

Corporate Governance Manual

Version No: 2

Document Summary:

The Corporate Governance Manual is the key policy document that provides staff and directors of the Trust with the regulatory framework for how the Trust conducts its business affairs. It contains the Trust's standing orders (SOs), standing financial instructions (SFIs), scheme of reservation and delegation (SORD) including table of delegated limits.

Document status	Approved	
Document type	Policy	Trust wide
Document number	PD0569	
Approving body	Audit Committee	
Date approved	10/09/2025	
Date implemented	10/09/2025	
Review date	*3 years from approval date 10/09/2028	
Accountable Director	Chief Finance Officer	
Policy Author	Deputy Director of Finance & Information	
Target audience	All staff	

The intranet version of this document is the only version that is maintained. Any printed copies should therefore be viewed as “uncontrolled”, as they may not contain the latest updates and amendments

Title:	Corporate Governance Manual		
Document Number:	PD0569	Version:	V2
		Page:	1 of 92

Document Control

[Author to complete all sections apart from Section 4 & 5]

Section 1 – Document Information	
Title	Corporate Governance Manual
Directorate	Workforce
Brief Description of amendments	
New document updates including change in Procurement regulations and annual review <i>Please state if a document has been superseded.</i>	
Does the document follow the Trust agreed format?	Yes
Are all mandatory headings complete?	Yes
Does the document outline clearly the monitoring compliance and performance management?	Yes
Equality Analysis completed?	Yes
Data Protection Impact Analysis completed?	Yes

Section 2 – Consultation Information*	
*Please remember to consult with all services provided by the Trust, including Community & Primary Care	
Consultation Completed	<input type="checkbox"/> Trust wide <input type="checkbox"/> Local <input type="checkbox"/> Specific staff group
Consultation start date	Click here to enter a date.
Consultation end date	Click here to enter a date.

Section 3 – Version Control		
Version	Date Approved	Brief Summary of Changes
2	10/09/2025	New document updates including change in Procurement regulations and annual review
	Click here to enter a date.	
	Click here to enter a date.	
	Click here to enter a date.	

Section 4 – Approval – <i>To be completed by Document Control</i>			
Document approved		<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Approved with minor amendments	
Assurance provided by author & Chair		<input checked="" type="checkbox"/> Minutes of meeting <input type="checkbox"/> E-mail with Chair's approval	
Date approved	10/09/2025	Review date	10/09/2028

Section 5 – Withdrawal – <i>To be completed by Document Control</i>	
Reason for withdrawal	<input type="checkbox"/> No longer required <input type="checkbox"/> Superseded

Title:	Corporate Governance Manual		
Document Number:	PD0569	Version:	V2
Page:	2 of 92		

Section 5 – Withdrawal – To be completed by Document Control

Assurance provided by author & Chair

Minutes of meeting E-mail with Chair's approval

Date Withdrawn:

[Click here to enter a date.](#)

Executive Summary

Corporate governance is the system by which an organisation is directed and controlled, at its most senior levels, to achieve its objectives and meet the necessary standards of accountability and probity. Effective corporate governance, along with clinical governance, is essential for a Trust to achieve its clinical, quality, and financial objectives. Fundamental to effective corporate governance is having the means to verify the effectiveness of this direction and control. This is achieved through what the NHS calls “controls assurance”.

The NHS Act 2006 and subsequent regulations set out the legal framework within which the Trust operates. The Membership and Procedure Regulations set out who can be members of the Trust and how it should conduct its business. The Codes of Conduct and Accountability require Trust boards to adopt schedules of reservation and delegation of powers and to set out the financial framework within which the organisation operates.

Key documents in the Corporate Governance Framework for NHS Trusts requiring compliance by the Trust, its executive and Non-Executive directors, officers and employees are:

- The accountable officer memorandum;
 - The codes of conduct and accountability issued by the Department of Health and Social Care.
 - The Trust must also have agreed its own:
 - Standing Orders, as a framework for internal governance, and
 - Standing Financial Instructions as a framework for financial governance.
- These documents together provide a regulatory framework for the business conduct of the Trust.

The Trust board will also need to appoint audit and remuneration committees and establish a framework for managing risk.

It is essential that all employees know of the existence of these documents and are aware of their responsibilities included within. To this end all directors, consultants, senior managers, directorate managers and heads of department have been issued with a copy of this manual and it is incumbent upon them to ensure that all staff in their charge are advised of its existence.

Any queries relating to the contents of these documents should be directed to the Chief Finance Officer or myself who will be pleased to provide clarification.

Title:	Corporate Governance Manual		
Document Number:	PD0569	Version:	V2
Page:	3 of 92		

Contents

	Document Control	2
	Executive Summary	3
1.	Scope	7
2.	Introduction	7
3.	Statement of Intent	7
4.	Definitions	7
5.	Duties, Accountabilities and Responsibilities	9
5.1	Chief Executive	9
5.2	Chief Finance Officer	9
5.3	Assistant Director of Finance (Financial Services)	9
5.4	Internal Audit Manager	9
5.5	Local Counter Fraud Specialist (LCFS)	9
5.6	All directors, consultants, senior managers, directorate managers and heads of department	9
5.7	All staff	9
6.	Standing Orders	9
6.1	Statutory Framework	9
6.2	NHS Framework	10
6.3	Delegation of Powers	10
6.4	Standing Orders	11
6.5	Policy Statements	11
6.6	Chair's Responsibility	11
6.7	Terminology	11
6.8	The Trust Board, Composition of Membership, Tenure and Role of Members	11
6.9	Composition of the Trust	12
6.10	Terms of Office	12
6.11	Chair and Non-executive Directors	12
6.12	Chief Executive and Chief Finance Officer	13
6.13	Other Executive Directors	13
6.14	Appointing Chief Executive & Other Directors	13
6.15	Appointment of Deputy Chair	14
6.16	Powers of Deputy Chair	14
6.17	Meetings of the Trust	14
6.18	Calling Meetings	15
6.19	Notice of Meetings	15
6.20	Agendas	15
6.21	Chair of Meeting	16
6.22	Annual Public Meeting	16
6.23	Notices of Motion	16
6.24	Motions: Procedure at and during a meeting	16
6.25	Motion to Rescind a Resolution	17
6.26	Chair's Ruling	17
6.27	Voting	18
6.28	Minutes	18
6.29	Joint Directors	18
6.30	Suspension of Standing Orders	18
6.31	Variation and Amendment of Standing Orders	19
6.32	Quorum	19
6.33	Arrangements for the exercise of functions by delegation	19
6.34	Framework for Delegation of Trust Board Authority	20
6.35	Emergency Powers	20
6.36	Delegation to Committees	20
6.37	Delegation to Officers	20
6.38	Overriding Standing Orders	21
6.39	Appointment of Joint Committees	21
6.40	Committee Structure	22
6.41	Confidentiality	23
6.42	Declaration of Interests	23
6.43	Register of Interests	24
6.44	Disability of Directors in proceedings on account of pecuniary interest	24
6.45	Powers of The Secretary of State	25
6.46	Committees and Sub-Committees Responsibilities	25
6.47	Policy	25

Title:	Corporate Governance Manual		
Document Number:	PD0569	Version:	V2
Page:	4 of 92		

6.48	Interest of Officers in Contracts	26
6.49	Canvassing of, and Recommendations by, Directors in Relation to Appointments	26
6.50	Relatives of Directors (members) or Officers	26
6.51	Custody of Seal	27
6.52	Sealing of Documents	27
6.53	Requirements to Seal	27
6.54	Register of Sealing	27
6.55	Signature of documents	27
6.56	Standing Financial Instructions	28
6.56.1	Introduction	28
6.56.2	Terminology	28
6.56.3	Responsibilities and Delegation	28
6.56.4	Audit Committee	30
6.56.5	Chief Finance Officer	30
6.56.6	Internal Audit	31
6.56.7	External Audit	32
6.56.8	Fraud, Bribery and Corruption	32
6.56.9	Preparation and approval of business plans / Service Development Strategy (Local Delivery Plan) and budgets	32
6.56.10	Budgetary delegation	33
6.56.11	Budgetary control and reporting	33
6.56.12	Capital expenditure	34
6.56.13	Financial returns	34
6.56.14	Annual Accounts and Reports	34
6.56.15	Annual Reports	34
6.56.16	Bank and Government Banking Service Accounts	34
6.56.17	Banking procedures	35
6.56.18	Tendering and Review	35
6.56.19	Income, fees and charges and security of cash, cheques and other negotiable instruments	35
6.56.20	Fees and charges other than Trust Contract	36
6.56.21	Debt recovery	36
6.56.22	Security of cash, cheques and other negotiable instruments	36
6.56.23	NHS Service agreements for provision of services	37
6.56.24	Non-Commercial Contract	37
6.56.25	Terms of Service, allowances and payment of members of the Board of Directors and Employees	37
6.56.26	Funded establishment	38
6.56.27	Staff appointments	38
6.56.28	Processing of the payroll	38
6.56.29	Contracts of employment	39
6.56.30	Non pay expenditure – Delegation of Authority	39
6.56.31	Choice, requisitioning, ordering, receipt and payment for goods and services	39
6.56.32	Joint finance arrangements with local authorities and voluntary bodies	42
6.56.33	Public Dividend Capital	42
6.56.34	Investment	42
6.56.35	Capital investment	42
6.56.36	Private finance	43
6.56.37	Asset registers	44
6.56.38	Security of assets	44
6.56.39	Stock, Stores and Receipt of goods	45
6.56.40	Receipt of Goods	46
6.56.41	Issue of Stocks	46
6.56.42	Disposals and condemnations	46
6.56.43	Losses and special payments	47
6.56.44	Compensation Claims	47
6.56.45	Information Technology - Responsibilities and duties of the Chief Finance Officer	48
6.56.46	Responsibilities and duties of other Directors and Officers in relation to computer systems of a general application	48
6.56.47	Contracts for Computer Services with other health bodies or outside agencies	48
6.56.48	Requirement for Computer Systems which have an impact on corporate financial systems	49
6.56.49	Risk Assessment	49
6.56.50	Patient's Property	49
6.56.51	Funds held on Trust	50
6.56.52	Existing Charitable Funds	51
6.56.53	New Charitable Funds	51

6.56.54	Sources of New Funds	51
6.56.55	Investment Management	52
6.56.56	Expenditure from Charitable Funds	53
6.56.57	Banking Services	53
6.56.58	Asset Management	53
6.56.59	Reporting	54
6.56.60	Accounting and Audit	54
6.56.61	Taxation and Excise Duty	54
6.56.62	Tendering and Contract Procedure - Duty to Comply	54
6.56.63	Formal Competitive Tendering	54
6.56.64	Fair and Adequate Competition	55
6.56.65	List of Approved Firms	56
6.56.66	Building and Engineering Construction Works	56
6.56.67	Contracting/Tendering Procedure	56
6.56.68	Receipt and safe custody of tenders	56
6.56.69	Opening tenders and Register of tenders	57
6.56.70	Admissibility	57
6.56.71	Late tenders	57
6.56.72	Acceptance of formal tenders	58
6.56.73	Tender reports to the Board of Directors	58
6.56.74	Quotations: Competitive and non-competitive	59
6.56.75	Authorisation of Tenders and Competitive Quotations	59
6.56.76	Instances where formal competitive tendering or competitive quotation is not required	60
6.56.77	Private Finance for capital procurement (see overlap with SFI)	60
6.56.78	Compliance requirements for all contracts	60
6.56.79	Personnel and Agency or Temporary Staff Contracts	60
6.56.80	Healthcare Services Agreements (see overlap with SFI)	61
6.56.81	Disposals (See overlap with SFI Condemnations and Disposals)	61
6.56.82	In-house Services	61
6.56.83	Applicability of SFIs on Tendering and Contracting to funds held in trust (see overlap with SFI)	61
6.56.84	Acceptance of Gifts and Hospitality by Staff	62
6.56.85	Retention of documents	62
6.56.86	Risk Management	63
6.56.87	Insurance: Risk Pooling Schemes administered by NHS Resolution	63
6.56.88	Insurance arrangements with commercial insurers	63
6.57	Scheme of Reservation and Delegation of Powers	63
6.58	Reservation of Powers	66
6.59	Role of the Chief Executive	66
6.60	Caution over the Use of Delegated Powers	66
6.61	Absence of Directors or Officer to Whom Powers have been Delegated	66
6.62	Reservation of Powers to the Board of Directors – Accountability	66
6.63	Duties	66
6.64	General Enabling Provision	67
6.65	Regulations and Control	67
6.66	Appointments / Dismissal	68
6.67	Policy Determination	68
6.68	Strategy and Business Plans and Budgets	68
6.69	Audit Arrangements	69
6.70	Delegation to Committees	69
6.71	Delegation to Officers	69
	Delegated Authority	70
	Table A - Delegated Matters	72
7.	Training	87
8.	Monitoring Compliance	87
8.1	Key Performance Indicators (KPIs) of the Policy	87
8.2	Performance Management of the Policy	88
9.	References/Bibliography/Relevant Legislation/National Guidelines	88
10.	Related Trust Documents	88
11.	Equality Impact Assessment (EIA) Screening Tool	89
12.	Data Protection Impact Assessment Screening Tool	92

1. Scope

The Corporate Governance Manual is the key policy document that provides staff and directors of the Trust with the regulatory framework for how the Trust conducts its business affairs. It contains the Trust's standing orders (SOs), standing financial instructions (SFIs), scheme of reservation and delegation (SORD) including table of delegated limits.

2. Introduction

The Corporate Governance Manual contains the following key Trust policy documents governing the business conduct of the Trust:

- Standing Orders (SOs)
- Standing Financial Instructions (SFIs)
- Scheme of Reservation and Delegation of Powers (including table of delegated limits)

This policy applies to all staff and services within Mersey and West Lancashire Teaching Hospital NHS Trust.

3. Statement of Intent

The objective of this manual is to set out in a single document the regulatory framework for the Trust (its directors, managers and staff) which provides rules and guidelines on how the Trust conducts its business.

4. Definitions

4.1 Terminology

In the Standing Orders, Standing Financial Instructions: and Scheme of Reservation and Delegation the following definitions apply:

Term/Abbreviation	Definition/meaning
The 2006 Act	National Health Service Act 2006 The consolidation repeals and re-enacts in its entirety the National Health Service Act 1977, which was itself a consolidation. It also incorporates provisions from: <ul style="list-style-type: none">▪ Health Act 2006▪ Health and Social Care (Community Health and Standards) Act 2003▪ National Health Service Reform and Health Care Professions Act 2002▪ Health and Social Care Act 2001, 2012 & 2022▪ Health Act 1999▪ Primary Care Act 1997▪ Health Authorities Act 1995 National Health Service and Community Care Act 1990.
Accounting Officer	The accounting officer has responsibility for the overall organisation, management and staffing of the Trust and for its procedures in financial and other matters. They shall be the Officer responsible and accountable for funds entrusted to the Trust in accordance with the NHS Trust Accounting Officer Memorandum. They shall be responsible for ensuring the proper stewardship of public funds and assets. The Chief Executive is the designated Accounting Officer
Board of Directors	the Board of Directors means the Chair, officer and non-officer members of the Trust collectively as a body.

Title:	Corporate Governance Manual		
Document Number:	PD0569	Version:	V2
		Page:	7 of 92

Term/Abbreviation	Definition/meaning
Budget	a resource, expressed in financial or manpower terms, proposed by the Board for the purpose of carrying out, for a specific period, any or all of the functions of the Trust.
Budget holder	The director or employee with delegated authority to manage finances (income and expenditure) for a specific area of the organisation.
Chair of the Board of Directors	is the person appointed by NHS England to lead the Board and to ensure that it successfully discharges its overall responsibility for the Trust as a whole. The expression "the Chair of the Trust" shall be deemed to include the Deputy Chair of the Trust if the Chair is absent from the meeting or is otherwise unavailable.
Chief Executive	The chief officer of the Trust, appointed by the Board.
Committee	a committee or sub-committee created and appointed by the Board.
Contracting and procuring	means the systems for obtaining the supply of goods, materials, manufactured items, services, building and engineering services, works of construction and maintenance and for disposal of surplus and obsolete assets.
Director	a member of the Board of Directors.
Director of Finance and Information	shall mean the chief finance officer and accounting officer of the Trust.
The Trust	Mersey and West Lancashire Teaching Hospitals NHS Trust
Funds held on Trust	those funds which the Trust holds at its date of incorporation, receives on distribution by statutory instrument, or chooses subsequently to accept under powers derived S.90 of the NHS Act 1977, as amended. Such funds may or may not be charitable.
Member	An officer or non-officer member of the Board as the context permits. Member in relation to the Board does not include its Chair.
Nominated Officer	an officer charged with the responsibility for discharging specific tasks within Standing Orders and Standing Financial Instructions.
Non-Officer member	A member of the Board 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.
Officer	an employee of the Trust or any other person holding a paid appointment or office with the Trust.
Partner	in relation to another person, a member of the same household living together as a family unit;
Secretary	a person appointed to act independently of the Board to provide advice on corporate governance issues to the Board and the Chair and monitor the Trust's compliance with the law, Standing Orders, and Department of Health and Social Care guidance.
Standing Financial Instructions	(SFIs) regulate the conduct of the Trust's financial matters
Standing Orders	(SOs) regulate the business conduct of the Trust

Note: All references to the masculine gender will be deemed to apply equally to the feminine gender when used within these instructions.

Wherever the title Chief Executive, Chief Finance Officer, or other nominated officer is used in these instructions, it shall be deemed to include such other directors or employees who have been duly authorised to represent them.

Wherever the term "employee" is used and where the context permits it shall be deemed to include employees of third parties contracted to the Trust when acting on behalf of the Trust (including nursing and medical staff and consultants practicing on the Trust premises and members of staff of the PFI contractor or Trust staff working for the contractor under retention of employment model).

Title:	Corporate Governance Manual		
Document Number:	PD0569	Version:	V2
		Page:	8 of 92

5. Duties, Accountabilities and Responsibilities

5.1 Chief Executive

As the accountable officer for the Trust and policy sponsor, the Trust's Chief Executive Officer is required to ensure that the Trust has in place its own standing orders and standing financial instructions with a scheme of reservation and delegation of powers.

5.2 Chief Finance Officer

As the lead executive, the Trust's Director of Finance and Information ensures that the corporate governance manual is periodically reviewed and appropriately distributed on behalf of the Chief Executive.

5.3 Assistant Director of Finance (Financial Services)

The Trust's Assistant Director of Finance (Financial Services) is expected to review and assist in the distribution of this policy, ensuring that it is consistent with other associated local policies, namely the Trust's Standards of Business Conduct and the Anti-Fraud, Bribery and Corruption Policy.

5.4 Internal Audit Manager

The Trust's internal audit service is expected to assist in the review of the manual and recommend to the Chief Finance Officer any changes where appropriate (eg. based on considered good practice).

5.5 Local Counter Fraud Specialist (LCFS)

The Trust's LCFS is expected to advise the Chief Finance Officer and Audit Committee of relevant changes in law and procedural rules associated with fraud, bribery, corruption and similar criminal activity that may impact on this policy, thereby ensuring the manual is up-to-date and relevant.

5.6 All directors, consultants, senior managers, directorate managers and heads of department

It is incumbent upon them to ensure that all staff in their charge are advised of its existence.

5.7 All staff

All staff should be made aware of the manual's existence and appraise themselves of this manual and the duties/ responsibilities referred to within.

6. Standing Orders

6.1 Statutory Framework

Mersey and West Lancashire Teaching Hospitals NHS Trust (the Trust) is a body corporate which was established under The St. Helens and Knowsley Hospital Services National Health Service Trust (Establishment) Order 1990 (S.I. 1990/2446), as amended by The St. Helens and Knowsley Hospital Services National Health Service Trust (Establishment) (Amendment) Order 2023 (S.I. 2023/711).

Title:	Corporate Governance Manual		
Document Number:	PD0569	Version:	V2
		Page:	9 of 92

The principle place of business of the Trust is Executive Office, 5th Floor Whiston Hospital, Warrington Road, Prescot, L35 5DR

NHS Trusts are governed by statute, mainly the National Health Service Act 2006, and the Health and Social Care Act, 2012. The statutory functions conferred on the Trust are set out in the NHS Act 2006 (Chapter 3 and Schedule 4) and in the Trust's Establishment Order.

As a body corporate the Trust has specific 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.

The NHS Code of Governance for NHS Providers requires the Trust to adopt Standing Orders (S.O.s) 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.

Other relevant legislation will include, but not limited to:

- Public Contracts Regulations 2015
- Procurement Act 2023
- Provider Selection Regime 2024
- Fraud Act 2006 and Economic Crime and Corporate Transparency Act 2023
- Bribery Act 2010
- Health and Care Act 2022
- Equality Act 2010
- Data Protection Act 2018
- Freedom of Information Act 2000
- Public Services (Social Value) Act 2012

6.2 NHS Framework

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

The Code of Accountability requires that, inter alia, Boards draw up a schedule of decisions reserved to the Board known as the 'Reservation of Powers', 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 Code of Conduct makes various requirements concerning possible conflicts of interest of Board members.

The Code of Practice on Openness in the NHS (NHS Executive, 1995), as revised by the Freedom of Information Act, 2000 and the Environmental Information Regulations, 2004 sets out the requirements for public access to information on the NHS.

6.3 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 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 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 (Scheme of Reservation and Delegation). This document has effect as if incorporated into the Standing Orders.

Title:	Corporate Governance Manual		
Document Number:	PD0569	Version:	V2
		Page:	10 of 92

6.4 Standing Orders

It is the duty of the Chief Executive to ensure that existing Directors and officers and all new appointees are notified of and understand their responsibilities within Standing Orders and Standing Financial Instructions. Updated copies shall be issued to staff designated by the Chief Executive. New designated officers shall be informed in writing and shall receive copies where appropriate of SOs. The Chief Finance Officer will maintain a record of all recipients.

Standing Financial Instructions and Reservation of Powers and Scheme of Delegation shall have the effect as if incorporated into SOs.

Standing Orders shall be reviewed annually by the Trust. The requirement for review extends to all documents having the effect as if incorporated in SOs.

6.5 Policy Statements

The Trust Board will from time to time agree and approve Policy statements/ procedures which will apply to all or specific groups of staff employed by the Trust. The decisions to approve such policies and procedures will be recorded in an appropriate Trust Board minute and will be deemed where appropriate to be an integral part of the Trust's Standing Orders and Standing Financial Instructions. The 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.
- These Standing Orders and Standing Financial Instructions must be read in conjunction with the following Policy statements:
- the Standards of Business Conduct (incorporating Managing Conflicts of Interest in the NHS) Policy for Trust staff;
- the staff Disciplinary and Appeals Procedures adopted by the Trust both of which shall have effect as if incorporated in these Standing Orders.

6.6 Chair's Responsibility

Save as permitted by law, at any meeting the Chair of the Trust shall be the final authority on the interpretation of Standing Orders (on which he/she should be advised by the Chief Executive or Board Secretary).

6.7 Terminology

Any expression to which a meaning is given in the Health Service Acts or in the Regulations or Orders made under the Acts shall have the same meaning in this interpretation and in addition. (See Definitions).

6.8 The Trust Board, Composition of Membership, Tenure and Role of Members

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

All funds received in trust shall be in the name of the Trust as corporate trustee. In relation to funds held on trust, powers exercised by the Trust as corporate trustee shall be exercised separately and distinctly from those powers exercised as a Trust.

The powers of the Trust established under statute shall be exercised by the Board meeting in public session except as otherwise provided in the Standing Orders.

Title:	Corporate Governance Manual		
Document Number:	PD0569	Version:	V2
		Page:	11 of 92

The Trust has resolved that certain powers and decisions may only be exercised or made by the Board in formal session. These powers and decisions are set out in 'Reservation of Powers' and have effect as if incorporated into the Standing Orders.

6.9 Composition of the Trust

In accordance with the Establishment Order and Membership and Procedure Regulations 1990 (as amended) the voting membership of the Board of the Trust shall comprise the Chair and six Non-Executive Directors (appointed by NHS England (NHSE), on behalf of the Secretary of State for Health), together with up to five Executive Directors. At least half of the membership of the Trust Board, excluding the Chair, shall be independent Non-Executive Directors.

In addition to the Chair, the Non-Executive Directors shall normally include:

- one appointee nominated to be the Deputy Chair
- one or more appointee who have recent relevant financial experience
- one or more appointee with a relevant clinical background or experience
- one nominated by the University of Liverpool Appointees can fulfil more than one of the roles identified.
- The Executive Directors will include:
 - the Chief Executive
 - the Chief Finance Officer
 - the Chief Medical Officer
 - the Director of Nursing, Midwifery and Governance
- Up to one other Executive Director to be awarded voting rights

The Board may appoint additional Executive Directors, in crucial roles in the Trust, to be non-voting members of the Trust Board.

Collective Responsibility - Legally there is no distinction between the Board duties of Executive and Non-Executive Directors, they both share responsibility for the direction and control of the organisation. All Directors are required to act in the best interest of the NHS. There are also statutory obligations such as health and safety that Board members need to meet. Each Director has a role in ensuring the probity of the organisation's activities and contributing to the achievement of its objectives in the best interest of patients and the wider public.

All Directors shall subscribe and adhere at all times to the principles contained in the Trust's Standards of Business Conduct.

NHS England has developed a fit and proper person test (FPPT) Framework in response to recommendations made by Tom Kark KC in his 2019 review of the FPPT (the Kark Review). This also takes into account the requirements of the Care Quality Commission (CQC) in relation to directors being fit and proper for their roles. CQC Regulation 5 Fit and proper persons requirements and NHS England fit and proper person test framework for board members 2023 now applies.

6.10 Terms of Office

The regulations governing the period of tenure of office of the Chair and Non-Executive Directors and the termination or suspension of office of the Chair and Non-Executive Directors are contained in the Membership and Procedure Regulations and as directed by NHS England, under its delegated authority from Secretary of State for Health.

6.11 Chair and Non-executive Directors

The Chair or Non-Executive Directors of an NHS Trust may resign their office at any time during the period of which they were appointed by giving notice in writing to NHS England.

Title:	Corporate Governance Manual		
Document Number:	PD0569	Version:	V2
		Page:	12 of 92

Where during the period of directorship a Non-Executive Director of a trust is appointed Chair of the Trust, their tenure of office as a Non-Executive Director shall be terminated when their appointment as the Chair takes effect.

If NHS England are of the opinion that it is not in the interests of the health service for a person appointed as a Chair or Non-Executive Director of an NHS Trust to continue to hold office, NHS England on behalf of the Secretary of State may forthwith terminate the person's tenure of office.

If a Chair or Non-Executive Director of an NHS Trust has not attended a meeting of the Trust for a period of three months, NHS England on behalf of the Secretary of State shall forthwith terminate their tenure of office unless they are satisfied that-

- (a) the absence was due to a reasonable cause; and
- (b) the Chair or Non-Executive Director will be able to attend meetings of the Trust within such period as NHS England considers reasonable.

Where a person has been appointed the Chair or Non-Executive Director of an NHS Trust-

- (a) if he/she becomes disqualified for appointment under regulation 11 Membership and Procedure Regulations 1990 (as amended) the appointing authority shall forthwith notify them in writing of such disqualification; or
- (b) if it comes to the notice of the appointing authority that at the time of their appointment he/she was so disqualified it shall forthwith declare that he was not duly appointed and so notify them in writing, and upon receipt of any such notification, their tenure of office, if any, shall be terminated and he/she shall cease to act as Chair or Non-Executive Director.

If it appears to NHS England that the Chair or Non-Executive Director of an NHS Trust has failed to comply with regulation 20 (disclosure etc. on account of pecuniary interest) he/she may forthwith terminate that person's tenure of office.

6.12 Chief Executive and Chief Finance Officer

The Chief Executive and Chief Finance Officer shall hold office for as long as they hold the post in the Trust.

6.13 Other Executive Directors

The tenure of office of Executive Directors, other than the Chief Executive and Chief Finance Officer, shall be for such period as the relevant committee may specify on making the appointment.

If the relevant committee is of the opinion that it is not in the interests of the NHS Trust that an executive director other than the Chief Executive or Chief Finance Officer should continue to hold office as a Director the relevant committee shall forthwith terminate their tenure office.

If an executive director is suspended from their post in the Trust they shall be suspended from performing their function as a director for the period of the suspension.

An Executive Director other than the Chief Executive or Chief Finance Officer of an NHS Trust may resign their office at any time during the period for which they were appointed by giving notice in writing to the relevant committee.

6.14 Appointing Chief Executive & Other Directors

The Trust shall appoint a committee whose members shall be the Chair and Non-Executive Directors of the Trust whose function will be to appoint the Chief Executive as a Director of the Trust.

Title:	Corporate Governance Manual		
Document Number:	PD0569	Version:	V2
Page:	13 of 92		

The Trust shall appoint a committee whose members shall be the Chair, the Non-Executive Directors and the Chief Executive whose function will be to appoint the other executive directors of the Trust

6.15 Appointment of Deputy Chair

For the purpose of enabling the proceedings of the Trust to be conducted in the routine absence of the Chair, the Chair, in consultation with the Chief Executive, may appoint a Non-Executive Director from amongst them to be Deputy Chair for such a period, not exceeding the remainder of their term as Non-Executive Director.

Any Non-Executive Director so appointed may at any time resign from the office of Deputy Chair by giving notice in writing to the Chair who may thereupon appoint another Non-Executive Director as Deputy Chair.

6.16 Powers of Deputy Chair

Where the Chair of an NHS Trust has died, or has otherwise ceased to hold office or where he/she has been unable to perform their duties as Chair owing to illness, absence from England and Wales or any other cause, references to the Chair in the Schedule to these Regulations shall, so long as there is no Chair able to perform their duties, be taken to include references to the Deputy Chair.

6.17 Meetings of the Trust

All ordinary meetings of the Trust Board are public meetings. Members of the public can attend these meetings. As such they are considered to be meetings where the public may observe the decision-making process of the Trust. They are not open meetings where the public have a right to contribute to the debate. Contributions from the public at such meetings can be considered at the discretion of the Chair.

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.

Exceptionally, there may be items of a confidential nature on the agenda of these ordinary meetings from which the public may be excluded. Such items will be business that:

- relates to a member of staff;
- relates to a patient;
- would commercially disadvantage the Trust if discussed in public; or,
- would be detrimental to the operation of the Trust.

The Trust shall set dates and times of regular Trust Board meetings for the forthcoming calendar year by the end of November of each year. Where part or whole of a meeting is to be open to the public official notice of the time, venue and agenda will be announced to the public via the Trust website.

Admission of the Public and the Press – The public and representatives of the press shall be afforded facilities to attend all formal meetings of the Board, either virtually or in person, but shall be required to withdraw upon the Board resolving 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 (Administration to Meetings) Act 1960).

The Chair (or person presiding the meeting) shall give such directions as he/she thinks fit in regard to the arrangements for meetings and accommodation of the public and representatives of the press such as to ensure that the Board'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 Board resolving as follows: "That in

Title:	Corporate Governance Manual		
Document Number:	PD0569	Version:	V2
		Page:	14 of 92

the interests of public order the meeting adjourn for (the period to be specified) to enable the Board to complete business without the presence of the public” (Section 1 (8) Public Bodies (Administration to Meetings Act 1960).

Nothing in the Standing Orders shall require the Board to allow members of the public or representatives of the press to record proceedings in any manner whatsoever, other than in writing, or to make any oral report of proceedings as they take place without the prior agreement of the Board.

6.18 Calling Meetings

The ordinary meetings of the Board shall be held at regular intervals unless the Board shall by resolution otherwise decide. The meetings shall be held at such places as the Board may from time to time appoint.

The Chair may call a meeting of the Board at any time. If the Chair refuses to call a meeting after a request for that purpose, signed by at least one third of the whole number of directors, has been presented to them or if, without so refusing, the Chair does not call a meeting within seven days after such a request has been presented to them, such one third or more members shall forthwith call a meeting.

6.19 Notice of Meetings

Regular Meetings of the Trust – Agendas and supporting papers will be sent to members at least 5 days before the meeting, except in an emergency. Failure to serve such a notice on more than three Directors will invalidate the meeting. A notice shall be presumed to have been served at the time one day after sending.

Exceptional Meetings of the Trust – Before each meeting of the Trust, a notice of the meeting, specifying the business proposed to be transacted at it, and signed by the Chair or by an officer of the Trust authorised by the Chair to sign on their behalf shall be delivered to every Director/member, or sent by email, so as to be available to them at least three clear days before the meeting. Lack of service of the notice on any Director/member shall not affect the validity of a meeting.

Meetings Called by Directors – In the case of a meeting called by Directors in the event the Chair has not called the meeting, the notice shall be signed by those Directors and no business shall be transacted at the meeting other than that specified in the notice.

6.20 Agendas

The Trust may determine that certain matters shall appear on every agenda for a meeting of the Trust and shall be addressed prior to any other business being conducted.

A Director/member desiring a matter to be included on an agenda shall make their request in writing to the Chair at least 12 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 12 days before a meeting may be included on the agenda at the discretion of the Chair.

Where a petition has been received by the Trust the Chair of the Board shall include the petition as an item for the agenda of the next Board meeting

Title:	Corporate Governance Manual		
Document Number:	PD0569	Version:	V2
Page:	15 of 92		

6.21 Chair of Meeting

At any meeting of the Board, the Chair, if present, shall preside. If the Chair is absent from the meeting the Deputy Chair, if there is one and is present, shall preside. If the Chair and Deputy Chair are absent such Non-Executive Director as the Directors present shall choose shall preside.

If the Chair is absent from a meeting temporarily on the grounds of a declared conflict of interest the Deputy Chair, if present, shall preside.

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

6.22 Annual Public Meeting

The Trust will publicise and hold an annual public meeting in accordance with the NHS Trusts (Public Meetings) Regulations 1991 (SI(1991)482). The meeting shall take place no later than 30 September each year. The Annual Report and Annual Accounts of the preceding year shall be presented at that meeting.

6.23 Notices of Motion

Notice of Motion -

- (1) Subject to the provision of Standing Orders 'Motions: Procedure at and during a meeting' and 'Motions to rescind a resolution' a member of the Board wishing to move a motion shall send a written notice to the Chief Executive who will ensure that it is brought to the immediate attention of the Chair.
- (2) The notice shall be delivered at least fifteen clear days before the meeting. The Chief Executive / Secretary 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.

Emergency Motions -

Subject to the agreement of the Chair, and subject also to the provision of

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

6.24 Motions: Procedure at and during a meeting

- i) Who may propose - A motion may be proposed by the Chair of the meeting or any member present. It must also be seconded by another member.
- ii) Contents of motions - The Chair may exclude from the debate at their discretion any such motion of which notice was not given on the notice summoning the meeting other than a motion relating to:
 - the reception of a report;
 - consideration of any item of business before the 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

Title:	Corporate Governance Manual		
Document Number:	PD0569	Version:	V2
		Page:	16 of 92

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).

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

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

6.25 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 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 Board it shall not be competent for any director/member other than the Chair to propose a motion to the same effect within six months. This Standing Order shall not apply to motions moved in pursuance of a report or recommendations of a Committee or the Chief Executive.

6.26 Chair's Ruling

Statements of Directors made at meetings of the Trust shall be relevant to the matter under discussion at the material time and the decision of the Chair of the meeting on questions of order, relevancy, regularity (including procedure on handling motions) and any other matters shall be final including their interpretation of the Standing Orders and Standing Financial Instructions.

Title:	Corporate Governance Manual		
Document Number:	PD0569	Version:	V2
Page:	17 of 92		

6.27 Voting

Save as provided under Suspension of Standing Orders - If a consensus decision is not reached at a meeting then the question shall be determined by a majority of the votes of the Directors present. In the case of any equality of votes, the Chair presiding the meeting shall have a second or casting vote.

All questions put to the vote shall, at the discretion of the Chair of the meeting, be determined by oral expression or by a show of hands. A paper ballot may also be used if a majority of the Directors present so request.

If at least one-third of the Directors present so request, the voting (other than by paper ballot) on any question may be recorded to show how each Director /member present voted or abstained.

If a Director/member so requests, their vote shall be recorded by name upon any vote (other than by paper ballot)

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

An officer who has been appointed formally by the Board to act up for an Executive Director during a period of incapacity or temporarily to fill an Executive Director vacancy, shall be entitled to exercise the voting rights of the Executive Director. An officer attending the Board to represent an Executive Director without formal acting up status may not exercise the voting rights of the Executive Director. An officer's status when attending a meeting shall be recorded in the minutes.

6.28 Minutes

The Minutes of the proceedings of a meeting shall be drawn up and submitted for agreement at the next ensuing meeting.

No discussion shall take place upon the minutes except upon their accuracy or where the Chair considers discussion appropriate. Any amendment to the minutes shall be agreed and recorded at the next meeting.

The names of those in attendance at the meetings shall be recorded.

Any matters arising from the Minutes shall be subject to discussion at Chair's discretion. Where providing a record of a public meeting the minutes shall be made available to the public (required by Code of Practice on Openness in the NHS).

6.29 Joint Directors

Where a post of Executive Director is shared by more than one person:

- (a) both persons shall be entitled to attend meetings of the Trust:
- (b) either of those persons shall be eligible to vote in the case of agreement between them:
- (c) in the case of disagreement between them no vote should be cast;
- (d) the presence of either or both of those persons shall count as one person for the purposes of Quorum, see below.
- (e) If only one person attends the meeting, they shall be entitled to cast a vote.

6.30 Suspension of Standing Orders

Except where this would contravene any statutory provision or any direction made by the Secretary of State, any one or more of the Standing Orders (SOs) may be suspended at any meeting, provided that at least two-thirds of the Board are present, including one Executive Directors and one Non-Executive Directors, and that a majority of those present vote in favour of suspension.

- A decision to suspend SOs shall be recorded in the minutes of the meeting.

Title:	Corporate Governance Manual		
Document Number:	PD0569	Version:	V2
		Page:	18 of 92

- A separate record of matters discussed during the suspension of SOs shall be made and shall be available to the Directors.
- No formal business may be transacted while SOs are suspended.
- The Audit Committee shall review every decision to suspend SOs.

6.31 Variation and Amendment of Standing Orders

These Standing Orders shall be amended only if:

- a notice of motion under the Standing Orders has been given; and
- upon recommendation of the Chair or Chief Executive included on the agenda for the meeting; and
- no fewer than half the total of the Trust's Non-Executive Directors vote in favour of amendment; and
- at least two-thirds of the Directors were present at the meeting where the variation or amendment was being discussed; and
- the variation proposed does not contravene a statutory provision or direction made by the Secretary of State.

6.32 Quorum

No business shall be transacted at a meeting of the Board unless 50% of the whole number of directors are present including at least one Executive Director and one Non-Executive Director.

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

If Chair or a member has been disqualified from participating in the discussion on any matter and/or from voting on any resolution by reason of the declaration of a conflict of interest he/she 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 Directors are excluded from a meeting (for example when the Board considers the recommendations of the Remuneration and Terms of Service Committee).

6.33 Arrangements for the exercise of functions by delegation

Subject to the 'Scheme of Reservation and Delegation', and such directions as may be given by the Secretary of State, the Board may make arrangements for the exercise, on behalf of the Trust, of any of its functions by a Committee or Sub-Committee, appointed by virtue of the Standing Orders or by a Director /member or an officer of the Trust in each case subject to such restrictions and conditions as the Board thinks fit.

NHS Act 2006 allows for regulations to provide for the functions of Trusts to be carried out for the Trust by third parties. An NHS Trust may enter into arrangements for the carrying out, on such terms as the NHS Trust considers appropriate, of any of its functions jointly with any Commissioners or other NHS Trust, or any other body or individual.

Where a function is delegated by these regulations to another NHS body, the Trust has responsibility to ensure that the proper delegation is in place. In other situations, i.e. delegation to committees, sub committees or officers, the Trust retains full responsibility.

Title:	Corporate Governance Manual		
Document Number:	PD0569	Version:	V2
		Page:	19 of 92

6.34 Framework for Delegation of Trust Board Authority

The ultimate responsibility for decisions taken under delegated powers remains with the Board, and the Trust must ensure that due regard has been given and can clearly demonstrate it has not come to an unreasonable decision.

To avoid possible allegations of unlawful exercise of discretion by the Board, a committee or Director/member acting under delegated powers must record in writing the matters which have been taken into account in reaching that decision, especially where significant sums or legal commitments are involved.

In making any decisions under delegated powers, a committee or Director/member must have due regard to the established policies of the Trust and shall not depart from them without due reason and consideration. Any such departure and the reason for it shall be drawn to the attention of the Board at the earliest opportunity.

In exercising any delegated power a committee or Director/member must comply with any statutory provisions or requirements.

In cases of doubt or difficulty and/or where no policy guidelines exist, decisions should be referred to the Board.

The Board may require any particular delegated matter to be referred back to them for a decision.

6.35 Emergency Powers

The powers which the Board has retained to itself within these Standing Orders, may in emergency be exercised by the Chair and the Chief Executive after having consulted at least two Non-Executive Directors. The exercise of such powers by the Chair and the Chief Executive shall be reported to the next formal meeting of the Board for ratification in public session.

6.36 Delegation to Committees

The Board shall agree from time to time to the delegation of executive powers to be exercised by committees or sub-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, sub-committees or joint committees, and their specific executive powers shall be approved by the Board, in respect of its sub-committees and appended within the Corporate Governance Manual.

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 Board in public session.

6.37 Delegation to Officers

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

The Chief Executive shall prepare a scheme of delegation (as detailed within the 'Scheme of Reservation and Delegation') identifying their proposals which shall be considered and approved by the Board, subject to any amendment agreed during the discussion. The Chief Executive may periodically propose amendment to the Scheme of Reservation and Delegation which shall be considered and approved by the Board as indicated above.

Nothing in the Scheme of Reservation and Delegation shall impair the discharge of the direct accountability to the Board or the Chief Finance Officer or of any other executive director to provide

Title:	Corporate Governance Manual		
Document Number:	PD0569	Version:	V2
		Page:	20 of 92

information and advise the Board in accordance with any statutory or NHS England or Department of Health and Social Care requirements.

Outside these statutory requirements the role of the Director of Finance and

Information shall be accountable to the Chief Executive for operational matters.

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

The Board must adopt a Reservation of Powers and Scheme of Delegation which define the powers retained by the Board. Any decision arising from these powers may only be made by the Board, subject to the Trust’s Standing Orders relating to quorum.

6.38 Overriding Standing Orders

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 Board and staff have a duty to disclose any non-compliance with these Standing Orders to the Chief Executive as soon as possible.

6.39 Appointment of Joint Committees

Subject to such directions (and to guidance issued by the Department of Health and Social Care) as may be given by the Secretary of State, the Trust may appoint Committees of the Trust, or together with one or more Commissioners or other Trusts, appoint joint Committees, consisting wholly or partly of the Chair and members of the Trust or other health service bodies or wholly of persons who are not members of the Trust or other health service bodies in question.

A Committee or joint Committee appointed under this regulation may, subject to such directions as may be given by the Secretary of State or the Trust or other health service bodies in question, appoint Sub-Committees consisting wholly or partly of members of the Committee or joint Committee (whether or not they are members of the Trust or other health service bodies in question); or wholly of persons who are not members of the Trust or the other health service bodies or the Committee of the Trust or the other health service bodies in question.

The Standing Orders of the Trust, as far as they are applicable, shall apply with appropriate alteration to meetings of any Committees or Sub-Committee established by the Trust. In which case the term “Chair” is to be read as a reference to the Chair of other Committee as the context permits, and the term “member” is to be read as a reference to a member of other Committee also as the context permits. There is no requirement to hold meetings of Committees established by the Trust in public.

Each such Committee or Sub-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.

Committees may not delegate their executive powers to a Sub-Committee unless expressly authorised by the Board.

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 Directors nor officers, shall be appointed to a committee, the terms of such appointment shall be determined by the Board subject to the payment of travelling and other allowances being in accordance with such sum as may be determined by the Secretary of State with the approval of the Treasury (see NHS & SC Act Sch 2 para 9).

Title:	Corporate Governance Manual		
Document Number:	PD0569	Version:	V2
		Page:	21 of 92

Where functions are being carried out by Committees or Sub-Committees their members including those who are not Board members, are acting on behalf of the Trust. Members of Committees and Sub-Committees who are not Board members of the Trust, may claim certain travelling and other allowances but are not remunerated.

Where the Trust 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 Trust such appointments shall be made in accordance with the regulations laid down by the Secretary of State.

The appointment of Board members to the Committees and Sub-Committees of the Trust comes to an end on the termination of their term of office as Board members.

6.40 Committee Structure

The following statutory Committees of the Board have been established:

- a) **Audit Committee** - In line with the requirements of the NHS Audit Committee Handbook, NHS Codes of Conduct and Accountability, NHS Code of Governance for Provider Trusts and, 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.

A minimum of three Non-Executive Directors be appointed to the Audit Committee, unless the Board decides otherwise, of which one must have significant, recent and relevant financial experience.

- b) **Remuneration and Terms of Employment Committee**- In line with the requirements of the NHS Codes of Conduct and Accountability, and the Code of Governance for NHS Provider Trusts, a Remuneration and Terms of Service Committee will be established and constituted. The committee will be comprised exclusively of Non-Executive Directors, a minimum of three, who are independent of management.

The purpose of the Committee will be to determine the appropriate remuneration and terms of service for the Chief Executive and other Executive Directors including:

- (i) all aspects of salary (including any performance-related elements/bonuses);
 - (ii) provisions for other benefits, including pensions and cars;
 - (iii) arrangements for termination of employment and other contractual terms.
- c) **Charitable Funds Committee**- In line with its role as a corporate trustee for any funds held in trust, either as charitable or non-charitable funds, the Trust Board will establish a Charitable Funds Committee to administer those funds in accordance with any statutory or other legal requirements or best practice required by the Charities Commission.

The following assurance Committees of the Board have been established:

- a) **Quality Committee** -The Quality Committee meets 10 times a year once a month to review all aspects of quality. The Committee triangulates quality, activity and performance information to give a balanced overview of performance for different services, and those factors that can contribute towards improving or deteriorating outcomes. The Committee is supported by Councils that consider in detail issues around patient safety and experience as well as clinical effectiveness.
- b) **Finance and Performance Committee** - The Finance and Performance Committee meets 10 times a year and reviews performance against financial and activity targets. The Finance and

Title:	Corporate Governance Manual		
Document Number:	PD0569	Version:	V2
		Page:	22 of 92

Performance Committee is supported in its work by Councils exploring performance information, procurement, cost improvements, IT and Estates and Facilities Management.

- c) Strategic People Committee – The Strategic People Committee meets 10 times a year and provides assurance on the progress delivering the workforce, ED&I, Organisational development and Health Work and Wellbeing objectives agreed by the Board.
- d) Executive Committee - The team of Executive Directors, led by a Chief Executive, is the senior operational management decision making group within the Trust and is responsible for planning, organising, directing and controlling the organisation’s systems and resources to achieve objectives and quality improvement targets set by the Board. The Executive Committee exercises the authority delegated to the CEO and Directors to ensure that the organisation is effectively performance managed. The Executive Committee provides the Trust Board with evidence that the systems, policies and people in place to deliver operational performance are effective, comply with standards, are focused on key risks and are being appropriately managed.

6.41 Confidentiality

A member of a Committee shall not disclose a matter dealt with by, or brought before, the Committee without its permission until the Committee shall have reported to the Board or shall otherwise have concluded on that matter.

A Director of the Trust or a member of a Committee shall not disclose any matter reported to the Board or otherwise dealt with by the Committee, notwithstanding that the matter has been reported or action has been concluded, if the Board or Committee resolves that it is confidential

6.42 Declaration of Interests

The Code of Accountability and Code of Governance for NHS Provider Trusts requires Board members to declare interests, annually or as and when they arise, 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.

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.

If Board Directors have any doubt about the relevance of an interest, this should be discussed with the Chair or Board Secretary. Financial Reporting Standards specify 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.

Title:	Corporate Governance Manual		
Document Number:	PD0569	Version:	V2
		Page:	23 of 92

At the time Board Directors' interests are declared, they should be recorded in the Board minutes and the Register of Interests. Any changes in interests should be declared at the next Board meeting following the change occurring and recorded in the minutes of that meeting.

Board Directors' 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.

If it comes to the knowledge of an employee of the Trust that a contract in which they have a direct or indirect financial interest has been, or is proposed to be, entered into by the Trust he/she shall at once declare this position in writing to the Chief Executive.

During the course of a Board meeting, if a conflict of interest is established, the Director/members concerned should declare such likely conflict of interest and withdraw from the meeting, unless requested to remain by the Board members present. The Director/member should play no part in the relevant discussion or decision.

6.43 Register of Interests

The Chief Executive will ensure that a Register of Interests is established to record formally declarations of interests of Board or Committee members. The Register will include details of all directorships and other relevant and material interests which have been declared by both executive and Non-Executive Directors, as defined in the Standing Orders.

The Register of Interests shall be available to the public via the Trust publication scheme and shall be reviewed on an annual basis.

6.44 Disability of Directors in proceedings on account of pecuniary interest

Subject to the following provisions of this Standing Order, which is taken from the Membership Procedure Regulations 1990 (as amended), if the Chair or a member 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, he/she 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.

The Trust Board may exclude the Chair or a member of the Trust Board from a meeting of the Board while any contract, proposed contract or other matter in which that person has a pecuniary interest is under consideration.

Any remuneration, compensation or allowances payable to the Chair or a Director by virtue of the NHS (consolidation) Act 2006 Schedule 3 Part 1 para 10. (NHS Act 1997 Schedule 5A paragraph 11(4); 1999 Act Schedule

- 1) (pay and allowances) shall not be treated as pecuniary interest for the purpose of this regulation.

Subject to the Standing Orders and any conditions imposed by the Secretary of State, the Chair or a Director/member shall be treated for the purpose of this regulation as having indirectly a pecuniary interest in a contract, proposed contract or other matter if:

- a) the Director/member, or a nominee of theirs, is a Director of a company or other body, not being a public body, with which the contract was made or is proposed to be made which has a direct pecuniary interest in the other matter under consideration; or
- b) the Director/member is a partner of, or is in the employment of a person with whom the contract was made or is proposed to be made or who has a direct pecuniary interest in the other matter under consideration. In the case of married persons living together or co-

Title:	Corporate Governance Manual		
Document Number:	PD0569	Version:	V2
		Page:	24 of 92

habitees, the interest of one spouse/co-habitee shall, if known to the other, be deemed to be also the interest of that spouse/co-habitee.

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

‘Spouse’ shall include any person who lives with another person in the same household (any pecuniary interest one spouse shall, if known to the other spouse, be deemed to be an interest of that other spouse).

‘Contract’ shall include any proposed contract or other course of dealing.

The Chair or a Director/member shall not be treated as having pecuniary interest in any contract, proposed or other matter by reason only:

- a) of their (or a person connected to them) membership of a company or other body if they have no beneficial interest in any securities of that company or other body;
- b) of an interest in any company, body or person with which they are connected as mentioned in the Standing Orders which is so remote or insignificant that it cannot reasonably be regarded as likely to influence a member in the consideration or discussion of, or in voting on, any question with respect to that contract or matter.
- c) the total nominal value of those securities does not exceed £5,000 or one-hundredth of the total nominal value of the issued share capital of the company or body, 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 the Standing Order.

It is important that members of the Board understand the need to be transparent. If there is any form of doubt about whether an interest is relevant - it should be declared immediately. Failure to do so may be classed as fraud/bribery/corruption and such matters will be referred to the Trust’s Local Counter Fraud Specialist to investigate.

6.45 Powers of The Secretary of State

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 them in the interests of the National Health Service that the disability shall be removed.

6.46 Committees and Sub-Committees Responsibilities

This regulation applies to a Committee or Sub-Committee of the Trust as it applies to the Trust Board and applies to any member of any such Committee or Sub-Committee (whether or not he/she is also a Director of the Trust) as it applies to a Director of the Trust.

6.47 Policy

Staff must comply with the national guidance contained in the June 2017 NHS England guidance on managing conflicts of interest in the NHS. The following provisions should be read in conjunction with that guidance, Bribery Act 2010 and with the Trust’s local policies on Standards of Business Conduct and Anti- Fraud, Bribery and Corruption.

It is the responsibility of all Trust staff to ensure that they are not placed in a position which risks, or appears to risk, conflict between their private interests and their official duties.

Bribery is ‘an inducement or reward offered, promised or provided to someone to perform their functions or activities improperly in order to gain a personal, commercial, regulatory and/or contractual advantage’.

Title:	Corporate Governance Manual		
Document Number:	PD0569	Version:	V2
		Page:	25 of 92

Breach of these provisions can render staff liable to dismissal and/or prosecution under the Bribery Act 2010. It is essential therefore that Directors and employees are transparent and understand the need to ensure that their actions cannot be misunderstood.

All staff should follow the correct reporting channels if they receive any form of gift or hospitality and seek further clarity from the Chief Finance Officer or another Executive Director if they are uncertain about what is acceptable

6.48 Interest of Officers in Contracts

If it comes to the knowledge of a Director or an officer of the Trust that a contract in which they have any pecuniary interest not being a contract to which they are themselves a party, has been, or is proposed to be, entered into by the Trust they shall, at once, give notice in writing to the Chief Executive or Trust Secretary of the fact that they are interested therein. In the case of married persons or persons living together as partners, the interest of one partner shall, if known to the other, be deemed to be also the interest of that partner.

An officer must also declare to the Chief Executive any other employment or business or other relationship of their partner, or of a cohabiting spouse, that conflicts, or might reasonably be predicted could conflict, with the interests of the Trust.

The Trust will require interests, employment or relationships so declared to be entered in a register of interests of staff.

It is important that members of the Board understand the need to be transparent. If there is any form of doubt about whether an interest is relevant – it should be declared immediately. Failure to do so may be classed as fraud/bribery/corruption and such matters will be referred to the Trust's Local Counter Fraud Specialist to investigate.

6.49 Canvassing of, and Recommendations by, Directors in Relation to Appointments

Canvassing of Directors (members) of the Trust or members 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.

A Director (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 Director from giving written testimonial of a candidate's ability, experience or character for submission to the Trust.

Unsolicited informal discussions outside appointments panels or committees, should be declared to the panel or committee.

6.50 Relatives of Directors (members) or Officers

Candidates for any staff appointment shall when making application disclose in writing whether they are related to any Director or the holder of any office under the Trust. Failure to disclose such a relationship shall disqualify a candidate and, if appointed, render them liable to dismissal.

The Chair and every member and officer of the Trust shall disclose to the Trust Board any relationship with a candidate of whose candidature that Director or officer is aware. It shall be the duty of the Chief Executive to report to the Trust any such disclosure made.

On appointment, Directors (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 Director or holder of any office under the Trust.

Title:	Corporate Governance Manual		
Document Number:	PD0569	Version:	V2
		Page:	26 of 92

Where the relationship of an officer or another Director to a Director of the Trust is disclosed, the Standing Order headed 'Disability of Directors in Proceedings on Account of pecuniary Interest' shall apply.

6.51 Custody of Seal

The Common Seal of the Trust shall be kept by the Chief Executive (or Secretary) in a secure place.

6.52 Sealing of Documents

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

6.53 Requirements to Seal

Use of the seal is required for:

- (a) The sale or transfer or leasing (where the Trust is lessor) of any part of the Trust-owned estate (i.e. land and buildings)
- (b) The purchase of land or buildings or leasing thereof (where the Trust is the lessee)
- (c) Any other document where it is specifically requested by the other party to be signed under seal (e.g. contracts, lease agreements for equipment, etc.) Other contracts/documentation should be approved by an authorised signatory 'under hand', i.e. signed.

Before any material building, engineering, property or capital document is sealed it must be approved and signed by the Chief Finance Officer (or an officer nominated by them) and authorised and countersigned by the Chief Executive (or an officer nominated by them who shall not be within the originating directorate).

6.54 Register of Sealing

The Chief Executive shall keep a register, an entry of every sealing shall be made and numbered consecutively in a book provided for that purpose, and shall be signed by the persons who shall have approved and authorised the document and those who attested the seal. A report of all sealings shall be made to the Board or the Audit Committee at least annually. (The report shall contain details of the seal number, the description of the document and date of sealing).

6.55 Signature of documents

Where the signature of any document will be a necessary step in legal proceedings involving the Trust, it shall be signed by the Chief Executive or an officer acting on their behalf, unless any enactment otherwise requires or authorises, or the Board shall have given the necessary authority to some other person for the purpose of such proceedings.

The Chief Executive or nominated officers shall be authorised, by resolution of the Board, to sign on behalf of the Trust any agreement or other document (not required to be executed as a deed) the subject matter of which has been approved by the Board or committee or sub-committee to which the Board has delegated appropriate authority, as per the Reservation of Powers and Scheme of Delegation.

Title:	Corporate Governance Manual		
Document Number:	PD0569	Version:	V2
		Page:	27 of 92

6.56 Standing Financial Instructions

6.56.1 Introduction

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).

The Code of Conduct and Accountability in the NHS issued by the Department of Health and Social Care requires that each NHS organisation shall give, and may vary or revoke, 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. These SFIs are issued in accordance with the Code. They shall have effect as if incorporated in the SOs of the Trust.

These SFIs detail the financial responsibilities, policies and procedures to be adopted by the Trust. They are designed to ensure that its financial transactions are carried out in accordance with the law and 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 of Directors (Scheme of Reservation) and the Scheme of Delegation adopted by the Trust.

These SFIs identify the financial responsibilities, which apply to everyone working for the Trust (see also below) and its constituent organisations including trading units. They do not provide detailed procedural advice. These statements should therefore be read in conjunction with the detailed departmental and financial procedure notes. The Chief Finance Officer must approve all financial procedures.

Should any difficulties arise regarding the interpretation or application of any of the SFIs then the advice of the Chief Finance Officer **MUST BE SOUGHT BEFORE ACTING**. The user of these SFIs should also be familiar with and comply with the provisions of the Trust's SOs.

FAILURE TO COMPLY WITH STANDING FINANCIAL INSTRUCTIONS AND STANDING ORDERS IS A DISCIPLINARY MATTER, WHICH COULD RESULT IN DISMISSAL.

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 of Directors and staff have a duty to disclose any non-compliance with these Standing Financial Instructions to the Chief Finance Officer as soon as possible.

6.56.2 Terminology

Guidance on terminology used can be found above.

Wherever the title Chief Executive, Chief Finance Officer, or other nominated officer is used in these instructions, it shall be deemed to include such other directors or employees who have been duly authorised to represent them. Wherever the term "employee" is used and where the context permits it shall be deemed to include employees of third parties contracted to the Trust when acting on behalf of the Trust, including nursing and medical staff and consultants practising on the Trust premises and members of staff of the PFI contractor or trust staff working the contractor under retention of employment model.

6.56.3 Responsibilities and Delegation

The Board of Directors exercises financial supervision and control by:

- formulating the financial strategy;
- requiring the submission and approval of budgets within overall income;

Title:	Corporate Governance Manual		
Document Number:	PD0569	Version:	V2
		Page:	28 of 92

- defining and approving essential features in respect of important procedures and financial systems (including the need to obtain value for money) and by ensuring appropriate audit provision; and
- defining specific responsibilities placed on directors and employees as indicated in the Scheme of Delegation document.

The Board of Directors has resolved that certain powers and decisions may only be exercised by the Board of Directors in formal session. These are set out in the “Scheme of Reservation to the Board of Directors” document, published within the Scheme of Delegation. The Board of Directors will delegate responsibility for the performance of its functions in accordance with the Scheme of Delegation document adopted by the Trust.

Within the SFIs, it is acknowledged that the Chief Executive is ultimately accountable to the Board of Directors, and as the accounting officer for ensuring that the Board of Directors 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 Board of Directors for ensuring that its financial obligations and targets are met and has overall responsibility for the Trust's system of internal control.

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

It is a duty of the Chief Executive to ensure that existing directors and employees and all new appointees are notified of and understand their responsibilities within these Instructions. All staff shall be responsible for ensuring conformity with the Standing Orders, Standing Financial Instructions and financial procedures of the Trust.

The Chief Finance Officer is responsible for:

- implementing the Trust's financial policies and for co-ordinating any corrective action necessary to further these policies; (The SFIs themselves do not provide detailed procedural advice. These statements should therefore be read in conjunction with the detailed departmental and financial procedure notes).
- 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;
- 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 directors and employees to the Trust, the duties of the Chief Finance Officer include:
 - the provision of financial advice to other members of the Board of Directors, and employees;
 - the design, implementation and supervision of systems of internal financial control; and
 - the preparation and maintenance of such accounts, certificates, estimates, records and financial reports as the Trust may require for the purpose of carrying out its statutory duties.

All directors and employees, severally and collectively, are responsible for:

- the security of the property of the Trust;
- avoiding loss;
- exercising economy and efficiency in the use of resources; and
- conforming with the requirements of Standing Orders, Standing Financial Instructions, Financial Procedures and the Scheme of Delegation.

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.

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 directors and employees discharge their duties must be to the satisfaction of the Chief Finance Officer.

Title:	Corporate Governance Manual		
Document Number:	PD0569	Version:	V2
		Page:	29 of 92

6.56.4 Audit Committee

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

- overseeing Internal and External Audit services;
- reviewing financial and information systems and monitoring the integrity of the financial statements and reviewing of significant financial reporting judgements;
- the monitoring of compliance with Standing Orders and Standing Financial Instructions;
- reviewing schedules of losses and compensation and making recommendations to the Board of Directors.
- reviewing the effective implementation of corporate governance measures to enable the Trust to implement best practice as set out in appropriate guidance. This will include the Assurance Framework and control related disclosure statements, for example, the Annual Governance Statement and supporting assurance processes; together with any accompanying audit statement, prior to endorsement by the Board of Directors.
- reviewing aged debt reports with emphasis on over 90 day aged debt.
- 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.

The Board of Directors shall satisfy itself that at least one member of the Audit Committee has recent and relevant financial experience.

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 wish to raise, the Chair of the Audit Committee should raise the matter at a full meeting of the Board of Directors (to the Chief Finance Officer in the first instance.)

It is the responsibility of the Chief Finance Officer to ensure adequate internal and external audit services are provided and the Trust's Auditor Panel shall be involved in the selection process when an audit service provider is changed.

6.56.5 Chief Finance Officer

The Chief Finance Officer is responsible for:

- ensuring there are arrangements to review, evaluate and report on the effectiveness of internal control including the establishment of an effective internal audit function and the coordination of other assurance arrangements;
- ensuring that the internal audit is adequate and meets the NHS mandatory audit standards;
- deciding at what stage to involve the police in cases of fraud, misappropriation, and other irregularities not involving fraud, bribery or corruption;
- ensuring that an annual internal audit report is prepared for the consideration of the Audit Committee and the Board of Directors.

The report must cover:

- i) a clear opinion on the effectiveness of internal controls in accordance with current assurance framework guidance issued by the Department of Health and Social Care 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,
- vi) a detailed plan for the coming year.

Title:	Corporate Governance Manual		
Document Number:	PD0569	Version:	V2
		Page:	30 of 92

The Chief Finance Officer or designated auditors are entitled without necessarily giving prior notice to require and receive:

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

6.56.6 Internal Audit

The NHS Trust Accounting Officer Memorandum requires the Trust to have an internal audit function.

The role of internal audit embraces two key areas:

- The provision of an independent and objective opinion to the Accountable Officer, the Board of Directors and the Audit Committee on the degree to which risk management, control and governance support the achievement of the organisation's agreed objectives.
 - The provision of an independent and objective consultancy service specifically to help line management improve the organisation's risk management, control and governance arrangements.
- Internal Audit will review, appraise and report upon:

- the extent of compliance with, and the financial effect of, relevant established policies, plans and procedures;
- the adequacy and application of financial and other related management controls;
- the suitability of financial and other related management data;
- the extent to which the Trust's assets and interests are accounted for and safeguarded from loss of any kind, arising from: fraud and other offences including bribery or corruption, waste, extravagance, inefficient administration, poor value for money or other causes.

Internal Audit shall also independently review Assurance Statements in accordance with guidance from the Department of Health and Social Care.

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 Chief Finance Officer must be notified immediately.

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

The Head of Internal Audit shall be accountable to the Chief Finance Officer. The reporting system for internal audit shall be agreed between the Chief Finance Officer, the Audit Committee and the Head of Internal Audit. The agreement shall be in writing and shall comply with the guidance on reporting contained in the NHS Internal Audit Manual. The reporting system shall be reviewed at least every 3 years.

Where, in exceptional circumstances, the use of normal reporting channels is thought to limit the objectivity of the audit, the Head of Internal Audit shall have access to report direct to the Chair or a non-executive member of the Trust's Audit Committee.

Managers in receipt of audit reports referred to them, have a duty to take appropriate remedial action within the agreed time-scales specified within the report. The Chief Finance Officer shall identify a formal review process to monitor the extent of compliance with audit recommendations. Where

Title:	Corporate Governance Manual		
Document Number:	PD0569	Version:	V2
		Page:	31 of 92

appropriate remedial action has failed to take place within a reasonable period, the matter shall be reported to the Chief Finance Officer.

6.56.7 External Audit

The External Auditor is appointed by the Trust. The Trust Evaluation Panel 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 in line with the dispute resolution process within the contract.

6.56.8 Fraud, Bribery and Corruption

The Chief Executive and Chief Finance Officer shall monitor and ensure compliance with the anti-fraud, bribery and corruption NHS Counter Fraud Authority NHS Counter Fraud Standards for Providers.

All members of staff must comply with the Fraud Act 2006, and the Economic Crime and Corporate Transparency Act 2023

The Trust shall nominate a suitable person to carry out the duties of the Local Fraud Specialist as specified by the NHS Counter Fraud Authority NHS Counter Fraud Manual.

The Local Fraud Specialist shall report to the Trust Chief Finance Officer and shall work with the staff from NHS Counter Fraud Authority as specified in the NHS Counter Fraud Authority NHS Counter Fraud Manual.

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

6.56.9 Preparation and approval of business plans / Service Development Strategy (Local Delivery Plan) and budgets

The Chief Executive will compile and submit to the Board of Directors a Strategic Direction document (Local Delivery Plan) that encompasses an annual business plan and takes into account financial targets and forecast limits of available resources. The annual business plan / Integrated Business Plan (Local Delivery Plan) will contain:

- 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.

Prior to the start of the financial year the Chief Finance Officer will, on behalf of the Chief Executive, prepare and submit budgets relating to income and expenditure for approval by the Board of Directors. Such budgets will:

- be in accordance with the aims and objectives set out in the Trust's annual business plan / Integrated Business Plan, and the commissioners' local delivery plans;
- accord with workload and manpower plans;
- be produced following discussion with appropriate budget holders;
- be prepared within the limits of available funds;
- identify potential risks;
- be based on reasonable and realistic assumptions

The Chief Finance Officer shall monitor the financial performance against budgets, periodically review it and report to the Board of Directors. Any significant variances should be reported by the Chief Finance Officer to the Board of Directors as soon as they come to light and the Board of Directors shall be advised of action to be taken in respect of such variances.

Title:	Corporate Governance Manual		
Document Number:	PD0569	Version:	V2
		Page:	32 of 92

All budget holders must provide information as required by the Chief Finance Officer to enable budgets to be compiled.

All budget holders will sign up to their allocated budgets at the commencement of each financial year.

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

6.56.10 Budgetary delegation

The Chief Executive may delegate the management of a budget to permit the performance of a defined range of activities, including pooled budget arrangements under Section 31 of the Health Act 1999. This delegation must be in writing and be accompanied by a clear definition of:

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

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

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.

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

6.56.11 Budgetary control and reporting

The Chief Finance Officer will devise and maintain systems of budgetary control. These will include:

- regular financial reports to the Board of Directors in a form approved by the Board of Directors containing:
 - i) income and expenditure to date showing trends and forecast year-end position;
 - ii) balance sheet, including movements in working capital,
 - iii) cash flow statement and details of performance within Prudential Borrowing Code.
 - iv) capital project spend and projected out-turn against plan,
 - v) explanations of any material variances from plan/budget;
 - vi) details of any corrective action where necessary and the Chief Executive's and/or Chief Finance Officer's view of whether such actions are sufficient to correct the situation;
- the issue of timely, accurate and comprehensible advice and financial reports to each budget holder, covering the areas for which they are responsible;
- investigation and reporting of variances from financial, and workload budgets;
- the monitoring of management action to correct variances;
- arrangements for the authorisation of budget transfers;
- advising the Chief Executive and Board of Directors of the consequences of changes in policy, pay awards and other events and trends affecting budgets and shall advise on the economic and financial impact of future plans and projects; and.
- review of the bases and assumptions used to prepare the budgets.

In the performance of these duties the Chief Finance Officer will have access to all budget holders on budgetary matters and shall be provided with such financial and statistical information as is necessary.

Title:	Corporate Governance Manual		
Document Number:	PD0569	Version:	V2
Page:	33 of 92		

Each budget holder is responsible for ensuring that:

- any likely overspending or reduction of income which cannot be met by virement is not incurred without the prior consent of the Board of Directors;
- officers shall not exceed the budget limit set;
- 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; and,
- no permanent employees are appointed without the approval of the

Chief Executive other than those provided for in the budgeted establishment as approved by the Board of Directors.

The Chief Executive is responsible for identifying and implementing cost improvements and income generation initiatives in accordance with the requirements of the Annual Business Plan/Integrated Business Plan and a balanced budget.

6.56.12 Capital expenditure

The general rules applying to delegation and reporting shall also apply to capital expenditure. The particular applications relating to capital are included within this document. A Project Sponsor will be identified who will assume responsibility for the budget relating to the scheme.

6.56.13 Financial returns

The Chief Executive is responsible for ensuring that the appropriate financial monitoring forms are submitted to the requisite organisation within the specified time-scales.

6.56.14 Annual Accounts and Reports

The Chief Finance Officer, 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 Social Care and the Treasury, the Trust's accounting policies, and international financial reporting standards insofar as they apply to the NHS;
- (b) prepare and submit annual financial reports to the Department of Health and Social Care certified in accordance with current guidelines;
- (c) submit financial returns to the Department of Health and Social Care for each financial year in accordance with the timetable prescribed by the Department of Health and Social Care.

The Trust's annual accounts must be audited by an auditor appointed by the Trust. Prior to the financial period 2017/18 NHS trusts' external auditors were appointed by Public Sector Audit Appointments Ltd (from April 2015) and the Audit Commission prior to that. The Trust's audited annual accounts must be presented to a public meeting and made available to the public.

6.56.15 Annual Reports

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 and Social Care's Manual for Accounts. A Quality Account will also be prepared by the Director of Nursing, Midwifery and Governance on behalf of the Trust.

6.56.16 Bank and Government Banking Service Accounts

The Chief Finance Officer is responsible for managing the Trust banking arrangements and for advising the Trust on the provision of banking services and operation of accounts. In line with 'Cash

Title:	Corporate Governance Manual		
Document Number:	PD0569	Version:	V2
Page:	34	of	92

Management in the NHS' trusts should minimise the use of commercial bank accounts and consider using Government Banking Service (GBS) accounts for all banking services.

The Board of Directors shall approve the banking arrangements.

The Chief Finance Officer is responsible for:

- bank accounts and GBS accounts; and other forms of working capital financing that may be available from the Department of Health and Social Care.
- establishing separate bank accounts for the Trust's non-exchequer funds;
- ensuring payments made from bank or GBS accounts do not exceed the amount credited to the account except where arrangements have been made;
- reporting to the Board of Directors all arrangements made with the Trust's bankers for accounts to be overdrawn (together with the remedial action taken);

All accounts should be held in the name of the Trust. No officer other than the Chief Finance Officer shall open any account in the name of the Trust or for the purpose of furthering Trust activities.

6.56.17 Banking procedures

The Chief Finance Officer will prepare detailed instructions on the operation of bank and GBS accounts, which must include:

- the conditions under which each bank and GBS account is to be operated;
- the limit to be applied to any overdraft; and
- those authorised to sign cheques or other orders drawn on the Trust's accounts.

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

The Chief Finance Officer shall approve security procedures for any cheques issued without a hand-written signature e.g. lithographed. Manually produced cheques shall be signed by the authorised officer(s) in accordance with the bank mandate.

All cheques shall be treated as controlled stationery, in the charge of a duly designated officer controlling their issue.

6.56.18 Tendering and Review

The Chief Finance Officer 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 business banking.

Competitive tenders should be sought at least every 5 years. The results of the tendering exercise should be reported to the Board of Directors. This review is not applicable to GBS accounts.

6.56.19 Income, fees and charges and security of cash, cheques and other negotiable instruments

The Chief Finance Officer is responsible for designing, maintaining and ensuring compliance with systems for the proper recording, invoicing, collection and coding of all monies due.

All such systems shall incorporate, where practicable, in full the principles of internal check and separation of duties.

The Chief Finance Officer is also responsible for the prompt banking of all monies received.

Title:	Corporate Governance Manual		
Document Number:	PD0569	Version:	V2
		Page:	35 of 92

6.56.20 Fees and charges other than Trust Contract

The Trust shall follow the Department of Health and Social Care's advice in the 'Costing Manual' in setting prices for NHS service agreements.

The Chief Finance Officer is responsible for approving and regularly reviewing the level of all fees and charges other than those determined by the Department of Health and Social Care 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 and Social Care's Commercial Sponsorship – Ethical standards in the NHS shall be followed. See also Standing Orders.

All employees must inform the Chief Finance Officer promptly of money due arising from transactions which they initiate/deal with, including all contracts, leases, tenancy agreements, private patient undertakings and other transactions.

6.56.21 Debt recovery

The Chief Finance Officer is responsible for the appropriate recovery action on all outstanding debts, including a formal follow-up procedure for all debtor accounts. Overpayments should be detected (or preferably prevented) and recovery initiated.

Income not received should be dealt with in accordance with losses procedures.

6.56.22 Security of cash, cheques and other negotiable instruments

The Chief Finance Officer is responsible for:

- approving the form of all receipt books, agreement forms, or other means of officially acknowledging or recording monies received or receivable. No form of receipt which has not been specifically authorised by the Chief Finance Officer should be issued.
- ordering and securely controlling any such stationery;
- 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; and
- prescribing systems and procedures for handling cash and negotiable securities on behalf of the Trust.

Official money shall not under any circumstances be used for the encashment of private cheques, nor IOUs.

Staff shall be informed in writing on appointment of their responsibilities and duties for the collection, handling or disbursement of cash, cheques etc.

All cheques, postal orders, cash etc., shall be banked promptly intact under arrangements approved by the Chief Finance Officer.

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.

Any loss or shortfall of cash, cheques or other negotiable instruments, however occasioned, shall be monitored and recorded within the Finance Department. Any significant trends should be reported to the Chief Finance Officer and Internal Audit via the incident reporting system. Where there is prima facie evidence of fraud, bribery or corruption this should follow the form of the Trust's Anti-Fraud, Bribery and Corruption Policy and the guidance provided by the NHS Counter Fraud Authority. Where there is no evidence of fraud, bribery or corruption the loss should be dealt with in line with the Trust's Losses and Compensations Procedures.

Title:	Corporate Governance Manual		
Document Number:	PD0569	Version:	V2
		Page:	36 of 92

6.56.23 NHS Service agreements for provision of services

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.
- Health Care Services (Provider Selection Regime) Regulations 2023

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.

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.

6.56.24 Non-Commercial Contract

Where the Trust enters into a relationship with another organisation for the supply or receipt of other services – clinical or non-clinical, the responsible officer should ensure that an appropriate non-commercial contract is present and signed by both parties. This should incorporate:

- A description of the service and indicative activity levels
- The term of the agreement
- The value of the agreement
- The lead officer
- Performance and dispute resolution procedures
- Risk management and clinical governance agreements.

Non-commercial contracts should be reviewed and agreed on an annual basis or as determined by the term of the agreement so as to ensure value for money and to minimise the potential loss of income.

6.56.25 Terms of Service, allowances and payment of members of the Board of Directors and Employees

In accordance with Standing Orders the Board of Directors shall establish a Remuneration and Terms of Service Committee, with clearly defined terms of reference, specifying which posts fall within its area of responsibility, its composition, and the arrangements for reporting.

The Committee will:

- determine the appropriate remuneration and terms of service for the Chief Executive and other executive directors (and other senior employees), including: all aspects of salary (including any

Title:	Corporate Governance Manual		
Document Number:	PD0569	Version:	V2
Page:	37	of	92

performance-related elements/bonuses); provisions for other benefits, including pensions and cars; arrangements for termination of employment and other contractual terms;

- make such recommendations about the remuneration and terms of service of executive directors (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 staff where appropriate;
- monitor and evaluate the performance of the Chief Executive who, in turn, will monitor and evaluate the performance of the other executive directors (and other senior employees) to make recommendations to the Remuneration Committee; and
- 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.

The decisions of the Committee will be recorded and shared with all the Non-Executive Board Directors.

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

6.56.26 Funded establishment

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

The funded establishment of any department may not be varied without the approval of the Chief Executive or individual nominated within the relevant section of the Scheme of Reservation and Delegation. The Finance Department are responsible for verifying that funding is available.

6.56.27 Staff appointments

No Executive Director 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 unless authorised to do so by the Chief Executive; and within the limit of their approved budget and funded establishment as defined in the Scheme of Reservation and Delegation.

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

6.56.28 Processing of the payroll

The Chief People Officer in conjunction with the Chief Finance Officer is responsible for:

- specifying timetables for submission of properly authorised time records and other notifications;
- the final determination of pay and allowances; including verification that the rate of pay and relevant conditions of service are in accordance with current agreements.
- making payment on agreed dates; and
- agreeing method of payment.

The Chief People Officer will issue instructions regarding:

- verification and documentation of data;
- the timetable for receipt and preparation of payroll data and the payment of employees and allowances;
- maintenance of subsidiary records for superannuation, income tax, social security and other authorised deductions from pay;
- security and confidentiality of payroll information;
- checks to be applied to completed payroll before and after payment;
- authority to release payroll data under the provisions of the Data Protection Act;
- methods of payment available to various categories of employee;
- procedures for payment by cheque, bank credit, or cash to employees;
- procedures for the recall of cheques and bank credits

Title:	Corporate Governance Manual		
Document Number:	PD0569	Version:	V2
		Page:	38 of 92

- pay advances and their recovery;
- maintenance of regular and independent reconciliation of pay control accounts;
- separation of duties of preparing records and handling cash; and
- a system to ensure the recovery from leavers of sums of money and property due by them to the Trust.

Appropriately nominated managers have delegated responsibility for:

- processing a signed copy of the contract/appointment form and such other documentation as may be required immediately upon an employee commencing duty.
- submitting time records, and other notifications in accordance with agreed timetables;
- completing time records and other notifications in accordance with the Director of Human Resource's instructions and in the form prescribed by the Chief People Officer; and
- submitting termination forms in the prescribed form immediately upon knowing the effective date of an employee's resignation, termination or retirement. Where an employee fails to report for duty in circumstances that suggest they have left without notice, the Chief People Officer must be informed immediately. In circumstances where theft might be suspected this must be reported to the Trust's Security Management Specialist or the Chief Finance Officer or the Police.

Regardless of the arrangements for providing the payroll service, the Chief People Officer in conjunction with the Chief Finance Officer shall ensure that the chosen method is supported by appropriate (contracted) terms and conditions, adequate internal controls and audit review procedures and that suitable arrangements are made for the collection of payroll deductions and payment of these to appropriate bodies.

6.56.29 Contracts of employment

The Board of Directors shall delegate responsibility to a manager for ensuring that all employees are issued with a Contract of Employment in a form approved by the Board of Directors and which complies with employment and Health & Safety legislation and dealing with variations to, or termination of, contracts of employment.

6.56.30 Non pay expenditure – Delegation of Authority

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

The Chief Executive will set out:

- the list of managers who are authorised to place requisitions for the supply of goods and services should be updated and reviewed on an ongoing basis and annually by the Supplies Department; and
- where the authorisation system is computerised the list will be maintained within the computerised system and the 'signature' will be in the form of electronic authorisation in accordance with the access and authority controls maintained within the computerised system; and
- the maximum level of each requisition and the system for authorisation above that level.

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

6.56.31 Choice, requisitioning, ordering, receipt and payment for goods and services

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 Procurement Department shall be sought. Where this advice is not acceptable to the requisitioner, the Chief Finance Officer (and/or the Chief Executive) shall be consulted.

Title:	Corporate Governance Manual		
Document Number:	PD0569	Version:	V2
		Page:	39 of 92

The Chief Finance Officer shall be responsible for the prompt payment of properly authorised accounts and claims in accordance with the Better Payment Practice Code (BPPC). Payment of contract invoices shall be in accordance with contract terms, or otherwise, in accordance with national guidance.

The Chief Finance Officer will:

- advise the Board of Directors 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 Scheme of Reservation and Delegation and regularly reviewed;
- 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;
- be responsible for the prompt payment of all properly authorised accounts and claims;
- be responsible for designing and maintaining a system of verification, recording and payment of all amounts payable. The system shall provide for:
 - A list of directors/employees (including specimens of their signatures) authorised to approve or incur expenditure. Where the authorisation system is computerised the list will be maintained within the computerised system and the 'signature' will be in the form of electronic authorisation in accordance with the access and authority controls maintained within the computerised system.
 - 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.
 - A timetable and system for submission to the Chief Finance Officer of accounts for payment; provision shall be made for the early submission of accounts subject to cash discounts or otherwise requiring early payment.
 - Instructions to employees regarding the handling and payment of accounts within the Finance Department.
- be responsible for ensuring that payment for goods and services is only made once the goods and services are received, (except as below).

Prepayments outside of normal commercial arrangements, for example fully comprehensive maintenance contracts, rental, insurance are only permitted where exceptional circumstances apply. In such instances:

- prepayments are only permitted where the financial advantages outweigh the disadvantages (i.e. cashflows must be discounted to NPV using the National Loans Fund (NLF) rate).
- the appropriate officer in conjunction with the Procurement Department 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 their commitments;
- the Chief Finance Officer will need to be satisfied with the proposed arrangements before contractual arrangements proceed (taking into account the public procurement rules where the contract is above a stipulated financial threshold);
- 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.

Title:	Corporate Governance Manual		
Document Number:	PD0569	Version:	V2
		Page:	40 of 92

Official Orders must be consecutively numbered; be in a form approved by the Chief Finance Officer; state the Trust terms and conditions of trade; and only be issued to, and used by, those duly authorised by the Chief Executive.

Managers must ensure that they comply fully with the guidance and limits specified by the Chief Finance Officer and that:

- All contracts other than for a simple purchase permitted within the Scheme of Delegation or delegated budget, leases, tenancy agreements and other commitments which may result in a liability are notified to the Chief Finance Officer in advance of any commitment being made;
- Contracts above specified thresholds are advertised and awarded in accordance with the Provider Selection Regime 2023, Procurement Act 2023 and/or PCR2015 , Quality and International Competitiveness (CMND 8621);
- Where consultancy advice is being obtained, the procurement of such advice must be in accordance with guidance issued by the Department of Health and Social Care;
- Where an officer certifying accounts relies upon other officers to do preliminary checking, they shall wherever possible, ensure that those who check delivery or execution of work act independently of those who have placed orders and negotiated prices and terms.

No order shall be issued to any firm which has made an offer of gifts, reward or benefit to directors or employees, other than isolated gifts of a trivial character or inexpensive seasonal gifts, such as calendars; conventional hospitality, such as lunches in the course of working visits;

All offers of gifts or hospitality should be dealt with in accordance with the Trust's Standards of Business Conduct. Breach of these provisions can render staff liable to dismissal and/or prosecution under the Bribery Act 2010. For more information – see the Trust's Standards of Business Conduct Policy. No requisition/order is placed for any item or items for which there is no budget provision unless authorised by the Chief Finance Officer on behalf of the Chief Executive;

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 on purchasing cards;

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".

Orders are not split or otherwise placed in a manner devised so as to avoid the financial thresholds;

Goods are not taken on trial or loan in circumstances that could commit the Trust to a future un-competitive purchase;

Changes to the list of directors/employees authorised to certify invoices are notified to the Chief Finance Officer;

Purchases from petty cash are restricted in value and by type of purchase in accordance with instructions issued by the Chief Finance Officer;

Petty cash records are maintained in a form as determined by the Chief Finance Officer; and,

Orders are not required to be raised for utility bills, NHS Recharges; audit fees and ad hoc services such as private hospital fees. Payments must be authorised in accordance with the delegated limits set for non pay.

The Chief Executive and Chief Finance Officer 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 the NHS Trust Capital Accounting Manual. The technical audit of these contracts shall be the responsibility of the relevant Director.

Under no circumstances should goods be ordered through the Trust for personal or private use.

Title:	Corporate Governance Manual		
Document Number:	PD0569	Version:	V2
		Page:	41 of 92

6.56.32 Joint finance arrangements with local authorities and voluntary bodies

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 Chief Finance Officer which shall be in accordance with these Acts.

6.56.33 Public Dividend Capital

The Chief Finance Officer will advise the Board concerning

the Trust's ability to pay dividends on, and repay Public Dividend Capital and any proposed new borrowing, within the limits set by the Department of Health and Social Care. The Chief Finance Officer is also responsible for reporting periodically to the Board concerning the PDC debt and all loans and overdrafts.

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 Chief Finance Officer.

The Chief Finance Officer must prepare detailed procedural instructions concerning applications for loans and overdrafts.

All short-term borrowings should be kept to the minimum period of time possible, consistent with the overall cashflow position, represent good value for money, and comply with the latest guidance from the Department of Health and Social Care (DHSC)/NHS England (NHSE).

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 Chief Finance Officer. The Board must be made aware of all short term borrowings at the next Board meeting.

All long-term borrowing must be consistent with the plans outlined in the current LDP and be approved by the Trust Board. Also, in respect of borrowing and capital investment, reference should be made to the Capital Regime and Investment Business Case Approvals Guidance for NHS Trusts produced by NHSE.

6.56.34 Investment

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.

The Chief Finance Officer is responsible for advising the Board on investments and shall report periodically to the Board concerning the performance of investments held.

The Chief Finance Officer will prepare detailed procedural instructions on the operation of investment accounts and on the records to be maintained.

6.56.35 Capital investment

The Chief Executive:

- 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;
- is responsible for the management of all stages of capital schemes and for ensuring that schemes are delivered on time and to cost; and

Title:	Corporate Governance Manual		
Document Number:	PD0569	Version:	V2
		Page:	42 of 92

- shall ensure that the capital investment is not undertaken without the availability of resources to finance all revenue consequences, including capital charges.

For capital expenditure proposals the Chief Executive shall ensure (in accordance with the limits outlined in the Scheme of Delegation):

- that a business case (in line with the guidance contained within the NHS England Capital guidance* is produced setting out:
- an option appraisal of potential benefits compared with known costs to determine the option with the highest ratio of benefits to costs; and
- appropriate project management and control arrangements; and the involvement of appropriate Trust personnel and external agencies; and
- that the Chief Finance Officer has certified professionally to the costs and revenue consequences detailed in the business case.

For capital schemes where the contracts stipulate stage payments, the Chief Executive will issue procedures for their management, incorporating the recommendations of “CONCODE/Estatecode” and the NHS England Capital guidance*. Stage payments should be in line with those authorised by the Project Manager utilising values from the Quantity Surveyor.

The Chief Finance Officer shall assess on an annual basis the requirement for the operation of the construction industry tax deduction scheme in accordance with Inland Revenue guidance.

The Chief Finance Officer shall issue procedures for the regular reporting of expenditure and commitment against authorised expenditure.

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: specific authority to commit expenditure; authority to proceed to tender; approval to accept a successful tender

The Chief Executive will issue a scheme of delegation for capital investment management in accordance with “CONCODE/Estatecode” and the NHS England Capital guidance* guidance and the Trust's Standing Orders.

The Chief Finance Officer shall issue procedures governing the financial management, including variations to contract, of capital investment projects and valuation for accounting purposes.

(* Or any successor manual or guidance should that become defunct.)

6.56.36 Private finance

Powers of NHS trusts to enter into externally financed development agreements as defined in the NHS Act 2006 (formally NHS (Private Finance Act 1997).

The powers of an NHS trust include power to enter into externally financed development agreements. For the purposes of this paragraph, an agreement is an externally financed development agreement if it is certified as such in writing by the Secretary of State. The Secretary of State may give a certificate under this paragraph if:

- (a) in his opinion the purpose or main purpose of the agreement is the provision of facilities or services in connection with the discharge by the NHS trust of any of its functions, and
- (b) a person proposes to make a loan to, or provide any other form of finance for, another party in connection with the agreement.

If an NHS trust enters into an externally financed development agreement it may also, in connection with that agreement, enter into an agreement with a person who falls within sub-paragraph in relation

Title:	Corporate Governance Manual		
Document Number:	PD0569	Version:	V2
		Page:	43 of 92

to the externally financed development agreement. "Another party" means any party to the agreement other than the NHS trust. The fact that an agreement made by an NHS trust has not been certified under this paragraph does not affect its validity.

The Trust should normally test for PFI when considering capital procurement. When the Board proposes, or is required, to use finance provided by the private sector the following should apply:

- (a) The Chief Finance Officer shall demonstrate that the use of private finance represents value for money and genuinely transfers risk to the private sector,
- (b) Where the sum involved exceeds delegated limits, the business case must be referred to the appropriate DOH for approval or treated as per current guidelines.
- (c) The proposal must be specifically agreed by the Trust in the light of such professional advice as should reasonably be sought in particular with regard to vires.
- (d) The selection of a contractor/finance company must be on the basis of competitive tendering or quotations.

6.56.37 Asset registers

The Chief Executive is responsible for the maintenance of registers of assets, taking account of the advice of the Chief Finance Officer 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 periodically.

The Trust shall maintain an Asset Register recording fixed assets.

Additions to the fixed Asset Register must be clearly identified to an appropriate budget holder and be validated by reference to:

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

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).

The Chief Finance Officer shall approve procedures for reconciling balances on fixed assets accounts in ledgers against balances on fixed asset registers.

The value of each asset shall be adjusted to current values in accordance with methods specified in the Group Accounting Manual issued by the Department of Health and Social Care.

The value of each asset shall be depreciated using methods and rates as specified in the Capital Accounting Manual* issued by the Department of Health and Social Care.

The Chief Finance Officer shall calculate depreciation in line with the Trust Accounting Policies.

(* Or any successor manual or guidance should that become defunct.)

6.56.38 Security of assets

The overall control of fixed assets is the responsibility of the Chief Executive advised by the Chief Finance Officer.

Asset control procedures (including fixed assets, cash, cheques and negotiable instruments, and also including donated assets) must be approved by the Chief Finance Officer. This procedure shall make provision for:

- recording managerial responsibility for each asset;

Title:	Corporate Governance Manual		
Document Number:	PD0569	Version:	V2
		Page:	44 of 92

- identification of additions and disposals;
- identification of all repairs and maintenance expenses;
- physical security of assets;
- periodic verification of the existence of, condition of, and title to, assets recorded;
- identification and reporting of all costs associated with the retention of an asset; and
- reporting, recording and safekeeping of cash, cheques, and negotiable instruments.

All significant discrepancies revealed by verification of physical assets to fixed Asset Register shall be notified to the Chief Finance Officer.

Whilst each employee has a responsibility for the security of property of the Trust, it is the responsibility of directors 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 of Directors. Any breach of agreed security practices must be reported in accordance with instructions.

Any damage to the Trust's premises, vehicles and equipment, or any loss of equipment, stores or supplies must be reported by directors and employees in accordance with the procedure for reporting losses.

Where practical, assets should be marked as Trust property.

6.56.39 Stock, Stores and Receipt of goods

Stocks are defined as those goods normally utilised in day to day activity, but which at a given point in time have not been used or consumed. There are three broad types of store:

- a) Controlled stores - specific areas designated for the holding and control of goods;
- b) Wards & departments - goods required for immediate usage to support operational services.
- c) Manufactured Items - where goods and consumables are being made or processes are being applied which add to the raw material cost of the goods.

Such stocks should be kept to a minimum and for controlled stores and other significant stores (as determined by the Chief Finance Officer) should be subjected to an annual stocktake or perpetual inventory procedures; and valued at the lower of cost and net realisable value.

Subject to the responsibility of the Chief Finance Officer 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 them to departmental employees and stores managers/keepers, subject to such delegation being entered in a record available to the Chief Finance Officer. The control of any pharmaceutical stocks shall be the responsibility of a designated Pharmaceutical Officer; the control of any fuel oil of a designated estates manager.

The responsibility for security arrangements and the custody of keys for all stores and locations shall be clearly defined in writing by the designated manager. Wherever practicable, stocks should be marked as NHS property.

The Chief Finance Officer shall set out procedures and systems to regulate the stores including records for receipt of goods, issues, and returns to stores, and losses. Stocktaking arrangements shall be agreed with the Chief Finance Officer and there shall be a physical check covering all items in store at least once a year.

Where a complete system of stores control is not justified, alternative arrangements shall require the approval of the Chief Finance Officer.

The designated manager shall be responsible for a system approved by the Chief Finance Officer for a review of slow moving and obsolete items and for condemnation, disposal, and replacement of all unserviceable articles (see Disposal of Assets Policy) The designated Officer shall report to the Chief Finance Officer any evidence of significant overstocking and of any negligence or malpractice (see also Disposals and Condemnations, Losses and Special Payments). Procedures, within this

Title:	Corporate Governance Manual		
Document Number:	PD0569	Version:	V2
		Page:	45 of 92

document, for the disposal of obsolete stock shall follow the procedures set out for disposal of all surplus and obsolete goods.

6.56.40 Receipt of Goods

A delivery note shall be obtained from the supplier at the time of delivery and shall be signed by the person receiving the goods. All goods received shall be checked, by the appropriate department, as regards quantity and/or weight and inspected as to quality and specification. Instructions shall be issued to staff covering the procedures to be adopted in those cases where a delivery note is not available.

All goods received shall be entered onto 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 the goods received are found 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.

For goods supplied by NHS Supply Chain the Chief Executive shall identify those authorised to requisition and accept goods from NHS Supply Chain. The authorised person shall check receipt against the delivery note to satisfy themselves that the goods have been received. The Finance Department will make payment on receipt of an invoice. This may also apply for high-level low volume items such as stationery.

6.56.41 Issue of Stocks

Where a 'topping up' system is used, a record shall be maintained as approved by the Chief Finance Officer. Regular comparisons shall be made of the quantities issued to wards/departments etc. and explanations recorded of significant variations.

All transfers and returns shall be recorded on forms/systems provided for the purpose and approved by the Chief Finance Officer.

6.56.42 Disposals and condemnations

The Chief Finance Officer must prepare detailed procedures for the disposal of assets including condemnations, and ensure that these are notified to managers in accordance with the Trust's Disposal of Assets policy.

When it is decided to dispose of a Trust asset, the head of department or authorised deputy will determine and advise the Chief Finance Officer of the estimated market value of the item, taking account of professional advice where appropriate.

All unserviceable articles shall be:

- a) condemned or otherwise disposed of by an employee authorised for that purpose by the Chief Finance Officer;
- b) recorded by the condemning officer in a form approved by the Chief Finance Officer 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 Chief Finance Officer.

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 Chief Finance Officer who will take the appropriate action.

See Disposal of Assets Policy

Title:	Corporate Governance Manual		
Document Number:	PD0569	Version:	V2
		Page:	46 of 92

6.56.43 Losses and special payments

The Chief Finance Officer must prepare procedural instructions on the recording of and accounting for condemnations, losses, and special payments. The Chief Finance Officer must also prepare a fraud response plan that sets out the action to be taken both by persons detecting a suspected fraud and those persons responsible for investigating it. 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 Finance Officer who will liaise with the Chief Executive or inform an officer charged with responsibility for responding to concerns involving loss confidentially. This officer will then appropriately inform the Chief Finance Officer who will liaise with the Chief Executive.

Where a criminal offence is suspected, the Chief Finance Officer must immediately inform the police if theft or arson is involved. In cases of fraud, bribery or corruption or of anomalies which may indicate fraud, bribery or corruption, the Chief Finance Officer must inform their Local Counter Fraud Specialist.

For losses apparently caused by theft, arson, neglect of duty or gross carelessness, except if trivial the Chief Finance Officer must immediately notify: the Board of Directors, the External Auditor, the local Security Management Specialist and the Police.

Within limits delegated by the Department of Health and Social Care the Board of Directors shall approve the writing-off of all losses and special payments in accordance with the Scheme of Delegation.

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

For any loss, the Chief Finance Officer should consider whether any insurance claim can be made.

The Chief Finance Officer shall maintain a Losses and Special Payments Register in which write-off action is recorded. All losses and special payments must be reported to the Audit Committee.

6.56.44 Compensation Claims

The Trust is committed to effective and timely investigation and response to any claim which includes allegations of clinical negligence, employee and other compensation claims. The Trust will follow the requirements and note the recommendations of the Department of Health and Social Care, and NHS Resolution in the management of claims. Every member of staff is expected to co-operate fully, as required, in assessment and management of each claim.

The Trust will seek to reduce the incidence and adverse impact of clinical negligence, employee and other litigation by:

- Adopting prudent risk management strategies including continuous review.
- Implementing in full the NHS Complaints Procedure, thus providing an alternative remedy for some potential litigants.
- Adopting a systematic approach to claims handling in line with the best current and cost effective practice.
- Following guidance issued by NHS Resolution relating to clinical negligence.
- Achieving the Standards for Better Health.
- Implementing an effective system of Clinical Governance

The Deputy Chief Executive is responsible for clinical negligence: for managing the claims process and informing the Board of Directors of any major developments on claims related issues.

Title:	Corporate Governance Manual		
Document Number:	PD0569	Version:	V2
		Page:	47 of 92

6.56.45 Information Technology - Responsibilities and duties of the Chief Finance Officer

The Chief Finance Officer, 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 they are responsible from accidental or intentional disclosure to unauthorised persons, deletion or modification, theft or damage, having due regard for the Data Protection Act 1998 (updated 2000) and the Computer Misuse Act 1990.
- 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 adequate controls exist to maintain the security, privacy, accuracy and completeness of financial data sent via transmission networks.
- e) ensure that an adequate management (audit) trail exists through the computerised system and that such computer audit reviews as they may consider necessary are being carried out.

The Chief Finance Officer shall satisfy his/herself 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 will be obtained from them prior to implementation.

The Director of Informatics 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.

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

In the case of computer systems which are proposed General Applications (i.e. normally those applications which the majority of NHS organisations wish to sponsor jointly) all responsible directors and employees will send to the Chief Finance Officer:

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

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

The Chief Finance Officer 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 Chief Finance Officer shall periodically seek assurances that adequate controls are in operation.

Title:	Corporate Governance Manual		
Document Number:	PD0569	Version:	V2
		Page:	48 of 92

6.56.48 Requirement for Computer Systems which have an impact on corporate financial systems

Where computer systems have an impact on corporate financial systems the Chief Finance Officer shall satisfy himself 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) Chief Finance Officer staff have access to such data; and
- d) such computer audit reviews as are considered necessary are being carried out.

6.56.49 Risk Assessment

The Chief Finance Officer 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.

6.56.50 Patient's Property

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.

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,
- hospital admission documentation and property records,
- the oral advice of administrative and nursing staff responsible for admissions;

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

The Chief Finance Officer 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. The said 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. Due care should be exercised in the management of a patient's money in order to maximise the benefits to the patient.

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

- a) property handed in for safe custody by any patient (or guardian as appropriate); and
- b) property taken into safe custody having been found in the possessions of:
 - mentally disordered patients
 - confused and/or disorientated patients
 - unconscious patients
 - patients dying in hospital
 - patients found dead on arrival at hospital (property removed by police)
- c) A record shall be completed in respect of all persons in category b, including a nil return if no property is taken into safe custody.

Title:	Corporate Governance Manual		
Document Number:	PD0569	Version:	V2
		Page:	49 of 92

The record shall be completed by a member of the hospital staff in the presence of a second member of staff and the patient (or 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 alterations shall be validated by signature as required in the original entry on the record.

Where Department of Health and Social Care instructions require the opening of separate accounts for patients' monies, these shall be opened and operated under arrangements agreed by the Chief Finance Officer.

Patients' income, including pensions and allowances, shall be dealt with in accordance with current Department of Works and Pensions 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.

Refunds of cash handed in for safe custody will be dealt with in accordance with current Department of Works and Pensions instructions. 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.

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 written instructions issued by the Chief Finance Officer, 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 Chief Finance Officer. Such authority shall include details of the lawful kin or other person entitled to the cash and valuables in question.

In all cases where property of a deceased patient is of a total value in excess of £5,000 (or such other amount as may be prescribed by any amendment to the 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 property is £5,000 or less, forms of indemnity shall be obtained.

Property handed over for safe custody shall be placed into the care of the appropriate administrative staff. Where there are no administrative staff present, in which case the property shall be placed in the secure care of the most senior member of nursing staff on duty.

In respect of deceased patients, if there is no will and no lawful next of kin the property vests in the Crown and particulars shall, therefore, be notified to the Treasury Solicitor.

Any funeral expenses necessarily borne by the Trust are a first charge on a deceased persons estate. Where arrangements for burial or cremation are not made privately, any element of the estate held by the Trust may be appropriated towards funeral expenses, upon the authorisation of the Chief Finance Officer.

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.

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

6.56.51 Funds held on Trust

The Trust has a responsibility as a corporate trustee for the management of funds it holds on trust. The management processes may overlap with those of the organisation of the Trust, the trustee responsibilities must be discharged separately and full recognition given to its dual accountabilities to the Charity Commission.

The reserved powers of the Board of Directors and the Scheme of Delegation make clear where decisions where discretion must be exercised are to be taken and by whom.

Title:	Corporate Governance Manual		
Document Number:	PD0569	Version:	V2
		Page:	50 of 92

As management processes overlap most of the sections of these Standing Financial Instructions will apply to the management of funds held on trust.

The over-riding principle is that the integrity of each trust must be maintained and statutory and trust obligations met. Materiality must be assessed separately from exchequer activities and funds.

Charitable Funds are those gifts, donations and endowments made under the relevant charities legislation and held on trust for purposes relating to the Trust and the objectives of which are for the benefit of the NHS in England. They are administered by the Board of Directors acting as Trustees.

The Chief Finance Officer shall maintain such accounts and records as may be necessary to record and protect all transactions and funds of the Trust as trustees of non-exchequer funds, including an Investment Register.

6.56.52 Existing Charitable Funds

The Chief Finance Officer shall arrange for the administration of all existing funds. A “Deed of Establishment” must exist for every fund and detailed codes of procedure shall be produced covering every aspect of the financial management of charitable funds, for the guidance of fund managers. The Deed of Establishment shall identify the restricted nature of certain funds, and it is the responsibility of fund managers, within their delegated authority, and the Charitable Funds Committee, to ensure that funds are utilised in accordance with the terms of the Deed.

The Chief Finance Officer shall periodically review the funds in existence and shall make recommendations to the Charitable Funds Committee regarding the potential for rationalisation of such funds within statutory guidelines.

The Chief Finance Officer shall ensure that all funds are currently registered with the Charities Commission in accordance with the Charities Act 1993 or subsequent legislation.

6.56.53 New Charitable Funds

The Chief Finance Officer shall recommend the creation of a new fund where funds and/or other assets received for charitable purposes cannot adequately be managed as part of an existing fund. All new funds must be covered by a Deed of Establishment and must be formally approved by the Charitable Funds Committee.

The Deed of Establishment for any new fund shall clearly identify, inter alia, the objects of the new fund, the nominated fund manager, the estimated annual income and, where applicable, the Charitable Funds Committee’s power to assign the residue of the fund to another fund contingent upon certain conditions e.g. discharge of original objects.

6.56.54 Sources of New Funds

All gifts accepted shall be received and held in the name of the Charity and administered in accordance with the Charity’s policy, subject to the terms of specific funds. As the Charity can accept gifts only for all or any purposes relating to the NHS, officers shall, in cases of doubt, consult the Chief Finance Officer before accepting any gift. Advice to the Board of Directors on the financial implications of fund raising activities by outside bodies or organisations shall be given by the Chief Finance Officer.

All gifts, donations and proceeds of fund-raising activities, which are intended for the Charity’s use, must be handed immediately to the Chief Finance Officer via the Cash Office to be banked* to the Charitable Funds bank account. (* Where it is administratively expedient in the first instance to process funds through the Trust’s Exchequer account, then these should be transferred at the earliest opportunity to the Charitable Funds bank account.)

In respect of Donations, the Chief Finance Officer shall:

Title:	Corporate Governance Manual		
Document Number:	PD0569	Version:	V2
		Page:	51 of 92

- Provide guidelines to officers of the Trust as to how to proceed when offered funds. These will include:
 - i) The identification of the donors intentions;
 - ii) Where possible, the avoidance of creating excessive numbers of funds;
 - iii) The avoidance of impossible, undesirable or administratively difficult objects;
 - iv) Sources of immediate further advice; and
 - v) Treatment of offers for personal gifts (see Trust's Standards of Business Conduct Policy).
- Provide secure and appropriate receipting arrangements, which will indicate that donations have been accepted directly into the appropriate fund and that the donor's intentions have been noted and accepted.

In respect of Legacies and Bequests, the Chief Finance Officer shall be kept informed of and record all enquiries regarding legacies and bequests. Where required, the Chief Finance Officer shall:

- Provide advice covering any approach regarding:
 - i) the wording of wills;
 - ii) the receipt of funds/other assets from executors;
- After the death of a testator all correspondence concerning a legacy shall be dealt with on behalf of the Charity by the Chief Finance Officer who alone shall be empowered to give an executor a good discharge.
- Where necessary, obtain grant of probate, or make application for grant of letters of administration;
- Be empowered to negotiate arrangements regarding the administration of a Will with executors and to discharge them from their duty; and
- Be directly responsible, in conjunction with the Charitable Funds Committee, for the appropriate treatment of all legacies and bequests.

In respect of fund-raising, the final approval for major appeals will be given by the Board of Directors. Final approval for smaller appeals will be given by the Charitable Funds Committee. The Chief Finance Officer shall:

- Advise on the financial implications of any proposal for fund-raising activities;
- Deal with all arrangements for fund-raising by and/or on behalf of the Charity and ensure compliance with all statutes and regulations;
- Be empowered to liaise with other organisations/persons raising funds for the Charity and provide them with an adequate discharge;
- Be responsible for alerting the Charitable Funds Committee and the Board of Directors to any irregularities regarding the use of the Charity's name or its registration numbers; and
- Be responsible for the appropriate treatment of all funds received from this source.

In respect of Trading Income (see also NHS Charitable Funds Guidance), the Chief Finance Officer shall:

- Be primarily responsible, along with designated fund managers, for any trading undertaken by the Charity; and
- Be primarily responsible for the appropriate treatment of all funds received from this source.

In respect of Investment Income, the Chief Finance Officer shall be responsible for the appropriate treatment of all dividends, interest and other receipts from this source (see below).

6.56.55 Investment Management

The Charitable Funds Committee shall be responsible for all aspects of the management of the investment of charitable funds as delegated under the terms of the approved investment policy. The issues on which the Chief Finance Officer shall be required to provide advice to the Charitable Funds Committee shall include:

- the formulation of investment policy which meets statutory requirements (Trustee Investment Act 1961) with regard to income generation and the enhancement of capital value;

Title:	Corporate Governance Manual		
Document Number:	PD0569	Version:	V2
Page:	52 of 92		

- the appointment of advisers, brokers and, where appropriate, investment fund managers and the Chief Finance Officer shall recommend the terms of such appointments; and for which written agreements shall be signed by the Chief Executive;
- pooling of investment resources and the preparation of a submission to the Charity Commission for them to make a scheme;
- the participation by the Charity in common investment funds and the agreement of terms of entry and withdrawal from such funds;
 - that the use of assets shall be appropriately authorised in writing and charges raised within policy guidelines;
 - the review of the performance of brokers and fund managers;
 - the reporting of investment performance.

The Chief Finance Officer shall prepare detailed procedural instructions concerning the receiving, recording, investment and accounting for Charitable Funds.

6.56.56 Expenditure from Charitable Funds

Expenditure from Charitable Funds shall be managed by the Charitable Funds Committee on behalf of the Board of Directors. In so doing the committee shall be aware of the following:

- the objects of various funds and the designated objectives;
- the availability of liquid funds within each trust;
- the powers of delegation available to commit resources;
- the avoidance of the use of exchequer funds to discharge endowment 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;
- that funds are to be spent rather than preserved, subject to the wishes of the donor and the needs of the Trust; and
- the definitions of “charitable purposes” as agreed by the Department of Health and Social Care with the Charity Commission.

Delegated authority to incur expenditure which meets the purpose of the funds are set out in the Scheme of Delegations; exceptions are as follows:

- Any staff salaries/wages costs require Charitable Funds Committee approval
- No funds are to be “overdrawn” except in the exceptional circumstance that Charitable Funds Committee approval is granted.

6.56.57 Banking Services

The Chief Finance Officer shall advise the Charitable Funds Committee and, with its approval, shall ensure that appropriate banking services are available in respect of administering the Charitable Funds.

These bank accounts should permit the separate identification of liquid funds to each trust where this is deemed necessary by the Charity Commission.

6.56.58 Asset Management

Assets in the ownership of or used by the Trust, shall be maintained along with the general estate and inventory of assets of the Trust. The Chief Finance Officer shall ensure:

- that appropriate records of all donated assets owned by the Trust are maintained, and that all assets, at agreed valuations are brought to account;
- 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;
- that donated assets received on trust shall be accounted for appropriately;
- that all assets acquired from Charitable Funds which are intended to be retained within the funds are appropriately accounted for.

Title:	Corporate Governance Manual		
Document Number:	PD0569	Version:	V2
		Page:	53 of 92

6.56.59 Reporting

The Chief Finance Officer shall ensure that regular reports are made to the Charitable Funds Committee and Board of Directors with regard to, inter alia, the receipt of funds, investments and expenditure.

The Chief Finance Officer shall prepare annual accounts in the required manner, which shall be submitted, to the Board of Directors within agreed timescales.

The Chief Finance Officer shall prepare an annual trustees' report and the required returns to the Charity Commission for adoption by the Charitable Funds Committee.

6.56.60 Accounting and Audit

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

Distribution of investment income to the charitable funds and the recovery of administration costs shall be performed on a basis determined by the Chief Finance Officer.

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

The Charitable Funds Committee shall be advised by the Chief Finance Officer on the outcome of the annual audit.

6.56.61 Taxation and Excise Duty

The Chief Finance Officer shall ensure that the Charity'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.

6.56.62 Tendering and Contract Procedure - Duty to Comply

The procedure for making all contracts by or on behalf of the Trust shall comply with the Standing Orders and Standing Financial Instructions (except where Suspension of Standing Orders is applied).

The Trust shall comply as far as is practicable with the requirements of the Public Contract Regulations 2015, Procurement Act 2023 and the Provider Selection Regime 2023. Department of Health and Social Care "Capital Investment Manual" and "Estate code" 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 and Social Care guidance "The Procurement and Management of Consultants within the NHS".

The Trust should have policies and procedures in place for the control of all tendering activity carried out via e-tendering systems

The Trust should take all reasonable steps to ensure that they give consideration to the Bribery Act 2010 during a tender or contract process. More information can be found in the Trust's Standards of Business Conduct policy.

6.56.63 Formal Competitive Tendering

The Trust shall ensure that competitive tenders are invited for:

- the supply of goods, materials and manufactured articles and

Title:	Corporate Governance Manual		
Document Number:	PD0569	Version:	V2
		Page:	54 of 92

- for the rendering of services including all forms of management consultancy services (other than specialised services sought from or provided by the Department of Health and Social Care);
- for the design, construction and maintenance of building and engineering works (including construction and maintenance of grounds and gardens); and for disposals.

Under the Provider Selection Regime 2023 the Trust is expected to follow procedures, such as tendering, outlined in the regulations, for the supply of healthcare services

Formal tendering procedures are not required where:

- the estimated expenditure or income does not, or is not reasonably expected to, exceed the limit set in the Scheme of Reservation and Delegation, (this figure to be reviewed annually); or
- the supply is proposed under special arrangements negotiated by the Department of Health and Social Care in which event the said special arrangements must be complied with; or
- regarding disposals as set out in Standing Financial Instruction 'Disposals and Condemnations'. As long as not breaching PCR 2025, PA23 or PSR 2023 formal tendering procedures may be waived in the following circumstances:
 - 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;
 - where the requirement is covered by an existing contract;
 - where national agreements are in place and have been approved by the Board of Directors;
 - 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;
 - 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;
 - where specialist expertise is required and is available from only one source;
 - 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;
 - 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;
 - for the provision of legal advice and services providing that any legal firm or partnership commissioned by the Trust is regulated by the Law Society for England and Wales for the conduct of their business (or by the Bar Council for England and Wales in relation to the obtaining of Counsel's opinion) and are generally recognised as having sufficient expertise in the area of work for which they are commissioned.

The Chief Finance Officer will ensure that any fees paid are reasonable and within commonly accepted rates for the costing of such work.

where allowed and provided for in the NHS England Capital guidance*

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.

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.

6.56.64 Fair and Adequate Competition

Where the exceptions set out in within this document 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. If less than two are provided it remains the discretion of the Chief Finance Officer as to proceed. Through a compliant procurement

Title:	Corporate Governance Manual		
Document Number:	PD0569	Version:	V2
		Page:	55 of 92

process there may be cases where we have to accept less than two bids and this will be reviewed on a case by case basis.

6.56.65 List of Approved Firms

The trust will not hold list of approved firms as each contract will be reviewed on most advantageous principles (MAT) on a case by case basis. A pre approved list may be deemed to be anti-competitive.

6.56.66 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.

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 Chief Finance Officer, and be recorded in an appropriate Trust record.

(* Or any successor manual or guidance should that become defunct.)

6.56.67 Contracting/Tendering Procedure

Invitation to tender

- (i) All invitations to tender shall be issued by an e-tendering system that bears an audit trail of when tenders were sent and when they were opened
(Where an e-tendering software package is used the supplier's response will be completed on-line and uploaded into a secure electronic mailbox until the opening time).
- (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 legal requirements and HBN 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 and Social Care guidance and, in minor respects, to cover special features of individual projects.

6.56.68 Receipt and safe custody of tenders

The Chief Executive or their nominated representative will be responsible for the receipt, endorsement and safe custody of tenders received until the time appointed for their opening. Clear audit trails on the e-tendering system will provide evidence of this.

An e-tender system will hold all the tender information and this information must only be accessed by the Procurement team and/or Chief Executive at the appropriate time

Title:	Corporate Governance Manual		
Document Number:	PD0569	Version:	V2
		Page:	56 of 92

6.56.69 Opening tenders and Register of tenders

- (i) As soon as practicable after the date and time stated as being the latest time for the receipt of tenders, they shall be opened on the e- tendering system by the Procurement Department and not those from the originating department. There will be an audit trail of who has opened the tender and when
All actions and communications by both procurement staff and suppliers are recorded within the system audit reports).
- (ii) The 'originating' Department will be taken to mean the department sponsoring or commissioning the tender.
- (iii) The involvement of Finance Department staff in the preparation of a tender proposal will not preclude the Chief Finance Officer or any approved Senior Manager from the Finance Department from serving as one of the two senior managers to open tenders.
- (iv) 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.
- (v) Every tender received shall be marked with the date of opening this will be held within the e-tendering system
- (vi) A register shall be maintained by the Chief Executive, or a person authorised by them, to show for each set of competitive tender invitations despatched:
- 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.
- (vii) 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 their 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. (See also below).

6.56.70 Admissibility

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.

Where only one tender is sought and/or received, the Chief Executive and Chief Finance Officer shall, as far practicable, ensure that the price to be paid is fair and reasonable and will ensure value for money for the Trust.

6.56.71 Late tenders

Unless there are long term e-tendering system issues, late tenders are not to be accepted. If there are long term issues and these have been flagged by the supplier in reasonable time, then there may be grounds for an extension- to all suppliers.

Title:	Corporate Governance Manual		
Document Number:	PD0569	Version:	V2
		Page:	57 of 92

6.56.72 Acceptance of formal tenders

Any discussions with a tenderer which are deemed necessary to clarify technical aspects of their tender before the award of a contract will not disqualify the tender.

Focus should be on the Most Advantageous Tender (as outlined in Procurement Act 23) and not necessarily the lowest cost. If payment is to be received by the Trust the Trust reserves the right to select the supplier of the highest bid, unless there are good and sufficient reasons to the contrary.

A detailed specification and weighting will be applied when issuing tenders and this will outline the acceptance criteria. It is accepted that for professional services such as management consultancy, the lowest price does not always represent the best value for money. Other factors affecting the success of a project include:

- experience and qualifications of team members;
- understanding of client's needs;
- feasibility and credibility of proposed approach;
- ability to complete the project on time.

Where other factors are taken into account in selecting a tenderer, these must be clearly recorded and documented in the contract file, and the reason(s) for not accepting the lowest tender clearly stated.

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.

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.

All tenders should be treated as confidential and should be retained for inspection.

6.56.73 Tender reports to the Board of Directors

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

- (a) Building and Engineering Construction Works
 - (i) Invitations to tender shall be made only to firms included on the approved framework compiled in accordance with this Instruction or on the separate maintenance lists compiled in accordance with legislation and HBN guidance.
 - (ii) tenderers shall ensure that when engaging, training, promoting or dismissing employees or in any conditions of employment, shall not discriminate against any person and must follow all UK legislation on equality
 - (iii) Firms shall conform at least with the requirements of the Health and Safety at Work Act and any amending and/or other related legislation concerned with the health, safety and welfare of workers and other persons, and to any relevant British Standard Code of Practice issued by the British Standard Institution. Firms must provide to the appropriate manager a copy of its safety policy and evidence of the safety of plant and equipment, when requested.

Title:	Corporate Governance Manual		
Document Number:	PD0569	Version:	V2
		Page:	58 of 92

(b) Financial Standing and Technical Competence of Contractors

The Chief Finance Officer may make or institute any enquiries they deems appropriate concerning the financial standing and financial suitability of 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.

6.56.74 Quotations: Competitive and non-competitive

General Position on quotations: Quotations are required where formal tendering procedures are not adopted and where the intended expenditure or income exceeds, or is reasonably expected to exceed the sum defined In the Scheme of Reservation and Delegation.

Competitive Quotations

- (i) In line with the appropriate thresholds, quotations should be obtained from at least 3 firms/individuals based on specifications or terms of reference prepared by, or on behalf of, the Trust.
- (ii) Quotations should be in electronic format where possible. In exceptional circumstances telephone quotes may be obtained but Confirmation of telephone quotations should be obtained as soon as possible and the reasons why the telephone quotation was obtained should be set out in a permanent record.
- (iii) All quotations should be treated as confidential and should be retained for inspection.
- (iv) The Chief Executive or their nominated officer should evaluate the quotation and select the quote which gives the best value for money. If this is not the lowest quotation if payment is to be made by the Trust, or the highest if payment is to be received by the Trust, then the choice made and the reasons why should be recorded in a permanent record.

Non-Competitive Quotations

Non-competitive quotations in writing may be obtained in the following circumstances:

- (i) the supply of proprietary or other goods of a special character and the rendering of services of a special character, for which it is not, in the opinion of the responsible officer, possible or desirable to obtain competitive quotations;
- (ii) the supply of goods or manufactured articles of any kind which are required quickly and are not obtainable under existing contracts;
- (iii) miscellaneous services, supplies and disposals;
- (iv) where the goods or services are for building and engineering maintenance the responsible works manager must certify that the first two conditions of this SFI (i.e.: (i) and (ii) of this SFI) apply.

All Contracts awarded will need to be reported in line with PA23 Quotations to be within Financial Limits. 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 Standing Financial Instructions except with the authorisation of either the Chief Executive or Chief Finance Officer.

6.56.75 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 staff as defined in the Scheme of Reservation and Delegation. These levels of authorisation may be varied

Title:	Corporate Governance Manual		
Document Number:	PD0569	Version:	V2
		Page:	59 of 92

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

6.56.76 Instances where formal competitive tendering or competitive quotation is not required

Where competitive tendering or a competitive quotation is not required the Trust should adopt one of the following alternatives:

- (a) The Trust shall use an NHSE approved framework for procurement of all goods and services unless the Chief Executive or nominated officers deem it inappropriate. The decision to use alternative sources must be documented.
- (b) If the Trust does not use an NHSE approved framework - where tenders or quotations are not required, because expenditure is below the levels defined in the Scheme of Reservation and Delegation, the Trust shall procure goods and services in accordance with procurement procedures approved by the Chief Finance Officer.

6.56.77 Private Finance for capital procurement (see overlap with SFI)

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 and Social Care 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.

6.56.78 Compliance requirements for all contracts

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) PCR 2015, PA23 PSR 2023 and other statutory provisions;
- (c) any relevant directions including the NHS England Capital guidance, Estatecode and guidance on the Procurement and Management of Consultants;
- (d) NHS Standard Contract Conditions as are applicable.
- (e) 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) 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.
- (h) The Trust's Standards of Business Conduct policy.

6.56.79 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.

Title:	Corporate Governance Manual		
Document Number:	PD0569	Version:	V2
		Page:	60 of 92

6.56.80 Healthcare Services Agreements (see overlap with SFI)

Service agreements with NHS providers for the supply of healthcare services shall be drawn up in accordance with the PSR 2023. Such service agreements are not contracts in law and therefore not enforceable by the courts. However, a contract with a Foundation Trust, being a Public Benefits Corporation, 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 of Directors (refer to Scheme of Reservation and Delegation).

6.56.81 Disposals (See overlap with SFI Condemnations and Disposals)

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 their 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 that defined on the Scheme of Delegation, 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.

6.56.82 In-house Services

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.

In all cases where the Board of Directors determines that in-house services should be subject to competitive tendering the following groups shall be set up:

- (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 Chief Finance Officer representative.

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.

The evaluation team shall make recommendations to the Board of Directors.

The Chief Executive shall nominate an officer to oversee and manage the contract on behalf of the Trust.

6.56.83 Applicability of SFIs on Tendering and Contracting to funds held in trust (see overlap with SFI)

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.

Title:	Corporate Governance Manual		
Document Number:	PD0569	Version:	V2
		Page:	61 of 92

6.56.84 Acceptance of Gifts and Hospitality by Staff

The Chief Finance Officer shall ensure that all staff are made aware of the Trust policy on acceptance of gifts, hospitality and other benefits in kind received by staff. This policy should follow the guidance contained in the June 2017 NHS England guidance on managing conflicts of interest in the NHS and is also deemed to be an integral part of the Standing Orders and Standing Financial Instructions.

Refer also to Standing Orders and Standards of Business Conduct (incorporating Managing Conflicts of Interest in the NHS) policy.

6.56.85 Retention of documents

All NHS records are public records under the terms of the Public Records Act 1958 section 3 (1) – (2). The Secretary of State for Health and all NHS organisations have a duty under this Act to make arrangements for the safe keeping and eventual disposal of all types of records. In addition, the requirements of the Data Protection Act 1998 and the Freedom of Information Act 2000 must be achieved.

The Chief Executive and senior managers are personally accountable for records management within the organisation. Additionally, the organisation is required to take positive ownership of, and responsibility for, the records legacy of predecessor organisations and / or obsolete services. Under the Public Records Act all NHS employees are responsible for any records that they create or use in the course of their duties. Thus any records created by an employee of the NHS are public records and may be subject to both legal and professional obligations.

The Chief Executive shall be responsible for maintaining archives for all documents required to be retained under the direction contained in Department of Health and Social Care guidance, Records Management Code of Practice.

Types of Record Covered by the Code of Practice - The guidelines apply to NHS records of all types (including records of NHS patients treated on behalf of the NHS in the private healthcare sector) regardless of the media on which they are held:

- Patient health records (electronic or paper based)
- Records of private patients seen on NHS premises;
- Accident and emergency, birth and all other registers;
- Theatre registers and minor operations (and other related) registers;
- Administrative records (including e.g. personnel, estates, financial and accounting records, notes associated with complaint-handling);
- X-ray and imaging reports, output and other images;
- Photographs, slides and other images;
- Microform (i.e. fiche / film)
- Audio and video tapes, cassettes, CD-ROM etc.
- Emails;
- Computerised records;
- Scanned records;
- Text messages (both out-going from the NHS and in-coming responses from the patient)

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

Documents held in accordance with the Records Management Code of Practice shall only be destroyed at the express instigation of the Chief Executive, records shall be maintained of documents so destroyed.

Title:	Corporate Governance Manual		
Document Number:	PD0569	Version:	V2
		Page:	62 of 92

6.56.86 Risk Management

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

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 a statement on the effectiveness of internal control within the Annual Report and Accounts as required by current Department of Health and Social Care guidance.

6.56.87 Insurance: Risk Pooling Schemes administered by NHS Resolution

The Board shall decide if the Trust will insure through the risk pooling schemes administered by NHS Resolution 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.

6.56.88 Insurance arrangements with commercial insurers

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 NHS Resolution. In any case of doubt concerning a Trust's powers to enter into commercial insurance arrangements the Chief Finance Officer should consult the Department of Health and Social Care.

6.57 Scheme of Reservation and Delegation of Powers

Title:	Corporate Governance Manual		
Document Number:	PD0569	Version:	V2
		Page:	63 of 92

DELEGATED MATTERS

Delegated Matter
STANDING ORDERS/STANDING FINANCIAL INSTRUCTIONS

TABLE A

Delegated Matter	Reference No.
AUDIT ARRANGEMENTS AUTHORITY OF CLINICAL TRIALS	1
AUTHORITY OF NEW DRUGS	2
BANK/GBS ACCOUNTS (EXCL CHARITABLE FUND ACCOUNTS) CAPITAL INVESTMENT	3
CLINICAL AUDIT COMMERCIAL SPONSORSHIP	4
COMPLAINTS (PATIENTS & RELATIVES) CONFIDENTIAL INFORMATION	5
DATA PROTECTION ACT DECLARATION OF INTERESTS DISPOSAL AND CONDEMNATIONS ENVIRONMENTAL REGULATIONS EXTERNAL BORROWING	6
FINANCIAL PLANNING/BUDGETARY RESPONSIBILITY FINANCIAL PROCEDURES	7
FIRE PRECAUTIONS FIXED ASSETS FRAUD	8
FUNDS HELD ON TRUST HEALTH & SAFETY HOSPITALITY/ GIFTS	9
INFECTIOUS DISEASES & NOTIFIABLE OUTBREAKS IM&T	10
LEGAL PROCEEDINGS	11
LOSSES, WRITE-OFFS & COMPENSATION MEETINGS	12
MEDICAL	13
NON PAY EXPENDITURE NURSING	14
PATIENTS SERVICES AGREEMENTS PATIENTS' PROPERTY PERSONNEL & PAY	15
QUOTATIONS, TENDERING & CONTRACT PROCEDURES RECORDS	16
REPORTING INCIDENTS TO THE POLICE RISK MANAGEMENT	17
SEAL	18
SECURITY MANAGEMENT	19
SETTING OF FEES & CHARGES STORES AND RECEIPT OF GOODS	20
	21
	22
	23

TABLE B - DELEGATED FINANCIAL LIMITS

Title:	Corporate Governance Manual		
Document Number:	PD0569	Version:	V2
		Page:	64 of 92

Delegated Limit	Reference No.
Charitable Funds	1
Gifts and Hospitality	2
Litigation Claims	3
Losses and Special Payments	4
Petty Cash Disbursements	5
Requisitioning Goods And Services, Contract Awards and Invoice Approvals	6
General Points	6.1
Agency Staff	6.2
Capital Expenditure	6.3
Removal Expenses	6.4
Quotations and Tenders	7
Virement	8

6.58 Reservation of Powers

The Standing Orders provides that "The Board of Directors may delegate any of its powers to a committee of Directors or to an executive Director". The Code of Accountability also requires that there should be a formal schedule of matters specifically reserved to the Trust.

The purpose of this document is to detail how the powers are reserved to the Board of Directors, while at the same time delegating to the appropriate level the detailed application of Trust policies and procedures. However, the Board of Directors remains accountable for all of its functions, even those delegated to committees, sub committees, individual directors or officers and would therefore expect to receive information about the exercise of delegated functions to enable it to maintain a monitoring role.

6.59 Role of the Chief Executive

All powers of the Trust which have not been retained as reserved by the Board of Directors or delegated to an executive committee or sub-committee shall be exercised on behalf of the Board of Directors by the Chief Executive. The Chief Executive shall prepare a Scheme of Delegation identifying which functions they shall perform personally and which functions have been delegated to other directors and officers for operational responsibility.

All powers delegated by the Chief Executive can be re-assumed by them should the need arise.

As Accountable Officer the Chief Executive is accountable to the Accounting Officer of the Department of Health and Social Care for the funds devolved to the Trust.

6.60 Caution over the Use of Delegated Powers

Powers are delegated to directors and officers on the understanding that they would not exercise delegated powers in a manner which in their judgement was likely to be a cause for public concern.

6.61 Absence of Directors or Officer to Whom Powers have been Delegated

In the absence of a director or officer to whom powers have been delegated those powers shall be exercised by that director or officer's superior unless alternative arrangements have been approved by the Board of Directors. If the Chief Executive is absent powers delegated to them may be exercised by the nominated officer acting in their absence after taking appropriate advice from the Chief Finance Officer.

If it becomes clear to the Board of Directors that the Accounting Officer is incapacitated and will be unable to discharge their responsibilities over a period of four weeks or more, the Board of Directors should appoint an acting Accounting Officer, usually the Chief Finance Officer, pending the Accounting Officers return. The same applies if, exceptionally, the Accounting Officer plans an absence of more than four weeks during which they cannot be contacted.

6.62 Reservation of Powers to the Board of Directors – Accountability

The Code of Conduct and Accountability which has been adopted by the Trust requires the Board of Directors to determine those matters on which decisions are reserved unto itself. Board members share corporate responsibility for all decisions of the Board. These reserved matters are set out below.

6.63 Duties

It is the Board's duty to:

Title:	Corporate Governance Manual		
Document Number:	PD0569	Version:	V2
		Page:	66 of 92

- act within statutory financial and other constraints;
- be clear what decisions and information are appropriate to the Board of Directors and draw up Standing Orders, a schedule of decisions reserved to the Board and Standing Financial Instructions to reflect these,
- 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;
- establish performance and quality measures that maintain the effective use of resources and provide value for money;
- specify its requirements in organising and presenting financial and other information succinctly and efficiently to ensure the Board can fully undertake its responsibilities;
- establish Audit and 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.

6.64 General Enabling Provision

The Board of Directors may determine any matter, for which it has authority, it wishes in full session within its statutory powers.

6.65 Regulations and Control

The Trust Board remains accountable for all of its functions, even those delegated to individual committees, sub-committees, directors or officers and would therefore expect to receive information about the exercise of delegated functions to enable it is maintain a monitoring role. These following are decisions reserved to the board powers reserved to the Board generally represent matters for which it is held accountable to the Secretary of State,

while at the same time delegating to the appropriate level the detailed application of Trust policies and procedures. However, the Board remains accountable for all of its functions, even those delegated to individual sub- committees, directors or officers and would therefore expect to receive information about the exercise of delegated functions to enable it to maintain a monitoring role.

- Approval of Standing Orders (SOs), a schedule of matters reserved to the Board of Directors and Standing Financial Instructions for the regulation of its proceedings and business.
- Suspend Standing Orders.
- Vary or amend the Standing Orders.
- Ratification of any urgent decisions taken by the Chair and Chief Executive in public session in accordance with the Standing Orders.
- Approval of a scheme of delegation of powers from the Board of Directors to Committees.
- Requiring and receiving the declaration of Board members' interests which may conflict with those of the Trust and determining the extent to which that director may remain involved with the matter under consideration (see Standards of Business Conduct policy)
- Requiring and receiving the declaration of officers' interests which may conflict with those of the Trust (see Standards of Business Conduct policy).
- Approval of arrangements for dealing with complaints.
- Adoption of the organisational structures, processes and procedures to facilitate the discharge of business by the Trust and to agree modifications thereto.
- To receive reports from committees including those which the Trust is required by the Constitution and the Health and Social Care (Community Health and Standards) Act 2003 superseded by the NHS (Consolidation) Act 2006 or other regulation to establish and to take appropriate action thereon.
- To confirm the recommendations of the Trust's committees where the committees do not have executive powers.

Title:	Corporate Governance Manual		
Document Number:	PD0569	Version:	V2
		Page:	67 of 92

- Approval of arrangements relating to the discharge of the Trust's responsibilities as a corporate trustee for funds held on trust.
- To establish terms of reference and reporting arrangements of all committees and sub-committees that are established by the Board of Directors.
- Approval of arrangements relating to the discharge of the Trust's responsibilities as a bailer for patients' property.
- Authorise use of the seal.
- Ratify or otherwise instances of failure to comply with Standing Orders brought to the Chief Executive's attention in accordance with Standing Orders.
- Disciplining Board members' or employees who are in breach of Statutory Requirements or Standing Orders.
- Approval of the Trust's Major Incident Plan.

6.66 Appointments / Dismissal

Appoint of the Vice Chair of the Board of Directors.

- The appointment and dismissal of committees (and individual members) that are directly accountable to the Board of Directors.
- The appointment, appraisal, disciplining and dismissal of Executive Directors and disciplinary procedures of the Trust.
- Confirm the appointment of members of any committee of the Trust or the appointment of representatives on outside bodies.
- The ratification of appointment of senior medical staff.
- Approve proposals received from the Remuneration Committee regarding the Chief Executive, Directors and senior employees.

6.67 Policy Determination

The approval of Trust management policies including:

- Human Resources policies incorporating the arrangements for the appointment, removal and remuneration of staff.
- Approve procedure for declaration of hospitality and sponsorship.
- Ensure proper and widely publicised procedures for voicing complaints, concerns about misadministration, breaches of Code of Conduct, and other ethical concerns.
- Approve a list of employees authorised to make short term borrowings on behalf of the Trust.

6.68 Strategy and Business Plans and Budgets

Definition of the strategic aims and objectives of the Trust.

- 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.
- Approval and monitoring of the Trust's policies and procedures for the management of risk.
- Approval annually of plans in respect of the application of available financial resources.
- Overall approval of programmes of investment to guide the letting of contracts for the supply of clinical services.
- Approve Outline and Final Business Cases for Capital Investment.
- Approve budgets.
- Approve annually Trust's proposed business plan
- Ratify proposals for acquisition, disposal or change of use of land and/or buildings
- Approve PFI proposals.
- Approve proposals on individual contracts, including purchase orders (other than NHS contracts) of a capital or revenue nature amounting to, or likely to amount to over £750,000 per annum or £2,000,000 in total if the period of the contract is longer than 3 years.

Title:	Corporate Governance Manual		
Document Number:	PD0569	Version:	V2
Page:	68 of 92		

- 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 Chief Finance Officer.
- Approve proposals for action on litigation against or on behalf of the Trust where the likely financial impact is expected to exceed £10,000 or contentious or novel or likely to lead to extreme adverse publicity, excluding claims covered by the NHS risk pooling schemes.
- Review use of NHS risk pooling schemes.
- Approve the opening of bank accounts.
- Approve individual compensation payments.

6.69 Audit Arrangements

To approve audit arrangements (including arrangements for separate audit of funds held on trust) and receive reports of the Audit Committee meetings and take appropriate action:

- Receive 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.
- Receive an annual report from the Internal Auditor and agree action on recommendations where appropriate of the Audit Committee.

6.70 Delegation to Committees

The Board of Directors may determine that certain of its powers shall be exercised by Standing Committees. The composition and terms of reference of such committees shall be that determined by the Board of Directors from time to time taking into account where necessary the requirements of the Secretary of State and/or the Charity Commissioners (including the need to appoint an Audit Committee and a Remuneration and Terms of Service Committee). The Board of Directors shall determine the reporting requirements in respect of these committees. In accordance with the Standing Orders committees may not delegate executive powers to sub-committees unless expressly authorised by the Board of Directors.

6.71 Delegation to Officers

Standing Orders and Standing Financial Instructions set out in some detail the financial responsibilities of the Chief Executive, the Chief Finance Officer and other directors. These responsibilities are summarised below. The following responsibilities are defined through the Accountable Officer Memorandum:

- Chief Executive:
- Accountable through NHS Accounting Officer to Parliament for stewardship of Trust resource.
- 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.
- Ensures effective management systems that safeguard public funds and assist the Trust Chair to implement requirements of corporate governance including ensuring managers:
- 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 the best use of resources.
- Have the information, training and access to the expert advice they need to exercise their responsibilities effectively.
- 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 National Audit Office.
- Ensuring that expenditure by the Trust complies with Parliamentary requirements.
- If the Chief Executive considers the Board or Chair is doing something that might infringe probity or regularity, he/she should set this out in writing to the Chair and the Board. If the matter is

Title:	Corporate Governance Manual		
Document Number:	PD0569	Version:	V2
		Page:	69 of 92

unresolved, he/she should ask the Audit Committee to inquire and if necessary contact NHS England and the DHSC.

- If the Board is contemplating a course of action that raises an issue not of formal propriety or regularity but affects the Chief Executive's responsibility for value for money, the Chief Executive should draw the relevant factors to the attention of the Board. If the outcome is an overrule it is normally sufficient to ensure that advice and the overruling of it are clearly apparent from the papers. Exceptionally, the Chief Executive should inform NHS England and the DHSC. In such cases, and in those described above the Chief Executive should as a member of the Board vote against the course of action rather than merely abstain from voting.

Delegated matters in respect of decisions which may have a far reaching effect must be reported to the Chief Executive. The 'Delegated to' authority is in accordance with the: Standing Orders and Standing Financial Instructions. The 'Operational Responsibility' shown below is the lowest level to which authority is delegated.

Table A - Delegated Authority,

Table B - Delegated Financial Limits,

Delegation to lower levels is only permitted with written approval of the Chief Executive who will, before authorising such delegation, consult with other Senior Managers as appropriate. All items concerning Finance must be carried out in accordance with Standing Financial Instructions and Standing Orders.

6.72 Delegated Authority

If the Chief Executive is absent powers delegated to them may be exercised by the nominated officer(s) acting in their absence after taking appropriate financial advice, two directors will be required to ratify any decisions within the Chief Executive's thresholds.

DELEGATED MATTER	DELEGATED TO <i>i</i>	OPERATIONAL RESPONSIBILITY
1. Standing Orders/Standing Financial Instructions		
a) Final authority in interpretation of Standing Orders	Chair	Chair
b) Notifying Directors and employees of their responsibilities within the Standing Orders and Standing Financial Instructions and ensuring that they understand the responsibilities	Chief Executive	All Line Managers
c) Responsibility for security of the Trust's property, avoiding loss, exercising economy and efficiency in using resources and conforming with Standing Orders, Financial instructions and financial procedures	Chief Executive	All Directors and Employees
d) Suspension of Standing Orders	Board of Directors	Board of Directors
e) Review suspension of Standing Orders	Audit Committee	Audit Committee
f) Variation or amendment to Standing Orders	Board of Directors	Board of Directors

Title:	Corporate Governance Manual		
Document Number:	PD0569	Version:	V2
		Page:	70 of 92

DELEGATED MATTER	DELEGATED TO <i>1</i>	OPERATIONAL RESPONSIBILITY
g) Emergency powers relating to the authorities retained by the Board of Directors.	Chair and Chief Executive with two non-executives	Chair and Chief Executive with two non-executives
h) Disclosure of non-compliance with Standing Orders to the Chief Executive (report to the Board of Directors).	All staff	All staff
i) Disclosure of non-compliance with SFIs to the Chief Finance Officer (report to the Audit Committee)	All staff	All staff
j) Advice on interpretation or application of SFIs and this Scheme of Delegation	Chief Finance Officer	Chief Finance Officer /Internal Audit

Table A - Delegated Matters

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
1. Audit Arrangements		
a) To make recommendations to the Board of Directors in respect of the appointment, re- appointment and removal of the external auditor and to approve the remuneration in respect of the external auditor.	Auditor Panel (for recommendation to the Board of Directors for approval).	Chief Finance Officer
b) Monitor and review the effectiveness of the external and internal audit function.	Auditor Panel	Chief Finance Officer
c) Review, appraise and report in accordance with Government Internal Audit Standards (GIAS) and best practice.	Audit Committee	Head of Internal Audit
d) Provide an independent and objective view on internal control and probity.	Audit Committee	Internal Audit / External Audit
e) Ensure cost-effective audit service	Auditor Panel	Chief Finance Officer
f) Implement audit recommendations	Chief Executive	Relevant Officers
2. Authorisation of Clinical Trials & Research Projects		
	Chief Executive	Chief Medical Officer or Director responsible for Research
3. Authorisation of New Drugs		
	Chief Executive	Drugs and Therapeutics Group
4. Bank/GBS Accounts/Cash (Excluding Charitable Fund (Funds Held on Trust) Accounts)		
a) Operation:	Chief Finance Officer	Deputy Director of Finance and Information /Assistant Director of Finance (Financial Services)
• Managing banking arrangements and operation of bank accounts (Board of Directors approves arrangements)		
• Opening bank accounts	Chief Finance Officer	Chief Finance Officer
• Authorisation of transfers between Trust bank accounts	Chief Finance Officer	To be completed in accordance with bank mandate/internal procedures
• Approve and apply arrangements for the electronic transfer of funds	Chief Finance Officer	To be completed in accordance with bank mandate/internal procedures
• Authorisation of: <ul style="list-style-type: none"> - GBS schedules - BACS schedules - Automated cheque schedules - Manual cheques 	Chief Finance Officer	To be completed in accordance with bank mandate/internal procedures
b) Investments:	Chief Finance Officer	Deputy Director of Finance and Information /Assistant Director of Finance (Financial Services)
• Investment of surplus funds in accordance with the Trusts investment policy		
• Preparation of an investment procedures	Chief Finance Officer	Deputy Director of Finance and Information /Assistant Director of Finance (Financial Services)
c) Petty Cash	Chief Finance Officer	Refer To Table B Delegated Limits
5. Capital Investment		
a) Programme:	Chief Executive	Chief Finance Officer
• Ensure that there is adequate appraisal and approval process for determining capital expenditure priorities and the effect that each has on business plans / Service development Strategy		
• Preparation of Capital Investment Programme	Chief Executive	Chief Finance Officer
• Preparation of a business case	Chief Executive	Chief Operating Officer (with advice from Management Accountants)

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
<ul style="list-style-type: none"> Financial monitoring and reporting on all capital scheme expenditure including variations to contract 	Chief Finance Officer	Deputy Director of Finance and Information /Assistant Director of Finance (Financial Services)
<ul style="list-style-type: none"> Authorisation of capital requisitions 	Chief Executive	Refer to Table B Delegated Limits
<ul style="list-style-type: none"> Assessing the requirements for the operation of the construction industry taxation deduction scheme. 	Chief Finance Officer	Deputy Director of Finance and Information /Assistant Director of Finance (Financial Services)
<ul style="list-style-type: none"> Responsible for the management of capital schemes and for ensuring that they are delivered on time and within cost. 	Chief Executive	Chief Finance Officer / Deputy Director of Finance and Information
<ul style="list-style-type: none"> Ensure that capital investment is not undertaken without availability of resources to finance all revenue consequences. <ul style="list-style-type: none"> Issue procedures to support: <ul style="list-style-type: none"> capital investment Staged payments 	Chief Executive	Chief Finance Officer
<ul style="list-style-type: none"> Issue procedures governing financial management, including variation to contract, of capital investment projects and valuation for accounting purposes. 	Chief Finance Officer	Deputy Director of Finance and Information /Assistant Director of Finance (Financial Services)
<ul style="list-style-type: none"> Issuing the capital scheme project manager with specific authority to commit capital, proceed / accept tenders in accordance with the SO's and SF's 	Chief Executive	Chief Finance Officer
b) Private Finance: <ul style="list-style-type: none"> Demonstrate that the use of private finance represents best value for money and transfers risk to the private sector. Proposal to use PFI must be specifically agreed by the Board of Directors 	Chief Executive	Chief Finance Officer
c) Leases (property and equipment) <ul style="list-style-type: none"> Granting and termination of leases with Annual rent < £100k Granting and termination of leases of > £100k should be reported to the Board of Directors 	Chief Executive Board of Directors	Chief Finance Officer Chief Executive / Chief Finance Officer
6. Clinical Audit	Chief Executive	Chief Medical Officer
7. Commercial Sponsorship		
<ul style="list-style-type: none"> Agreement to proposal 	Chief Executive	Directors/ Divisional Directors of Operations/ Heads of Department. Approval and registration in line with Trust Standards of Business Conduct.
8. Complaints (Patients & Relatives)		
a) Overall responsibility for ensuring that all complaints are dealt with effectively	Chief Executive	Head of Complaints & Claims
b) Responsibility for ensuring complaints relating to a division / department are investigated thoroughly.	Chief Executive	Divisional Director of Operations
c) Medico - Legal Complaints Coordination of their management.	Chief Executive	Head of Legal Services
9. Confidential Information		
Review of the Trust's compliance with the Caldicott report on protecting patients' confidentiality in the NHS	Chief Executive	Director of IM & T
Freedom of Information Act compliance code	Chief Executive	Director of IM & T
10. Data Protection Act		
a) Review of Trust's compliance	Chief Executive	Director of IM & T
11. Declaration of Interest		
<ul style="list-style-type: none"> Maintaining a register of interests 	Chief Executive	Chief Finance Officer
<ul style="list-style-type: none"> Declaring relevant and material interest 	Board of Directors	Board of Directors /Senior Managers / Other employees who can influence expenditure decisions
12. Disposal and Condemnations		
<ul style="list-style-type: none"> Items obsolete, redundant, irreparable or cannot be repaired cost effectively 	Chief Finance Officer	Deputy Director of Estates/ Deputy Director of Procurement/ Heads of

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
<ul style="list-style-type: none"> Develop arrangements for the sale of assets 		Department in accordance with agreed policy Refer to Table B Delegated Limits
<ul style="list-style-type: none"> Disposal of Protected Property (as defined in the Terms of Authorisation) 	Chief Executive (with authorisation of the Independent Regulator)	Chief Executive
13. Environmental Regulations		
Review of compliance with environmental regulations, for example those relating to clean air and waste disposal	Chief Executive	Director of Corporate Services
14. External Borrowing		
a) Advise Trust Board of the requirements to repay / draw down Public Dividend Capital.	Chief Finance Officer	Deputy Director of Finance and Information /Assistant Director of Finance (Financial Services)
b) Approve a list of employees authorised to make short term borrowings on behalf of the Trust.	Board	Chief Executive, Chief Finance Officer
c) Application for draw down of Public Dividend Capital, overdrafts and other forms of external borrowing.	Chief Executive / Chief Finance Officer	Chief Finance Officer
d) Preparation of procedural instructions concerning applications for loans and overdrafts.	Chief Finance Officer	Deputy Director of Finance and Information /Assistant Director of Finance (Financial Services)
15. Financial Planning / Budgetary Responsibility		
a) Setting:		
<ul style="list-style-type: none"> Submit budgets to the Trust Board 	Chief Finance Officer	Deputy Director of Finance and Information
<ul style="list-style-type: none"> Submit to Board financial estimates and forecasts 	Chief Executive	Chief Finance Officer
<ul style="list-style-type: none"> Compile and submit to the Board a business plan/Service Development Strategy (SDS) which takes into account financial targets and forecast limits of available resources. The Business Plan/SDS 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. 	Chief Executive	Chief Finance Officer
b) Monitoring: <ul style="list-style-type: none"> Devise and maintain systems of budgetary control. 	Chief Finance Officer	Deputy Director of Finance and Information
<ul style="list-style-type: none"> Monitor performance against budget 	Chief Finance Officer	Deputy Director of Finance and Information / Assistant Director of Finance (Financial Management)
<ul style="list-style-type: none"> Delegate budgets to budget holders 	Chief Executive	Chief Finance Officer
<ul style="list-style-type: none"> Ensuring adequate training is delivered to budget holders to facilitate their management of the allocated budget. 	Chief Finance Officer	Deputy Director of Finance and Information / Assistant Director of Finance (Financial Management)
<ul style="list-style-type: none"> Submit in accordance with the Independent Regulator's requirements for financial monitoring returns 	Chief Executive	Chief Finance Officer
<ul style="list-style-type: none"> Identify and implement cost improvements and income generation activities in line with the Business Plan 	Chief Executive	All budget holders
<ul style="list-style-type: none"> Preparation of Annual Accounts 	Chief Finance Officer	Deputy Director of Finance and Information /Assistant Director of Finance (Financial Services)
<ul style="list-style-type: none"> Preparation of Annual Report 	Chief Executive	Chief Finance Officer /Director of Corporate Affairs
<ul style="list-style-type: none"> Approval/adoption of accounts and annual report 	Audit Committee (on behalf of the Trust Board unless submission deadlines permit the Trust Board to do this directly)	Chief Finance Officer
c) Budget Responsibilities Ensure that	Chief Finance Officer	Budget Holders

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
<ul style="list-style-type: none"> no overspend or reduction of income that cannot be met from virement is incurred without prior consent of Board; approved budget is not used for any other than specified purpose subject to rules of virement; no permanent employees are appointed without the approval of the Chief Executive other than those provided for within available resources and manpower <p>establishment.</p>		
d) Authorisation of Virement: It is not possible for any officer to vire from non- recurring headings to recurring budgets or from capital to revenue / revenue to capital. Virement between different budget holders requires the agreement of both parties.	Chief Executive	
16. Financial Procedures and Systems		
a) Maintenance & Update on Trust Financial Procedures	Chief Finance Officer	
b) Responsibilities:- <ul style="list-style-type: none"> Implement Trust's financial policies and co-ordinate corrective action. Ensure that adequate records are maintained to explain Trust's transactions and financial position. Providing financial advice to members of the Board of Directors and staff. Ensure that appropriate statutory records are maintained. <p>Designing and maintaining compliance with all financial systems</p>	Chief Finance Officer	
17. Fire precautions <ul style="list-style-type: none"> Ensure that the Fire Precautions and prevention policies and procedures are adequate and that fire safety and integrity of the estate is intact. 	Chief Executive	Director of Corporate Services
18. Fixed Assets		
a) Maintenance of asset register including asset identification and monitoring	Chief Executive	Deputy Director of Finance and Information /Assistant Director of Finance (Financial Services)
b) Ensuring arrangements for financial control and financial audit of building and engineering contracts and property transactions comply with CONCODE and ESTATECODE.	Chief Finance Officer	Director of Corporate Services
c) Calculate depreciation in accordance with the guidance from the Department of Health and Social Care.	Chief Finance Officer	Deputy Director of Finance and Information /Assistant Director of Finance (Financial Services)
d) Responsibility for security of Trust's assets including notifying discrepancies to the Chief Finance Officer and reporting losses in accordance with Trust's procedures	Chief Executive	All staff
19. Fraud (see also 26, 36)		
a) Monitor and ensure compliance with the NHS Counter Fraud Authority Standards for Providers including the appointment of the Local Counter Fraud Specialist.	Chief Executive and Director of Finance and Information	Local Counter Fraud Specialist.
b) Notify NHS Protect and External Audit of all suspected Frauds	Chief Finance Officer	Local Counter Fraud Specialist.
20. Funds held on Trust (Charitable and Non-Charitable Funds)		

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
a) Management: <ul style="list-style-type: none"> Funds held on trust are managed appropriately. 	Charitable Trust Funds Committee	Chief Finance Officer / Deputy Director of Finance and Information / Assistant Director of Finance (Financial Services)
b) Maintenance of authorised signatory list of nominated fund holders.	Chief Finance Officer	Deputy Director of Finance and Information /Assistant Director of Finance (Financial Services)
c) Expenditure Limits	Chief Finance Officer	Refer To Table B Delegated Limits
d) Developing systems for receiving donations	Chief Finance Officer	Deputy Director of Finance and Information /Assistant Director of Finance (Financial Services)
e) Dealing with legacies	Chief Finance Officer	Deputy Director of Finance and Information /Assistant Director of Finance (Financial Services)
f) Fundraising Appeals	Charitable Trust Funds Committee	Deputy Director of Finance and Information /Assistant Director of Finance (Financial Services)
<ul style="list-style-type: none"> Preparation and monitoring of budget 	Chief Finance Officer	Deputy Director of Finance and Information /Assistant Director of Finance (Financial Services)
<ul style="list-style-type: none"> Reporting progress and performance against budget. 	Chief Finance Officer	Deputy Director of Finance and Information /Assistant Director of Finance (Financial Services)
g) Operation of Bank Accounts: <ul style="list-style-type: none"> Managing banking arrangements and 	Chief Finance Officer	Deputy Director of Finance and Information /Assistant
<ul style="list-style-type: none"> operation of bank accounts 		Director of Finance (Financial Services)
<ul style="list-style-type: none"> Opening bank accounts 	Chief Finance Officer	Chief Finance Officer
h) Investments: <ul style="list-style-type: none"> Nominating deposit taker 	Charitable Trust Funds Committee	Chief Finance Officer
<ul style="list-style-type: none"> Placing transactions 	Chief Finance Officer	Chief Finance Officer / Investment Broker
i) Regulation of funds with Charities Commission	Chief Finance Officer	Deputy Director of Finance and Information / Assistant Director of Finance (Financial Services)
21. Health and Safety		
Review of all statutory compliance with legislation and Health and Safety requirements including control of Substances Hazardous to Health Regulations	Chief Executive	Director of Corporate Services
22. Hospitality/Gifts		
a) Keeping of hospitality register	Chief Executive	Chief Finance Officer
b) Applies to both individual and collective hospitality receipt items. See Table B – “Delegated Financial Limits” for limits.		All staff declaration required in Trust’s Hospitality Register
23. Infectious Diseases & Notifiable Outbreaks		
24. Information Management & Technology		
Financial Systems <ul style="list-style-type: none"> Developing financial systems in accordance with the Trust’s IM&T Strategy. Implementing new systems ensure they are developed in a controlled manner and thoroughly tested. Seeking third party assurances regarding financial systems operated externally. 	Chief Finance Officer	Deputy Director of Finance and Information /Assistant Director of Finance (Financial Services)

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
<ul style="list-style-type: none"> Ensure that contracts for computer services for financial applications define responsibility re security, privacy, accuracy, completeness and timeliness of data during processing and storage. 	Chief Finance Officer	Chief Finance Officer / Director of Informatics
<ul style="list-style-type: none"> Ensure that risks to the Trust from use of IT are identified and considered and that disaster recovery plans are in place. 	Chief Finance Officer	Director of Informatics
25. Legal Proceedings		
a) Engagement of Trust's Solicitors / Legal Advisors	Chief Executive	Chief Executive
b) Approve and sign all documents which will be necessary in legal proceedings, i.e. executed as a deed.	Chief Executive	Executive Director
c) Sign on behalf of the Trust any agreement or document not requested to be executed as a deed.	Chief Executive	Executive Director
26. Losses, Write-Off & Compensation		
a) Prepare procedures for recording and accounting for losses and special payments including preparation of an Anti-Fraud, Bribery and Corruption Policy and informing the NHS Counter Fraud Authority of alleged frauds	Chief Executive	Chief Finance Officer
<u>Losses</u> Losses of cash due to theft, fraud, overpayment & others.		
Fruitless payments (including abandoned Capital Schemes)		
Bad debts and claims abandoned.		
Damage to buildings, fittings, furniture and equipment and loss of equipment and property in stores and in use due to Culpable causes (e.g. fraud, theft, arson).		
Reviewing appropriate requirement for insurance claims	Chief Finance Officer	
d) A register of all of the payments should be maintained by the Finance Department and made available for inspection	Chief Finance Officer	Deputy Director of Finance and Information /Assistant Director of Finance (Financial Services)
e) A report of all of the above payments should be presented to the Audit Committee	Chief Finance Officer	Deputy Director of Finance and Information /Assistant Director of Finance (Financial Services)
<u>Special Payments</u> Compensation payments by Court Order	Chief Executive	Above Excess – NHS Resolution Below Excess – Chief Executive
Ex-Gratia Payments:-		
To patients/staff for loss of personal effects		Chief Finance Officer
For clinical negligence after legal advice		Chief Medical Officer / Chief Finance Officer
For personal injury after legal advice		Chief Medical Officer / Chief Finance Officer
Other clinical negligence and personal injury		Chief Medical Officer / Chief Finance Officer
Other ex-gratia payments		Chief Finance Officer
27. Meetings		
a) Calling meetings of the Trust Board	Chair	Chair
b) Chair all Trust Board meetings and associated responsibilities	Chair	Chair
28. Medical		

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
<ul style="list-style-type: none"> Clinical Governance arrangements 	Chief Medical Officer / Nursing Director	Chief Medical Officer / Nursing Director
<ul style="list-style-type: none"> Medical Leadership 	Chief Medical Officer	Chief Medical Officer
<ul style="list-style-type: none"> Programmes of medical education 	Chief Medical Officer	Chief Medical Officer
<ul style="list-style-type: none"> Medical staffing plans 	Chief Medical Officer	Chief Medical Officer
<ul style="list-style-type: none"> Medical Research 	Chief Medical Officer	Chief Medical Officer
29. Non-Pay Expenditure		
a) Maintenance of a list of managers authorised to place requisitions/orders and accept goods in accordance with Table B	Chief Executive	Chief Finance Officer
b) Obtain the best value for money when requisitioning goods / services	Chief Executive	Deputy Director of Procurement / Director of Corporate Services/ Heads of Department
c) Non-Pay Expenditure for which no specific budget has been set up and which is not subject to funding under delegated powers of virement. (Subject to the limits specified above in (a))	Chief Executive	Chief Finance Officer
d) Develop systems for the payment of accounts	Chief Finance Officer	Deputy Director of Finance and Information / Assistant Director of Finance (Financial Services)
e) Prompt payment of accounts	Chief Finance Officer	Deputy Director of Finance and Information / Assistant Director of Finance (Financial Services)
f) Financial Limits for ordering / requisitioning goods and services	Chief Finance Officer	Refer To Table B Delegated Limits
g) Approve prepayment arrangements	Chief Finance Officer	Deputy Director of Finance and Information
30. Nursing		
<ul style="list-style-type: none"> Compliance with statutory and regulatory arrangements relating to professional nursing and midwifery practice. 	Chief Nursing Officer	Director of Corporate Services
<ul style="list-style-type: none"> Matters involving individual professional competence of nursing staff. 	Chief Nursing Officer	Director of Corporate Services
<ul style="list-style-type: none"> Compliance with professional training and development of nursing staff. 	Chief Nursing Officer	Director of Corporate Services
<ul style="list-style-type: none"> Quality assurance of nursing processes. 	Chief Nursing Officer	Director of Corporate Services
31. Patient Services Agreements		
a) Negotiation of Trust Contract and Non Commercial Contracts	Chief Executive	Chief Finance Officer
b) Quantifying and monitoring out of area treatments	Chief Finance Officer	Deputy Director of Finance and Information / Asst Director of Finance (Contracts & Commissioning)
c) Reporting actual and forecast income	Chief Executive	Deputy Director of Finance and Information / Asst Director of Finance (Contracts & Commissioning)
d) Costing Trust Contract and Non Commercial Contracts	Chief Finance Officer	Chief Finance Officer / Deputy Director of Finance and Information / Assistant Director of Finance (Financial Management)
e) Payment by Results	Chief Finance Officer	Deputy Director of Finance and Information / Asst Director of Finance (Contracts & Commissioning)
f) Reference Costing	Chief Finance Officer	Deputy Director of Finance and Information / Assistant Director of Finance (Financial Management)

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
g) Ad hoc costing relating to changes in activity, developments, business cases and bids for funding	Chief Finance Officer	Deputy Director of Finance and Information / Assistant Director of Finance (Financial Management)
32. Patients' Property (in conjunction with financial advice)		
a) Ensuring patients and guardians are informed about patients' monies and property procedures on admission	Chief Executive	Chief Finance Officer / Divisional Directors of Operations /Heads of Department
b) Prepare detailed written instructions for the administration of patients' property	Chief Finance Officer	Deputy Director of Finance and Information / Assistant Director of Finance (Financial Services)
c) Informing staff of their duties in respect of patients' property	Chief Finance Officer	Divisional Directors of Operations /Heads of Department
d) Issuing property of deceased patients (See SFI 6.15.9, 6.15.10) <ul style="list-style-type: none"> ▪ <£4,999 in accordance with agreed Trust policies. • >£5,000 only on production of a probate letter of administration 	Chief Finance Officer	General Office Staff Deputy Director of Finance and Information / Assistant Director of Finance (Financial Services)
33. Personnel & Pay		
a) Nomination of officers to enter into contracts of employment regarding staff, agency staff or consultancy service contracts	Chief Executive	Chief People Officer / Divisional Directors of Operations /Heads of Department
b) Develop Human resource policies and strategies for approval by the board including training, industrial relations.	Chief People Officer	Chief People Officer
c) Authority to fill funded post on the establishment with permanent staff.	Chief People Officer	Divisional Directors of Operations / Heads of Department in accordance with Trust policy
d) The granting of additional increments to staff within budget	Chief Executive	Chief People Officer
e) All requests for re-grading shall be dealt with in accordance with Trust Procedure	Chief People Officer	Deputy Chief People Officer
f) Establishments <ul style="list-style-type: none"> • Additional staff to the agreed establishment with specifically allocated finance. • Additional staff to the agreed establishment without specifically allocated finance. • Self financing changes to an establishment 	Chief Finance Officer	Deputy Director of Finance and Information
g) Pay <ul style="list-style-type: none"> • Presentation of proposals to the Trust Board for the setting of remuneration and conditions of service for those staff not covered by the Remuneration Committee • Authority to complete standing data forms effecting pay, new starters, variations and leavers • Authority to complete and authorise positive reporting forms (SVLS) 	Chief Executive	Chief People Officer
	Chief People Officer	Divisional Directors of Operations /Heads of Department
	Chief Finance Officer	Divisional Directors of Operations /Heads of Department

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
<ul style="list-style-type: none"> Authority to authorise overtime 	Director of Human Resources/Director of Finance	Divisional Directors of Operations /Heads of Department
<ul style="list-style-type: none"> Authority to authorise travel & subsistence expenses 	Chief Finance Officer	Divisional Directors of Operations /Heads of Department
h) Leave (Note entitlement may be taken in hours)	Chief People Officer	Refer to Annual Leave Policy
Annual Leave		
- Approval of annual leave		Line / Departmental Manager (as per departmental procedure)
- Annual leave - approval of carry forward (up to maximum of 5 days)	Chief Executive	Chief People Officer / Divisional Directors of Operations /Heads of Department
- Annual leave – approval of carry forward over 5 days (to occur in exceptional circumstances only)	Chief Executive	Chief People Officer / Divisional Directors of Operations /Heads of Department Medical Staff – Chief Medical Officer
Special Leave	Chief People Officer	Divisional Directors of Operations /Heads of Department
- Compassionate leave		Divisional Directors of Operations /Heads of Department
<ul style="list-style-type: none"> Special leave arrangements for domestic/personal/family reasons paternity leave carers leave adoption leave (to be applied in accordance with Trust Policy)		Divisional Directors of Operations /Heads of Department
<ul style="list-style-type: none"> Special Leave – this includes Jury Service, Armed Services, School Governor (to be applied in accordance with Trust Policy) 		Divisional Directors of Operations /Heads of Department
<ul style="list-style-type: none"> Leave without pay 		Executive Director / Heads of Department
<ul style="list-style-type: none"> Medical Staff Leave of Absence – paid and unpaid 		Clinical Director / Divisional Director of Operations
<ul style="list-style-type: none"> Time off in lieu 		Line /Departmental Manager
<ul style="list-style-type: none"> Maternity Leave - paid and unpaid 	Chief People Officer	Automatic approval with guidance
Sick Leave	Chief People Officer	
i) Extension of sick leave on pay		Chief People Officer
ii) Return to work part-time on full pay to assist recovery		Chief People Officer
Study Leave	Chief Executive	
<ul style="list-style-type: none"> Study leave outside the UK 		Relevant Executive Director
<ul style="list-style-type: none"> Medical staff study leave (UK) Consultant / Non Career Grade Career Grade 	Chief Medical Officer	Chief Medical Officer Post Graduate Tutor
<ul style="list-style-type: none"> All other study leave (UK) 	Chief People Officer	Executive Directors / Clinical Directors / Divisional Directors of Operations /Heads of Department (in accordance with agreed Trust policy)
i) Removal Expenses, Excess Rent and House Purchases	Chief People Officer	Relevant Executive Director
All staff (agreed at interview) Maximum £6,000		
Senior Medical Staff Maximum £8,000		
Authorisation of payment of removal expenses incurred by officers taking up new appointments (providing consideration was promised at interview)		Refer to Table B Delegated Limits
j) Grievance Procedure	Chief People Officer	As per procedure

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
All grievances cases must be dealt with strictly in accordance with the Grievance Procedure and the advice of the Chief People Officer must be sought when the grievance reaches the level of Divisional General Managers / Heads of Department		
k) Authorised - Car Users h) Leased car i) Regular user allowance	Chief Executive Chief Finance Officer	Chief Finance Officer Divisional Director / Divisional Manager /Head of Department
l) Mobile Phone Users / Blackberries	Chief Finance Officer	Divisional Directors / Heads of Department
m) Renewal of Fixed Term Contract	Chief People Officer	Head of Department on advice from Human Resources and Management Accountant
n) Staff Retirement Policy	Chief Executive	
• Authorisation of extensions of contract beyond normal retirement age in exceptional circumstances	Chief Executive	Chief People Officer
• Authorisation of return to work in part time capacity under the flexible retirement scheme.	Chief Executive	Chief People Officer
o) Redundancy	Chief Executive	Chief People Officer/Chief Finance Officer
p) Ill Health Retirement Decision to pursue retirement on the grounds of ill-health following advice from the Occupational Health Department	Chief Executive	Chief People Officer
q) Disciplinary Procedure (excluding Executive Directors)	Chief Executive	To be applied in accordance with the Trust's Disciplinary Procedure
r) Ensure that all employees are issued with a Contract of employment in a form approved by the Board of Directors and which complies with employment legislation.	Chief People Officer	Deputy Chief People Officer
s) Engagement of staff not on the establishment a. Management Consultants		Refer to Table B
• Booking of bank staff		
a. Nursing	Director of HR	Budget Holder/Line Manager
b. Other	Director of HR	Budget Holder/Line Manager
• Booking of agency staff		
a. Nursing	Director of HR	Budget Holder/Line Manager
b. Other	Director of HR	Budget Holder/Line Manager
34. Quotation, Tendering & Contract Procedures		
a) Services: • Best value for money is demonstrated for all services provided under contract or in- house	Chief Executive	Chief Finance Officer /Deputy Director of Procurement (/) / Director of Corporate Services
• Nominate officers to oversee and manage the contract on behalf of the Trust.	Chief Executive	Divisional Directors of Operations /Heads of Department/Procurement
b) Competitive Tenders: • Authorisation Limits	Chief Executive	Refer To Table B Delegated Limits
• Maintain a register to show each set of competitive tender invitations dispatched.		Chief Finance Officer
• Receipt and custody of tenders prior to opening	Chief Executive	Chief Finance Officer
• Opening Tenders	Chief Executive	Confirmed list of users to e-tendering system
		Chief Finance Officer
• Ensure that appropriate checks are carried out as to the technical and financial capability of the firms invited to tender or quote.	Chief Executive	Chief Finance Officer
c) Quotations	Chief Executive	Refer To Table B Delegated Limits
d) Waiving the requirement to request	Chief Executive	

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
<ul style="list-style-type: none"> tenders - subject to SOs (reporting to the Board) 		Refer To Table B Delegated Limits
<ul style="list-style-type: none"> quotes - subject to SOs 	Chief Executive or Chief Finance Officer	Chief Finance Officer /Deputy Director of Finance and Information
35. Records		
a) Review Trust's compliance with the Records Management Code of Practice	Chief Executive	Executive Directors/ Divisional General Manager /Heads of Department
b) Ensuring the form and adequacy of the financial records of all departments	Chief Finance Officer	Deputy Director of Finance and Information / Assistant Director of Finance (Financial Services)
36. Reporting of Incidents to the Police		
a) Where a criminal offence is suspected <ul style="list-style-type: none"> criminal offence of a violent nature arson or theft other 	Chief Executive	Manager On-call/ Head of Department/ Divisional Director of Operations
b) Where a fraud is involved (reporting to the Directorate of Counter Fraud Services)	Chief Finance Officer	Chief Internal Auditor / Local Counter Fraud Officer (LCFO)
c) Deciding at what stage to involve the police in cases of misappropriation and other irregularities not involving fraud, bribery or corruption.	Chief Finance Officer	Chief Finance Officer (with advice from LCFO)
37. Risk Management		
<ul style="list-style-type: none"> Ensuring the Trust has a Risk Management Strategy and a programme of risk management 	Chief Executive	Director of Corporate Services
<ul style="list-style-type: none"> Developing systems for the management of risk. 	Governance Councils	Director of Corporate Services
<ul style="list-style-type: none"> Developing incident and accident reporting systems 	Governance Councils	Director of Corporate Services
<ul style="list-style-type: none"> Compliance with the reporting of incidents and accidents 	Governance Councils	Director of Corporate Services
38. Seal		
a) The keeping of a register of seal and safekeeping of the seal	Chief Executive	Chief Executive
b) Attestation of seal in accordance with Standing Orders	Chair /Chief Executive	Chair / Chief Executive (report to Trust Board)
c) Property transactions and any other legal requirement for the use of the seal.	Chair /Chief Executive	Chair or Non-Executive Director and the Chief Executive or their nominated Director
39. Setting of Fees and Charges (Income)		
a) Private Patient, Overseas Visitors, Income Generation and other patient related services.	Chief Finance Officer	Deputy Director of Finance and Information /Assistant Director of Finance
b) Non patient care income	Chief Finance Officer	Deputy Director of Finance and Information /Assistant Director of Finance (Financial Management)
c) Informing the Chief Finance Officer of monies due to the Trust	Chief Finance Officer	All Staff
d) Recovery of debt	Chief Finance Officer	Deputy Director of Finance and Information / Assistant Director of Finance (Financial Services)
e) Security of cash and other negotiable instruments	Chief Finance Officer	Deputy Director of Finance and Information / Assistant Director of Finance (Financial Services)

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
40. Stores and Receipt of Goods		
a) Responsibility for systems of control over stores and receipt of goods, issues and returns	Chief Finance Officer	Deputy Director of Procurement (/)/Head of Pharmacy/Director of Corporate Services and other Heads of Department as appropriate.
b) Stocktaking arrangements	Chief Finance Officer	Assistant Director of Finance (Financial Services)
c) Responsibility for controls of pharmaceutical stock.	Chief Medical Officer	Head of Pharmacy

Table B – Delegated Financial Limits

All thresholds are inclusive of VAT irrespective of recovery arrangements.

If the Chief Executive is absent powers delegated to them may be exercised by the nominated officer(s) acting in their absence after taking appropriate financial advice, two directors will be required to ratify any decisions within the Chief Executive's thresholds.

Proposed Financial Limits (Subject to funding available in budget) ¹		Includes:-	
1	CHARITABLE FUNDS		
	Charitable Funds Committee	Over £15,000	<i>Note: Manual system, paper based approval</i>
	Chief Executive or Chief Finance Officer	£2,000 to £15,000	
	Both Fund holders	£1,000 to £2,000	
	One Fund holder	Up to £1,000	
2	GIFTS AND HOSPITALITY		Refer also to Trust's Anti-Fraud, Bribery and Corruption policy and Standards of Business Conduct policy
3.	LITIGATION CLAIMS		
	Chief Executive Chief Nurse/Director of Corporate Services Head of Legal Services	Over £500,000 Up to £500,000 Up to £100,000	Medical Negligence and other litigation payments made on the advice of NHS Resolution
4.	LOSSES AND SPECIAL PAYMENTS		
	See 6.1 below for levels		All losses, bad debts, damage to buildings, fittings, furniture and equipment and stock and loss of property due to culpable causes (eg. fraud, theft, arson etc) should be recorded and reported to the Audit Committee
5.	PETTY CASH DISBURSEMENTS (authority to pay)		
	Chief Finance Officer or Nominated Deputy	Over £100	Sundry Exchequer Items, (ie. items where the use of the normal ordering system is inappropriate - refer to local operational procedures re petty cash), Patients' Monies
	Petty Cash Imprest Holder	Up to £100	
6.	REQUISITIONING GOODS AND SERVICES, CONTRACT AWARDS AND INVOICE APPROVALS		

Proposed Financial Limits (Subject to funding available in budget) ①		Includes:-
6.1	<p>General points</p> <ol style="list-style-type: none"> 1. Contracts - The total value of the contract over the life of the contract should be used when determining the appropriate authorisation level required. The official documentation normally associated with initial approval of a contract includes purchase orders, tender documentation and contract awards. 2. Invoices received which relate to an approved purchase order will be paid subject to satisfactory receipting on the Trust's Oracle ordering system (or the Trust systems for Pharmacy drugs invoices). 3. Invoices received for certain types of expenditure which are NOT subject to an approved purchase order (ie. Non PO invoices), must be approved by a responsible manager with the appropriate approval limit. These invoices may relate to one-off or low value payments not previously approved or may be invoices relating to a pre-approved contract (see 1 above) 4. Payments made to HMRC and the NHS Business Services-Pensions Division relating to statutory issues (ie. income tax, national insurance and superannuation payments) are authorised by the Assistant Director of Finance (Financial Services) as delegated by the Chief Finance Officer based on information provided by the Trust's payroll department and reconciled to the financial ledger. <p>Other points to note:</p> <ol style="list-style-type: none"> (i) Agency Staff subject to approval of Staffing Solutions Manager up to £5,000. (ii) For capital expenditure, see section 6.3 below. (iii) The annual contract value should apply to call-off orders when determining appropriate authorisation limits. (iv) IM&T equipment is normally subject to technical approval by the Informatics department before final approval by the budget holder. 	

Financial Limits (Subject to funding available in budget) ¹		
Includes:-		
Chief Executive	£1,000,000 (see *)	(* Can authorise spend above £1,000,000 providing pre-approved by Board, eg. via annual approved budget or capital programme) Each level requires approval by the manager i.e. level above. Note: it is possible for any of the above levels a manager at that level could be given a limit that is lower than the stated level here but not higher.
Deputy Chief Executive or Chief Finance Officer	£1,000,000	
Executive Board Directors (other than above), Deputy Director of Finance and Information, Director of Corporate Services, Director of Informatics, Head of Pharmacy	£200,000	
Divisional Directors/ Deputy Director of Estates	£75,000	
Deputy Directors/Assistant Directors / Head of PFI and Facilities Management	£50,000	
Pathology and Radiology Managers	£35,000	
Directorate Managers	£25,000	
Senior Manager Level 1	£10,000	
Senior Manager Level 2	£5,000	
Matron / Manager	£1,000	
Ward and Other Managers	£500 or less	
6.2 Agency Staff:-		
See 6.1 above for levels		Any agency staff, including medical locums. Nursing Agency staff to be hired via Staffing Solutions Manager (in accordance with relevant Trust policies on temporary staffing).
6.3 Capital Expenditure (Subject to annual programme being approved by Trust Board)		
Chief Finance Officer	Capital Programme items	Requires completed 'Capital Sanction Form' authorised appropriately by Chief Finance Officer (or Deputy in his absence) before requisitioner proceeds (ie. authorisation follows levels 6.1 above providing expenditure is pre-approved in capital programme)
	Equipment Over £1,000	
6.4 Removal Expenses:-		
Chief People Officer	Up to £8,000	
7. QUOTATIONS AND TENDERS		
Deputy Director of Procurement /Divisional Managers/Heads of Department/Head of PFI and Facilities Management e.g. SRP as appropriate	£30,000 to £50,000	Quotations: <u>Obtaining a minimum of 3 written quotations</u> for goods/services. Or compliant route via an approved framework
Two officers as per the approved signatory list One of the two (Board Director and Board Secretary) + a senior manager	Over £50,000 (in compliance with PA23/PSR 23as appropriate – Please refer to the Procurement Department for the latest thresholds)	Competitive Tenders: <u>Obtaining a minimum of 3 written competitive tenders</u> for goods/services.
8. VIREMENT		Conditions:-
Trust Board	Over £40,000 p.a.	Trust must still meet Financial Targets
Chief Executive	Up to £40,000 p.a.	Total Trust budget remains underspent
Chief Finance Officer	Up to £25,000 p.a.	Total Trust budget remains underspent

Financial Limits (Subject to funding available in budget) ①		
Includes:-		
Chief Finance Officer	Up to £10,000 p.a.	Total Divisional / Departmental Budget remains underspent

7. Training

There is no formal training required to support this policy.

What aspect/s of this policy will require staff training?	Which staff groups require this training?	Is this training covered in the Trust's Statutory & Mandatory Training Policy?	If no, how will the training be delivered?	Who will deliver the training?	How often will staff require training	Who will ensure and monitor that staff have this training

8. Monitoring Compliance

8.1 Key Performance Indicators (KPIs) of the Policy

Key Performance Indicators (KPI's) are not applicable in the management of this policy.

No	Key Performance Indicators (KPIs) Expected Outcomes
1.	
2.	
3.	
4.	
5.	
6.	
7.	

Title:	Corporate Governance Manual		
Document Number:	PD0569	Version:	V2
Page:	87	of 92	

8.2 Performance Management of the Policy

Compliance will be periodically tested through internal audit. The results of internal audit reviews are routinely reported to the Trust's Audit Committee.

Minimum Requirement to be Monitored	Lead(s)	Tool	Frequency	Reporting Arrangements	Lead(s) for acting on Recommendations

9. References/Bibliography/Relevant Legislation/National Guidelines

No	Reference
1.	
2.	
3.	
4.	
5.	

10. Related Trust Documents

[List any procedural documents which are referenced within the text.]

No	Related Document
1.	Standards of Business Conduct
2.	Anti-Fraud, Bribery and Corruption
3.	Policy Raising Concerns Policy
4.	
5.	

Title:	Corporate Governance Manual		
Document Number:	PD0569	Version:	V2
Page:	88	Page:	88 of 92

11. Equality Impact Assessment (EIA) Screening Tool

The EIA screening must be carried out on all policies, procedures, organisational changes, service changes, cost improvement programmes and transformation projects at the beginning of the planning stage of any change process. Where the screening identifies that a full EIA needs to be completed, please use the full EIA template.

The completed EIA screening form must be attached to all procedural documents prior to their submission to the appropriate approving body. A separate copy of the assessment must be forwarded to Patientexperienceandedi@MerseyWestLancs.nhs.uk for monitoring purpose for EIAs carried out on patient related functions.

If the assessment is related to workforce a copy should be sent to workforceedi@merseywestlancs.nhs.uk

If this screening assessment indicates that discrimination could potentially be introduced, then seek advice from the Head of Patient Experience and Inclusion via Cheryl.Farmer@merseywestlancs.nhs.uk for patient related functions or Head of Workforce Equality Diversity and Inclusion via Darren.Mooney@merseywestlancs.nhs.uk for workforce related functions.

A full equality impact assessment must be considered on any cost improvement schemes, organisational changes or service changes that could have an impact on patients or staff.

Title of function	Corporate Governance Manual	
Brief description of function to be assessed	Corporate governance is the system by which an organisation is directed and controlled, at its most senior levels, to achieve its objectives and meet the necessary standards of accountability and probity.	
Date of assessment	27/03/2024	
Lead Executive Director	Gareth Lawrence	
Name of assessor	Kerry Jenkinson	
Job title of assessor	Assistant Director of Finance – Financial Services	

1. Equality, Diversity & Inclusion

Does the policy/proposal:

- 1) Have the potential to discriminate against equality groups or people in inclusion health groups
- 2) Promote equality of opportunity, or foster good relations between those who share a protected characteristic and those who don't?
- 3) Where there is potential unlawful discrimination, is this justifiable?

Title:	Corporate Governance Manual		
Document Number:	PD0569	Version:	V2
Page:	89	Page:	89 of 92

Please tick the relevant box

	Positive impact	Negative impact	No impact	Justification/ evidence
Age	No	No		
Disability	No	No		
Gender reassignment	No	No		
Pregnancy or maternity	No	No		
Race	No	No		
Religion or belief	No	No		
Sex	No	No		
Sexual orientation	No	No		

2. Human Rights

Does the policy/proposal breach the Human Rights of individuals or groups?

	Yes	No	Justification/ evidence
Right to life	No	No	
Inhumane treatment	No	No	
Liberty	No	No	
Privacy/family life, home and correspondence	No	No	
Thought/conscience	No	No	
Freedom of expression	No	No	
Right to a fair trial	No	No	

3. Health Inequalities

Is there potential that the policy/proposal could have a negative impact on inclusion health groups?

Is the policy/proposal addressing health inequalities? Where there are potential unlawful impacts are they justifiable.

	Positive Impact	Negative Impact	No impact	Justification/ evidence and data source
Deprived Populations	No	No		
Inclusion health groups	No	No		

4. Sign off

Name of approving manager	Christine Oakley
Job title of approving manager	Deputy Director of Finance & Information
Date approved	27/03/2024

Title:	Corporate Governance Manual		
Document Number:	PD0569	Version:	V2
		Page:	90 of 92

5. EIA Action Plan

Recommendations	Actions Required	Resources required /costs	Timeframe	Lead officer responsible

Please forward an electronic copy of this action plan with the completed assessment to, Cheryl.Farmer@merseywestlancs.nhs.uk for patient related assessments or Equality&Diversity@merseywestlancs.nhs.uk for workforce related assessments for monitoring purposes.

12. Data Protection Impact Assessment Screening Tool

If you answer YES or UNSURE to any of the questions below a full Data Protection Impact Assessment will need to be completed in line with Trust policy.

	Yes	No	Unsure	Comments - Document initial comments on the issue and the privacy impacts or clarification why it is not an issue
Is the information about individuals likely to raise privacy concerns or expectations e.g. health records, criminal records or other information people would consider particularly private?		X		
Will the procedural document lead to the collection of new information about individuals?		X		
Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?		X		
Will the implementation of the procedural document require you to contact individuals in ways which they may find intrusive?		X		
Will the information about individuals be disclosed to organisations or people who have not previously had routine access to the information?		X		
Does the procedural document involve you using new technology which might be perceived as being intrusive? e.g. biometrics or facial recognition		X		
Will the procedural document result in you making decisions or taking action against individuals in ways which can have a significant impact on them?		X		
Will the implementation of the procedural document compel individuals to provide information about themselves?		X		

Sign off if no requirement to continue with Data Protection Impact Assessment:

Confirmation that the responses to the above questions are all NO and therefore there is no requirement to continue with the Data Protection Impact Assessment **Policy author Kerry Jenkinson, Interim Assistant Director of Finance – Financial Services** Date: January 2024

Title:	Corporate Governance Manual		
Document Number:	PD0569	Version:	V2
Page:	92 of 92		