed by the Board.
24.3.1	CHIEF EXECUTIVE	Maintenance of asset registers (on advice from Director of Finance).
24.3.5	DIRECTOR OF FINANCE	Approve procedures for reconciling balances on fixed assets accounts in ledgers against balances on fixed asset registers.
24.3.8	DIRECTOR OF FINANCE	Calculate and pay capital charges in accordance with Department of Health requirements.
24.4.1	CHIEF EXECUTIVE	Overall responsibility for fixed assets.
24.4.2	DIRECTOR OF FINANCE	Approval of fixed asset control procedures.
24.4.3	BOARD, EXECUTIVE MEMBERS AND ALL SENIOR STAFF	Responsibility for security of Trust assets including notifying discrepancies to Director of Finance, and reporting losses in accordance with Trust procedure.

SFI REF	DELEGATED TO	AUTHORITIES/DUTIES DELEGATED
25.2	CHIEF EXECUTIVE	Delegate overall responsibility for control of stores (subject to Director of Finance responsibility for systems of control). Further delegation for day-to-day responsibility subject to such delegation being recorded.
25.2.1	DIRECTOR OF FINANCE	Responsible for systems of control over stores and receipt of goods.
25.2.1	DESIGNATED PHARMACEUTICAL OFFICER	Responsible for controls of pharmaceutical stocks
25.2.1	DESIGNATED ESTATES OFFICER	Responsible for control of stocks of fuel oil.
25.2.2	NOMINATED OFFICERS*	Security arrangements and custody of keys
25.2.3	DIRECTOR OF FINANCE	Set out procedures and systems to regulate the stores.
25.2.4	DIRECTOR OF FINANCE	Agree stocktaking arrangements.
25.2.5	DIRECTOR OF FINANCE	Approve alternative arrangements where a complete system of stores control is not justified.
25.2.6	DIRECTOR OF FINANCE	Approve system for review of slow moving and obsolete items and for condemnation, disposal and replacement of all unserviceable items.
25.2.6	NOMINATED OFFICERS*	Operate system for slow moving and obsolete stock, and report to Director of Finance evidence of significant overstocking.
25.3.1	CHIEF EXECUTIVE	Identify persons authorised to requisition and accept goods from NHS Supplies stores.
26.1.1	DIRECTOR OF FINANCE	Prepare detailed procedures for disposal of assets including condemnations and ensure that these are notified to managers.
26.2.2	DIRECTOR OF FINANCE	Prepare procedures for recording and accounting for losses, special payments and informing police in cases of suspected arson or theft.
26.2.3	ALL STAFF	Notify NHS Protect and, where appropriate, External Audit of allegations of fraud, corruption and or bribery
26.2.3	DIRECTOR OF FINANCE	Where a criminal offence is suspected, Director of Finance must inform the police if theft or arson is

SFI REF	DELEGATED TO	AUTHORITIES/DUTIES DELEGATED
		involved. In cases of fraud and corruption Director of Finance must inform the relevant LCFS and CFSMS Regional Team in line with Secretary of State directions.
26.2.3	DIRECTOR OF FINANCE	Notify CFSMS and External Audit of all frauds.
26.2.4	DIRECTOR OF FINANCE	Notify Board and External Auditor of losses caused theft, arson, neglect of duty or gross carelessness (unless trivial).
26.2.5	BOARD	Approve write off of losses (within limits delegated by the Department of Health).
26.2.7	DIRECTOR OF FINANCE	Consider whether any insurance claim can be made.
26.2.8	DIRECTOR OF FINANCE	Maintain losses and special payments register.
27.1.1	DIRECTOR OF FINANCE	Responsible for accuracy and security of computerised financial data.
27.1.1	DIRECTOR OF FINANCE	Satisfy himself that new financial systems and amendments to current financial systems are developed in a controlled manner and thoroughly tested prior to implementation. Where this is undertaken by another organization, assurances of adequacy must be obtained from them prior to implementation.
27.1.3	COMPANY SECRETARY	Shall publish and maintain a Freedom of Information Scheme.
27.2.1	RELEVANT OFFICERS	Send proposals for general computer systems to Director of Finance
27.3	DIRECTOR OF FINANCE	Ensure that contracts with other bodies for the provision of computer services for financial applications clearly define responsibility of all parties for security, privacy, accuracy, completeness and timeliness of data during processing, transmission and storage, and allow for audit review. Seek periodic assurances from the provider that adequate controls are in operation.
27.4	SENIOR INFORMATION RISK OWNER	Ensure that risks to the Trust from use of IT are identified and considered and that disaster recovery plans are in place.
27.5	DIRECTOR OF FINANCE	Where computer systems have an impact on corporate financial systems satisfy himself that: a) systems acquisition, development and maintenance are in line with corporate policies; b) data assembled for processing by financial systems is adequate, accurate, complete and timely, and that a management rail exists;

SFI REF	DELEGATED TO	AUTHORITIES/DUTIES DELEGATED
		c) Director of Finance and staff have access to such data; Such computer audit reviews are being carried out as are considered necessary.
28.2	CHIEF EXECUTIVE	Responsible for ensuring patients and guardians are informed about patients' money and property procedures on admission.
28.3	DIRECTOR OF FINANCE	Provide detailed written instructions on the collection, custody, investment, recording, safekeeping, and disposal of patients' property (including instructions on the disposal of the property of deceased patients and of patients transferred to other premises) for all staff whose duty is to administer, in any way, the property of.
28.6	DEPARTMENTAL MANAGERS	Inform staff of their responsibilities and duties for the administration of the property of patients.
30	DIRECTOR OF FINANCE	Ensure all staff are made aware of the Trust policy on the acceptance of gifts and other benefits in kind by staff
32	CHIEF EXECUTIVE	Retention of document procedures in accordance with Department of Health Guidelines.
33.1	CHIEF EXECUTIVE	Risk management programme.
33.1	BOARD	Approve and monitor risk management programme.
33.2	BOARD	Decide whether the Trust will use the risk pooling schemes administered by the NHS Litigation Authority or self-insure for some or all of the risks (where discretion is allowed). Decisions to self-insure should be reviewed annually.
33.4	DIRECTOR OF FINANCE	<p>Where the Board decides to use the risk pooling schemes administered by the NHS Litigation Authority the Director of Finance shall ensure that the arrangements entered into are appropriate and complementary to the risk management programme. The Director of Finance shall ensure that documented procedures cover these arrangements.</p> <p>Where the Board decides not to use the risk pooling schemes administered by the NHS Litigation Authority for any one or other of the risks covered by the schemes, the Director of Finance shall ensure that the Board is informed of the nature and extent of the risks that are self insured as a result of this decision. The Director of Finance will draw up formal documented procedures for the management of any claims arising from third parties and payments in respect of losses that will not be reimbursed.</p>

SFI REF	DELEGATED TO	AUTHORITIES/DUTIES DELEGATED
33.4	DIRECTOR OF FINANCE	Ensure documented procedures cover management of claims and payments below the deductible.

* Nominated officers and the areas for which they are responsible should be incorporated into the Trust's Scheme of Delegation document.

SECTION D - STANDING FINANCIAL INSTRUCTIONS

10. INTRODUCTION

10.1 General

- 10.1.1 These Standing Financial Instructions (SFIs) are issued in accordance with the Trust (Functions) Directions 2000 issued by the Secretary of State which require that each Trust shall agree Standing Financial Instructions for the regulation of the conduct of its members and officers in relation to all financial matters with which they are concerned. They shall have effect as if incorporated in the Standing Orders (SOs).
- 10.1.2 These Standing Financial Instructions detail the financial responsibilities, policies and procedures adopted by the Trust. They are designed to ensure that the Trust's financial transactions are carried out in accordance with the law and with Government policy in order to achieve probity, accuracy, economy, efficiency and effectiveness. They should be used in conjunction with the Schedule of Decisions Reserved to the Board and the Scheme of Delegation adopted by the Trust.
- 10.1.3 These Standing Financial Instructions identify the financial responsibilities which apply to everyone working for the Trust and its constituent organisations including Trading Units. They do not provide detailed procedural advice and should be read in conjunction with the detailed departmental and financial procedure notes. All financial procedures must be approved by the Director of Finance.
- 10.1.4 Should any difficulties arise regarding the interpretation or application of any of the Standing Financial Instructions then the advice of the Director of Finance **MUST BE SOUGHT BEFORE ACTING**. The user of these Standing Financial Instructions should also be familiar with and comply with the provisions of the Trust's Standing Orders in total.
- 10.1.5 **The failure to comply with Standing Financial Instructions and Standing Orders can in certain circumstances be regarded as a disciplinary matter that could result in dismissal.**
- 10.1.6 **Overriding Standing Financial Instructions** – If for any reason these Standing Financial Instructions 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 Audit Committee for referring action or ratification. All members of the Board and staff have a duty to disclose any non-compliance with these Standing Financial Instructions to the Director of Performance and Finance as soon as possible.

10.2 Responsibilities and delegation

10.2.1 The Trust Board

The Board exercises financial supervision and control by:

- (a) formulating the financial strategy;
- (b) requiring the submission and approval of budgets within approved allocations/overall income;
- (c) defining and approving essential features in respect of important procedures and financial systems (including the need to obtain value for money);

- (d) defining specific responsibilities placed on members of the Board and employees as indicated in the Scheme of Delegation document.

10.2.2 The Board has resolved that certain powers and decisions may only be exercised by the Board in formal session. These are set out in the ['Reservation of Matters Reserved to the Board'] document. All other powers have been delegated to such other committees as the Trust has established.

10.2.4 **The Chief Executive and Director of Finance**

The Chief Executive and Director of Finance will, as far as possible, delegate their detailed responsibilities, but they remain accountable for financial control.

Within the Standing Financial Instructions, it is acknowledged that the Chief Executive is ultimately accountable to the Board, and as Accountable Officer, to the Secretary of State, for ensuring that the Board meets its obligation to perform its functions within the available financial resources. The Chief Executive has overall executive responsibility for the Trust's activities; is responsible to the Chairman and the Board for ensuring that its financial obligations and targets are met and has overall responsibility for the Trust's system of internal control.

10.2.5 It is a duty of the Chief Executive to ensure that Members of the Board and, employees and all new appointees are notified of, and put in a position to understand their responsibilities within these Instructions.

10.2.6 **The Director of Finance**

The Director of Finance is responsible for:

- (a) implementing the Trust's financial policies and for coordinating any corrective action necessary to further these policies;
- (b) maintaining an effective system of internal financial control including ensuring that detailed financial procedures and systems incorporating the principles of separation of duties and internal checks are prepared, documented and maintained to supplement these instructions;
- (c) ensuring that sufficient records are maintained to show and explain the Trust's transactions, in order to disclose, with reasonable accuracy, the financial position of the Trust at any time;

and, without prejudice to any other functions of the Trust, and employees of the Trust, the duties of the Director of Finance include:

- (d) the provision of financial advice to other members of the Board and employees;
- (e) the design, implementation and supervision of systems of internal financial control;
- (f) the preparation and maintenance of such accounts, certificates, estimates, records and reports as the Trust may require for the purpose of carrying out its statutory duties.

10.2.7 **Board Members and Employees**

All members of the Board and employees, severally and collectively, are responsible for:

- (a) the security of the property of the Trust;

- (b) avoiding loss;
- (c) exercising economy and efficiency in the use of resources;
- (d) conforming with the requirements of Standing Orders, Standing Financial Instructions, Financial Procedures and the Scheme of Delegation.
- (e) maintaining effective risk management arrangements.

10.2.8 **Contractors and their employees**

Any contractor or employee of a contractor who is empowered by the Trust to commit the Trust to expenditure or who is authorised to obtain income shall be covered by these instructions. It is the responsibility of the Chief Executive to ensure that such persons are made aware of this.

- 10.2.9 For all members of the Board and any employees who carry out a financial function, the form in which financial records are kept and the manner in which members of the Board and employees discharge their duties must be to the satisfaction of the Director of Finance.

11. AUDIT

11.1 Audit Committee

- 11.1.1 In accordance with Standing Orders, the Board shall formally establish an Audit Committee, with clearly defined terms of reference and following guidance from the NHS Audit Committee Handbook (2005), which will provide an independent and objective view of internal control by:

- (a) overseeing Internal, External Audit and Counter Fraud services;
- (b) reviewing financial and information systems and monitoring the integrity of the financial statements and reviewing significant financial reporting judgments;
- (c) review the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the organisation's activities (both clinical and non-clinical), that supports the achievement of the organisation's objectives;
- (d) monitoring compliance with Standing Orders and Standing Financial Instructions;
- (e) reviewing schedules of losses and compensations and making recommendations to the Board;
- (f) Reviewing the arrangements in place to support the Assurance Framework process prepared on behalf of the Board and advising the Board accordingly.

- 11.1.2 Where the Audit Committee considers there is evidence of ultra vires transactions, evidence of improper acts, or if there are other important matters that the Committee wishes to raise, the Chairman of the Audit Committee should raise the matter at a full meeting of the Board. Exceptionally, the matter may need to be referred to the Department of Health. (To the Director of Finance in the first instance).

11.1.3 It is the responsibility of the Director of Finance to ensure an adequate Internal Audit service is provided and the Audit Committee shall be involved in the selection process when/if an Internal Audit service provider is changed.

11.1.4 The Audit Committee shall meet with the Internal and External Auditors before or after a meeting of the Audit Committee. Executive Directors and others normally in attendance at the Audit Committee, will be excluded from the meeting in order to allow private discussions between the Audit Committee Members and the auditors.

11.2 Director of Finance

11.2.1 The Director of Finance is responsible for:

- (a) ensuring there are arrangements to review, evaluate and report on the effectiveness of internal financial control including the establishment of an effective Internal Audit function. (This may be purchased from an external service provider).
- (b) ensuring that the Internal Audit is adequate and meets the NHS mandatory audit standards;
- (c) deciding at what stage to involve the police in cases of misappropriation and other irregularities not involving fraud, corruption and / or bribery;
- (e) ensuring that an annual internal audit report is prepared for the consideration of the Audit Committee [and the Board]. The report must cover:
 - (i) a clear opinion on the effectiveness of internal control in accordance with current assurance framework guidance issued by the Department of Health including for example compliance with control criteria and standards;
 - (ii) major internal financial control weaknesses discovered;
 - (iii) progress on the implementation of internal audit recommendations;
 - (iv) progress against plan over the previous year;
 - (v) strategic audit plan covering the coming three years;
 - (vi) a detailed plan for the coming year.
- (f) ensuring adequate Counter Fraud provision to certify compliance with the Secretary of State Directions and / or NHS Provider Standards

11.2.2 The Director of Finance or designated auditors are entitled without necessarily giving prior notice to require and receive:

- (a) access to all records, documents and correspondence relating to any financial or other relevant transactions, including documents of a confidential nature;
- (b) access at all reasonable times to any land, premises or members of the Board or employee of the Trust;
- (c) the production of any cash, stores or other property of the Trust under a member of the Board and an employee's control; and
- (d) explanations concerning any matter under investigation.

11.3 Role of Internal Audit

11.3.1 Internal Audit will review, appraise and report upon:

- (a) the extent of compliance with, and the financial effect of, relevant established policies, plans and procedures;
- (b) the adequacy and application of financial and other related management controls;
- (c) the suitability of financial and other related management data;
- (d) the extent to which the Trust's assets and interests are accounted for and safeguarded from loss of any kind, arising from:
 - (i) fraud and other offences;
 - (ii) waste, extravagance, inefficient administration;
 - (iii) poor value for money or other causes.
- (e) Internal Audit shall also independently verify the Assurance Statements in accordance with guidance from the Department of Health.

11.3.2 Whenever any matter arises which involves, or is thought to involve, irregularities concerning cash, stores, or other property or any suspected irregularity in the exercise of any function of a pecuniary nature, the Director of Finance must be notified immediately.

11.3.3 The Chief Internal Auditor will normally attend Audit Committee meetings and has a right of access to all Audit Committee members, the Chairman and Chief Executive of the Trust.

11.3.4 The Chief Internal Auditor shall be accountable to the Director of Finance. The reporting system for internal audit shall be agreed between the Director of Finance, the Audit Committee and the Chief Internal Auditor. The agreement shall be in writing and shall comply with the guidance on reporting contained in the NHS Internal Audit Standards. The reporting system shall be reviewed at least every three years.

11.4 External Audit

11.4.1 The External Auditor is appointed by the Audit Commission and paid for by the Trust. The Audit Committee must ensure a cost-efficient service. If there are any problems relating to the service provided by the External Auditor, then this should be raised with the External Auditor and referred on to the Audit Commission if the issue cannot be resolved.

11.5 Fraud and Corruption

11.5.1 In line with their responsibilities, the Trust Chief Executive and Director of Finance shall monitor and ensure compliance with Directions issued by the Secretary of State for Health (and / or as captured in the NHS Provider Standards) on fraud and corruption.

11.5.2 The Trust shall nominate a suitable person to carry out the duties of the Local Counter Fraud Specialist as specified by the Department of Health Fraud and Corruption Manual and guidance.

11.5.3 The Local Counter Fraud Specialist shall report to the Trust Director of Finance and shall work with staff in NHS Protect in accordance with the Department of Health Fraud and Corruption Manual of Guidance.

11.5.4 The Local Counter Fraud Specialist will provide a written report, at least annually, on counter fraud work within the Trust.

11.5.5 All allegations of bribery should be referred to the Local Counter Fraud Service for investigation in line with the Counter Fraud, Corruption and Bribery Policy.

11.6 Compliance with the Bribery Act

11.6.1 In line with their responsibilities, the Trust Chief Executive will monitor compliance with the requirements of the Bribery Act. This will involve ensuring that the Trust has adequate policies and procedures in place to guard against the offences of:

- i. Bribing another person
- ii. Being bribed
- iii. Bribery of a foreign public official
- iv. Failure by the organization to prevent bribery by anyone working on its behalf, including third party contractors and agencies.

11.7 Security Management

11.7.1 In line with their responsibilities, the Trust Chief Executive will monitor and ensure compliance with Directions issued by the Secretary of State for Health on NHS security management.

11.7.2 The Trust shall nominate a suitable person to carry out the duties of the Local Security Management Specialist (LSMS) as specified by the Secretary of State for Health guidance on NHS security management.

11.7.3 The Trust shall nominate a Non-Executive Director to be responsible to the Board for NHS security management.

11.7.4 The Chief Executive has overall responsibility for controlling and coordinating security. However, key tasks are delegated to the Security Management Director (SMD) and the appointed Local Security Management Specialist (LSMS).

12. RESOURCE LIMIT CONTROL

Not applicable to NHS Trusts.

13. ALLOCATIONS, PLANNING, BUDGETS, BUDGETARY CONTROL, AND MONITORING

13.1 Preparation and Approval of Plans and Budgets

13.1.1 The Chief Executive will compile and submit to the Board a Local Delivery Plan which takes into account financial targets and forecast limits of available resources. The LDP will contain:

- (a) a statement of the significant assumptions on which the plan is based;
- (b) details of major changes in workload, delivery of services or resources required to achieve the plan.
- (c) the Annual Plan shall take into account the views of the Members' Council.

13.1.2 Prior to the start of the financial year the Director of Finance will, on behalf of the Chief Executive, prepare and submit budgets for approval by the Board. Such budgets will:

- (a) be in accordance with the aims and objectives set out in the Local Delivery Plan;

- (b) accord with workload and manpower plans;
- (c) be produced following discussion with appropriate budget holders;
- (d) be prepared within the limits of available funds;
- (e) identify potential risks.

13.1.3 The Director of Finance shall monitor financial performance against budget and plan, periodically review them, and report to the Board.

13.1.4 All budget holders must provide information as required by the Director of Finance to enable budgets to be compiled.

13.1.5 All budget holders will sign up to their allocated budgets at the commencement of each financial year. If acceptance is not given, then the matter will be taken to the Chief Executive Officer for deliberation and if required, on to the Trust Board.

13.1.6 The Director of Finance has a responsibility to ensure that adequate training is delivered on an on-going basis to budget holders to help them manage successfully.

13.2 Budgetary Delegation

13.2.1 The Chief Executive may delegate the management of a budget to permit the performance of a defined range of activities. This delegation must be in writing and be accompanied by a clear definition of:

- (a) the amount of the budget;
- (b) the purpose(s) of each budget heading;
- (c) individual and group responsibilities;
- (d) authority to exercise virement;
- (e) achievement of planned levels of service;
- (f) the provision of regular reports.

13.2.2 The Chief Executive and delegated budget holders must not exceed the budgetary total or virement limits set by the Board.

13.2.3 Any budgeted funds not required for their designated purpose(s) revert to the immediate control of the Chief Executive, subject to any authorised use of virement.

13.2.4 Non-recurring budgets should not be used to finance recurring expenditure without the authority in writing of the Chief Executive, as advised by the Director of Finance.

13.3 Budgetary Control and Reporting

13.3.1 The Director of Finance will devise and maintain systems of budgetary control. These will include:

- (a) monthly financial reports to the Board in a form approved by the Board containing:
 - (i) income and expenditure to date showing trends and forecast year-end position;
 - (ii) a monthly Statement of Financial Position and appropriate key indicators;
 - (iii) movements in working capital;

- (iv) movements in cash and capital;
 - (v) capital project spend and projected outturn against plan;
 - (vi) explanations of any material variances from plan;
 - (vii) details of any corrective action where necessary and the Chief Executive's and/or Director of Finance's view of whether such actions are sufficient to correct the situation;
- (b) the issue of timely, accurate and comprehensible advice and financial reports to each budget holder, covering the areas for which they are responsible;
 - (c) investigation and reporting of variances from financial, workload and manpower budgets;
 - (d) monitoring of management action to correct variances; and
 - (e) arrangements for the authorisation of budget transfers.
- 13.3.2 Each Budget Holder is responsible for ensuring that:
- (a) any likely overspending or reduction of income which cannot be met by virement is not incurred without the prior consent of the Board;
 - (b) the amount provided in the approved budget is not used in whole or in part for any purpose other than that specifically authorised, subject to the rules of virement;
 - (c) no permanent employees are appointed without the approval of the Chief Executive other than those provided for within the available resources and manpower establishment as approved by the Board.
- 13.3.3 The Chief Executive is responsible for identifying and implementing cost improvements and income generation initiatives in accordance with the requirements of the LDP and a balanced budget.

13.4 Capital Expenditure

- 13.4.1 The general rules applying to delegation and reporting shall also apply to capital expenditure. (The particular applications relating to capital are contained in SFI 24).

13.5 Monitoring Returns

- 13.5.1 The Chief Executive is responsible for ensuring that the appropriate monitoring forms are submitted to the requisite monitoring organisation.

14. ANNUAL ACCOUNTS AND REPORTS

- 14.1 The Director of Finance, on behalf of the Trust, will:
- (a) prepare financial returns in accordance with the accounting policies and guidance given by the Department of Health and the Treasury, the Trust's accounting policies, and International Financial Reporting Standards;
 - (b) prepare and submit annual financial reports to the Department of Health certified in accordance with current guidelines;

- (c) submit financial returns to the Department of Health for each financial year in accordance with the timetable prescribed by the Department of Health.
- 14.2 The Trust's annual accounts must be audited by an auditor appointed by the Audit Commission. The Trust's audited annual accounts must be presented to a public meeting and made available to the public.
- 14.3 The Trust will publish an annual report, in accordance with guidelines on local accountability, and present it at a public meeting. The document will comply with the Department of Health's Manual for Accounts.

15. BANK AND GBS ACCOUNTS

15.1 General

- 15.1.1 The Director of Finance is responsible for managing the Trust's banking arrangements and for advising the Trust on the provision of banking services and operation of accounts. This advice will take into account guidance/ Directions issued from time to time by the Department of Health. In line with 'Cash Management in the NHS' Trusts should minimize the use of commercial bank accounts and consider using Government Banking Service (GBS) accounts for all banking services.
- 15.1.2 The Board shall approve the banking arrangements.

15.2 Bank and GBS Accounts

- 15.2.1 The Director of Finance is responsible for:
 - (a) bank accounts and GBS accounts;
 - (b) establishing separate bank accounts for the Trust's non-exchequer funds;
 - (c) ensuring payments made from bank or GBS accounts do not exceed the amount credited to the account except where arrangements have been made;
 - (d) reporting to the Board all arrangements made with the Trust's bankers for accounts to be overdrawn.

15.3 Banking Procedures

- 15.3.1 The Director of Finance will prepare detailed instructions on the operation of bank and GBS accounts which must include:
 - (a) the conditions under which each bank and GBS account is to be operated;
 - (b) those authorised to sign cheques or other orders drawn on the Trust's accounts.
 - (c) no officer other than the Director of Finance shall open any bank account in the name of the Trust.
- 15.3.2 The Director of Finance must advise the Trust's bankers in writing of the conditions under which each account will be operated.

15.4 Tendering and Review

- 15.4.1 The Director of Finance will review the commercial banking arrangements of the Trust at regular intervals to ensure they reflect best practice and represent best

value for money by periodically seeking competitive tenders for the Trust's commercial banking business.

- 15.4.2 The Finance Director will review the banking arrangements of the Trust at regular intervals and at least every 5 years to ensure they reflect best practice and represent value for money. Following such reviews, the Finance Director shall determine whether or not re-tendering for services is necessary and seek approval to do so.
- 15.4.3 Competitive tenders should be sought at least every five years. The results of the tendering exercise should be reported to the Board. This review is not necessary for GBS accounts.

16. INCOME, FEES AND CHARGES AND SECURITY OF CASH, CHEQUES AND OTHER NEGOTIABLE INSTRUMENTS

16.1 Income Systems

- 16.1.1 The Director of Finance is responsible for designing, maintaining and ensuring compliance with systems for the proper recording, invoicing, collection and coding of all monies due.
- 16.1.2 The Director of Finance is also responsible for the prompt banking of all monies received.

16.2 Fees and Charges

- 16.2.1 The Trust shall follow the Department of Health's advice in the "Costing" Manual in setting prices for NHS service agreements.
- 16.2.2 The Director of Finance is responsible for approving and regularly reviewing the level of all fees and charges other than those determined by the Department of Health or by Statute. Independent professional advice on matters of valuation shall be taken as necessary. Where sponsorship income (including items in kind such as subsidised goods or loans of equipment) is considered the guidance in the Department of Health's Commercial Sponsorship – Ethical standards in the NHS shall be followed.
- 16.2.3 All employees must inform the Director of Finance promptly of money due arising from transactions which they initiate/deal with, including all contracts, leases, tenancy agreements, private patient undertakings and other transactions.

16.3 Debt Recovery

- 16.3.1 The Director of Finance is responsible for the appropriate recovery action on all outstanding debts.
- 16.3.2 Income not received should be dealt with in accordance with Section 26 Disposals & Condemnations, Losses & Special Payments, and reported to the Audit Committee.
- 16.3.3 Overpayments should be detected (or preferably prevented) and recovery initiated.

16.4 Security of Cash, Cheques and other Negotiable Instruments

- 16.4.1 The Director of Finance is responsible for:
 - (a) approving the form of all receipt books, agreement forms, or other means of officially acknowledging or recording monies received or receivable;
 - (b) ordering and securely controlling any such stationery;

- (c) the provision of adequate facilities and systems for employees whose duties include collecting and holding cash, including the provision of safes or lockable cash boxes, the procedures for keys, and for coin operated machines;
 - (d) prescribing systems and procedures for handling cash and negotiable securities on behalf of the Trust.
- 16.4.2 Official money shall not under any circumstances be used for the encashment of private cheques or IOUs.
- 16.4.3 All cheques, postal orders, cash etc., shall be banked intact. Disbursements shall not be made from cash received, except under arrangements approved by the Director of Finance.
- 16.4.4 The holders of safe keys shall not accept unofficial funds for depositing in their safes unless such deposits are in special sealed envelopes or locked containers. It shall be made clear to the depositors that the Trust is not to be held liable for any loss, and written indemnities must be obtained from the organisation or individuals absolving the Trust from responsibility for any loss.
- 16.4.5 All unused cheques and other orders shall be subject to the same security precautions as are applied to cash.
- 16.4.6 Any loss or shortfall of cash, cheques, or other negotiable instruments, however occasional, shall be reported immediately in accordance with agreed procedure for reporting losses.
- 16.4.7 The opening of post should be undertaken by 2 employees together and all cash, cheques and other forms of payment shall be entered in an approved register before handing to the cashier.

17. TENDERING AND CONTRACTING PROCEDURE

17.1 Duty to comply with Standing Orders and Standing Financial Instructions

The procedure for making all contracts by or on behalf of the Trust shall comply with these Standing Orders and Standing Financial Instructions (except where Standing Order No. 3.13 Suspension of Standing Orders is applied).

17.2 EU Directives Governing Public Procurement

Directives by the Council of the European Union promulgated by the Department of Health (DH) prescribing procedures for awarding all forms of contracts shall have effect as if incorporated in these Standing Orders and Standing Financial Instructions.

17.3 Reverse eAuctions

The Trust should have policies and procedures in place for the control of all tendering activity carried out through Reverse e-Auctions. The Trust Procurement Department will be responsible for assessing the appropriateness of an e-auction as part of the procurement exercise. For further guidance on Reverse e-Auctions refer to <https://www.gov.uk/government/organisations/department-of-health/about/procurement>

17.4 Capital Investment Manual and other Department of Health Guidance

The Trust shall comply as far as is practicable with the requirements of the Department of Health "Capital Investment Manual" and "Estatecode" in respect of capital investment and estate and property transactions. In the case of management consultancy contracts the Trust shall comply as far as is practicable with Department of Health guidance "The Procurement and Management of Consultants within the NHS".

17.5 COMPETITIVE TENDERS AND QUOTATIONS

17.5.1 General Applicability

Competitive Offers – The Board shall ensure that the competitive offers, (whether tenders or quotations), are invited for the supply of goods, materials and manufactured articles; for the rendering of services (other than specialist services sought from or provided by the Department of Health); for the design, construction and maintenance of building and engineering works, including construction and maintenance of grounds and gardens and for disposals.

17.5.2 All such procurement for a value of £20,000 or above shall be subject to formal tender. Those in the range of £0 to £20,000 must be approved by the Procurement Team to ensure that a contract for the product or service does not already exist. If a contract does exist for goods or services, this will be sourced through that approved supplier. Where no contract exists, the Procurement Team will work with the customer to provide expertise to ensure that value for money is obtained.

17.5.3 Health Care Services

Where the Trust elects to invite tenders for the supply of healthcare services these Standing Orders and Standing Financial Instructions shall apply as far as they are applicable to the tendering procedure and need to be read in conjunction with Standing Financial Instruction No. 18.

17.5.4 Exceptions and instances where formal tendering need not be applied

Formal tendering procedures **need not be applied** where:

- (a) the estimated expenditure or income does not, or is not reasonably expected to, exceed **£20,000**;
- (b) where the supply is proposed under special arrangements negotiated by the DH in which event the said special arrangements must be complied with;
- (c) regarding disposals as set out in Standing Financial Instructions No. 26;

Formal tendering procedures **may be waived**, subject to completion and authorisation of a Single Tender Waiver form (17.5.5), in the following circumstances:

- (d) in very exceptional circumstances where the Chief Executive decides that formal tendering procedures would not be practicable or the estimated expenditure or income would not warrant formal tendering procedures, and the circumstances are detailed in an appropriate Trust record;
- (e) the Chief Executive and Executive Director of Finance will jointly approve a waiver up to the limit of £100,000 for a capital scheme or £50,000 for non-capital tenders. In excess of these sums, approval of the Board of Directors will be required following receipt of a report from the Finance Director.

- (f) where the requirement is covered by an existing national, regional or local contract;
- (g) where a consortium arrangement is in place and a lead organisation has been appointed to carry out tendering activity on behalf of the consortium members;
- (h) where the timescale genuinely precludes competitive tendering but failure to plan the work properly would not be regarded as a justification for a single tender;
- (i) where specialist expertise is required and is available from only one source;
- (j) when the task is essential to complete the project, and arises as a consequence of a recently completed assignment and engaging different consultants for the new task would be inappropriate;
- (k) there is a clear benefit to be gained from maintaining continuity with an earlier project. However in such cases the benefits of such continuity must outweigh any potential financial advantage to be gained by competitive tendering and the total value including that of the earlier project is below EU thresholds.
- (l) where allowed and provided for in the Capital Investment Manual.

The waiving of competitive tendering procedures should not be used to avoid competition or for administrative convenience or to award further work to a consultant originally appointed through a competitive procedure.

- (m) where the Capital Planning Unit will process major capital projects using Procure 21+. This will have been approved at Capital Project Board.

17.5.5 **Single Tender Waiver (*Authorisation To Permit The Soliciting Of A Single Tender Under Trust Standing Orders*)**

In situations where criteria set out in 17.5.4 d – m are considered to apply, a Single Tender Waiver proforma (**Authorisation To Permit The Soliciting Of A Single Tender Under Trust Standing Orders**) shall be completed giving clear reasons as to why the circumstance selected for waiver is justified. The proforma must be approved by all of the authorised representatives as detailed on the proforma before being presented to the Chief Executive for his decision. The Chief Executive and the Deputy Chief Executive in their absence are the only officers able to sign single tender waivers.

Where it is decided that competitive tendering is not applicable and should be waived, the fact of the waiver and the reasons should be documented and recorded in an appropriate Trust record and reported to the Audit Committee at each meeting.

17.5.6 **Fair and Adequate Competition**

Where the exceptions set out in SFI Nos. 17.1 and 17.5.4 apply, the Trust shall ensure that invitations to tender are sent to a sufficient number of firms/individuals to provide fair and adequate competition as appropriate, and in no case less than two firms/individuals, having regard to their capacity to supply the goods or materials or to undertake the services or works required.

17.5.7 **Building and Engineering Construction Works**

Competitive Tendering cannot be waived for building and engineering construction works and maintenance (other than in accordance with Concode) without Departmental of Health approval.

17.5.9 **Items which subsequently breach thresholds after original approval**

Items estimated to be below the limits set in this Standing Financial Instruction for which formal tendering procedures are not used which subsequently prove to have a value above such limits shall be reported to the Chief Executive, and be recorded in an appropriate Trust record.

17.6 **Contracting/Tendering Procedure (Including the E-Tendering process)**

The preferred method for issuing and receipt of tenders is via the Trust electronic tender software platform EU Supply
<https://nottshc.eu-supply.com/login.asp?B=NOTTSHC>.

All tenders undertaken by the Trust Procurement Department will be issued through the EU Supply portal. Departments raising tenders independently should contact the Procurement Department to utilise this medium.

17.6.1 **Invitation to tender**

E-Tendering

- (i) Tenders are published through the EU Supply portal. Suppliers register via the portal and are able to access, view and download the documentation immediately

Non E-Tendering

- (ii) All invitations to tender shall state the date and time as being the latest time for the receipt of tenders.

All invitations to tender shall state that no tender will be accepted unless:

- (a) submitted in a plain sealed package or envelope bearing a pre-printed label supplied by the Trust (or the word "tender" followed by the subject to which it relates) and the latest date and time for the receipt of such tender addressed to the Chief Executive or nominated Manager;
 - (b) that tender envelopes/ packages shall not bear any names or marks indicating the sender. The use of courier/postal services must not identify the sender on the envelope or on any receipt so required by the deliverer.
- (ii) Every tender for goods, materials, services or disposals shall embody such of the NHS Standard Contract Conditions as are applicable.
 - (iii) Every tender for building or engineering works (except for maintenance work, when Estmancode guidance shall be followed) shall embody or be in the terms of the current edition of one of the Joint Contracts Tribunal Standard Forms of Building Contract or Department of the Environment (GC/Wks) Standard forms of contract amended to comply with concode; or, when the content of the work is primarily engineering, the General Conditions of Contract recommended by the Institution of Mechanical and Electrical Engineers and the Association of Consulting Engineers (Form A), or (in the case of civil engineering work) the General Conditions of Contract recommended by the Institute of Civil Engineers, the Association of Consulting Engineers and the Federation of Civil Engineering Contractors. These documents shall be modified and/or amplified to accord with

Department of Health guidance and, in minor respects, to cover special features of individual projects.

- (v) Every tenderer must have given or give a written undertaking not to engage in collusive tendering or other restrictive practice.
- (vi) The Department of Health have modified the Standard NEC form of contract to an improved NED Target Cost Version for Procure 21+. Formal tendering processes are not required for an existing PSCP (Principal Supply Chain Partner). This partnering form of contract encourages Trusts to continually improve with essentially one PSCP, providing the initial appointment is competitively tendered to the appropriate national framework PSCPs.

17.6.2 Receipt and safe custody of tenders

E-Tenders

- (i) Bidding organizations submit their responses electronically via the EU Supply portal. The procurement project lead(s) are alerted that tenders have been submitted but are unable to access any details until after the opening date has passed and the tender box has been opened.
- (ii) Bidders wishing to update/ modify tenders **before** the opening date may do so directly through the portal. Bids cannot be changed once the tender has been opened.

Non E-Tenders

- (iii) The Chief Executive or his nominated representative will be responsible for the receipt, endorsement and safe custody of tenders received until the time appointed for their opening.
- (iv) The date and time of receipt of each tender shall be endorsed on the tender envelope/package.

17.6.3 Opening tenders and Register of Tenders

E-Tenders

- (i) Tenders can only be opened via the portal by the person(s) delegated against this role at the start of the tender process. The opening of the 'tender box' and the opening of the individual bids submitted is fully recorded within the system as part of the audit trail.

Non E-Tenders

- (ii) As soon as practicable after the date and time stated as being the latest time for the receipt of tenders, they shall be opened by two officers/managers designated by the Chief Executive and not from the originating department. At least one of the officers/managers must be a Director or the Company Secretary or his designated deputy.
- (iii) The 'originating' Department will be taken to mean the Department sponsoring or commissioning the tender.
- (iv) The involvement of Finance Directorate staff in the preparation of a tender proposal will not preclude the Director of Finance or any approved Senior Manager from the Finance Directorate from serving as one of the two senior managers to open tenders.

- (v) All Executive Directors/members will be authorised to open tenders regardless of whether they are from the originating department provided that the other authorised person opening the tenders with them is not from the originating department.

The Trust's Company Secretary will count as a Director for the purposes of opening tenders.

- (vi) Every tender received shall be stamped with the date of opening and initialed by the 2 delegated persons present at the opening.
- (vii) A register shall be maintained by the Chief Executive, or a person authorised by him, to show for each set of competitive tender invitations dispatched:
- the name of all firms/individuals invited;
 - the names of firms individuals from which tenders have been received;
 - the date the tenders were opened;
 - the persons present at the opening;
 - the price shown on each tender;
 - a note where price alterations have been made on the tender.

Each entry to this register shall be signed by those present.

A note shall be made in the register if any one tender price has had so many alterations that it cannot be readily read or understood.

- (viii) Incomplete tenders, i.e. those from which information necessary for the adjudication of the tender is missing, and amended tenders i.e., those amended by the tenderer upon his own initiative either orally or in writing after the due time for receipt, but prior to the opening of other tenders, should be dealt with in the same way as late tenders. (Standing Order No. 17.6.5 below).

17.6.3 **Admissibility**

- (i) If for any reason the designated officers are of the opinion that the tenders received are not strictly competitive (for example, because their numbers are insufficient or any are amended, incomplete or qualified) no contract shall be awarded without the approval of the Chief Executive.
- (ii) Where only one tender is sought and/or received, the Chief Executive and Director of Finance shall, as far practicable, ensure that the price to be paid is fair and reasonable and will ensure value for money for the Trust.
- (iii) Where examination of tenders reveals errors, which would affect the tender figure, the tenderer is to be given details of such errors and afforded the opportunity of confirming or withdrawing his offer.

17.6.5 **Late tenders**

E-Tenders

- (i) Bids received after the closing date but before the 'tender box' is opened may be accepted at the discretion of the procurement project lead. Reasons for acceptance must be documented against the supplier within the systems prior to opening. Once the 'tender box' has been opened bidding organisations will not be able to submit or amend their tender offer.

Non E-Tenders

- (ii) Tenders received after the due time and date, but prior to the opening of the other tenders, may be considered only if the Chief Executive or his nominated officer decides that there are exceptional circumstances i.e. dispatched in good time but delayed through no fault of the tenderer.

17.6.6 Acceptance of formal tenders (See overlap with SFI No. 17.7)

- (i) Any discussions with a tenderer which are deemed necessary to clarify technical aspects of his tender before the award of a contract will not disqualify the tender.
- (ii) The most economically advantageous tender (MEAT Criteria) shall be accepted unless there are good and sufficient reasons to the contrary. The award criteria and section weightings shall be set out in the tender document.
- (iii) No tender shall be accepted which will commit expenditure in excess of that which has been allocated by the Trust and which is not in accordance with these Instructions except with the authorisation of the Chief Executive.
- (iv) Discussions on the content of a tender may be held with the tenderer in order to clarify technical points before award of the contract. These need not disqualify the tender.
- (v) While a decision on the admissibility of a late or amended tender are being considered and while re-tenders are being obtained, the tender documents shall remain strictly confidential on the EU Supply portal or for 'Non e-tenders held in safe keeping by an officer designated by the Chief Executive.
- (vi) Where the form of contract includes a fluctuation clause, all applications for price variations must be submitted in writing by the tenderer and shall be approved by the 'responsible officer'
- (vii) After the responsible officer has examined all the tenders received, he will prepare a schedule with a summary of the evaluation to determine best value against the MEAT criteria as set out in the contract documentation
- (viii) The use of these procedures must demonstrate that the award of the contract was:
 - a) not in excess of the going market rate / price current at the time the contract was awarded;
 - b) that best value for money was achieved.
 - c) All tenders should be treated as confidential and should be retained for inspection.

17.6.7 Tender reports to the Trust Board

Reports to the Trust Board will be made on an exceptional circumstance basis only.

17.6.8 Financial Standing and Technical Competence of Contractors

The Director of Finance may make or institute any enquiries he deems appropriate concerning the financial standing and financial suitability of approved contractors. The Director with lead responsibility for clinical governance will similarly make such enquiries as is felt appropriate to be satisfied as to their technical / medical competence.

17.7 Quotations: Competitive and non-competitive

17.7.1 Authorisation of Tenders and Competitive Quotations

Providing all the conditions and circumstances set out in these Standing Financial Instructions have been fully complied with, formal authorisation and awarding of a contract may be decided by the following staff to the value of the contract as follows:

Budget Holders	up to	£30,000
ELT Members	up to	£100,000
Trust Board	over	£100,000

These levels of authorisation may be varied or changed and need to be read in conjunction with the Trust Board's Scheme of Delegation.

Formal authorisation must be put in writing. In the case of authorisation by the Trust Board this shall be recorded in their minutes.

17.8 Private Finance for capital procurement (see overlap with SFI No. 24)

The Trust should normally market-test for PFI (Private Finance Initiative funding) when considering a capital procurement. When the Board proposes, or is required, to use finance provided by the private sector the following should apply:

- (a) The Chief Executive shall demonstrate that the use of private finance represents value for money and genuinely transfers risk to the private sector.
- (b) Where the sum exceeds delegated limits, a business case must be referred to the appropriate Department of Health for approval or treated as per current guidelines.
- (c) The proposal must be specifically agreed by the Board of the Trust.
- (d) The selection of a contractor/finance company must be on the basis of competitive tendering or quotations.

17.9 Compliance requirements for all contracts

17.9.1 The Board may only enter into contracts on behalf of the Trust within the statutory powers delegated to it by the Secretary of State and shall comply with:

- (a) The Trust's Standing Orders and Standing Financial Instructions;
- (b) EU Directives and other statutory provisions;
- (c) any relevant directions including the Capital Investment Manual, Estatecode and guidance on the Procurement and Management of Consultants;
- (d) such of the NHS Standard Contract Conditions as are applicable.
- (e) contracts with Foundation Trusts must be in a form compliant with appropriate NHS guidance.
- (f) Where appropriate contracts shall be in or embody the same terms and conditions of contract as was the basis on which tenders or quotations were invited.
- (g) Every contract shall specify:

- (i) the work, materials, matters or things to be furnished or done:
 - (ii) the price to be paid with a statement of discount or other deductions, if any;
 - (iii) where applicable, the time or times within which the contract is to be performed.
- (h) In all contracts made by the Trust, the Board shall endeavour to obtain best value for money by use of all systems in place. The Chief Executive shall nominate an officer who shall oversee and manage each contract on behalf of the Trust.

17.9.2 **Building and Engineering Works**

Every contract for building and engineering works, except measured term contracts where pertinent guidance should be followed, should be embodied in a formal contract document. This formal contract document should reflect any change in the terms and conditions of contract agreed following receipt of tenders.

An official order, contract or letter of acceptance shall be issued by the Executive Directors Local and Forensic Services or the Director of Finance for all building and engineering works of a value in excess of £29,999.

Every direct contract for building and engineering works, which exceeds £250,000 in value, shall be executed under the Common Seal of Nottinghamshire Healthcare NHS Trust.

Agreements between Nottinghamshire Healthcare NHS Trust and nominated sub-contractors shall be in the form of warranty issued by the Joint Contracts Tribunal and shall be executed under the Common Seal of Nottinghamshire Healthcare Trust when the value exceeds £250,000.

17.10 **Personnel and Agency or Temporary Staff Contracts**

The Chief Executive shall nominate officers with delegated authority to enter into contracts of employment, regarding staff, agency staff or temporary staff service contracts within approved budgets.

17.11 **Healthcare Services Agreements (see overlap with SFI No. 18)**

- 17.11.1 Service agreements with NHS providers for the supply of healthcare services shall be drawn up in accordance with the NHS and Community Care Act 1990 and administered by the Trust. Service agreements are not contracts in law and therefore not enforceable by the courts. However, a contract with a Foundation Trust, being a PBC, is a legal document and is enforceable in law.

The Chief Executive shall nominate officers to commission service agreements with providers of healthcare in line with a commissioning plan approved by the Board.

17.11.2 **Cancellation of Contracts**

Except where specific provision is made in model Forms of Contracts or standard Schedules of Conditions approved for use within the National Health Service, there shall be inserted in every written contract a clause empowering the Trust to cancel the contract and to recover from the contractor the amount of any loss resulting from such cancellation, if the contractor shall have offered, or given, or agreed to give, any person any gift or consideration of any kind as an inducement or reward for doing or forbearing to do or for having done or forborne to do any action in

relation to the obtaining or execution of the contract or any other contract with the Trust, or for showing or forbearing to show favour or disfavour to any person in relation to the contracts of any other contract with the Trust, or if the like acts shall have been done by any person employed by him or acting on his behalf, (whether with or without the knowledge of the contractor), or if in relation to any contract with the Trust the contractor or any person employed by him or acting on his behalf, (whether with or without knowledge of the contractor), or if in relation to any contract with the Trust the contractor or any person employed by him or acting on his behalf shall have committed any offence under the Prevention of corruption Acts 1889 to 1916 and other appropriate legislation.

Footnote: See Compliance with Bribery Act SFI 11.6.

17.11.3 **Determination of Contracts for failure to deliver goods or materials**

There shall be inserted in every written contract for the supply of goods or materials a clause to secure that, should the contractor fail to deliver the goods or materials or any portion thereof within the time or times specified in the contract, the Trust may without prejudice determine the contract either wholly or to the extent of such default and purchase other goods, or materials or similar description to make good (a) such default, or (b) in the event of the contract being wholly determined the goods or materials remaining to be delivered. The clause shall further secure that the amount by which the cost of so purchasing other goods or materials exceeds the amount which would have been payable to the contractor in respect of the goods or materials shall be recoverable from the contractor.

17.12 **Disposals (See overlap with SFI No. 26)**

Competitive Tendering or Quotation procedures shall not apply to the disposal of:

- (a) any matter in respect of which a fair price can be obtained only by negotiation or sale by auction as determined (or pre-determined in a reserve) by the Chief Executive or his nominated officer;
- (b) obsolete or condemned articles and stores, which may be disposed of in accordance with the supplies policy of the Trust;
- (c) items to be disposed of with an estimated sale value of less than £5,000, this figure to be reviewed on a periodic basis;
- (d) items arising from works of construction, demolition or site clearance, which should be dealt with in accordance with the relevant contract;
- (e) land or buildings concerning which DH guidance has been issued but subject to compliance with such guidance.
- (f) Items with an estimated sale value of less than £5,000 should be disposed of in accordance with the procedure for disposal of equipment/goods.

17.13 **In-house Services**

17.13.1 The Chief Executive shall be responsible for ensuring that best value for money can be demonstrated for all services provided on an in-house basis. The Trust may also determine from time to time that in-house services should be market tested by competitive tendering.

17.13.2 In all cases where the Board determines that in-house services should be subject to competitive tendering the following groups shall be established:

- (a) Specification group, comprising the Chief Executive or nominated officer/s and specialist.
 - (b) In-house tender group, comprising a nominee of the Chief Executive and technical support.
 - (c) Evaluation team, comprising normally a specialist officer, a supplies officer and a Director of Finance representative. For services having a likely annual expenditure exceeding £500,000, a non-officer member should be a member of the evaluation team.
- 17.13.3 All groups should work independently of each other and individual officers may be a member of more than one group but no member of the in-house tender group may participate in the evaluation of tenders.
- 17.13.4 The evaluation team shall make recommendations to the Board.
- 17.13.5 The Chief Executive shall nominate an officer to oversee and manage the contract on behalf of the Trust.

17.15 Disposal of and acquisition of land and property

- 17.15.1 The disposal and acquisition of land and property shall be undertaken in accordance with direction issued from time to time by the Secretary of State. The Chief Executive shall be responsible for the overall control and co-ordination of all matters pertaining to the disposal and acquisition of land and property in accordance with such directions.
- 17.15.2 Acquisition of land and property will be approved by the Board.
- 17.15.3 The disposal of land and property shall be undertaken in accordance with NHS Estatecode Section 8 – Disposals of Land & Property.
- 17.15.4 The disposal of land and property will duly be authorized in accordance with NHS Estatecode Section 8 – Disposal of Surplus Land & Property and the related Appendix – Guidelines for Property Disposal.
- 17.15.5 Any professional services contract in connection with the acquisition, sale or disposal of land or property shall be arranged in accordance with these Standing Financial Instructions by the Responsible Director or the Head of Facilities Management/Associate Director of Capital Projects & Property.

17.16 Applicability of SFIs on Tendering and Contracting to funds held in trust (see overlap with SFI No. 29)

These Instructions shall not only apply to expenditure from Exchequer funds but also to works, services and goods purchased from the Trust's trust funds and private resources.

18. NHS SERVICE AGREEMENTS FOR PROVISION OF SERVICES (see overlap with SFI No. 17.13)

18.1 Service Level Agreements (SLAs)

- 18.1.1 The Chief Executive, as the Accountable Officer, is responsible for ensuring the Trust enters into suitable Service Level Agreements (SLA) with service commissioners for the provision of NHS services.

All SLAs should aim to implement the agreed priorities contained within the Local Delivery Plan (LDP) and wherever possible, be based upon integrated care pathways to reflect expected patient experience. In discharging this responsibility, the Chief Executive should take into account:

- the standards of service quality expected;
- the relevant national service framework (if any);
- the provision of reliable information on cost and volume of services;
- the NHS National Performance Assessment Framework;
- that SLAs build where appropriate on existing Joint Investment Plans;
- that SLAs are based on integrated care pathways.

18.2 Involving Partners and jointly managing risk

A good SLA will result from a dialogue of clinicians, users, carers, public health professionals and managers. It will reflect knowledge of local needs and inequalities. This will require the Chief Executive to ensure that the Trust works with all partner agencies involved in both the delivery and the commissioning of the service required. The SLA will apportion responsibility for handling a particular risk to the party or parties in the best position to influence the event and financial arrangements should reflect this. In this way the Trust can jointly manage risk with all interested parties.

18.3 A ‘Patient Led NHS and ‘Practice Based Commissioning’’

The Department of Health has published its document ‘Creating a Patient-led NHS’ and ‘Practice Based Commissioning’ setting out the basis upon which the Government’s major reform agenda will be carried forward.

A ‘Patient-led NHS’

Every aspect of the new system is designed to create a service which is patient-led, where:

- people have a far greater range of choices and of information and guidance to help make choices;
- there a stronger standards and safeguards for patients;
- NHS organisations are better at understanding patients and their needs, use new and different methodologies to do so and have better and more regular sources of information about preferences and satisfaction.

What services will look like

In order to be patient-led the NHS will develop new service models which build on current experience and innovation to:

- give patients more choice and control wherever possible;
- offer integrated networks for emergency, urgent and specialist care to ensure that everyone throughout the country has access to safe, high quality care; make sure that all services and all parts of the NHS contribute to health promotion, protection and improvement.

Securing services

The NHS will develop the way it secures services for its patients. It will:

- promote more choice in acute care by offering choice to the patient both in number and type of provider;
- encourage development of new community and primary services alongside new practices;
- strengthen existing networks for emergency, urgent and specialist services;
- build on current practices in shared commissioning to create a far simpler contract management and administration system that can be professionally managed.

Changing the way the NHS works

The NHS needs a change of culture as well as of systems to become truly patient-led, where:

- everything is measured by its impact on patients and type of provider;
- the NHS is as concerned with health promotion and prevention as with sickness and injury;
- frontline staff have more authority and autonomy to better support the patient;
- barriers which create rigidity and inflexibility are tackled and codes of conduct and shared values are instilled into the culture.

Making the changes

A Patient-led NHS needs effective organisations and incentives, with:

- a new development programme to help NHS Trusts become NHS Foundation Trusts;
- a similar structured programme to support PCTs in their development of 'Practice Based Commissioning';
- further development of Payment by Results to provide appropriate financial incentives for all services;
- greater integration of all the financial and quality incentives along with full utilization of new human resources and IT programmes

Commissioning a Patient-led NHS and Practice Based Commissioning are being rolled out by the Department of Health and full support and latest guidance may be accessed at <http://www.dh.gov.uk>

18.4 Reports to Board on SLAs

The Chief Executive, as the Accountable Officer, will need to ensure that regular reports are provided to the Board detailing actual and forecast income from the SLA. This will include information on costing arrangements, which increasingly should be based upon Healthcare Resource Groups (HRGs). Where HRGs are unavailable for specific services, all parties should agree a common currency for application across the range of SLAs.

19. COMMISSIONING

[This section is not normally applicable to NHS Trusts since they are providers rather than commissioners of health services. However, in limited cases Trusts may be responsible for operational commissioning of services. In these circumstances Trusts should refer to the model SFIs on Commissioning for PCTs and adopt/amend the relevant paragraphs as appropriate]

20. TERMS OF SERVICE, ALLOWANCES AND PAYMENT OF MEMBERS OF THE TRUST BOARD AND EXECUTIVE COMMITTEE AND EMPLOYEES

20.1 Remuneration and Terms of Service (see overlap with SO No. 4)

20.1.1 In accordance with Standing Orders the Board shall establish a Nominations & Remuneration Committee, with clearly defined terms of reference, specifying which posts fall within its area of responsibility, its composition, and the arrangements for reporting. (See NHS guidance contained in the Higgs report.)

20.1.2 The Committee will:

- (a) advise the Board about appropriate remuneration and terms of service for the Chief Executive, other officer members employed by the Trust and other senior employees 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;
- (b) make such recommendations to the Board on the remuneration and terms of service of officer members of the Board (and other senior employees) to ensure they are fairly rewarded for their individual contribution to the Trust - having proper regard to the Trust's circumstances and performance and to the provisions of any national arrangements for such members and staff where appropriate;
- (c) monitor and evaluate the performance of individual officer members (and other senior employees);
- (d) advise on and oversee appropriate contractual arrangements for such staff including the proper calculation and scrutiny of termination payments taking account of such national guidance as is appropriate.

20.1.3 The Committee shall report in writing to the Board the basis for its recommendations. The Board shall use the report as the basis for their decisions, but remain accountable for taking decisions on the remuneration and terms of service of officer members. Minutes of the Board's meetings should record such decisions.

20.1.4 The Board will consider and need to approve proposals presented by the Chief Executive for the setting of remuneration and conditions of service for those employees and officers not covered by the Committee.

20.1.5 The Trust will pay allowances to the Chairman and non-officer members of the Board in accordance with instructions issued by the Secretary of State for Health.

20.2 Funded Establishment

20.2.1 The manpower plans incorporated within the annual budget will form the funded establishment.

20.2.2 The funded establishment of any department may not be varied without the approval of the Chief Executive, as advised by the Director of Finance.

20.3 Staff Appointments

20.3.1 No officer or Member of the Trust Board or employee may engage, re-engage, or re-grade employees, either on a permanent or temporary nature, or hire agency staff, or agree to changes in any aspect of remuneration:

- (a) unless authorised to do so by the Chief Executive;
- (b) within the limit of their approved budget and funded establishment.

20.3.2 The Board will approve procedures presented by the Chief Executive for the determination of commencing pay rates, condition of service, etc, for employees.

20.4 Processing Payroll

20.4.1 The Director of Finance is responsible for:

- (a) specifying timetables for submission of properly authorised time records and other notifications;
- (b) the final determination of pay and allowances;
- (c) making payment on agreed dates;
- (d) agreeing method of payment.
- (e) all employees shall be paid by bank credit transfer, unless otherwise agreed by the Director of Finance.

20.4.2 The Director of Finance will issue instructions regarding:

- (a) verification and documentation of data;
- (b) the timetable for receipt and preparation of payroll data and the payment of employees and allowances;
- (c) maintenance of subsidiary records for superannuation, income tax, social security and other authorised deductions from pay;
- (d) security and confidentiality of payroll information;
- (e) checks to be applied to completed payroll before and after payment;
- (f) authority to release payroll data under the provisions of the Data Protection Act;
- (g) methods of payment available to various categories of employee and officers;
- (h) procedures for payment by cheque, bank credit, or cash to employees and officers;
- (i) procedures for the recall of cheques and bank credits;
- (j) pay advances and their recovery;
- (k) maintenance of regular and independent reconciliation of pay control accounts;
- (l) separation of duties of preparing records and handling cash;

- (m) a system to ensure the recovery from those leaving the employment of the Trust of sums of money and property due by them to the Trust.
- (n) the payment of pay awards and arrears.
- (o) the procedures for the change of bank details by staff.
- (p) the secure operation of the system for payment by Banker's Automated Clearing System, (BACS).

20.4.3 Appropriately nominated managers have delegated responsibility for:

- (a) submitting time records, and other notifications (e.g Variation forms), in accordance with agreed timetables;
- (b) completing time records and other notifications, in accordance with the Director of Finance's instructions and in the form prescribed by the Director of Finance;
- (c) submitting termination forms in the prescribed form immediately upon knowing the effective date of an employee's or officer's resignation, termination or retirement. Where an employee fails to report for duty or to fulfill obligations in circumstances that suggest they have left without notice, the Director of Finance must be informed immediately.

20.4.4 The Director of Finance shall ensure that the method of providing the payroll service is supported by appropriate (contracted) terms and conditions, adequate internal controls which satisfy the requirements of the Director of Finance and audit review procedures and that suitable arrangements are made for the collection of payroll deductions and payment of these to appropriate bodies.

20.5 Contracts of Employment

20.5.1 The Board shall delegate responsibility to an officer for:

- (a) ensuring that all employees are issued with a Contract of Employment in a form approved by the Board and which complies with employment legislation;
- (b) dealing with variations to, or termination of, contracts of employment.

21. NON-PAY EXPENDITURE

21.1 Delegation of Authority

21.1.1 The Board will approve the level of non-pay expenditure on an annual basis and the Chief Executive will determine the level of delegation to budget managers/holders.

21.1.2 The Chief Executive will set out:

- (a) the list of managers who are authorised to place requisitions for the supply of goods and services;
- (b) the maximum level of each requisition and the system for authorisation above that level.

21.1.3 The Chief Executive shall set out procedures on the seeking of professional advice regarding the supply of goods and services.

21.2 Choice, Requisitioning, Ordering, Receipt and Payment for Goods and Services (see overlap with Standing Financial Instruction No. 17)

21.2.1 Requisitioning

The requisitioner, in choosing the item to be supplied (or the service to be performed) shall always obtain the best value for money for the Trust. In so doing, the advice of the Trust's adviser on supply shall be sought. Where this advice is not acceptable to the requisitioner, the Director of Finance (and/or the Chief Executive) shall be consulted.

21.2.2 System of Payment and Payment Verification

The Director of Finance shall be responsible for the prompt payment of accounts and claims. Payment of contract invoices shall be in accordance with contract terms, or otherwise, in accordance with national guidance.

21.2.3 The Director of Finance will:

- (a) advise the Board regarding the setting of thresholds above which quotations (competitive or otherwise) or formal tenders must be obtained; and, once approved, the thresholds should be incorporated in Standing Orders and Standing Financial Instructions and regularly reviewed;
- (b) prepare procedural instructions or guidance within the Scheme of Delegation on the obtaining of goods, works and services incorporating the thresholds;
- (c) be responsible for the prompt payment of all properly authorised accounts and claims;
- (d) be responsible for designing and maintaining a system of verification, recording and payment of all amounts payable. The system shall provide for:
 - (i) A list of employees (including specimens of their signatures) authorised to certify invoices.
 - (ii) Certification that:
 - goods have been duly received, examined and are in accordance with specification and the prices are correct;
 - work done or services rendered have been satisfactorily carried out in accordance with the order, and, where applicable, the materials used are of the requisite standard and the charges are correct;
 - in the case of contracts based on the measurement of time, materials or expenses, the time charged is in accordance with the time sheets, the rates of labour are in accordance with the appropriate rates, the materials have been checked as regards quantity, quality, and price and the charges for the use of vehicles, plant and machinery have been examined;
 - where appropriate, the expenditure is in accordance with regulations and all necessary authorisations have been obtained;
 - the account is arithmetically correct;
 - the account is in order for payment.
 - (iii) A timetable and system for submission to the Director of Finance of accounts for payment; provision shall be made for the early submission

of accounts subject to cash discounts or otherwise requiring early payment.

- (iv) Instructions to employees regarding the handling and payment of accounts within the Finance Department.
- (e) be responsible for ensuring that payment for goods and services is only made once the goods and services are received. The only exceptions are set out in SFI No. 21.2.4 below.

21.2.4 **Prepayments**

Prepayments are only permitted where exceptional circumstances apply. In such instances:

- (a) Prepayments are only permitted where the financial advantages outweigh the disadvantages (i.e. cash flows must be discounted to NPV using the National Loans Fund (NLF) rate plus 2%).
- (b) The appropriate Director must provide, in the form of a written report, a case setting out all relevant circumstances of the purchase. The report must set out the effects on the Trust if the supplier is at some time during the course of the prepayment agreement unable to meet his commitments;
- (c) The Director of Finance will need to be satisfied with the proposed arrangements before contractual arrangements proceed (taking into account the EU public procurement rules where the contract is above a stipulated financial threshold);
- (d) The budget holder is responsible for ensuring that all items due under a prepayment contract are received and they must immediately inform the appropriate Director or Chief Executive if problems are encountered.

21.2.5 **Official orders**

Official Orders must:

- (a) be consecutively numbered;
- (b) be in a form approved by the Director of Finance;
- (c) state the Trust's terms and conditions of trade;
- (d) only be issued to, and used by, those duly authorised by the Chief Executive.
- (e) be signed in accordance with the Scheme of Delegation.

21.2.6 **Duties of Managers and Officers**

Managers and officers must ensure that they comply fully with the guidance and limits specified by the Director of Finance and that:

- (a) all contracts (except as otherwise provided for in the Scheme of Delegation), leases, tenancy agreements and other commitments which may result in a liability are notified to the Director of Finance in advance of any commitment being made;
- (b) contracts above specified thresholds are advertised and awarded in accordance with EU and GATT rules on public procurement and comply with

the White Paper on Standards, Quality and International Competitiveness (CMND 8621);

- (c) where consultancy advice is being obtained, the procurement of such advice must be in accordance with guidance issued by the Department of Health;
- (d) no order shall be issued for any item or items to any firm which has made an offer of gifts, reward or benefit to directors or employees, other than:
 - (i) isolated gifts of a trivial character or inexpensive seasonal gifts, such as calendars;
 - (ii) conventional hospitality, such as lunches in the course of working visits;

(This provision needs to be read in conjunction with Standing Order No. 6 and the principles outlined in the national guidance contained in HSG 93(5) "Standards of Business Conduct for NHS Staff");

- (e) no requisition/order is placed for any item or items for which there is no budget provision unless authorised by the Director of Finance on behalf of the Chief Executive;
- (f) all goods, services, or works are ordered on an official order except works and services executed in accordance with a contract and purchases from petty cash or through the use of a purchasing card.
- (g) verbal orders must only be issued very exceptionally - by an employee designated by the Chief Executive and only in cases of emergency or urgent necessity. These must be confirmed by an official order and clearly marked "Confirmation Order";
- (h) orders are not split or otherwise placed in a manner devised so as to avoid the financial thresholds;
- (i) goods are not taken on trial or loan in circumstances that could commit the Trust to a future uncompetitive purchase;
- (j) changes to the list of employees and officers authorised to certify invoices are notified to the Director of Finance;
- (k) purchases from petty cash are restricted in value and by type of purchase in accordance with instructions issued by the Director of Finance;
- (l) petty cash records are maintained in a form as determined by the Director of Finance.

21.2.7 The Chief Executive and Director of Finance shall ensure that the arrangements for financial control and financial audit of building and engineering contracts and property transactions comply with the guidance contained within CONCODE and ESTATECODE. The technical audit of these contracts shall be the responsibility of the relevant Director.

21.2.8 Purchasing Cards will be used in accordance with the procedures determined by the Director of Finance. These will by necessity incorporate maximum thresholds for individual transactions and monthly expenditure, with which the Director of Finance will authorise limits for each card holder, as appropriate.

21.3 Joint Finance Arrangements with Local Authorities and Voluntary Bodies (see overlap with Standing Order No. 9.1)

- 21.3.1 Payments to local authorities and voluntary organisations made under the powers of section 28A of the NHS Act **shall** comply with procedures laid down by the Director of Finance which shall be in accordance with these Acts. (See overlap with Standing Order No. 9.1)

22. EXTERNAL BORROWING

- 22.1.1 The Director of Finance will advise the Board concerning the Trust's ability to pay dividend on, and repay Public Dividend Capital (PDC) and any proposed new borrowing, within the limits set by the Department of Health. The Director of Finance is also responsible for reporting periodically to the Board concerning the PDC debt and all loans and overdrafts.
- 22.1.2 The Board will agree the list of employees (including specimens of their signatures) who are authorised to make short term borrowings on behalf of the Trust. This must contain the Chief Executive and the Director of Finance.
- 22.1.3 The Director of Finance must prepare detailed procedural instructions concerning applications for loans and overdrafts.
- 22.1.4 All short-term borrowings should be kept to the minimum period of time possible, consistent with the overall cash flow position, represent good value for money, and comply with the latest guidance from the Department of Health.
- 22.1.5 Any short-term borrowing must be with the authority of two members of an authorised panel, one of which must be the Chief Executive or the Director of Finance. The Board must be made aware of all short term borrowings at the next Board meeting.
- 22.1.6 All long-term borrowing must be consistent with the plans outlined in the current LDP and be approved by the Trust Board.

22.2 INVESTMENTS

- 22.2.1 Temporary cash surpluses must be held only in such public or private sector investments as notified by the Secretary of State and authorised by the Board.
- 22.2.2 The Director of Finance is responsible for advising the Board on investments and shall report periodically to the Board concerning the performance of investments held.
- 22.2.3 The Director of Finance will prepare detailed procedural instructions on the operation of investment accounts and on the records to be maintained.

23. FINANCIAL FRAMEWORK

- 23.3.1 The Director of Finance should ensure that members of the Board are aware of the Financial Framework. This document contains directions which the Trust must follow. It also contains directions to regarding resource and capital allocation and funding to Trust's. The Director of Finance should also ensure that the direction and guidance in the framework is followed by the Trust.

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

24.1 Capital Investment

- 24.1.1 The Chief Executive:
- (a) shall ensure that there is an adequate appraisal and approval process in place for determining capital expenditure priorities and the effect of each proposal upon business plans;
 - (b) is responsible for the management of all stages of capital schemes and for ensuring that schemes are delivered on time and to cost;
 - (c) shall ensure that the capital investment is not undertaken without confirmation of purchaser(s) support and the availability of resources to finance all revenue consequences, including capital charges.
- 24.1.2 For every capital expenditure proposal over £1M, the Chief Executive shall ensure:
- (a) that a business case (in line with the guidance contained within the *Capital Investment Manual*) is produced setting out:
 - (i) an option appraisal of potential benefits compared with known costs to determine the option with the highest ratio of benefits to costs;
 - (ii) the involvement of appropriate Trust personnel and external agencies;
 - (ii) appropriate project management and control arrangements;
 - (b) that the Director of Finance has certified professionally to the costs and revenue consequences detailed in the business case.
- 24.1.3 For capital schemes where the contracts stipulate stage payments, the Chief Executive will issue procedures for their management, incorporating the recommendations of "Estatecode".
- 24.1.4 The Director of Finance shall assess on an annual basis the requirement for the operation of the construction industry tax deduction scheme in accordance with Inland Revenue guidance.
- 24.1.5 The Director of Finance shall issue procedures for the regular reporting of expenditure and commitment against authorised expenditure.
- 24.1.6 The Director of Finance shall ensure that every expenditure proposal meets the following criteria:
- (a) potential benefits have been evaluated and compared with known costs, including revenue consequences e.g. maintenance and capital charges;
 - (b) revenue consequences of capital schemes should be discussed with purchasing authorities with a view to including such costs in prices;
 - (c) before the transfer of revenue to fund capital projects is approved, the source of funding of the revenue consequences of the project, including capital charges, shall be identified;
 - (d) shall ensure that the Trust does not exceed the Capital Resource Limit (CRL) approved by the Strategic Health Authority.
- 24.1.7 The approval of a capital programme shall not constitute approval for expenditure on any scheme.

The Chief Executive shall issue to the manager responsible for any scheme:

- (a) specific authority to commit expenditure;
- (b) authority to proceed to tender (see overlap with SFI No. 17.6);
- (c) approval to accept a successful tender (see overlap with SFI No. 17.6).

The Chief Executive will issue a scheme of delegation for capital investment management in accordance with "Estatecode" guidance and the Trust's Standing Orders.

24.1.8 The Director of Finance shall issue procedures governing the financial management, including variations to contract, of capital investment projects and valuation for accounting purposes. These procedures shall fully take into account the delegated limits for capital schemes included in Annex C of HSC (1999) 246.

24.2 Private Finance (see overlap with SFI No. 17.10)

24.2.1 The Trust should normally test for PFI when considering capital procurement. When the Trust proposes to use finance which is to be provided other than through its Allocations, the following procedures shall apply:

- (a) The Director of Finance shall demonstrate that the use of private finance represents value for money and genuinely transfers significant risk to the private sector.
- (b) Where the sum involved exceeds delegated limits, the business case must be referred to the Department of Health or in line with any current guidelines.
- (c) The proposal must be specifically agreed by the Board.

24.3 Asset Registers

24.3.1 The Chief Executive is responsible for the maintenance of registers of assets, taking account of the advice of the Director of Finance concerning the form of any register and the method of updating, and arranging for a physical check of assets against the asset register to be conducted on a two year rolling basis.

24.3.2 The Trust shall maintain an asset register recording fixed assets.

24.3.3 Additions to the fixed asset register must be clearly identified to an appropriate budget holder and be validated by reference to:

- (a) properly authorised and approved agreements, architect's certificates, supplier's invoices and other documentary evidence in respect of purchases from third parties;
- (b) stores, requisitions and wages records for own materials and labour including appropriate overheads;
- (c) lease agreements in respect of assets held under a finance lease and capitalised.

24.3.4 Where capital assets are sold, scrapped, lost or otherwise disposed of, their value must be removed from the accounting records and each disposal must be validated by reference to authorisation documents and invoices (where appropriate), and in accordance with appropriate procedures approved by the Director of Finance.

24.3.5 The Director of Finance shall approve procedures for reconciling balances on fixed assets accounts in ledgers against balances on fixed asset registers.

- 24.3.6 The value of each asset shall be measured initially at cost and subsequently at fair value in accordance with International Accounting Standards.
- 24.3.7 The value of each asset shall be depreciated over its estimated useful life in a manner that reflects the consumption of economic benefits or service potential of the asset.
- 24.3.8 The Director of Finance of the Trust shall calculate and pay capital charges as specified in the Manual for Accounts issued by the Department of Health.

24.4 Security of Assets

- 24.4.1 The overall control of fixed assets is the responsibility of the Chief Executive.
- 24.4.2 Asset control procedures (including fixed assets, cash, cheques and negotiable instruments, and also including donated assets) must be approved by the Director of Finance. This procedure shall make provision for:
- (a) recording managerial responsibility for each asset;
 - (b) identification of additions and disposals;
 - (c) identification of all repairs and maintenance expenses;
 - (d) physical security of assets;
 - (e) periodic verification of the existence of, condition of, and title to, assets recorded;
 - (f) identification and reporting of all costs associated with the retention of an asset;
 - (g) reporting, recording and safekeeping of cash, cheques, and negotiable instruments.
- 24.4.3 All discrepancies revealed by verification of physical assets to fixed asset register shall be notified to the Director of Finance.
- 24.4.4 Whilst each employee and officer has a responsibility for the security of property of the Trust, it is the responsibility of Board members and senior employees in all disciplines to apply such appropriate routine security practices in relation to NHS property as may be determined by the Board. Any breach of agreed security practices must be reported in accordance with agreed procedures.
- 24.4.5 Any damage to the Trust's premises, vehicles and equipment, or any loss of equipment, stores or supplies must be reported by Board members and employees in accordance with the procedure for reporting losses.
- 24.4.6 To facilitate retrieval of stolen property, wherever practicable items of equipment shall be marked with invisible ink security markers, in accordance with guidance issued by the Finance Department. Responsibility for marking rests with managers in effective operational control of these assets. New items of equipment should be so marked on receipt.
- 24.4.7 Managers have specific responsibilities, as detailed below, for all assets used operationally by themselves or their staff, regardless of whether the assets were purchased from within their own budgets or from other sources.
- 24.4.8 It is the responsibility of managers having effective operational control over assets to ensure that those assets are adequately secured against loss, theft or damage.

To this end, it may be appropriate for them to keep an up to date register of equipment assets within their operational control. This register would record additions, transfers away from their managerial control and disposals. In addition, records should be kept of issues of equipment, whether to individuals or other departments, and receipts obtained where practicable.

- 24.4.9 In addition to local control of equipment described in paragraphs 26.4.6, 24.4.7 and 24.4.8 above, certain classes of equipment will be subject to further safeguards in terms of recording and security.
- (a) Equipment of a capital nature will be recorded on the Fixed Asset Register, managed by the Finance Department. Managers in operational control of these assets have a duty to inform the Finance Department of any movements, (additions, transfer and disposals), of the same, in accordance with established procedures. The Finance Department will, on a regular basis, appraise interested managers of such assets recorded as being under their operational control.
 - (b) Electrical equipment will be tested as part of the Facilities Electrical Testing programme and labeled to indicate test/re-test dates. Managers in operational control of Trust electrical equipment should ensure that it is correctly tested. If newly acquired equipment does not have a label as above, Facilities should be contacted to arrange a test. All electrical equipment including non-Trust equipment must be tested prior to any use or connection to mains power supply. The supervising officer shall use best practical means to ensure that all electrical equipment to be used by contractors on Trust premises has been electrically tested in accordance with current regulations.
 - (c) Certain equipment will be recorded on the Facilities asset management and maintenance system. Equipment so recorded will have a unique reference number generated, and will have a security label affixed where applicable.
 - (d) A further register of Information Technology (IT) equipment will be held by the Information Services Department. New IT equipment must conform to standards set by the Information Services Department. All orders for IT equipment must be placed through the integra e-series. The requisition will be automatically directed to IT for approval in the first instance. The same managers should confirm receipt of goods on integra e-series .
- 24.4.10 Overall responsibility for the maintenance and security of the Trust's Land and Buildings is delegated to the Responsible Director and both the maintenance system and the Fixed Assets Register (see 24.4.9 above) will record these assets appropriately. However all staff occupying Trust property have a duty to maintain sensible safety and security procedures to help prevent accidental or malicious damage and break-in. It is the responsibility of senior managers in all disciplines at any site to ensure that such procedures are in place and adhered to.
- 24.4.11 In the event of closure of a ward/department etc., an inventory check will be carried out and managers will need to account for any assets recorded as being within their operational control but not identified during the course of the inventory. A designated officer shall then demonstrate details of transfer of assets within the Trust or eventual disposal.
- 24.4.12 The Chief Executive shall be responsible for establishing and maintaining separate records for equipment on loan from suppliers.

25. STORES AND RECEIPT OF GOODS

25.1 General position

- 25.1.1 Stores, defined in terms of controlled stores and departmental stores (for immediate use) should be:
- (a) kept to a minimum;
 - (b) subjected to annual stock take;
 - (c) valued at the lower of cost and net realisable value.

25.2 Control of Stores, Stocktaking, condemnations and disposal

- 25.2.1 Subject to the responsibility of the Director of Finance for the systems of control, overall responsibility for the control of stores shall be delegated to an employee by the Chief Executive. The day-to-day responsibility may be delegated by him to departmental employees and stores managers/keepers, subject to such delegation being entered in a record available to the Director of Finance. The control of any Pharmaceutical stocks shall be the responsibility of a designated Pharmaceutical Officer; the control of any fuel oil and coal of a designated Estates Manager.
- 25.2.2 The responsibility for security arrangements and the custody of keys for any stores and locations shall be clearly defined in writing by the designated manager/Pharmaceutical Officer. Wherever practicable, stocks should be marked as health service property.
- 25.2.3 The Director of Finance shall set out procedures and systems to regulate the stores including records for receipt of goods, issues, and returns to stores, and losses.
- (a) All stock records shall be in such form and shall comply with such systems of control as the Director of Finance shall approve.
 - (b) All goods received shall be checked as regards quantity and/or weight and inspected as to quality and specification. A delivery note shall be obtained from the supplier at the time of delivery and shall be signed by the person receiving the goods. Instructions shall be issued to staff covering the procedures to be adopted in those cases where a delivery note is not available.
 - (c) All goods received shall be entered on an appropriate goods received/stock record, (whether a computer or manual system), on the day of receipt. If goods received are unsatisfactory, the records shall be marked accordingly. Further, where goods received are seen to be unsatisfactory, or short on delivery, they shall only be accepted on the authority of the designated officer and the supplier shall be notified immediately.
 - (d) The issue of stocks shall be supported by an authorised requisition note and a receipt for the stock issued shall be returned to the designated officer, independent of the storekeeper. Where a 'topping up' system is used, a record shall be maintained as approved by the Director of Finance. Regular comparison shall be made of the quantities issued to wards/department etc., and explanations recorded of significant variations.
 - (e) All transfers and returns shall be recorded on forms/systems provided for the purpose and approved by the Director of Finance.
 - (f) Breakages and other losses of goods in stock shall be recorded as they occur and a summary shall be presented to the Director of Finance at regular intervals. Tolerance limits shall be established for all stocks subject to unavoidable loss, e.g. shrinkage in the case of certain foodstuffs and natural

deterioration of certain goods. (See also Condemnations, Losses and Special Payments).

- 25.2.4 Stocktaking arrangements shall be agreed with the Director of Finance and there shall be a physical check covering all items in store at least once a year. The physical check shall involve at least two officers, one of whom must be independent of the day to day operation of the stock. The stocktaking records shall be numerically controlled and signed by the officer undertaking the check. Any surplus or deficiencies revealed on stocktaking shall be reported to the Director of Finance immediately and they may investigate as necessary.
- 25.2.5 Where a complete system of stores control is not justified, alternative arrangements shall require the approval of the Director of Finance.
- 25.2.6 The designated Manager/Pharmaceutical Officer shall be responsible for a system approved by the Director of Finance for a review of slow moving and obsolete items and for condemnation, disposal, and replacement of all unserviceable articles. The designated Officer shall report to the Director of Finance any evidence of significant overstocking and of any negligence or malpractice (see also overlap with SFI No. 26 Disposals and Condemnations, Losses and Special Payments). Procedures for the disposal of obsolete stock shall follow the procedures set out for disposal of all surplus and obsolete goods.

25.3 Goods supplied by NHS Supply Chain

- 25.3.1 For goods supplied via the NHS Supply Chain central warehouses, the Chief Executive shall identify those authorised to requisition and accept goods from the store. The authorised person shall check receipt against the delivery note before forwarding this to the Director of Finance who shall satisfy himself that the goods have been received before accepting the recharge.

26. DISPOSALS AND CONDEMNATIONS, LOSSES AND SPECIAL PAYMENTS

26.1 Disposals and Condemnations

26.1.1 Procedures

The Director of Finance must prepare detailed procedures for the disposal of assets including condemnations, and ensure that these are notified to managers.

- 26.1.2 When it is decided to dispose of a Trust asset, the Head of Department or authorised deputy will determine and advise the Director of Finance of the estimated market value of the item, taking account of professional advice where appropriate.

- 26.1.3 All unserviceable articles shall be:

- (a) condemned or otherwise disposed of by an employee authorised for that purpose by the Director of Finance/Chief Executive Officer;
- (b) recorded by the Condemning Officer in a form approved by the Director of Finance which will indicate whether the articles are to be converted, destroyed or otherwise disposed of. All entries shall be confirmed by the countersignature of a second employee authorised for the purpose by the Director of Finance/Chief Executive officer.

- 26.1.4 The Condemning Officer shall satisfy himself as to whether or not there is evidence of negligence in use and shall report any such evidence to the Director of Finance/Chief Executive Officer, who will take the appropriate action.

26.2 Losses and Special Payments

26.2.1 Losses and special payments are divided into categories as defined in guidance issued by the Department of Health. These categories are:

- a) Losses of cash due to theft, fraud, overpayment and other causes.
- b) Fruitless Payments (including abandoned Capital Schemes):
- c) Bad Debts and Claims Abandoned:
- d) Damage to buildings, fittings, furniture and equipment and loss of equipment and property in stores and in use due to culpable and other causes:
- e) Compensation payments made under legal obligation
- f) Extra Contractual payments to contractors:
- g) Patients and staff for loss of personal effects (ex-gratia payments)
- h) For personal injury claims where legal advice has been obtained (including plaintiff's costs):
 - i) Other personal injury claims:
 - j) Severance payments on termination of employment
 - k) Other employment payments:
 - l) For other ex-gratia payment cases (with the exception of mal-administration) where there was no financial loss
- m) In cases of mal-administration where there was no financial loss by the claimant
- n) Write off of Non NHS Debtors patient referrals outside the UK and EEA guidelines

26.2.2 Procedures

The Director of Finance must prepare procedural instructions on the recording of and accounting for condemnations, losses, and special payments and inform the police in cases of suspected arson or theft.

26.2.3 Any employee or officer discovering or suspecting a loss of any kind must either immediately inform their head of department, who must immediately inform the Chief Executive and the Director of Finance or inform an officer charged with responsibility for responding to concerns involving loss. This officer will then appropriately inform the Director of Finance and/or Chief Executive. Where a criminal offence is suspected, the Director of Finance must immediately inform the police if theft or arson is involved. In cases of fraud and corruption or of anomalies which may indicate fraud, corruption or bribery, the Director of Finance must invoke the Counter Fraud, Corruption and Bribery Policy.

The Director of Finance must notify the Counter Fraud and Security Management Services (CFSMS) and the External Auditor of all frauds.

26.2.4 For losses apparently caused by theft, arson, neglect of duty or gross carelessness, except if trivial, the Director of Finance must immediately notify:

- (a) the Board,
- (b) the External Auditor.

26.2.5 Within limits delegated to it by the Department of Health, the Board shall approve the writing-off of losses.

26.2.6 The Director of Finance shall be authorised to take any necessary steps to safeguard the Trust's interests in bankruptcies and company liquidations.

26.2.7 For any loss, the Director of Finance should consider whether any insurance claim can be made.

- 26.2.8 The Director of Finance shall maintain a Losses and Special Payments Register in which write-off action is recorded.
- 26.2.9 No special payments exceeding delegated limits shall be made without the prior approval of the Department of Health/Strategic Health Authority.
- 26.2.10 All losses and special payments must be reported to the Audit Committee at relevant intervals.

27. INFORMATION TECHNOLOGY

27.1 Responsibilities and duties of the Director of Finance

27.1.1 The Director of Finance, who is responsible for the accuracy and security of the computerised financial data of the Trust, shall:

- (a) devise and implement any necessary procedures to ensure adequate (reasonable) protection of the Trust's data, programs and computer hardware for which the Director is responsible from accidental or intentional disclosure to unauthorised persons, deletion or modification, theft or damage, having due regard for the Data Protection Act 1998;
- (b) ensure that adequate (reasonable) controls exist over data entry, processing, storage, transmission and output to ensure security, privacy, accuracy, completeness, and timeliness of the data, as well as the efficient and effective operation of the system;
- (c) ensure that adequate controls exist such that the computer operation is separated from development, maintenance and amendment;
- (d) ensure that an adequate management (audit) trail exists through the computerised system and that such computer audit reviews as the Director may consider necessary are being carried out.

27.1.2 The Director of Finance shall need to ensure that new financial systems and amendments to current financial systems are developed in a controlled manner and thoroughly tested prior to implementation. Where this is undertaken by another organisation, assurances of adequacy must be obtained from them prior to implementation.

27.1.3 The Company Secretary shall publish and maintain a Freedom of Information (FOI) Publication Scheme, or adopt a model Publication Scheme approved by the information Commissioner. A Publication Scheme is a complete guide to the information routinely published by a public authority. It describes the classes or types of information about our Trust that we make publicly available.

27.2 Responsibilities and duties of other Directors and Officers in relation to computer systems of a general application

27.2.1 In the case of computer systems which are proposed General Applications (i.e. normally those applications which the majority of Trust's in the Region wish to sponsor jointly) all responsible directors and employees will send to the Director of Finance:

- (a) details of the outline design of the system;
- (c) in the case of packages acquired either from a commercial organisation, from the NHS, or from another public sector organisation, the operational

requirement.

27.3 Contracts for Computer Services with other health bodies or outside agencies

The Director of Finance shall ensure that contracts for computer services for financial applications with another health organisation or any other agency shall clearly define the responsibility of all parties for the security, privacy, accuracy, completeness, and timeliness of data during processing, transmission and storage. The contract should also ensure rights of access for audit purposes.

Where another health organisation or any other agency provides a computer service for financial applications, the Director of Finance shall periodically seek assurances that adequate controls are in operation.

27.4 Risk Assessment

The Senior Information Risk Owner (SIRO) shall ensure that risks to the Trust arising from the use of IT are effectively identified and considered and appropriate action taken to mitigate or control risk. This shall include the preparation and testing of appropriate disaster recovery plans.

27.5 Requirements for Computer Systems which have an impact on corporate financial systems

Where computer systems have an impact on corporate financial systems the Director of Finance shall need to be satisfied that:

- (a) systems acquisition, development and maintenance are in line with corporate policies such as an Information Technology Strategy;
- (b) data produced for use with financial systems is adequate, accurate, complete and timely, and that a management (audit) trail exists;
- (c) Finance staff have access to such data;
- (d) such computer audit reviews as are considered necessary are being carried out.

28. PATIENTS' PROPERTY

28.1 The Trust has a responsibility to provide safe custody for money and other personal property (hereafter referred to as "property") handed in by patients, in the possession of unconscious or confused patients, or found in the possession of patients dying in hospital or dead on arrival.

28.2 The Chief Executive is responsible for ensuring that patients or their guardians, as appropriate, are informed before or at admission by:

- notices and information booklets; (***notices are subject to sensitivity guidance***)
- hospital admission documentation and property records;
- the oral advice of administrative and nursing staff responsible for admissions,

that the Trust will not accept responsibility or liability for patients' property brought into Health Service premises, unless it is handed in for safe custody and a copy of an official patients' property record is obtained as a receipt.

28.3 The Director of Finance must provide detailed written instructions on the collection, custody, investment, recording, safekeeping and disposal of patients' property,

(including instructions on the disposal of the property of deceased patients and of patients transferred to other premises), for all staff whose duty is to administer, in any way, the property of patients. Due care should be exercised in the management of a patient's money in order to maximize the benefits to the patient. The instructions shall cover the necessary arrangements for withdrawal of cash or disbursement of money held in accounts of patients who are incapable of handling their own financial affairs.

28.4 Where Department of Health instructions require the opening of separate accounts for patients' moneys, these shall be opened and operated under arrangements agreed by the Director of Finance.

28.5 A patient's property record, in a form determined by the Director of Finance, shall be completed in respect of the following:

(a) property handed in for safe custody by any patients (or guardian as appropriate); and

(b) property taken into safe custody having been found in the possession of:

- mentally disordered patients
- confused and/or disorientated patients
- patients dying in hospital
- patients found dead on arrival in hospital
- patients severely incapacitated for any reason

A record shall be completed in respect of all persons in category b), including a nil return if no property is taken in safe custody.

28.5.1 The record shall be completed by a member of the hospital staff in the presence of a second member of staff and in the presence of the patient or personal representative where practicable. It shall then be signed by both members of staff and by the patient, except where the latter is restricted by physical or mental incapacity. Any alternations shall be validated by signatures as required for the original entry on the record.

28.5.2 **Custody and Use**

28.5.2.1 Property handed over for safe custody shall be placed into the care of officers designated by the Chief Executive, except where none are present, in which case the property shall be placed into the care of the most senior member of the nursing staff on duty.

28.5.2.2 Where patients' property or income is received for specific purposes and held for safe keeping, the property or income shall be used only for that purpose, unless any variation is approved by the donor or patient in writing.

28.5.2.3 Patients' income, including pensions and allowances, shall be dealt with in accordance with current Department of Health of Social Security instructions. For long stay patients, the Chief Executive shall ensure that positive action is taken to use their funds effectively and so reduce balances accruing.

28.5.2.4 Except as provided in 25.5.3, refunds of cash handed in for safe custody will be dealt with in accordance with the Department of Health and Department of Social Security instruction. Property other than cash which has been handed in for safe custody shall be returned to the patient, as required, by the officer who has been responsible for its security. The return shall be receipted by the patient or guardian as appropriate and witnessed.

28.5.3 **Deceased Patients**

- 28.5.3.1 The disposal of property of deceased patients shall be effected by the officer who has been responsible for its security. Such disposal shall be in accordance with the written instruction issued by the Director of Finance and referred to in paragraph 25.5.2.3 above; and in particular where cash or valuables have been deposited for safe custody they shall only be released after written authority has been given by the Director of Finance. Such authority shall include details of the lawful kin or other person entitled to the cash and valuables in question.
- 28.5.3.2 In all cases where property, including cash and valuables, of a deceased patient is of a total value of more than £5,000 (or such amount as may be prescribed by any amendment to Administration of Estates, Small Payments, Act 1965), the production of probate or letters of administration shall be required before any of the property is released. Where the total value of the property is £5,000 or less, forms of indemnity shall be obtained.
- 28.5.3.3 In respect of a deceased patient's property, if there is no will and no lawful kin, the property vests in the Crown, and particulars shall, therefore, be notified to the Treasury Solicitor.
- 28.5.3.4 Any funeral expenses necessarily borne by the Trust are a first charge on a deceased person's estate. Where arrangements for burial or cremation are not made privately, any cash of the estate held by the hospital may be appropriated towards funeral expenses, upon the authorization of the Director of Finance. No other expenses or debts shall be discharged out of the estate of a deceased patient.
- 28.6 Staff should be informed, on appointment, by the appropriate departmental or senior manager of their responsibilities and duties for the administration of the property of patients.

29. FUNDS HELD ON TRUST

29.1 General

Within this section of Standing Financial Instructions "charitable funds" are those gifts, donations and endowments made under the relevant charities legislation and held on trust for purposes relating to the National Health Service the objects of which are for the benefit of the National Health Service in England. They are administered by the Trust Board acting as trustees.

- 29.1.2 The discharge of the Body's corporate trustee responsibilities are distinct from its responsibilities for exchequer funds and may not necessarily be discharged in the same manner, but there must still be adherence to the overriding general principle of financial regularity, prudent and propriety. Trustee responsibilities cover both charitable and non-charitable purposes. The Director of Finance shall ensure that each fund is managed appropriately with regard to its purpose and to its requirements, comply with Charities Commission latest guidance and best practice.
- 29.1.3 The foregoing sections of these Standing Financial Instructions shall apply equally to charitable funds as to other funds except that expenditure from charitable funds shall be restricted to the purposes(s) of the appropriate trust and made only with the approval of the Charitable Funds Committee.

29.2 Existing Trusts

- 29.2.1 The Director of Finance shall arrange for the administration of all existing trusts. He shall ensure that a governing instrument exists for every trust and shall produce detailed codes of procedure covering every aspect of the financial management of

funds held on trust, for the guidance of directors and officers. Such guidance shall identify the restricted nature of certain funds.

29.2.2 The Director of Finance shall periodically review the funds in existence and shall make recommendations to the Board regarding the potential for rationalization of such funds within statutory guidelines.

29.2.3 The Director of Finance may recommend an increase in the number of funds where this is consistent with the Trust's policy for ensuring the safe and appropriate management of restricted funds, e.g. designation for specific wards or departments.

29.3 New Trusts

29.3.1 The Director of Finance shall arrange for the creation of a new trust where funds and/or other assets, received in accordance with the Trust's policies, cannot adequately be managed as part of an existing trust.

29.3.2 The Director of Finance shall present the governing document of each new trust to the Board of adoption. Such documents shall clearly identify, inter alia, the object of the new trust, capacity of the trust to delegate powers to manage and the power to assign the residue of the trust to another fund contingent upon certain conditions e.g. discharge or original objects.

29.3.3 The Director of Finance shall prepare detailed procedural instructions concerning the receiving, recording, investment and accounting for charitable funds.

29.4 Sources of New Funds

29.4.1 In respect of donations, the Director of Finance shall:

- (a) provide guidelines to offers of the Trust as to how to proceed when offered funds. These to include:
 - i) the identification of the donor's intention;
 - ii) where possible, the avoidance of new trusts;
 - iii) the avoidance of impossible, undesirable or administratively difficult objects;
 - iv) sources of immediate further advice; and
 - v) treatment of offers for personal gifts; and
- (b) provide secure and appropriate receipting arrangements which will indicate that the funds have been accepted directly into the Trust's charitable funds and that the donor's intentions have been noted and accepted.

29.4.2 In respect of Legacies and Bequests, the Director of Finance shall:

- (a) provide guidelines to officers of the Trust covering any approach regarding:
 - i) the wording of wills;
 - ii) the receipt of funds/other assets from executors.
- (b) where necessary, obtain grant of probate, or make application for grant of letters of administration, where the Trust is the beneficiary;

- (c) be empowered, on behalf of the Trust, to negotiate arrangements regarding the administration of a will with the executors and to discharge them from a duty; and
- (d) be responsible for the appropriate treatment of all legacies and bequests.

29.4.3 In respect of fund raising, the Director of Finance shall:

- (a) deal with all arrangements for the fund raising by and/or on behalf of the Trust and ensure compliance with all statutes and regulations:
- (b) be empowered to liaise with other organizations/persons raising funds for the Trust and provide them with the adequate discharge. The Director of Finance shall be the only officer empowered to give approval for such fund raising subject to the overriding direction of the Board:
- (c) be responsible for altering the Board to any irregularities regarding the use of the Trust's name or its registration numbers; and
- (d) be responsible, after due consultation with the Legal Advisers, for the appropriate treatment of all funds received from this source.

29.5 Disposition Management

29.5.1 The exercise of the Charitable Funds Committee's discretion shall be managed by the Director of Finance in conjunction with the Board. In so doing he shall be aware of the following:

- (a) the objects of various funds and the designated objectives;
- (b) the availability of liquid funds within each trust;
- (c) the powers of delegation available to committee resources;
- (d) the avoidance of the use of exchequer funds to discharge trust fund liabilities (except where administratively unavoidable) and to ensure that any indebtedness to the Exchequer shall be discharged by trust funds at the earliest possible time;
- (e) the funds are to be spent rather than preserved, subject to the wishes of the donor and the needs of the Trust.
- (f) the definitions of 'charitable purposes' as specified by the Charity Commission.

29.6 Investment Management

29.6.1 The Director of Finance shall be responsible for all aspects of the management of the investment of funds held on trust. The issues on which he shall be required to provide advice to the Board shall include:

- (a) the formulation of investment policy within powers under statute and within governing instruments to meet its requirements with regard to the enhancement of capital value:
- (b) the appointment of advisers, brokers and where appropriate fund managers;
- (c) pooling of investment resources and the preparation of a submission to the Charity Commission for them to make a scheme:

- (e) that the use of trust assets shall be appropriate authorised in writing and charges raised within policy guidelines;
- (f) the review of the performance of brokers and fund managers;
- (g) the reporting of investment performance.

29.7 Banking Services

29.7.1 The Director of Finance shall advise the Board and with its approval, shall ensure that appropriate banking services are available to the Trust as corporate trustee. These bank accounts should permit the separate identification of liquid funds to each trust where this is deemed necessary by the Charity Commission.

29.8 Asset Management

29.8.1 Assets in the ownership of or used by the Trust as corporate trustee shall be maintained along with the general estate and inventory of assets of the Trust. The Director Finance shall ensure:

- (a) that appropriate records of all assets owned by the Trust as corporate trustees are maintained, and that all assets, at agreed valuations, are brought into account;
- (b) that appropriate measures are taken to protect and/or to replace assets. These to include decisions regarding insurance, inventory control, and the reporting of losses:
- (c) that donated assets received on trust rather than into the ownership of the Secretary of State shall be accounted for appropriately;
- (d) that all assets acquired from funds held on trust which are intended to be retained within the charitable funds are appropriately accounted for, and that all other assets so acquired are brought into account in the name of the Secretary of State.

29.9 Reporting

29.9.1 The Director of Finance shall ensure that regular reports are made to the Board with regard to, inter alia, the receipts of funds, investments, and the disposition of resources.

29.9.2 The Director of Finance shall prepare annual accounts in the required manner which shall be submitted to the Board within the agreed time scales.

29.9.3 The Director of Finance, in conjunction with the Chief Executive, shall prepare an annual Trustee's report and the required returns to the Charity Commission for adoption by the Board.

29.10 Accounting and Audit

29.10.1 The Director of Finance shall maintain all financial records to enable the production of reports as above and to the satisfaction of internal and external audit.

29.10.2 The Director of Finance shall ensure that the records, accounts and returns receive adequate scrutiny by internal audit during the year. He will liaise with external audit and provide them with all the necessary information.

29.10.3 The Board shall be advised by the Director of Finance on the outcomes of the annual audit. The Chief Executive shall submit the Management Letter to the Board.

29.11 Administration Costs

29.11.1 The Director of Finance shall identify all costs directly incurred in the administration of funds held on trust, and, in agreement with the Board, shall charge such costs to the appropriate trust accounts.

29.12 Taxation

29.12.1 The Director of Finance shall ensure the Trust's liability to taxation and excise duty is managed appropriately, taking full advantage of available concessions, through the maintenance of appropriate records, the preparation and submission of the required returns and the recovery of deductions at source.

30. ACCEPTANCE OF GIFTS BY STAFF AND LINK TO STANDARDS OF BUSINESS CONDUCT (see overlap with SO No. 6 and SFI No. 21.2.6 (d))

The Director of Finance shall ensure that all staff are made aware of the Trust policy on acceptance of gifts and other benefits in kind by staff. This policy follows the guidance contained in the Department of Health circular HSG (93) 5 'Standards of Business Conduct for NHS Staff' and is also deemed to be an integral part of these Standing Orders and Standing Financial Instructions (see overlap with SO No. 6).

31. PAYMENTS TO INDEPENDENT CONTRACTORS

Not applicable to NHS Trust's

32. RETENTION OF RECORDS

32.1 The Chief Executive shall be responsible for maintaining archives for all records required to be retained in accordance with Records Management – NHS Code of Practice (Gateway Reference 6295) March 2006.

32.2 The records held in archives shall be capable of retrieval by authorised persons.

32.3 Records held in accordance with Records Management – NHS Code of Practice (Gateway Reference 6295) March 2006 shall only be destroyed at the express instigation of the Chief Executive. Detail shall be maintained of records so destroyed.

33. RISK MANAGEMENT AND INSURANCE

33.1 Programme of Risk Management

The Chief Executive shall ensure that the Trust has a programme of risk management, in accordance with current Department of Health assurance framework requirements, which must be approved and monitored by the Board.

The programme of risk management shall include:

- a) a process for identifying and quantifying risks and potential liabilities;
- b) engendering among all levels of staff a positive attitude towards the control of risk;

- c) management processes to ensure all significant risks and potential liabilities are addressed including effective systems of internal control, cost effective insurance cover, and decisions on the acceptable level of retained risk;
- d) contingency plans to offset the impact of adverse events;
- e) audit arrangements including; Internal Audit, clinical audit, health and safety review;
- f) a clear indication of which risks shall be insured;
- g) arrangements to review the Risk Management programme.

The existence, integration and evaluation of the above elements will assist in providing a basis to make an Annual Governance Statement within the Annual Report and Accounts as required by current Department of Health guidance.

33.2 Insurance: Risk Pooling Schemes administered by NHSLA

The Board shall decide if the Trust will insure through the risk pooling schemes administered by the NHS Litigation Authority or self insure for some or all of the risks covered by the risk pooling schemes. If the Board decides not to use the risk pooling schemes for any of the risk areas (clinical, property and employers/third party liability) covered by the scheme this decision shall be reviewed annually.

33.3 Insurance arrangements with commercial insurers

33.3.1 There is a general prohibition on entering into insurance arrangements with commercial insurers. There are, however, **three exceptions** when Trust's may enter into insurance arrangements with commercial insurers. The exceptions are:

- (1) Trust's may enter commercial arrangements for **insuring motor vehicles** owned by the Trust including insuring third party liability arising from their use;
- (2) where the Trust is involved with a consortium in a **Private Finance Initiative contract** and the other consortium members require that commercial insurance arrangements are entered into; and
- (3) where **income generation activities** take place. Income generation activities should normally be insured against all risks using commercial insurance. If the income generation activity is also an activity normally carried out by the Trust for a NHS purpose the activity may be covered in the risk pool. Confirmation of coverage in the risk pool must be obtained from the Litigation Authority. In any case of doubt concerning a Trust's powers to enter into commercial insurance arrangements the Finance Director should consult the Department of Health.

33.4 Arrangements to be followed by the Board in agreeing Insurance cover

- (1) Where the Board decides to use the risk pooling schemes administered by the NHS Litigation Authority the Director of Finance shall ensure that the arrangements entered into are appropriate and complementary to the risk management programme. The Director of Finance shall ensure that documented procedures cover these arrangements.
- (2) Where the Board decides not to use the risk pooling schemes administered by the NHS Litigation Authority for one or other of the risks covered by the schemes, the Director of Finance shall ensure that the Board is informed of the nature and extent of the risks that are self insured as a result of this decision. The Director of Finance will draw up formal documented procedures for the

management of any claims arising from third parties and payments in respect of losses which will not be reimbursed.

- (3) All the risk pooling schemes require Scheme members to make some contribution to the settlement of claims (the 'deductible'). The Director of Finance should ensure documented procedures also cover the management of claims and payments below the deductible in each case.

LOCAL SCHEME OF DELEGATION

CONTENTS

SECTION	PAGE
E. SCHEME OF DELEGATION – BUDGETARY CONTROL	106
F DETAILED SCHEME OF DELEGATION	108

THE SCHEME OF DELEGATION

SECTION E LOCAL SCHEME OF DELEGATION – BUDGETARY CONTROL

SD 3.1 The exercise of delegated responsibility by managers is subject to the overriding requirement that they will operate within the approved financial allocations and policies of Nottinghamshire Healthcare NHS Trust. Decisions taken under the Scheme of Delegation should not conflict with the Trust's stated aims and objectives as set out in its Strategic Plan, Integrated Business Plan (IBP) or in any other policy decisions of the Board.

SD 3.2 Chief Executive

3.2.1 The overall responsibility for the implementation of the Trust's financial policies and for the control of expenditure is delegated to the Chief Executive.

3.2.2 The Board accepts the principle that budgets will be delegated as close as possible to the provision of the service commensurate with effective management responsibility and accountability. The Chief Executive will, therefore, delegate responsibility for the day to day management and control of budgets to Executive Directors.

3.2.3 The Chief Executive will need to ensure that the delegation arrangements within Directorates are adequate to maintain effective financial control.

SD 3.3 Executive Directors

3.3.1 Executive Directors are required to manage and control the overall budget and to provide the required level of service within the funds allocated by the Trust.

3.3.2 Executive Directors are authorised to carry out virement between budget headings to utilise savings, to transfer funds between recurrent and non-recurrent budgets, subject to the rules set out in SD 3.4.

3.3.3 Executive Directors will remain accountable individually to the Chief Executive for the effective control of their overall budgets.

SD 3.4 Authorised Powers of Virement for Exchequer Funds

The following paragraphs define the powers of virement available, both recurrently and non-recurrently, in accordance with SFI 13.3.3 and 13.3.4.

3.4.1 Recurrent Revenue Virement

Executive Directors and Officers at one below Board level are authorised to vire recurrent savings and underspends from one budget heading to offset or reduce an existing recurrent overspend on another budget heading. Thus the impact upon the total budget will be neutral which will be confirmed by the Director of Finance as part of the monthly budgetary control process. Recurrent savings and underspends cannot be utilised to develop new recurrent initiatives without the express agreement of the Director of

Finance and formal approval of the Trust Board. Please refer to the Budgetary Control Manual – Section 5.3 – for further virement authorization levels (available on the Intranet).

3.4.2 Non-Recurrent Revenue Virement

On occasions, it will be necessary for the Director of Finance to affect virement for reasons of prudence. The achievement of the Trust's statutory financial targets must remain paramount. Based upon Directorate forecasts, together with the level of reserves held, the Director of Finance will periodically review the flexibility to allow the authorization of Trust wide non-recurrent virement. Proposals as to how this virement, to be known as the Non-Recurrent Revenue Programme, is to be spent will be drafted by the Director of Finance, in conjunction with fellow Executive Directors, for approval by the Trust Board.

3.4.3 Non-Recurrent Capital Virement

Funding will not be allocated to capital schemes until robust estimates of expenditure have been prepared and approved. The funding must contain a clear indication of the split between the cost of works (ie buildings and engineering costs, inclusive of professional fees) and the cost of equipment. Any subsequent savings or underspends on either of these two elements within a capital scheme cannot be used for virement between each other unless:

- i) It is necessary to keep the overall scheme cost within the total budget allocated, or
- ii) Where formally approved by the Director of Finance

In the absence of virement under the conditions above, the impact of any savings or underspends must be declared as part of the year-end outturn forecasts contained within the monthly finance report to the Board.

Where a capital scheme is constituted entirely by the cost of works or entirely by equipment costs, the budget must be used to fund only those items intended within the original estimate. Any savings or underspends generated cannot be used to enhance the nature of the scheme without prior approval of the Trust Board.

Any savings or underspends on one capital scheme cannot be used for virement to fund additional expenditure on another capital scheme without approval of the Trust Board.

DETAILED SCHEME OF DELEGATION

SECTION F

The delegation shown below is the lowest level to which authority is delegated. Delegation to lower levels is only permitted with written approval of the Chief Executive who will, before authorising such delegation, consult with other Senior Officers as appropriate. All actions must be carried out in accordance with Standing Orders and Standing Financial Instructions.

Delegated Matter	Authority Delegated To	Reference Documents
<p>1. Management of Budgets (Responsibility for keeping Pay and Non-pay expenditure within approved budgets)</p> <p>Approval of Budgets</p> <p>Delegation by the Budget Holder</p> <p>Approval to spend</p> <p>Monitoring of Financial Performance</p> <p>Delegated Virement Limits</p>	<p>Reserved to Trust Board</p> <p>Budget Managers</p> <p>Budget Managers</p> <p>Director of Finance</p> <p>Director of Finance (establishment changes) Director of Finance (financial consequences)</p>	<p>SFI's Section 13: Allocations Planning, Budgets, Budgetary Control and Monitoring</p> <p>The Trust Board approves overall resources as well as detailed departmental budgets</p> <p>Budget managers have the authority to incur costs in accordance with approved resources/detailed budgets</p> <p>SFI 13.1.3</p> <p>SFI 13.4.1(e) & SD 3.4 – Authorised Powers of Virement for Exchequer Funds - Virement within a Budget Manager's approved budget are permitted in accordance with virement rules.</p>
<p>2. Maintenance / Operation of Bank Accounts</p>		<p>SFI's Section 5: Banking Arrangements</p>

Delegated Matter	Authority Delegated To	Reference Documents
<p>Opening of new Bank Accounts</p> <p>Notification of change to the banking arrangements, with the exception of changes in signatories.</p> <p>Appointment of Bankers</p> <p>Banking procedures, including investment of surplus funds</p>	<p>Approved by the Director of Finance and reported to the next Board</p> <p>Approved by the Director of Finance and reported to the next Board</p> <p>Requires Board approval. The Director of Finance is required to review the banking arrangements at regular intervals.</p> <p>The Director of Finance is responsible for the maintenance of banking procedures.</p>	<p>SFI 15.1 General</p> <p>SFI 15.3 Banking Procedures</p> <p>SFI 15.4 Review</p> <p>SFI 15.2 Bank and PGO Accounts</p>
<p>3. Non Pay Revenue and Capital Expenditure/Requisitioning/Ordering/ Payment of Goods & Services</p> <p>a) Non Pay Revenue Delegated limits for Exchequer Funds (all values are inclusive of VAT irrespective of whether this is reclaimable or not).</p>		<p>SFI's Section 21: Non-pay Expenditure SFI's Section 17: Competitive Tenders and Quotations</p>
<p>£150,001 and above</p>	<p>Reserved to Trust Board (Trust Board to approve letting of contract following recommendation arising from formal tender procedures)</p>	
<p>Up to £150,000</p>	<p>Chief Executive (Chief Executive to approve letting of contract following recommendation arising from formal tender procedures).</p>	

Delegated Matter	Authority Delegated To	Reference Documents
Up to £100,000	Executive Directors (for own area). (Executive Director to approve letting of contract following recommendation arising from formal tender or formal quotation, as appropriate)	
Up to £29,999	Clinical Directors and Directorate General Managers (following the appropriate quotation process, where applicable)	
Up to £15,000	Service Team Leaders and equivalents	
Up to £4,999	All other Budget Managers Where purchasing cards are used to acquire goods on behalf of the Trust, maximum limits of £3,000 per transaction and £10,000 monthly will apply. The DoF will notify limits within these maximum values to each cardholder.	
b) Capital		
Annual Capital Programme	Reserved to Trust Board (following formal recommendation by the ELT)	SFI 24.1.7
£250,001 and above	Reserved to Trust Board (Trust Board to approve letting of contract following recommendation arising from formal tender procedures)	
Up to £250,000	Chief Executive (Chief Executive to approve letting of contract following recommendation arising from formal tender procedures).	

Delegated Matter	Authority Delegated To	Reference Documents
Up to £150,000	Executive Directors or Associate Director of Capital Projects & Property. (Executive Director or Associate Director of Capital Projects & Property to approve letting of contract following recommendation arising from formal tender procedures).	
c) Procurement of Professional Services		
i) Legal Advice	Company Secretary	
ii) Specialist Advice eg IT, clinical enquiries	Chief Executive	
iii) Special Projects eg specific reviews: iv) Above £30,000 Up to £30,000 Note that this additional control is exercised over the procurement of professional services due to the need to closely monitor management costs.	Chief Executive Executive Director (In accordance with formal tender or quotation requirements)	SFI 17.7 & 17.8
4. Capital Schemes and Management of Approved List of Contractors		SFI's Section 24: Fixed Assets
a) Approval of Annual Capital Programme	Reserved to Trust Board (following formal recommendation by the ELT)	
b) Financial monitoring and reporting on all capital scheme expenditure	Director of Finance via reports to Trust Board	
c) Granting and termination of leases with annual rent	Reserved to Trust Board	

Delegated Matter	Authority Delegated To	Reference Documents
d) To maintain and regularly review a list of contractors suitable for undertaking building and engineering works	Head of Facilities Management (Local and Forensic Services)	
e) Review periodically the selection of contractors invited to tender.	Company Secretary	
f) Review periodically the incidents of awards to particular contractors.	Company Secretary	
5. Setting of Fees and Charges		SFI's Section 16: Income
a) Provision of annual set of contract costs for clinical and non-clinical services prices in compliance with timetable laid down by the Department of Health.	Director of Finance	
b) Other Fees and Charges	Director of Finance	SFI 16.2 Fees and Charges
6. Engagement of Staff Not On the Establishment		SFI's Section 20: Payment of Staff
a) Booking of bank staff from approved lists	Service Team Leaders	
b) Booking of Agency Staff	Service Team Leaders	SFI 20.3 Staff Appointments
7. Charitable Funds (All values are inclusive of VAT irrespective of whether this is reclaimable or not).		SFI's Section 29: Charitable Funds

Delegated Matter	Authority Delegated To	Reference Documents
a) Expenditure:		
£20,001 and above	Trust Board approval on the application of the Chief Executive or Director of Finance	
£1,001 to £20,000	Responsible Director	
Up to £1,000	Fund holder	
b) Maintenance of financial records	Director of Finance	SFI 29.10 Accounting and Audit
8. Agreements/Licences		SFI 16.2.1 SFI 21.2.6
a) Preparation and signature of all tenancy agreements/licences for all staff subject to Trust Policy on accommodation for staff.	Director of Finance	
b) Extensions to existing leases	Director of Finance	
c) Letting of premises to outside organizations.	Director of Finance	
d) Approval of rent calculation	Director of Finance	
9. Condemning & Disposal		SFI's Section 26: Condemnations, Losses and Special Payments
a) Items obsolete, obsolescent, redundant, irreparable or cannot be repaired cost effectively.	Director of Finance	
i) with current purchase new price £100 or above	Director of Finance	
ii) with current purchase price less than £100	Director of Finance	
iii) disposal of mechanical and engineering plant :	Director of Finance	

Delegated Matter	Authority Delegated To	Reference Documents
Less than £1,000 per sale	Director of Finance	
More than £1,000 per sale	Director of Finance	
b) Sale of land not exceeding £50,000 in value	Chief Executive	
10. Losses, Write-off & Compensation		SFI's Section 26: Condemnations, Losses and Special Payments
a) Losses of cash due to theft, fraud, overpayment and other causes.		SFI 26.2.4
Over £10,000	Trust Board	
Up to £10,000	Chief Executive or Director of Finance	
Up to £500	Responsible Director	
b) Fruitless Payments (including abandoned Capital Schemes):		
Over £25,000	Trust Board	
Up to £25,000	Chief Executive or Director of Finance	
c) Bad Debts and Claims Abandoned:		
a. Private Patients,		
b. Overseas Visitors		
c. Other:		
Over £20,000	Trust Board	
Up to £20,000	Chief Executive or Director of Finance	
Up to £2,000	Responsible Director	
d) Damage to buildings, fittings, furniture and equipment and loss of equipment and property in stores and in use due to culpable and other causes:		
Over £10,000	Trust Board	
Up to £10,000	Chief Executive or Director of Finance	

Delegated Matter	Authority Delegated To	Reference Documents
Up to £500	Responsible Director	
e) Compensation payments made under legal obligation ie court order or binding arbitration award (full amount). Does not include payments into court and out of court settlements. These fall under one of the following sub-sections.	Trust Board	
f) Extra Contractual payments to contractors:		
Over £10,000	Trust Board	
Up to £10,000	Chief Executive or Director of Finance	
g) Patients and staff for loss of personal effects (ex-gratia payments)		
Over £10,000	Trust Board	
Up to £10,000	Chief Executive or Director of Finance	
Up to £500	Responsible Director	
h) For personal injury claims where legal advice has been obtained (including plaintiff's costs):		
Up to £10,000	Chief Executive or Director of Finance	(Nb. Costs above this covered by the LTPS NHSLA membership)
i) Other personal injury claims:		
Over £10,000	Trust Board	
Up to £10,000	Chief Executive or Director of Finance	
j) Severance payments on termination of employment	Not available to Trust Board, refer to Strategic Health Authority to seek Treasury Approval.	

Delegated Matter	Authority Delegated To	Reference Documents
k). Other employment payments:		
Over £10,000	Trust Board	
Up to £10,000	Chief Executive or Director of Finance	
l) For other ex-gratia payment cases (with the exception of mal-administration) where there was no financial loss by the claimant:		
Over £50,000	Trust Board	
Up to £50,000	Chief Executive or Director of Finance	
Up to £1,000	Responsible Director	
m) In cases of mal-administration where there was no financial loss by the claimant	Trust Board or Responsible Director	
n) Write off of Non NHS Debtors patient referrals outside the UK and EEA guidelines	Director of Finance; reported to the Audit Committee for information	
11. Petty Cash Disbursements (not applicable to central Cashiers Office)		SFI 21.2.6
a) Expenditure up to £50 per item	Budget Manager / Budget Holder	
b) Expenditure above £50 per item	Financial Services Manager	
c) Routine patients' monies payments should generally not exceed £75.00. However, where appropriate and necessary, amounts between £75.00 and up to £150.00 may be authorised by the ward manager. A Modern Matron, Service Team Leader or General Manager must approve amounts exceeding £150.00.	Ward Manager or equivalent	
d) Reimbursements of patients monies in	Ward Manager or equivalent.	

Delegated Matter	Authority Delegated To	Reference Documents
excess of £75		
12. Implementation of Internal and External Audit Recommendations	Actioning officer as specified in individual audit reports. Overseen by Director of Finance, reports to Audit Committee.	SFI 17.2
13. Maintenance & Update on Trust Financial Procedures	Director of Finance	SFI 10.2.6
15. Personnel & Pay		SFI's Section 20: Payment of Staff
a) Authority to appoint staff to post not on the formal establishment.	Chief Executive and Director of Finance	
b) Establishments		
i) Additional staff to the agreed establishment with specifically allocated finance.	Budget holder within overall financial budget	
ii) Additional staff to the agreed establishment without specifically allocated finance.	Director of Finance	
c) Pay		
i) Authority to complete standing data forms effecting pay, new starters, variations and leavers	General Managers, Heads of Department, Ward Managers or equivalent and nominated Deputies.	
ii) Authority to authorise overtime, travel claims and study leave and associated expenses.	General Managers, Heads of Department, Ward Managers or equivalent and nominated Deputies. (This authority is subject to local constraints which may be applicable from time to time).	
d) Renewal of Fixed Term Contract	Original Appointing Officer	

Delegated Matter	Authority Delegated To	Reference Documents
e) Staff Retirement Policy Authorisation of extensions of contract beyond normal retirement age in exceptional circumstances	ELT	
f) Redundancy	ELT	
g) Dismissal	ELT	
h) Approval of Changes to Allowances Paid to Officers Annual review of following allowances: i) Travelling Expenses - Standard user - Regular user - Lease car reimbursement of fuel ii) Home telephone rental reimbursement for being on-call.	Chief Executive with advice from the Director of Finance on financial viability and taxation implications	
i) Pay Negotiations With Officers Negotiations with staff side and agreement of pay settlement, including:- - Salary and wage rates - Lead allowance - Enhancement levels - On-call payment - Overtime rates - Bonus rates - Terms and Conditions of Services	Chief Executive, Director of Finance, Divisional Head of Personnel.	
j) Removal Expenses, Excess Rent and House Purchases. Authorisation of payment of removal		

Delegated Matter	Authority Delegated To	Reference Documents
expenses incurred by officers taking up new appointments (providing consideration was promised at interview):		
i) Up to £7,999	Service Team Leaders	
ii) £8,000 and above	Chief Executive	
k) Grievance Procedure All grievances cases must be dealt with strictly in accordance with the Grievance Procedure and advice of a Personnel Officer must be sought when the grievance reaches the level of General Manager		
16. Authorisation of New Drugs	Medical Director and the Director of Finance	
17. Insurance Policies and Risk Management		SFI's Section 33: Risk Management and Insurance
a) Negotiation of Insurance (annually)	Director of Finance	
b) Claims:		
- Employers liability - Other Losses	Director of Finance Director of Finance	
18. Patient Services		SFI 13.1
a) Variations of job plan/work programmes	Clinical Director in conjunction with Medical Director or appropriate Executive Director	

Delegated Matter	Authority Delegated To	Reference Documents
b) All proposed changes in bed allocation and use.	Executive Directors Local and Forensic Services in consultation with the Chief Executive	
19. Review of Trust's compliance with the Data Protection Act	Senior Information Risk Owner	SFI 27
20. Monitor proposals for contractual arrangements between the Trust and outside bodies	Director of Finance	
21. Review of the Trust's compliance code of Practice for handling confidential information in the contracting environment and the compliance with "safe haven" per EL 92/60.	Senior Information Risk Owner	
22. The keeping of a Declaration of Interests Register.	Company Secretary	
23. The keeping of a Attestation of Sealings Register in accordance with Standing Orders	Company Secretary	
24. Signing of Documents Signing of legal agreements or other documents not required to be executed as a deed.	Approved and signed by the Chief Executive (if absent by the Director of Finance or any other Executive Director not associated with the originating department)	
25. The keeping of the Hospitality Register	Company Secretary	
26. Management of land, buildings and other assets owned or leased by the		SFI's Section 24: Fixed Assets

Delegated Matter	Authority Delegated To	Reference Documents
Trust:		
a) Maintenance of Asset Register	Director of Finance	
b) Maintaining legal documents of Title (including Leasehold)	Company Secretary	
Inventory for items less than £5,000	Heads of Department/General Managers	
27. Management and Control of Stocks		SFI's Section 25: Stores and Receipt of Goods
a) Maintenance of stock levels and safe custody and notification of losses.	Each budget holder	
b) Areas of substantial stockholding		
Estates fuel stocks	Director of Finance	
Engineering stores	Director of Finance	
Catering	Director of Finance	
Pharmacy	Senior Pharmacist	
c) Reporting of stocks in the accounts	Director of Finance	
28. Management and Control of Computer Systems and Facilities		
a) Patients administration system	Director with responsibility for IT	
b) Finance system	Director of Finance	SFI 27
c) Pharmacy system	Head of Pharmacy Local and Forensic Services in consultation with Executive Directors Local	

Delegated Matter	Authority Delegated To	Reference Documents
	and Forensic Services.	
d) Estates System	Local or Forensic Head of Facilities Management	