

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

Version – June 2016

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

RESERVATION OF POWERS

TO THE TRUST BOARD

AND

DELEGATION OF POWERS

**June 2016 (Trust ref: A5/2001)
(Review Date Extended to October 2021 Review Date Extension Approved
At PGC 16th October2020)**

**Scheme of Delegation
University Hospitals of Leicester NHS Trust
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1. INTRODUCTION

Standing Order (SO) 4.1 of the Trust's Standing Orders provides that "subject to SO 2.7 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, or by a Director or an Officer of the Trust, in each case subject to such restrictions and conditions as the Board thinks fit".

The Code of Accountability for NHS Boards, published by the Department of Health in April 1994 also requires that there should be a formal schedule of matters specifically reserved to the Board.

The purpose of this document is to set out those powers reserved to the Board - generally 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 the Chairman, 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.

Role of the Chief Executive

All powers of the Trust which have not been retained as reserved to the Board or delegated to an executive Committee or Sub-Committee shall be exercised on behalf of the Board by the Chief Executive.

This Scheme of Delegation identifies which functions he shall perform personally and which functions have been delegated to other Directors and Officers. All powers delegated by the Chief Executive can be re-assumed by him/her should the need arise. As Accountable Officer the Chief Executive is accountable to the Accounting Officer of the Department of Health for the funds entrusted to the Trust.

Caution over the Use of Delegated Powers

Powers are delegated to Directors and Officers on the understanding that they shall not exercise delegated powers in a matter which in their judgement is likely to be a cause for public concern.

Directors' Ability to Delegate Their Own Delegated Powers

The Scheme of Delegation shows only the "top level" of delegation within the Trust. The Scheme is to be used in conjunction with the system of budgetary control and other established procedures within the Trust.

Absence of Directors or Officers 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's or Officer's superior unless alternative arrangements have been approved by the Board.

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If the Chief Executive is absent powers delegated to him/her may be exercised by the Deputy Chief Executive as appointed by the Chief Executive after taking appropriate advice, as necessary, from the Chief Finance Officer.

2. RESERVATION OF POWERS TO THE BOARD

2.1 The Code of Accountability which has been adopted by the Trust requires the Board to determine those matters on which decisions are reserved unto itself. These reserved matters are set out in paragraphs 2.2 to 2.10 below:-

2.2 General Enabling Provision

The Board may determine any matter it wishes in full session within its statutory powers.

2.3 Regulation and Control

2.3.1 Approval of Standing Orders (SOs) for the regulation of its proceedings and business, a schedule of matters reserved to the Board and Standing Financial Instructions (SFIs)

2.3.2 Approval of a scheme of delegation of powers from the Board to Committees, Sub-Committees and Officers.

2.3.3 Requiring and receiving the declaration of Directors' interests which may conflict with those of the Trust.

2.3.4 Requiring and receiving the declaration of interests from Officers which may conflict with those of the Trust.

2.3.5 Disciplining Directors who are in breach of statutory requirements or SOs.

2.3.6 Approval of the disciplinary procedure for Officers of the Trust.

2.3.7 Approval of arrangements for dealing with complaints.

2.3.8 Adoption of the Executive-level organisational structures, processes and procedures to facilitate the discharge of business by the Trust and to agree modifications thereto: and assuring itself that the Chief Executive has established organisational structures, processes and procedures within the approved Executive-level framework to facilitate the discharge of business by the Trust (which he shall modify from time to time as necessary).

2.3.9 To receive reports from Committees including those which the Trust is required by the Secretary of State or other regulation to establish and to take appropriate action thereon.

2.3.10 To establish terms of reference and reporting arrangements of all Committees and other Sub-Committees if required.

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2.3.11 To confirm the recommendations of the Trust's Committees where the Committees do not have executive powers.

2.3.12 Ratification of any urgent decisions taken by the Chairman and Chief Executive in consultation with at least two Non-Executive Directors in accordance with SO 4.2.

2.3.13 Approval of arrangements relating to the discharge of the Trust's responsibilities as a bailee for patients' property.

2.3.14 Approval of the Annual Governance Statement.

2.4 Appointments

2.4.1 The appointment and disbandment of Committees, including the appointment of Committee Chairmen.

2.4.2 The appointment of Executive Directors (subject to SOs 2.6 and 2.7) (acting via the Appointments Committee established for the purpose).

2.4.3 The appointment of members of any Committee of the Trust or the appointment of representatives on outside bodies.

2.5 Policy Determination

2.5.1 The approval of the organisational structure of the Trust and management policies, including personnel policies, incorporating the arrangements for the appointment, removal and remuneration of staff.

2.6 Strategy and Business Plans and Budgets

2.6.1 Definition of the strategic aims and objectives of the Trust.

2.6.2 Approval annually of plans in respect of the application of available financial resources, capital and revenue.

2.6.3 Approval and monitoring of the Trust's policies and procedures for the management of risk.

2.7 Direct Operational Decisions

2.7.1 Acquisition, disposal or significant change of use of land and/or buildings and the naming of hospital premises.

2.7.2 The introduction or discontinuance of any significant activity or operation. An activity or operation shall be regarded as significant if it has a gross annual income or expenditure (that is before any set off) in excess of £1,000,000.

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2.7.3 The approval of Outline and Full Business Cases required to be submitted for approval to Commissioners, the NHS Trust Development Authority (NHS TDA) , Department of Health and/or Treasury.

2.7.4 To consider cases where there are disagreements between members of an Advisory Appointments Committee on the recommendation of candidates as suitable to take up particular appointments.

2.7.5 Approval of individual contracts (other than NHS contracts) of a capital or revenue nature amounting to £1,000,000.00 or more.

2.7.6 Writing off of debts of £50,000 or more.

2.8 Financial and Performance Reporting Arrangements

2.8.1 Continuous appraisal of the affairs of the Trust by means of the receipt of reports as it sees fit from Directors, Committees, Sub-Committees and Officers of the Trust. All key monitoring returns required by the Department of Health and the Charity Commission shall be reported, at least in summary, to the Board.

2.8.2 The appointment of bankers to the Trust.

2.8.3 Approval of the opening or closing of any bank or investment account.

2.8.4 The approval of institutions for the investment of surplus funds.

2.8.5 The approval of borrowing from the commercial sector.

2.8.6 The investment policy of the Trust for exchequer funds.

2.8.7 The consideration of a report prepared annually by the Chief Finance Officer on the Trust's performance in relation to the temporary investment of surplus funds for the financial year in question.

2.8.8 Consideration and approval of the Trust's Annual Report including adoption of the annual accounts.

2.8.9 Receipt and noting of details of NHS contracts signed in accordance with arrangements approved by the Chief Executive.

2.9 Audit Arrangements

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

2.9.2 To note the receipt of the annual management letter from the external auditor and agreement of action on the recommendations, where appropriate, of the Audit Committee.

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2.9.3 To note the receipt of the annual report from the internal auditor and the agreement of action on the recommendations, where appropriate, of the Audit Committee.

2.10 Corporate Trustee

2.10.1 The approval of arrangements relating to the discharge of the Trust's responsibilities as corporate trustee in relation to charitable funds.

2.10.2 The investment policy of the Trust for charitable funds.

2.10.3 The receipt and approval of the Annual Report for charitable funds.

2.10.4 The approval of expenditure of £25,000 or more from charitable funds.

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ANNEX 1: COMMITTEES AND SUB-COMMITTEES OF THE TRUST BOARD

Title : **Audit Committee**

Constitution : The Audit Committee is established as a standing committee of the Trust Board and is accountable to the Trust Board. Its constitution and terms of reference shall be as set out below, subject to amendment at future Trust Board meetings.

The Committee will meet in private.

The Minutes of meetings of the Audit Committee shall be formally recorded by the Secretary to the Committee and submitted to the Trust Board.

The appointment of sub-committees by the Audit Committee shall be in accordance with the Trust's Standing Orders. The Minutes of meetings of any sub-committees appointed by the Committee shall be submitted to the next available meeting of the Committee.

Membership : The Committee shall be appointed by the Trust Board from amongst the Non-Executive Directors of the Trust and shall consist of up to four Non-Executive Directors. As a minimum, one member of the Committee must have recent relevant financial experience. The Trust Chair shall not be a member of the Committee.

Secretary : The Director of Corporate and Legal Affairs (or a member of staff delegated by him/her) shall be Secretary to the Committee and shall attend to take minutes of the meeting and provide appropriate support to the Chair and Committee members.

Chairman : One of the members shall be appointed Chair of the Committee by the Trust Board.

Quorum : A quorum shall be two members.

Attendance : The Trust Chair, Chief Executive, other Directors and other officers of the Trust may be invited to attend a meeting of the Audit Committee. The Chief Executive shall be invited to attend a meeting of the Committee annually to discuss with the Committee the process for assurance that supports the Annual Governance Statement.

The Chief Financial Officer, Director of Corporate and Legal Affairs, the Head of Internal Audit and a representative of the External Auditor shall

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normally attend meetings. Attendance by any deputy shall only be permitted with the agreement of the Committee Chair sought and obtained in advance of the meeting. At least once a year the Committee may wish to meet with the Internal and External Auditors privately without any executive officer or other employee of the Trust present (other than the member of staff nominated by the Director of Corporate and Legal Affairs to act as Secretary to the Committee, at the Committee's discretion).

It is desirable that all members of the Committee and other postholders to whom standing invitations have been issued attend all meetings of the Committee. The Committee Chair shall keep attendance under regular review and shall be assisted in this task by the Director of Corporate and Legal Affairs. The Committee Chair shall raise any concerns about attendance at meetings with the Trust Chairman and shall seek the support of the Chair in resolving such concerns.

Frequency : Meetings shall be held not less than three times a year. Additional meetings may be convened by the Committee Chair at his/her discretion. The Head of Internal Audit or External Auditor may request a meeting if they consider that one is necessary.

The Committee will be supported by an agreed timetable of agenda items which will reflect the annual business cycle. All other agenda items will be subject to agreement by the Committee Chair prior to the meeting.

Authority : The Committee is authorised by the Trust Board to investigate any activity within its terms of reference. The Trust Board may itself refer items of business to the Audit Committee for consideration and/or, where appropriate, recommendation to the Trust Board. The Committee is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee.

The Committee is authorised by the Trust Board to obtain outside legal or other independent professional advice and to request the attendance of persons outside the Trust with relevant experience and expertise if it considers this necessary.

Duties: **Internal Control and Risk Management**

The Committee shall 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 Trust's objectives.

In particular, the Committee will review the adequacy of:

- all risk and control related disclosure statements (in particular the Annual Governance Statement, together with any accompanying Head of Internal Audit statement, external audit opinion or other

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appropriate independent assurances, prior to endorsement by the Board;

- the underlying assurance processes that indicate the degree of the achievement of corporate objectives, the effectiveness of the controls in place to manage the principal risks to the Trust and the appropriateness of the above disclosure statements;
- the policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements;
- the policies and procedures for all work related to fraud and corruption as set out in Secretary of State Directions and as required by NHS Protect.

In carrying out its work the Committee will primarily utilise the work of Internal Audit, External Audit and other assurance functions, but will not be limited to these audit functions. It will also seek reports and assurances from Directors and managers as appropriate, concentrating on the overarching systems of integrated governance, risk management and internal control, together with indicators of their effectiveness.

This will be evidenced through the Committee's use of an effective Assurance Framework to guide its work and that of the audit and assurance functions that report to it.

Internal Audit

The Committee shall ensure that there is an effective internal audit function established by management, that meets mandatory NHS Internal Audit Standards and provides appropriate independent assurance to the Audit Committee, Chief Executive and Board. This will be achieved by:

- consideration of the provision of the Internal Audit service, the cost of the audit and any questions of resignation and dismissal;
- review and approval of the Internal Audit strategy, operational plan and more detailed programme of work, ensuring that this is consistent with the audit needs of the organisation as identified in the Assurance Framework;
- consideration of the major findings of internal audit work (and management's response), and ensure co-ordination between the Internal and External Auditors to optimise audit resources;
- ensuring that the Internal Audit function is adequately resourced and has appropriate standing within the organisation;
- annual review of the effectiveness of internal audit.

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External Audit

The Committee shall review the work and findings of the External Auditor appointed by the Audit Commission and consider the implications and management's responses to their work. This will be achieved by:

- consideration of the appointment and performance of the External Auditor, as far as the Audit Commission's rules permit;
- discussion and agreement with the External Auditor, before the audit commences, of the nature and scope of the audit as set out in the Annual Plan, and ensure co-ordination, as appropriate, with other External Auditors in the local health economy;
- discussion with the External Auditors of their local evaluation of audit risks and assessment of the Trust and associated impact on the audit fee;
- review of all External Audit reports, including agreement of the annual audit letter before submission to the Board and any work carried outside the annual audit plan, together with the appropriateness of management responses.

Other Assurance Functions

The Audit Committee may review the findings of other significant assurance functions, both internal and external to the organisation, and consider the implications in relation to the governance of the organisation.

These may include, but will not be limited to, any reviews by Department of Health Arms Length Bodies or Regulators/Inspectors (e.g. Care Quality Commission, NHS Litigation Authority, etc.), professional bodies with responsibility for the performance of staff or functions (e.g. Royal Colleges, accreditation bodies, etc.).

In addition, the Committee will review the work of other committees within the organisation, whose work can provide relevant assurance to the Audit Committee's own scope of work.

Management

The Committee shall request and review reports and positive assurances from Directors and managers on the overall arrangements for governance, risk management and internal control.

It may also request specific reports from individual functions within the

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organisation (e.g. clinical audit) as they may be appropriate to the overall arrangements.

Financial Reporting

The Audit Committee shall review the Annual Report and Financial Statements before submission to the Board, focusing particularly on:

- the wording in the Annual Governance Statement and other disclosures relevant to the terms of reference of the Committee;
- changes in, and compliance with, accounting policies and practices;
- unadjusted mis-statements in the financial statements;
- major judgemental areas;
- significant adjustments resulting from the audit.

The Committee shall also ensure that the systems for financial reporting to the Board, including those of budgetary control, are subject to review as to completeness and accuracy of the information provided to the Board.

Reporting

The Committee will report to the Board annually on its work in support of the Annual Governance Statement, specifically commenting on the fitness for purpose of the Assurance Framework, the completeness and embeddedness of risk management in the organisation and the integration of governance arrangements.

Review :

The Committee shall conduct an annual review of its effectiveness and provision shall be made in the annual work programme of the Committee to enable such a review to be conducted. The results of the annual review shall be recorded in the Minutes of the Committee which shall be submitted to the Trust Board.

The terms of reference of the Committee shall be reviewed by the Trust Board at least annually.

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SCHEME OF DELEGATION

ANNEX 1: COMMITTEES AND SUB-COMMITTEES OF THE TRUST BOARD

Title: CHARITABLE FUNDS COMMITTEE

Constitution: The Charitable Funds Committee is established as a standing committee of the Leicester Hospitals Charity.
The Minutes of meetings of the Charitable Funds Committee shall be formally recorded and submitted to the NHS Trust Board, as Corporate Trustee.

Membership: The Committee shall be appointed by the NHS Trust Board, as Corporate Trustee, and as a minimum shall include the Chair, Chief Nurse, Director of Finance and two Non-Executive Directors. The Trust Chair shall be appointed Chair of the Committee by the Trust Board acting as Corporate Trustee.

Attendance: The Director of Corporate and Legal Affairs, Chair of the Medical Equipment Executive, Financial Accountant and Deputy Director of Finance shall normally attend meetings. The Committee shall always have access to the advice of the Director or Deputy Director of Finance or such other officer of the Finance Directorate as they may nominate in the event that they are not able to attend a particular meeting of the Committee. Trustees other than those appointed to the membership of the Committee may attend any meeting of the Committee but shall not count towards the quorum. Other Associate Directors and officers of the Trust may be invited to attend a meeting or meetings of the Committee. A Patient Adviser representative – who shall be a non-voting, co-opted member of the Committee with speaking rights – shall also attend.

Quorum: A quorum for the transaction of business at meetings of the Committee shall be three voting members, one of whom must be a Non-Executive Director (NB: The Trust Chair is counted as a Non-Executive Director for this purpose). The quorum for the consideration of, and decisions upon, urgent grant applications between Charitable Funds Committee meetings (under the powers delegated to the Charitable Funds Committee) be the Chair, Director of Finance and one other member of the Committee.

Secretary to the Committee:

The Director of Corporate and Legal Affairs (or a member of staff delegated by him/her) shall be Secretary to the Committee and shall attend to take Minutes of the meeting and provide appropriate support to the Chairman and Committee Members.

Frequency: Meetings shall be held bi-monthly.

Authority: The Committee is authorised by the Trust Board, as Corporate Trustee, to investigate any activity within its terms of reference. The Trust Board, as Corporate Trustee, may itself refer items of business to the Committee for

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consideration and/or, where appropriate, recommendation to the Trust Board as Corporate Trustee. The Committee is authorised to seek any information it requires from any employee of the Charity and all such employees are directed to co-operate with any request made by the Committee.

The Committee is authorised by the Trust Board as Corporate Trustee to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary.

Terms of Reference:

Governance

1. To keep under review and advise the Trust Board, as Corporate Trustee, as necessary upon:-
 - a) the form and nature of the governing document(s) of the Trust's Charitable Funds (as may be amended from time to time);
 - b) the measures established by the Trust Board to ensure that the Trust Board, as Corporate Trustee, is and remains well informed on all matters relating to the Trust's Charitable Funds;
 - c) the arrangements to be adopted to ensure that charitable business is conducted by the Trust on a regular and timely basis;
 - d) the adequacy of the resources available to the Trust Board, as Corporate Trustee, to help it maintain a high standard of management and control;
 - e) the documentation of rules by which the charitable funds shall be run, under the auspices of the Trust's overall corporate governance arrangements (e.g., Standing Orders, Standing Financial Instructions, procedural guidelines, etc).
 - f) the induction procedures established by the Trust for new Trustees;
 - g) the arrangements to be adopted to ensure that adequate procedures are in place to deal with potential conflicts of interest in the management of charitable funds;
 - h) the measures to be taken to make information about the Trust's charitable funds and charitable affairs widely available.

Financial Control

2. To keep under review and advise the Trust Board, as Corporate Trustee, as necessary upon:-
 - a) the arrangements adopted by the Trust to ensure that its charitable funds are managed securely and economically and deployed to the best advantage of users and beneficiaries, having due regard to the wishes of donors;

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- b) the reliability of financial systems;
- c) comprehensive guidance and procedure notes;
- d) agreed policies for the use of reserves;
- e) forward planning and budgeting;
- f) provision of accurate, timely management information to Trustees;
- g) management of investments;
- h) audit arrangements;
- i) agreed spending objectives;
- j) Trustees' control of all funds within the Charity.

2.1 NB: the Charitable Funds Committee shall rely on the Trust's Audit Committee to review and advise the Trust Board, as Corporate Trustee, as necessary upon 2(b) and 2(h) above.

Fundraising

- 3.** To keep under review and advise the Trust Board, as Corporate Trustee, as necessary upon:-
- a) the development and implementation of the Trust's charitable fundraising strategy;
 - b) the support and facilitation of initiatives both within the Trust and the community to raise charitable funds;
 - c) the development of criteria for the consideration of proposals for fundraising schemes in accordance with the Trust's corporate objectives and clinical priorities;
 - d) all proposals received for fundraising schemes, which shall be presented to the Charitable Funds Committee for consideration, and to make recommendations thereon to the Trust Executive (where appropriate) and Trust Board;
 - e) the conduct of all approved fundraising appeals at the Trust;
 - f) providing support to the Financial Accountant in the identification of new fund raising projects, approaches to groups, companies, individual donors and grant - making bodies;
 - g) evaluating the success of different types of fundraising initiatives;
 - h) ensuring the achievement of objectives in respect of individual appeals;
 - i) considering and making recommendations to the Trust Board on applications for the use of general purpose charitable funds to establish fundraising appeals;

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j) monitoring fundraising contracts with commercial participants.

Investment Management

4. To appoint, on behalf of the Trust Board, as Corporate Trustee, a Charitable Funds Investment Manager for the Trust.
5. To review, quarterly, the performance of the Trust's Charitable Funds Investment Manager, and to consider the use of an annual independent review of the Investment Manager's performance.
6. To review, quarterly, the performance of the Trust's charitable funds investment portfolio.
7. To consider and advise the Trust Board, as Corporate Trustee, upon the ethical investment of charitable funds.

Grant Applications

8. To consider all grant applications and approve/reject such applications as it deems fit, except that:-
 - the Financial Accountant is empowered by the Committee to consider and approve/reject all grant applications involving proposed expenditure of up to £10,000 from restricted or unrestricted funds – within the criteria set by the Committee from time to time – with a report being made to the next meeting of the Committee on his/her decisions;
 - applications involving proposed expenditure of £25,000 or more from restricted and/or unrestricted funds shall be referred by the Committee to the Trust Board, as Corporate Trustee, with the Committee's recommendation as to whether or not they should be approved/rejected.

General

9. To approve the Annual Accounts and Annual Report relating to the Trust's charitable funds prior to their submission to, and consideration by, the Trust Board as Corporate Trustee for formal adoption.
10. To consider general issues relating to the Trust's charitable funds, including guidance issued from time to time by the Charity Commission.

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SCHEME OF DELEGATION

ANNEX 1: COMMITTEES AND SUB-COMMITTEES OF THE TRUST BOARD

Title	Integrated Finance, Performance and Investment Committee
Constitution :	<p>The Integrated Finance, Performance and Investment Committee is established as a standing committee of the Trust Board and is accountable to the Trust Board. Its constitution and terms of reference shall be as set out below, subject to amendment at future Trust Board meetings.</p> <p>The Committee will meet in private.</p> <p>The Minutes of meetings of the Committee shall be formally recorded by the Secretary to the Committee and submitted to the Trust Board.</p> <p>The appointment of sub-committees by the Committee shall be in accordance with the Trust's Standing Orders. The Minutes of meetings of any sub-committees appointed by the Committee shall be submitted to the next available meeting of the Committee.</p>
Membership :	<p>The Committee shall be appointed by the Trust Board.</p> <p>The membership of the Committee shall be as follows:</p> <p>Up to three Non-Executive Directors</p> <p>Chief Executive</p> <p>Chief Financial Officer</p> <p>Chief Operating Officer</p> <p>A Patient Adviser representative – who shall be a non-voting, co-opted member of the Committee with speaking rights.</p> <p>Other Executive or Corporate Directors and Senior Managers may be invited to attend meetings of the Committee as necessary. The Director of Estates and Facilities and Director of Strategy have standing invitations to attend meetings of the Committee.</p> <p>It is desirable that all members of the Committee and other postholders to whom standing invitations have been issued attend all meetings of the Committee. The Committee Chair shall keep attendance under regular review and shall be assisted in this task by the Director of Corporate and Legal Affairs. The Committee Chair</p>

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shall raise any concerns about attendance at meetings with the Trust Chair and shall seek the support of the Chair in resolving such concerns.

Secretary : The Director of Corporate and Legal Affairs (or a member of staff delegated by him/her) shall be Secretary to the Committee and shall attend to take minutes of the meeting and provide appropriate support to the Chairman and Committee members.

Chairman: One of the Non-Executive Director members shall be appointed Chair of the Committee by the Trust Board.

Quorum : A quorum shall be three members, including at least one Non-Executive Director.

Frequency : Meetings shall normally be held monthly. Additional meetings may be convened by the Committee Chair at his/her discretion.

The Committee will be supported by an agreed timetable of agenda items which will reflect the annual business cycle. All other agenda items will be subject to agreement by the Committee Chairman prior to the meeting.

Authority : The Committee is authorised by the Trust Board to investigate any activity within its terms of reference. The Trust Board may itself refer items of business to the Committee for determination and/or, where appropriate, recommendation to the Trust Board. The Committee is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee.

The Committee is authorised by the Trust Board to request the attendance of persons outside the Trust with relevant experience and expertise if it considers this necessary.

Duties : To review the financial and performance management (reporting and forecasting) arrangements of the Trust to ensure that they are comprehensive and provide the necessary, timely and accurate information to the Trust Board to enable effective decision-making. The Committee does not replace proper consideration of the Trust's finances and/or performance by the Trust Board; rather, it provides a forum for scrutiny and challenge on financial management matters and performance management arrangements to facilitate a better informed discussion at the Trust Board.

To review performance reports to highlight variations from plan and challenge performance, financial and non-financial, taking into account in particular those indicators which measure the priorities identified and key risks highlighted by the Trust Board and/or the

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Quality Assurance Committee: and to ensure that actions are being taken to bring variances back into line across all indicators.

To review and recommend to the Trust Board the annual operational plan and the annual capital and revenue budgets.

To review the Trust's performance against the annual operational plan and the annual capital and revenue budgets.

To consider the Trust's financial forecasts.

To consider proposals for maximising the benefits from the Trust's assets and resources.

To monitor and review the Trust's commercial activities.

To examine the economy, efficiency and effectiveness in the Trust's use of resources.

To monitor actions being taken to address any area of poor financial and/or operational performance.

Reporting: The Committee will report to the Trust Board annually on its work.

Review: The Committee shall conduct an annual review of its effectiveness and provision shall be made in the annual work programme of the Committee to enable such a review to be conducted. The results of the annual review shall be recorded in the Minutes of the Committee which shall be submitted to the Trust Board.

The terms of reference of the Committee shall be reviewed by the Trust Board at least annually.

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ANNEX 1: COMMITTEES AND SUB-COMMITTEES OF THE TRUST BOARD

Title : Quality Assurance Committee

Constitution : The Quality Assurance Committee is established as a standing committee of the Trust Board and is accountable to the Trust Board. Its constitution and terms of reference shall be as set out below, subject to amendment at future Trust Board meetings.

The Committee will meet in private.

The Minutes of meetings of the Quality Assurance Committee shall be formally recorded by the Secretary to the Committee and submitted to the Trust Board.

The appointment of sub-committees by the Quality Assurance Committee shall be in accordance with the Trust's Standing Orders. The Minutes of meetings of any sub-committees appointed by the Committee shall be submitted to the next available meeting of the Committee.

Membership : The Committee shall be appointed by the Trust Board. The membership of the Committee shall be as follows:

Up to four Non-Executive Directors

Chief Executive

Medical Director

Chief Nurse

A representative of the Leicester, Leicestershire and Rutland CCGs – who shall be a non-voting, co-opted member of the Committee with speaking rights.

A Patient Adviser representative – who shall be a non-voting, co-opted member of the Committee with speaking rights.

Other Executive or Corporate Directors and Senior Managers may be invited to attend meetings of the Committee as necessary.

Secretary : The Director of Corporate and Legal Affairs (or a member of staff delegated by him/her) shall be Secretary to the Committee and shall attend to take minutes of the meeting and provide appropriate support to the Chair and Committee members.

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Chairman: One of the Non-Executive Director members shall be appointed Chair of the Committee by the Trust Board.

Quorum : A quorum shall be three members, including at least one Non-Executive Director.

Attendance : The Director of Clinical Quality and Director of Safety and Risk will by standing invitation attend meetings in an advisory capacity.

It is desirable that all members of the Committee and other postholders to whom standing invitations have been issued attend all meetings of the Committee. The Committee Chair shall keep attendance under regular review and shall be assisted in this task by the Director of Corporate and Legal Affairs. The Committee Chair shall raise any concerns about attendance at meetings with the Trust Chair and shall seek the support of the Chair in resolving such concerns.

Frequency : Meetings shall normally be held monthly. Additional meetings may be convened by the Committee Chair at her/his discretion.

The Committee will be supported by an agreed timetable of agenda items which will reflect the annual business cycle. All other agenda items will be subject to agreement by the Committee Chair prior to the meeting.

Authority : The Committee is authorised by the Trust Board to investigate any activity within its terms of reference. The Trust Board may itself refer items of business to the Quality Assurance Committee for determination and/or, where appropriate, recommendation to the Trust Board. The Committee is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee.

The Committee is authorised by the Trust Board to request the attendance of persons outside the Trust with relevant experience and expertise if it considers this necessary.

Role: To enable the Board to obtain assurance that high standards of care are provided by the Trust and, in particular, that adequate and appropriate governance structures, processes and controls are in place throughout the Trust to:

- promote safety and excellence in patient care;
- identify, prioritise and manage risk arising from clinical care;
- ensure the effective and efficient use of resources through evidence-based clinical practice; and
- protect the health and safety of patients, public and Trust employees.

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Duties:

In particular, in respect of general governance arrangements:

To ensure that all statutory elements of clinical governance are adhered to within the Trust;

To agree Trust-wide clinical governance priorities and give direction to the clinical governance activities of the Trust's services and divisions, not least by reviewing and approving each service's and division's annual Patient Safety and Quality Plan;

To approve the Trust's Annual Patient Safety and Quality Report before submission to the Board;

To approve the Terms of Reference and membership of its reporting sub-committees (as may be varied from time to time at the discretion of the Quality Assurance Committee and oversee the work of those sub-committees, receiving reports from them as specified by the Quality Assurance Committee in the sub-committees' Terms of Reference for consideration and action as necessary;

To consider matters referred to the Quality Assurance Committee by the Board;

To consider matters referred to the Quality Assurance Committee by its sub-committees;

To receive and approve the annual Clinical Audit Programme ensuring that it is approved by the Trust Board consistent with the audit needs of the Trust;

To oversee the Trust's policies and procedures with respect to the use of clinical data and patient identifiable information to ensure that this is in accordance with all relevant legislation and guidance including the Caldicott Guidelines and the Data Protection Act 1998;

To make recommendations to the Audit Committee concerning the annual programme of Internal Audit work, to the extent that it applies to matters within these Terms of Reference;

To foster links with primary care and other stakeholders including Patient Advisers.

In respect of safety and excellence in patient care, in particular:

to have overview responsibility for the following outcomes as described by the Care Quality Commission:

- Outcome 1 – respecting and involving people who use the services
- Outcome 7 – safeguarding people who use the services from abuse.

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to agree the annual safety plan and monitor progress;

to ensure that internal standards are set and monitored, including (without limitation):

- To commission the setting of standards by the Board (e.g. in Trust policies), (name here any joint management or clinical committees), and ensure that a mechanism exists for these standards to be monitored
- to ensure the standards outlined in National Service Frameworks are implemented and monitored
- to ensure that the Trust complies with NHSLA clinical risk management standards.

to promote within the Trust a culture of open and honest reporting of any situation that may threaten the quality of patient care in accordance with the Trust's policy on reporting issues of concern and monitoring the implementation of that policy;

to oversee the system within the Trust for obtaining and maintaining any licences relevant to clinical activity in the Trust (e.g. licences granted by the Human Tissue Authority or any successor organisation) receiving such reports as the Quality Assurance Committee considers necessary;

to monitor the Trust's compliance with those licensing standards of the Care Quality Commission that are relevant to the Quality Assurance Committee's area of responsibility, in order to provide relevant assurance to the Board so that the Board may approve the Trust's annual Declaration of Compliance;

- to ensure the Trust incorporates the recommendations from external bodies e.g. the National Confidential Enquiry into Patient Outcomes and Death or Care Quality Commission, as well as those made internally e.g. in connection with serious incident reports and adverse incident reports, into practice and has mechanisms to monitor their delivery
 - to ensure those areas of business continuity risk within the Trust are regularly monitored and that effective disaster recovery plans are in place
 - to assure that there are processes in place that safeguard children and adults within the Trust
 - to escalate to the Executive Team and/or Board any identified unresolved risks arising within the scope of these Terms of Reference that require executive action or that pose significant threats to the operation, resources or reputation of the Trust.
- to agree the annual patient experience plan and monitor progress;

to assure that the Trust has reliable, real time, up-to-date information about what it is like being a patient experiencing care administered by

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the Trust, so as to identify areas for improvement and ensure that these improvements are effected; and

to identify areas for improvement in respect of incident themes and complaint themes from the results of National Patient Survey / PILS and ensure appropriate action is taken.

In particular, in respect of efficient and effective use of resources through evidence-based clinical practice:

to agree the annual Quality Plan and monitor progress;

to ensure that care is based on evidence of best practice/national guidance;

to assure that procedures stipulated by professional regulators of chartered practice (i.e. General Medical Council and Nursing and Midwifery Council) are in place and performed to a satisfactory standard;

to ensure that there is an appropriate process in place to monitor and promote compliance across the Trust with clinical standards and guidelines including but not limited to NICE guidance and guidelines and radiation use and protection regulations (IR(ME)R);

to assure the implementation of all new procedures and technologies according to Trust policies;

to review the implications of Confidential Enquiry Reports for the Trust and to endorse, approve and monitor the internal action plans arising from them;

to monitor trends in complaints received by the Trust and commission actions in response to adverse trends where appropriate;

to monitor the development of quality indicators throughout the Trust;

to generally monitor the extent to which the Trust meets the requirements of commissioners and external regulators;

to identify and monitor any gaps in the delivery of effective clinical care ensuring progress is made to improve these areas, in all specialties;

to ensure that there is an appropriate mechanism in place for action to be taken in response to the results of clinical audit and the recommendations of any relevant external reports (e.g. from the Care Quality Commission);

to oversee the processes within the Trust to ensure that appropriate action is taken in response to adverse clinical incidents, complaints

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and litigation and that examples of good practice are disseminated within the Trust and beyond if appropriate;

to ensure that where practice is of high quality, that practice is recognised and propagated across the Trust; and

to ensure the Trust is outward-looking and incorporates the recommendations from external bodies into practice with mechanisms to monitor their delivery.

Reporting: The Committee will report to the Board annually on its work.

Review: The Committee shall conduct an annual review of its effectiveness and provision shall be made in the annual work programme of the Committee to enable such a review to be conducted. The results of the annual review shall be recorded in the Minutes of the Committee which shall be submitted to the Trust Board.

The terms of reference of the Committee shall be reviewed by the Trust Board at least annually.

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UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST SCHEME OF DELEGATION

ANNEX 1: COMMITTEES AND SUB-COMMITTEES OF THE TRUST BOARD

Title : Remuneration Committee

1. AUTHORITY

- 1.1 The Remuneration Committee (the Committee) is constituted as a standing committee of the Trust's Board of Directors (the Board). Its constitution and terms of reference shall be as set out below, subject to amendment at future Board meetings.
- 1.2 The Committee is authorised by the Board to act within its terms of reference. All members of staff are directed to co-operate with any request made by the Committee.
- 1.3 The Committee is authorised by the Board to instruct professional advisors and request the attendance of individuals and authorities from outside the Trust with relevant experience and expertise if it considers this necessary for or expedient to the exercise of its functions.
- 1.4 The Committee is authorised to obtain such internal information as is necessary and expedient to the fulfilment of its functions.

2. MAIN PURPOSE

- 2.1 To be responsible for identifying and appointing candidates to fill all the Executive Director positions on the Board and for determining their remuneration and other conditions of service.

When appointing the Chief Executive, the Committee shall be the Committee described in Schedule 7, 17(3) of the National Health Service Act 2006 (the Act). When appointing the other Executive Directors the Committee shall be the Committee described in Schedule 7, 17(4) of the Act.

3. APPOINTMENTS ROLE

The Committee will:

- 3.1 Regularly review the structure, size and composition (including the skills, knowledge, experience and diversity) of the Board, making use of the output of the Board evaluation process as appropriate, and make recommendations to the Board, and Nomination Committee of the Council of Governors, as applicable, with regard to any changes.
- 3.2 Give full consideration to and make plans for succession planning for the Chief Executive and other Executive Board Directors taking into account the challenges and opportunities facing the Trust and the skills and expertise needed on the Board in the future.

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- 3.3 Keep the leadership needs of the Trust under review at Executive level to ensure the continued ability of the Trust to operate effectively in the health economy.
- 3.4 Be responsible for identifying and appointing candidates to fill posts within its remit as and when they arise.
- 3.5 When a vacancy is identified, evaluate the balance of skills, knowledge and experience on the Board, and its diversity, and in the light of this evaluation, prepare a description of the role and capabilities required for the particular appointment. In identifying suitable candidates the Committee shall use open advertising the services of external advisers to facilitate the search; consider candidates from a wide range of backgrounds; and consider candidates on merit against objective criteria.
- 3.6 Ensure that a proposed Executive Director's other significant commitments (if applicable) are disclosed before appointment and that any changes to their commitments are reported to the Board as they arise.
- 3.7 Ensure that proposed appointees disclose any business interests that may result in a conflict of interest prior to appointment and that any future business interests that could result in a conflict of interest are reported.
- 3.8 Consider any matter relating to the continuation in office of any Board Executive Director including the suspension or termination of service of an individual as an employee of the Trust, subject to the provisions of the law and their service contract.

4. REMUNERATION ROLE

The Committee will:

- 4.1 Establish and keep under review a remuneration policy in respect of Executive Board Directors (and senior managers on locally-determined pay).
- 4.2 Consult the Chief Executive about proposals relating to the remuneration of the other Executive Directors.
- 4.3 In accordance with all relevant laws, regulations and Trust policies, decide and keep under review the terms and conditions of office of the Trust's Executive Directors (and senior managers on locally-determined pay), including:
 - salary, including any performance-related pay or bonus;
 - provisions for other benefits, including pensions and cars;
 - allowances;
 - payable expenses; and
 - compensation payments.
- 4.4 In adhering to all relevant laws, regulations and Trust policies:

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- 4.4.1 establish levels of remuneration which are sufficient to attract, retain and motivate Executive Directors of the quality and with the skills and experience required to lead the Trust successfully, without paying more than is necessary for this purpose, and at a level which is affordable for the Trust;
- 4.4.2 use national guidance and market benchmarking analysis in the annual determination of remuneration of Executive Directors (and senior managers on locally-determined pay), while ensuring that increases are not made where Trust or individual performance do not justify them;
- 4.4.3 be sensitive to pay and employment conditions elsewhere in the Trust.
- 4.5 Monitor, and assess the output of the evaluation of the performance of individual Executive Directors, and consider this output when reviewing changes to remuneration levels.
- 4.6 Advise upon and oversee contractual arrangements for Executive Directors, including but not limited to termination payments to avoid rewarding poor performance.

5. MEMBERSHIP

- 5.1 The membership of the Committee shall consist of:
- the Trust Chair
 - the other Non-Executive Directors on the Board
 - and in addition, when appointing Executive Directors other than the Chief Executive, the Chief Executive
- 5.2 The Trust Chair shall chair the Committee.

6. SECRETARY

- 6.1 The Director of Corporate and Legal Affairs shall be secretary to the Committee.

7. ATTENDANCE

- 7.1 Only members of the Committee have the right to attend Committee meetings.
- 7.2 At the invitation of the Committee, meetings shall normally be attended by the Director of Workforce and OD.
- 7.3 Other persons may be invited by the Committee to attend a meeting so as to assist in deliberations.

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- 7.4 Any non-member, including the Secretary to the Committee, will be asked to leave the meeting should their own conditions of employment be the subject of discussion.

8. QUORUM

- 8.1 A quorum shall be three members, to include the Chair or Vice Chair.

9. FREQUENCY OF MEETINGS

- 9.1 Meetings shall be called as required, but at least three times in each financial year.

10. MINUTES AND REPORTING

- 10.1 Formal minutes shall be taken of all Committee meetings.
- 10.2 Once approved by the Committee, the minutes should be circulated to the Board unless it would be inappropriate to do so.
- 10.3 The Committee will report to the Board after each meeting.
- 10.4 The Committee shall receive and agree a description of the work of the Committee, its policies and all Executive Director emoluments in order that these are accurately reported in the required format in the Trust's annual report and accounts.

11. PERFORMANCE EVALUATION

- 11.1 As part of the Board's annual performance review process, the Committee shall review its collective performance (and that of its individual members).

12. REVIEW

- 12.1 The terms of reference of the Committee shall be reviewed by the Board when required, but at least (annually).

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ANNEX 2: SCHEME OF DELEGATION PURSUANT TO STANDING ORDERS

SO REF	DELEGATED TO	DUTIES DELEGATED
1.1.	CHAIRMAN	Final authority in interpretation of SOs
3.2	CHAIRMAN	Directing arrangements for Board meetings
3.5	CHAIRMAN	Calling Board meetings
3.6	DCLA	Notice specifying business to be transacted at Board meetings
3.12	CHAIRMAN	Chair all Board meetings and associated responsibilities
4.2	CHAIRMAN/CE	Exercise of Board powers in an emergency in consultation with at least two Non-Executive Directors.
6.8	DCLA	Maintenance of Register of interests of Directors
8.1	CE	Develop and maintain a Code of Business Conduct for Trust staff.
8.2	DCLA	Receipt of written notice of Officers' pecuniary interests in contracts.
8.3	DCLA	Receipt of written notice of Officers' employment, business or other relationship that conflict with Trust's interests.
8.8/8.9	DCLA	Receipt of written notice of Officers'/Directors' relationships with candidates for appointment with Trust.

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SO REF	DELEGATED TO	DUTIES DELEGATED
8.13	DCLA	Maintenance of registers.
9	Officers exercising budgetary responsibility	Levels of budgetary approval for capital and revenue expenditure in accordance with the delegated levels set out in the attached appendix.
9.1.14	Head of Procurement	Preparation of procedural documentation on tendering and buying goods and services.
9.2.2	CFO and Procurement officers delegated by him	Placing of orders.
9.4.2	CFO or his nominated representatives	Commercial approval to award contacts.
9.4.5	CFO, his nominated representative or Budget Holder	Signing of contracts.
9.5.1/9.5.2	CFO/CE	Consideration and determination of cases of need.
9.6	CFO	To exercise powers in relation to private finance.
9.7	CFO	Negotiation of healthcare contacts.
9.7.4 - 9.7.25	DEF/DCLA	Exercise of powers in relation to Estates and Facilities contracts.
9.9	CFO/CE	Sales of goods and services.

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SO REF	DELEGATED TO	DUTIES DELEGATED
10.	CE or his nominated officer	Disposal powers
11	CE or his nominated officer	Arrangements in relation to in-house services
12.1	DCLA	Keep seal in safe place and maintain a register of sealing.
12.3	DCLA OR NOMINATED OFFICERS	Approve and sign all building, engineering, property or capital documents.
12.5	CHAIRMAN/ DCLA	Affixing and attestation of seal.
13.1	CE/DCLA	Approve and sign all documents which will be necessary in legal proceedings.
13.2	DCLA OR NOMINATED OFFICERS	Sign on behalf of the Trust any agreement or document not required to be executed as a deed.
13.4	CFO	To sign all finance operating lease agreements.
14.1	DIRECTOR OF ESTATES & FACILITIES	To act as lead Director in providing advice, and executing action, in respect of land and property transactions.
14.3	DIRECTOR OF ESTATES & FACILITIES	To grant and terminate property leases in consultation with the Chief Finance Officer.

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15.1	CE	Existing Directors and employees and all new appointees are notified of and understand their responsibilities within SOs and SFIs.
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Appendix 1: Summary of Levels of Budgetary Approval for Capital & Revenue

❖ As outlined in Section 9 of the Trust Standing Orders

	<u>Revenue</u>	<u>Capital*</u>	<u>Requisition Approval (Y / N)</u>	<u>Non PO Invoice Approval (Y / N)</u>	<u>Notes</u>
Senior Management Team					
Chief Executive Chief Finance Officer	£1,500,000	£1,500,000	Y	Y	
Chief Operating Officer Chief Nurse Medical Director	£1,000,000	£1,000,000	Y	Y	
Director of Estates & Facilities	£500,000	£1,000,000	Y	Y	
Chief Information Officer	£500,000	£1,000,000			
Director of Operational Finance	£500,000	£500,000	Y	Y	
Other Executive Directors	£500,000	£500,000	Y	Y	
Other Corporate Deputy / Assistant Directors & Heads of Departments	£250,000	£250,000	Y	Y	

*Note: Capital is managed by the Capital Monitoring and Investment Committee (CMIC). All projects need to be approved by the CMIC before requisitions can be raised.

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CMG - Senior Clinical Team (or corporate equivalent)	<u>Revenue</u>	<u>Capital*</u>	<u>Requisition Approval (Y / N)</u>	<u>Non PO Invoice Approval (Y / N)</u>	<u>Notes</u>
Clinical Director	n/a	n/a	N	N	Senior clinical staff not included
Deputy Clinical Director	n/a	n/a	N	N	
Heads of Service / Lead Clinicians	n/a	n/a	N	N	
CMG - Senior Business Team (or corporate equivalent)					
Head of Operations	£250,000	£250,000	Y	Y	
Deputy Head of Operations	£100,000	£100,000	Y	Y	
Head of Nursing	£100,000	£100,000	Y	Y	
Deputy Head of Nursing	£50,000	£50,000	Y	Y	
General Manager	£25,000	£25,000	Y	Y	
Service Manager	£10,000	£10,000	Y	Y	
Matron	£5,000.00	n/a	Y	N	Requisition approval only – should not be able to authorise unplanned spend at this level

*Note: Capital is managed by the Capital Monitoring and Investment Committee (CMIC). All projects need to be approved by the CMIC before requisitions can be raised.

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CMG - Leads	<u>Revenue</u>	<u>Capital*</u>	<u>Requisition Approval (Y / N)</u>	<u>Non PO Invoice Approval (Y / N)</u>	<u>Notes</u>
Finance Lead	n/a	n/a	n/a	n/a	Able to provide cover for CMG Head of Operations only
Research Lead	£10,000	£10,000	Y	Y	
Education Lead	£5,000	£5,000	Y	Y	
HR Lead	n/a	n/a	n/a	n/a	
Patient Safety Lead	n/a	n/a	n/a	n/a	
PPI Lead	n/a	n/a	n/a	n/a	

*Note: Capital is managed by the Capital Monitoring and Investment Committee (CMIC). All projects need to be approved by the CMIC before requisitions can be raised.

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Appendix 2: Chief Finance Officer (CFO) Commercial Approvals

- ❖ Sourcing Approvals for (Tenders, Frameworks, Mini-Competitions, Contracts, Quick Quotes and Price Agreements)
- ❖ As Outlined in Section 9 of the Trust Standing Orders

<u>CFO Scheme of Delegation</u>	<u>Commercial Approval</u>	<u>Procurement Waiver</u>
Chief Executive	n/a	£250,000 Plus
Chief Finance Officer	n/a	£250,000
Head of Procurement and Supplies / Director Of Financial Operations	Unlimited	£110,000
Senior Category Managers	£250,000	£75,000
Category Managers	£150,000	n/a
Category Specialists	£100,000	n/a
Category Assistants	£50,000	n/a
Smart Buyers / Supplies Team	£25,000	n/a

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