

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST
STANDING ORDERS

September 2015

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UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

STANDING ORDERS

FOREWORD

The Trust's Standing Orders set out the formal structure of the Trust and the overall regulatory framework for the conduct of its business. They are an essential part of the framework of controls which the Trust Board has put in place to ensure that all activities are carried out in accordance with the law and the Seven Principles of Public Life (the 'Nolan Principles') which underpin the work of the NHS.

Accountability - Everything done by staff who work in the Trust must be able to stand the test of Parliamentary scrutiny, public judgements on propriety and professional codes of conduct.

Honesty - There must be an absolute standard of honesty in dealing with the assets of the Trust: integrity should be the hallmark of all personal conduct in decisions affecting patients, colleagues and suppliers, and in the use of information acquired in the course of Trust duties.

Openness - There must be sufficient transparency about the business of the Trust to promote confidence between the Trust and its staff, patients and the public.

Selflessness: Holders of public office should act solely in the terms of the public interest. They should not do so in order to gain financial or other benefits for themselves, their family or their friends.

Integrity: Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties.

Objectivity: In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.

Leadership: Holders of public office should promote and support these principles by leadership and example

The Trust Board has also approved Standing Financial Instructions which set out the financial rules adopted by the Trust, and Reservation of Powers to the Board and Delegation of Powers, which set out arrangements for the exercise of the Trust's functions. The Trust's Standing Orders should be read in conjunction with the Standing Financial Instructions and Reservation of Powers to the Board and Delegation of Powers.

The Standing Orders, Standing Financial Instructions and Reservations of Powers to the Board and Delegation of Powers provide a comprehensive business framework. They fulfil the dual role of protecting the Trust's interests and protecting staff from

any possible accusation that they have acted less than properly. All Executive and Non-Executive Directors, and all members of staff, should be aware of the existence of these documents and, where necessary, be familiar with the detailed provisions.

The Standing Orders incorporate provisions of the National Health Service Trusts (Membership and Procedure) Regulations 1990 SI(1990)2024 as amended: such provisions are indicated in italics and are not subject to suspension under SO 3.31.

If difficulty arises regarding the interpretation or application of any of these Standing Orders, advice should be sought from the Director of Corporate and Legal Affairs, **BEFORE** any action is taken.

FAILURE BY A MEMBER OF STAFF TO COMPLY WITH STANDING ORDERS IS POTENTIALLY A DISCIPLINARY OFFENCE WHICH COULD RESULT IN DISMISSAL IN CASES OF GROSS MISCONDUCT.

All senior staff to whom these Standing Orders are issued are responsible for ensuring that their staff are informed of the provisions of the Standing Orders and of any amendments, as and when issued.

INTRODUCTION

Statutory Framework

University Hospitals of Leicester NHS Trust (the Trust) is a body corporate which was established under University Hospitals of Leicester National Health Service Trust (Establishment) Order 1999 (SI (1999) No 2921) (the Establishment Order) as varied by the University Hospitals of Leicester National Health Service Trust (Establishment) Amendment Order 2003.

The principal places of business of the Trust are:-

Glenfield Hospital, Groby Road, Leicester, LE3 9QP,
Leicester General Hospital, Gwendolen Road, Leicester, LE5 4PW, and
Leicester Royal Infirmary, Infirmary Square, Leicester, LE1 5WW,

NHS Trusts are governed by statute, mainly the National Health Service Act 2006 and the National Health Service Act 1977 (NHS Act 1977). Health and Social Care Act 2012

The statutory functions conferred on the Trust are set out in the National Health Service Act 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. The Trust also has a common law duty as a bailee for patients' property held by the Trust on behalf of patients.

The Membership and Procedure Regulations 1990 (SI(1990)2024) as amended require the Trust to adopt Standing Orders (SOs) for the regulation of its proceedings and business.

NHS Framework

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

Included in the Manual are the Codes of Conduct and Accountability for NHS Boards. The Code of Accountability requires that, inter alia, Boards draw up a schedule of decisions reserved to the Board, and ensure that management arrangements are in place to enable responsibility to be clearly delegated to senior executives (a Scheme of Delegation). The Code also requires the establishment of an Audit Committee and a Remuneration Committee with formally agreed terms of reference. The Code of Conduct stipulates various requirements concerning possible conflicts of interest of Board Directors.

The Code of Practice on Openness in the NHS sets out the requirements for public access to information on the NHS.

Delegation of Powers

Under the Standing Orders relating to the Arrangements for the Exercise of Functions (SO 4), the Board exercises its powers to 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 SO 5 or by an Officer of the Trust, in each case subject to such restrictions and conditions as the Board thinks fit or as the Secretary of State may direct. Delegated powers are covered in a separate document, Reservation of Powers to the Board and Delegation of Powers. That document has effect as if incorporated into the Standing Orders.

1. **INTERPRETATION**

1.1 Save as permitted by law, at any meeting the Chairman of the Trust shall be the final authority on the interpretation of Standing Orders (on which he shall be advised by the Director of Corporate and Legal Affairs).

1.2 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:-

“Accountable Officer” shall be the Officer responsible and accountable for funds entrusted to the Trust. He shall be responsible for ensuring the proper stewardship of public funds and assets. For this Trust it shall be the Chief Executive.

“Board” shall mean the Chairman and Non-Executive Directors, appointed by the Secretary of State/Appointments Commission, and the Executive Directors appointed by the relevant committee of the Trust.

“Budget” shall mean a resource, expressed in financial terms, proposed by the Board for the purpose of carrying out, for a specific period, any or all of the functions of the Trust.

“Budget Holder” shall mean the Director (excluding Non-Executive Directors), Divisional Director, Clinical Management Group (CMG) Manager or such employee as they may authorise with delegated authority to manage finances (income and expenditure) for a specific area of the organisation.

“Chairman” is the person appointed on behalf of the Secretary of State for Health by the Appointments Commission to lead the Board and to ensure that it successfully discharges its overall responsibility for the Trust as a whole. The expression “The Chairman of the Trust” shall be deemed to include the Vice-Chairman of the Trust if the Chairman is absent from the meeting or is otherwise unavailable.

“Chief Executive” shall mean the Chief Officer of the Trust.

“Commissioning” means the process for determining the need for and for obtaining the supply of healthcare and related services by the Trust within available resources.

“Committee” shall mean a Committee appointed by the Trust.

“Committee Members” shall be persons formally appointed by the Trust to sit on or to chair specific Committees.

“Contracting and procuring” means the systems for obtaining the supply of goods, materials, manufactured items, services, building and engineering services, works of construction and maintenance and for disposal of surplus and obsolete assets.

“Director” shall mean a person appointed as a Director in accordance with the Membership and Procedure Regulations and includes the Chairman.

“Chief Finance Officer” shall mean the Chief Financial Officer of the Trust.

“Establishment Order” shall mean The University Hospitals of Leicester National Health Service Trust (Establishment) Order (SI (1999) No 2921) as varied by the University Hospitals of Leicester National Health Service Trust (Establishment) Amendment Order 2003.

“Funds Held on Trust” shall mean 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 under the National Health Service Act 2006. Such funds may or may not be charitable.

“Health Service Body” shall have the meaning assigned under Part 2 of the National Health Service Act 2006.

“Membership and Procedure Regulations” shall mean the National Health Service Trusts (Membership and Procedure) Regulations 1990 (SI (1990) 2024) (as amended).

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

“NHS Contract” shall have the meaning assigned by the National Health Service Act 2006.

“Nominated Officer” means an Officer charged with the responsibility for discharging specific tasks within SOs and SFIs.

“Officer” means an employee of the Trust or any other person holding a paid appointment or office with the Trust.

“Public Services Contract” means a Services Contract where the estimated value of consideration which the Trust expects to give under the contract (net of VAT) is equivalent to or greater than the limits set by the European Commission from time to time (as published in the Official Journal of the EU) and identified in the Public Contracts Regulations 2015.

“Public Supply Contract” means a Supplies Contract where the estimated value of consideration which the Trust expects to give under the contract (net of VAT) is equivalent to or greater than the limits set by the European Commission from time to time (as published in the Official Journal of the EU) and identified in the Public Contracts Regulations 2015.

“Public Works Contract” means a contract for, or under which the Trust engages a person to procure by any means to specified requirements,

building and engineering works of construction and maintenance of the types listed in Schedule 1 of the Public Works Contracts Regulations 2015 where the estimated value of the consideration which the Trust expects to give under the contract (net of VAT) is equivalent to or greater than the limits set by the European Commission from time to time (as published in the Official Journal of the EU) and identified in the Public Contracts Regulations 2015.

“Framework Agreement” means an agreement between one or more contracting authorities and one or more economic operators, the purpose of which is to establish the terms governing contracts to be awarded during a given period, in particular with regard to price and, where appropriate, the quantity envisaged.

The term of a framework agreement shall not exceed four years, save in exceptional cases duly justified, in particular by the subject of the framework agreement.

Contracts based on a framework agreement shall be awarded in accordance with the procedures laid down in this regulation.

Those procedures may be applied only between those contracting authorities clearly identified for that purpose in the call for competition or the invitation to confirm interest and those economic operators party to the framework agreement as concluded.

Contracts based on a framework agreement may under no circumstances entail substantial modifications to the terms laid down in that framework agreement

“Call off order”

A call off order is an order that is called off from a purchase agreement or Framework where specific volumes and times to be purchased are not fully defined, but pricing is contractually agreed for a specific period of time. This agreement/framework will have been constructed to enable a total volume of business to be called off as and when required, with each call off constituting individual contracts.

“Secretary” means a person appointed by the Trust to act independently of the Board to provide advice on corporate governance issues to the Chairman and Trust Board and monitor the Trust's compliance with the law, SOs, and observance of Department of Health guidance. For this Trust it shall be the Director of Corporate and Legal Affairs.

“Services Contract” means a contract for the provision of professional or other services other than under an NHS Contract,

“SFIs” means Standing Financial Instructions.

“SOs” means Standing Orders.

“Sub-Committee” shall mean a Sub-Committee appointed by the Trust.

“Sub-Committee Members” shall be persons formally appointed by the Trust to sit on or to chair specific Sub-Committees.

“Supplies Contract” means a contract for the purchase or hire of goods including any siting or installation other than under an NHS Contract.

“Trust” means University Hospitals of Leicester NHS Trust.

“Vice-Chairman” means the Non-Executive Director appointed by the Trust to take on the Chairman’s duties if the Chairman is absent for any reason.

“Works Contract” means a contract for building and engineering works of construction and maintenance including a public works contract other than an NHS Contract.

- 1.3** All references to the masculine gender shall read as equally applicable to the feminine gender.

2. THE TRUST

- 2.1 All business shall be conducted in the name of the Trust.
- 2.2 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.
- 2.3 The Trust has the functions conferred on it by Schedule 4 NHS Trusts Established Under Section 25 Chapter 3 of the National Health Service Act 2006 and by its Establishment Order.
- 2.4 Directors acting on behalf of the Trust as corporate trustee are acting as quasi-trustees. Accountability for charitable funds held on trust is to the Charity Commission.
- 2.5 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 the document Reservation of Powers to the Board and Delegation of Powers and have effect as if incorporated into the Standing Orders.
- 2.6 **Composition of the Trust** - In accordance with the Establishment Order and Membership and Procedure Regulations the composition of the Board of the Trust shall be:-

The Chairman of the Trust,

7 Non-Executive Directors, including a nominee of the University of Leicester as the Trust is to be regarded as having a significant teaching commitment within the meaning of paragraph 5 (1) (D) of Schedule 4 to the National Health Service Act 2006, as amended

5 Executive Directors, namely:-

- the Chief Executive (the Chief Officer),
- the Chief Financial Officer (the Chief Finance Officer),
- the Medical Director (a medical or dental practitioner),
- the Chief Operating Officer
- Chief Nurse (a registered nurse or midwife).

- 2.7 **Appointment of the Chairman and Directors** - The Chairman and Non-Executive Directors are appointed by the Secretary of State/Appointments Commission. The Trust shall appoint a Committee whose members shall be the Chairman and (at least two of) the Non-Executive Directors of the Trust whose function will be to appoint the Chief Officer as a Director of the Trust. The Trust shall appoint a Committee whose members shall be the Chairman, (at least two of) the Non-Executive Directors and the Chief Officer whose function will be to

appoint the Executive Directors of the Trust other than the Chief Officer.

- 2.8 Terms of Office of the Chairman and Directors** - The rules governing the period of tenure of office of the Chairman and Directors and the termination or suspension of office of the Chairman and Directors are contained in the Membership and Procedure Regulations.
- 2.9 Appointment of Vice-Chairman** - For the purpose of enabling the proceedings of the Trust to be conducted in the absence of the Chairman, the Directors of the Trust may appoint a Non-Executive Director from amongst them to be Vice-Chairman for such a period, not exceeding the remainder of his term as Non-Executive Director of the Trust, as they may specify on appointing him.
- 2.10 Any Non-Executive Director** - So elected may at any time resign from the office of Vice-Chairman by giving notice in writing to the Chairman and the Directors of the Trust may thereupon appoint another Non-Executive Director as Vice-Chairman in accordance with paragraph 2.9.
- 2.11 Powers of Vice-Chairman** - Where the Chairman of an NHS Trust has died or has otherwise ceased to hold office or where he has been unable to perform his/her duties as Chairman owing to illness, absence from England and Wales or any other cause, references to the Chairman shall, so long as there is no Chairman able to perform his/her duties, be taken to include references to the Vice-Chairman.
- 2.12 Joint Directors** - Where more than one person is appointed jointly to a post in the Trust which qualifies the holder for Executive Directorship or in relation to which an Executive Director is to be appointed, those persons shall become appointed as an Executive Director jointly, and shall count for the purpose of Standing Order 2.6 as one person.

3. MEETINGS OF THE TRUST

- 3.1 Admission of the Public and Press** - the public and representatives of the press shall be afforded facilities to attend all formal meetings of the Board but shall be required to withdraw upon the Board resolving as follows:-

“That pursuant to the Public Bodies (Admission to Meetings) Act 1960 the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest”. (Section 1 (2) Public Bodies (Admission to Meetings) Act 1960).

- 3.2** The Chairman (or Vice-Chairman) shall give such directions as he 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 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 (Admission to Meetings) Act 1960).

- 3.3** Nothing in these 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 writing, or to make any oral report of proceedings as they take place without the prior agreement of the Board.

- 3.4 Calling Meetings** - Ordinary meetings of the Trust shall be held at such times and places as the Board may determine.

- 3.5** The Chairman may call a meeting of the Trust at any time. If the Chairman refuses to call a meeting after a requisition for that purpose, signed by at least one-third of the whole number of Directors, has been presented to him, or if, without so refusing, the Chairman does not call a meeting within seven days after such requisition has been presented to him, such one third or more Directors may forthwith call a meeting.

- 3.6 Notice of Meetings** - Before each meeting of the Trust, a notice of the meeting, specifying the business proposed to be transacted at it, and signed by the Chairman or by an Officer of the Trust authorised by the Chairman to sign on his behalf shall be delivered to every Director, or sent by post to the usual place of residence of such Director, so as to be available to him at least three clear days before the meeting.

- 3.7** Subject to Standing Order 3.9, lack of service of the notice on any Director shall not affect the validity of a meeting.

- 3.8** In the case of a meeting called by Directors in default of the Chairman, the notice shall be signed by those Directors and no business shall be transacted at the meeting other than that specified in the notice.
- 3.9** 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 at which the notice would be delivered in the ordinary course of the post.
- 3.10** **Setting the Agenda** - The Board may determine that certain matters shall appear on every agenda for a meeting of the Board and, if the Board so decides, these shall be addressed prior to any other business being conducted. (Such matters may be identified within these SOs or following subsequent resolution listed in an Appendix to the SOs).
- 3.11** A Director desiring a matter to be included on an agenda shall make his request in writing to the Chairman at least 10 clear days before the meeting, subject to SO 3.6. Requests made less than 10 days before a meeting may be included on the agenda at the discretion of the Chairman.
- 3.12** **Chairman of Meeting** - At any meeting of the Trust, the Chairman, if present, shall preside. If the Chairman is absent from the meeting the Vice-Chairman, if there is one and he is present, shall preside. If the Chairman and Vice-Chairman are absent such Non-Executive Director as the Directors present shall choose shall preside.
- 3.13** If the Chairman is absent from a meeting temporarily on the grounds of a declared conflict of interest the Vice-Chairman, if present, shall preside. If the Chairman and Vice-Chairman are absent, or are disqualified from participating, such Non-Executive Director as the Directors present shall choose shall preside.
- 3.14** **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).
- 3.15** **Notices of Motion** - A Director of the Trust desiring to move or amend a motion shall send a written notice thereof at least 10 clear days before the meeting to the Chairman, who shall insert in the agenda for the meeting all notices so received subject to the notice being permissible under the appropriate regulations. This paragraph shall not prevent any motion being moved during the meeting without notice on any business mentioned on the agenda subject to SO 3.8.
- 3.16** **Withdrawal of Motion or Amendments** - A motion or amendment once moved and seconded may be withdrawn by the proposer with the concurrence of the seconder and the consent of the Chairman.
- 3.17** **Motion to Rescind a Resolution** - Notice of motion to amend or rescind any resolution (or the general substance of any resolution) which has been passed within the preceding 6 calendar months shall bear the signature of the Director who gives it and also the signatures of 4 other Directors. When any such motion has been disposed of by the Trust, it shall not be competent for any Director other

than the Chairman to propose a motion to the same effect within 6 months; however, the Chairman may do so if he considers it appropriate.

3.18 Motions - The mover of a motion shall have a right of reply at the close of any discussion on the motion or any amendment thereto.

3.19 When a motion is under discussion or immediately prior to discussion it shall be open to a Director to move:-

- an amendment to the motion,
- the adjournment of the discussion or the meeting,
- that the meeting proceed to the next business (*),
- the appointment of an ad hoc Committee to deal with a specific item of business,
- that the motion be now put (*),
- a motion under Section 1 (2) of the Public Bodies (Admission to Meetings) Act 1960 resolving to exclude the public.

* In the case of the sub-paragraphs denoted by (*) above, to ensure objectivity, such motions may only be put by a Director who has not previously taken part in the debate.

No amendment to the motion shall be admitted if, in the opinion of the Chairman of the meeting, the amendment negates the substance of the motion.

3.20 Chairman'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 Chairman of the meeting on questions of order, relevancy, regularity and any other matters shall be observed at the meeting.

3.21 Voting - Every question at a meeting shall be determined by a majority of the votes of the Directors present and voting on the question and, in the case of any equality of votes, the person presiding shall have a second or casting vote.

3.22 All questions put to the vote shall, at the discretion of the Chairman 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.

3.23 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 present voted or abstained.

3.24 If a Director so requests, his vote shall be recorded by name upon any vote (other than by paper ballot).

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

3.26 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 during a period of incapacity or temporary absence 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.

- 3.27 Minutes** - The Minutes of the proceedings of a meeting shall be drawn up and submitted for agreement at the next ensuing meeting where they will be signed by the person presiding at it.
- 3.28** No discussion shall take place upon the Minutes except upon their accuracy or where the Chairman considers discussion appropriate. Any amendment to the Minutes shall be agreed and confirmed at the next meeting.
- 3.29** Minutes shall be circulated in accordance with the Board's wishes. Where providing a record of a public meeting the Minutes shall be made available to the public (as required by the Code of Practice on Openness in the NHS).
- 3.30 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, and
 - (d) the presence of either or both of those persons shall count as one person for the purposes of SO 3.37 (Quorum).
- 3.31 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 may be suspended at any meeting, provided that at least one-third of the Board are present, including one Executive Director and one Non-Executive Director, and that a majority of those present vote in favour of suspension.
- 3.32** A decision to suspend SOs shall be recorded in the Minutes of the meeting.
- 3.33** A record of matters discussed during the suspension of SOs shall be made and shall be available to the Board.
- 3.34** The Audit Committee shall review every decision to suspend SOs.
- 3.35 Variation and Amendment of Standing Orders** - These Standing Orders shall be amended only if:-
- 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 are present; and
- the variation proposed does not contravene a statutory provision or direction made by the Secretary of State.

3.36 Record of Attendance - The names of the Directors present at the meeting shall be recorded in the Minutes.

3.37 Quorum - No business shall be transacted at a meeting of the Trust unless at least one-third of the whole number of the Directors are present including on or after the operational date at least one Executive Director and one Non-Executive Director.

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

3.39 If a Director 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 (see SO 6 or SO 7) he 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 recommendations of the Remuneration Committee).

3.40 Smoking - Smoking is prohibited at meetings of the Trust.

4. ARRANGEMENTS FOR THE EXERCISE OF FUNCTIONS BY DELEGATION

- 4.1** 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, appointed by virtue of SO 5.1 or SO 5.2 below or by a Director or an Officer of the Trust, in each case subject to such restrictions and conditions as the Board thinks fit.
- 4.2** **Emergency Powers** - The powers which the Board has retained to itself within these Standing Orders (SO 2.5) may in emergency be exercised by the Chief Executive and the Chairman after having consulted at least two Non-Executive Directors. The exercise of such powers by the Chief Executive and the Chairman shall be reported to the next formal meeting of the Board for ratification.
- 4.3** **Delegation to Committees and Sub-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. The constitution and terms of reference of these Committees, or Sub-Committees, and their specific executive powers shall be approved by the Board.
- 4.4** **Delegation to Officers** - Those functions of the Trust which have not been retained as reserved by the Board or delegated to an executive Committee or Sub-Committee shall be exercised on behalf of the Board by the Chief Executive. The Chief Executive shall determine which functions he will perform personally and shall nominate Officers to undertake the remaining functions for which he will still retain accountability to the Board.
- 4.5** The Chief Executive shall prepare a Scheme of Delegation identifying his 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 Delegation which shall be considered and approved by the Board as indicated above.
- 4.6** Nothing in the Scheme of Delegation shall impair the discharge of the direct accountability to the Board of the Chief Finance Officer or other Executive Director to provide information and advise the Board in accordance with any statutory requirements.
- 4.7** The arrangements made by the Board as set out in the document entitled "Reservation of Powers to the Board and Delegation of Powers" shall have effect as if incorporated in these Standing Orders.

5. COMMITTEES AND SUB-COMMITTEES

- 5.1 Appointment** - Subject to SO 2.7 and such directions as may be given by the Secretary of State, the Trust may and, if directed by him, shall appoint Committees of the Trust, consisting wholly or partly of Directors of the Trust or wholly of persons who are not Directors of the Trust.
- 5.2** A Committee appointed under SO 5.1 may, subject to such directions as may be given by the Secretary of State or the Trust, appoint Sub-Committees consisting wholly or partly of members of the Committee (whether or not they include Directors of the Trust) or wholly of persons who are not members of the Trust Committee (whether or not they include Directors of the Trust).
- 5.3** The Standing Orders of the Trust, as far as they are applicable, shall apply with appropriate alteration to meetings of any Committees or Sub-Committees established by the Trust.
- 5.4** 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. Such terms of reference shall have effect as if incorporated into these Standing Orders.
- 5.5** Committees may not delegate their executive powers to a Sub-Committee unless expressly authorised by the Board.
- 5.6** The Board shall approve appointments to each of the Committees which it has formally constituted. Where the Board determines 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.
- 5.7** 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 appointment shall be made in accordance with the regulations laid down by the Secretary of State.
- 5.8 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.
- 5.9** 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 shall resolve that it is confidential.

6. DECLARATIONS OF INTERESTS AND REGISTER OF INTERESTS

- 6.1 Declaration of Interests** - The Code of Accountability requires Board Directors to declare interests which are relevant and material to the NHS Board of which they are a Director. All existing Board Directors shall declare such interests. Any Board Directors appointed subsequently shall do so on appointment.
- 6.2** 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, and
 - (e) any connection with a voluntary or other organisation contracting for NHS services.
- 6.3** If Board Directors have any doubt about the relevance of an interest, this should be discussed with the Chairman.
- 6.4** At the time Board Directors' interests are declared, they shall be recorded in the Board Minutes. Any changes in interests shall be declared at the next Board meeting following the change occurring.
- 6.5** Board Directors' Directorships of companies likely or possibly seeking to do business with the NHS shall be published in the Board's annual report. The information should be kept up to date for inclusion in succeeding annual reports.
- 6.6** During the course of a Board meeting, if a conflict of interest is established, the Board Director concerned shall declare his interest, withdraw from the meeting room and play no part in the relevant discussion or decision. The declaration of interest shall be recorded in the Minutes of the meeting.
- 6.7** There is no requirement for the interests of Board Directors' spouses or partners to be declared. (Note, however, that SO 7, which is based on the Membership and Procedure Regulations, requires that the interest of Directors' spouses, if living together, in contracts should be declared).
- 6.8 Register of Interests** - The Director of Corporate and Legal Affairs shall ensure that a Register of Interests is established to record formally declarations of interests of Directors. In particular, the Register will include details of all Directorships and other relevant and material interests which have been declared by both Executive and Non-Executive Board Directors, as defined in SO 6.2.
- 6.9** These details will be kept up to date by means of an annual review of the Register in which any changes to interests declared during the preceding twelve months

will be incorporated.

- 6.10** The Register will be available to the public and the Director of Corporate and Legal Affairs shall take reasonable steps to bring the existence of the Register to the attention of the local population and to publicise arrangements for viewing it.

7. DISABILITY OF DIRECTORS IN PROCEEDINGS ON ACCOUNT OF PECUNIARY INTEREST

The entire text of this section is based on the Membership and Procedure Regulations.

- 7.1** Subject to the following provisions of this Standing Order, if a Director of the Trust has any pecuniary interest, direct or indirect, in any contract, proposed contract or other matter and is present at a meeting of the Trust at which the contract or other matter is the subject of consideration, he shall at the meeting and as soon as practicable after its commencement disclose the fact and shall not take part in the consideration and discussion of the contract or other matter or vote on any question with respect to it.
- 7.2** The Secretary of State may, subject to such conditions as he may think fit to impose, remove any disability imposed by this Standing Order in any case in which it appears to him in the interests of the National Health Service that the disability shall be removed.
- 7.3** The Trust shall exclude a Director from a meeting of the Trust while any contract, proposed contract or other matter in which he has a pecuniary interest, direct or indirect, is under consideration. (Under Regulation 20 (2) of the Membership and Procedure Regulations Trusts may provide for such exclusion).
- 7.4** Any remuneration, compensation or allowances payable to the Chairman or a Non-Executive Director by virtue of paragraph 11 of Schedule 4 to the National Health Service Act 2006 shall not be treated as a pecuniary interest for the purpose of this Standing Order.
- 7.5** For the purpose of this Standing Order, the Chairman or a Director shall be treated, subject to SO 7.2 and SO 7.6, as having indirectly a pecuniary interest in a contract, proposed contract or other matter, if:-
- (a) he, or a nominee of his, 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 or which has a direct pecuniary interest in the other matter under consideration; or
 - (b) he 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,
- and in the case of married persons living together the interest of one spouse shall be deemed for the purpose of this Standing Order to be also an interest of the other.
- 7.6** A Director shall not be treated as having a pecuniary interest in any contract, proposed contract or other matter by reason only:-
- (a) of his membership of a company or other body, if he has no beneficial

interest in any securities of that company or other body,

- (b) of an interest in any company, body or person with which he is connected as mentioned in SO 7.5 above which is so remote or insignificant that it cannot reasonably be regarded as likely to influence a Director in the consideration or discussion of or in voting on, any question with respect to that contract or matter.

7.7 Where a Director:-

- (a) has an indirect pecuniary interest in a contract, proposed contract or other matter by reason only of a beneficial interest in securities of a company or other body; and
- (b) 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; and
- (c) if the share capital is of more than one class, the total nominal value of shares of any one class in which he has a beneficial interest does not exceed one-hundredth of the total issued share capital of that class,

this Standing Order shall not prohibit him from taking part in the consideration or discussion of the contract or other matter or from voting on any question with respect to it without prejudice however to his duty to disclose his interest.

7.8 Standing Order 7 applies to a Committee or Sub-Committee of the Trust as it applies to the Trust and applies to any member of any such Committee or Sub-Committee (whether or not he is also a Director of the Trust) as it applies to a Director of the Trust.

8. STANDARDS OF BUSINESS CONDUCT

- 8.1 Policy** - It shall be the responsibility of the Chief Executive to develop and maintain a Code of Business Conduct for Trust staff to ensure that the key provisions of the NHS Executive's guidance on standards of business conduct for NHS staff (HSG(93))5 dated 18 January 1993) the Bribery Act 2010 are brought to the attention of all staff and effectively implemented.
- 8.2 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 he has any pecuniary interest, has been, or is proposed to be, entered into by the Trust he shall, at once, give notice in writing to the Director of Corporate and Legal Affairs of the fact that he is interested therein. The Director of Corporate and Legal Affairs shall enter details in the Register of Officers' Interests kept by him for the purpose. 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.
- 8.3** An Officer must also declare in writing to the Director of Corporate and Legal Affairs any other employment or business or other relationship of his, or of a partner, that conflicts, or might reasonably be predicted could conflict with the interests of the Trust.
- 8.4 Canvassing of, and Recommendations by, Directors in Relation to Appointments** - Canvassing of Directors 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 this Standing Order shall be included in application forms or otherwise brought to the attention of candidates.
- 8.5** A Director 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.
- 8.6** Informal discussions outside appointments panels or Committees, whether solicited or unsolicited, should be declared to the panel or Committee.
- 8.7 Relatives of Directors 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 him/her liable to instant dismissal.
- 8.8** The Directors and every Officer of the Trust shall disclose in writing to the Director of Corporate and Legal Affairs any relationship with a candidate of whose candidature that Director or Officer is aware.
- 8.9** On appointment, Directors (and prior to acceptance of an appointment in the case of Executive Directors) shall disclose to the Trust whether they are related to any

other Director or holder of any office under the Trust.

- 8.10** 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' (SO 7) shall apply.
- 8.11** **Gifts** - Each Officer of the Trust shall adhere to the Trust's Code of Business Conduct for Trust staff in respect of the offer/acceptance/rejection of any gifts in accordance with the Code and shall notify the Director of Corporate and Legal Affairs in writing of the offer/acceptance/rejection of gifts in accordance with the Code.
- 8.12** **Hospitality** - Each Officer of the Trust shall adhere to the Trust's Code of Business Conduct for Trust staff in respect of the offer/acceptance/rejection of hospitality and shall notify the Director of Corporate and Legal Affairs in writing of the offer/acceptance/rejection of hospitality in accordance with the Code.
- 8.13** **Registers** – The Director of Corporate and Legal Affairs shall ensure that Registers are established to record formally declarations of interests in contracts, employment or relationships, gifts and hospitality under SOs 8.2, 8.3, 8.8, 8.11 and 8.12. The Registers will be available for inspection by any Board Director.

9. BUYING GOODS AND SERVICES

9.1 Introduction

- 9.1.1 Duty to Comply with Standing Orders** - The procedure for placing orders by or on behalf of the Trust involving revenue capital and charitable funds and whether subject to purchase, lease or managed equipment shall comply with these Standing Orders (except where Standing Order (SOs) 3.31 (Suspension of SOs) is applied). Subject to the following provisions of these Standing Orders, the standard method of procurement by the Trust shall be by way of competitive quotation or tender.
- 9.1.2** All of the Trust's procurement of services, supplies and works is to be based on value for money, having due regard to propriety and regularity. All procurements should be undertaken on the basis that the correct procurement process has been followed and on a sound legal basis. Further guidance can be obtained by contacting the Procurement Department.
- 9.1.3** EU Directives Governing Public Procurement – Directives by the Council of the European Union (EU) promulgated by the Department of Health (DoH) prescribing procedures for awarding all forms of contracts shall have effect as if incorporated in these Standing Orders.
- 9.1.4** The Trust shall comply as far as is practicable with any guidance that may be issued from the Department of Health on specific areas such as Capital and Management Consultancy.
- 9.1.5** Where a requirement to be ordered under existing contracts including call-off contracts arranged by the Trust, National and Regional bodies authorised to act on behalf of the Trust then the provision of this Clause 9 insofar as competitive tendering exercises are concerned, are not applicable.
- 9.1.6** Officers of the Trust shall ensure that any information provided to any prospective party invited to quote/tender under SO 9, shall be provided, where appropriate, to all prospective parties invited to quote/tender so as to ensure fair and adequate competition. Formal quotation/tender documents shall at all times be treated as strictly confidential subject to statutory provision.
- 9.1.7** These Standing Orders establish financial values that apply Trust-wide to all procurements: Officers of the Trust shall not seek to circumvent or avoid having to comply with these Standing Orders by disaggregating the financial values that apply in respect of any proposed procurement.
- 9.1.8** Where formal Trust competitive quotations and formal Trust competitive tenders are required to be invited, they shall be sought from a sufficient number of firms to provide fair and adequate competition, being a **minimum of three** suppliers in each case.
- 9.1.9** The Chief Executive shall be responsible for ensuring that best value for money can be demonstrated for all services provided under contract or in

house. The Trust Board may also determine from time to time that in-house services should be market tested by competitive tendering.

- 9.1.10 Contracts** – The Trust may only enter into contracts within the statutory powers and shall comply with:-
- (a) these Standing Orders,
 - (b) The Trust's SFIs,
 - (c) The Trust Scheme of Delegation and your approved budget authority levels
 - (d) EU Directives and other statutory provisions such as the Public Contracts Regulations 2015
 - (e) Any relevant guidance issued by the Department of Health from time to time Such as the NHS Standard Contract Conditions as are applicable in the circumstances.

Formal contract documentation shall be in or embody the same terms and conditions of contract as was the basis on which tenders or quotations were invited.

- 9.1.11** In all contracts made, the Trust shall endeavour to obtain best value for money. **All values outlined in the S.Os are excluding Value Added Tax.**
- 9.1.12** In such Contracts involving charitable funds shall comply with the requirements of the Charities Act. For funds held, the Trust shall relate to a specifically named fund.
- 9.1.13** All tenders issued by the Trust shall be issued via an e-tendering portal and be advertised in line with national guidance. This will be subject to the controls built into the system regarding the receipt and safe-keeping of tenders and all records.
- 9.1.14** The Head of Procurement shall ensure that Procurement procedural guidance is kept up to date. The guidance will include the rules requirements and records to be maintained for each key stage of the tendering process.
- 9.1.15** Where National or local frameworks subject to the EU regulations are used, call off purchases must be in accordance with the EU Regulations and the guidance outlined in the Framework. Where mini competitions are sought these should be carried out by procurement or facilities staff and by way of the e-tendering portal.
- 9.1.16** Where Frameworks are used that are not subject to EU Regulations, call off purchases must comply with the rules outlined in the Framework guidance.

9.2 Approval to proceed

- 9.2.1** Prior to any procurement, officers of the Trust must ensure that provision within agreed budgets has been made for the goods and / or services required.
- 9.2.2** The placing of orders shall only be undertaken by or in consultation with the Chief Finance Officer or his/her delegated procurement officers and other agreed officers.
- 9.2.3** The Chief Finance Officer as above shall only delegate authority to other officers of the Trust when he is satisfied that the written procedures have been prepared and to be followed by the Officers of the Trust and his staff are satisfactory and consistent with these Standing Orders.

9.3 Quote / Tender Limits

- 9.3.1** Where existing contracts are in place officers of the Trust must use those contracts unless otherwise agreed by Procurement.

Placing an order with a value up to £25,000

Where the estimated expenditure does not, or is not reasonably expected to, **exceed £25,000** the responsible budget holder shall assure themselves that the Trust is receiving value for money and shall consider the adoption of one of the following procurement methods:-

- (a) Competitive quotation, or**
- (b) Negotiation, or**
- (c) Seeking more than one electronic quotation**

Whichever method of procurement is used, Officers of the Trust shall comply with the procedures issued by the Chief Finance Officer nominated representative(s) on placing orders with a value of up to £25,000

This Clause shall apply where the value or the aggregated value of the order or any call-off orders will not or are not anticipated to exceed £25,000.

The provisions of this Clause shall not apply to call off orders placed for goods or services contracts already placed following and pursuant to a previous approved tendering exercise.

A call off order is an order that is called off from a purchase agreement or Framework where specific volumes and times to be purchased are not fully defined, but pricing is contractually agreed for a specific period of time. This agreement/framework will have been constructed to enable a total volume of business to be called off as and when required, with each call off constituting individual contracts.

Approval to proceed shall be subject to the Scheme of Delegation criteria in Appendices 1 & 2.

- 9.3.2 Placing orders with a value of between £25,000 and EU threshold.** Where the estimated expenditure or income is between **£25,000 and the EU Threshold** Officers of the Trust shall always seek guidance from Procurement. As a minimum, competitive quotations shall be sought from at least three suppliers. quotations (acting through Procurement.) Procurement may, in the interests of obtaining value for money or transparency, determine that a formal tendering process is required.

Where Procurement or Facilities carry out a competitive quotation on a budget holders behalf this should be by way of the e-tendering portal, using the quotation template and, if advertised, by including the link to Contracts Finder

This Standing Order shall apply where the aggregated value of the order or any call-off orders will not or are not anticipated to **rise above the relevant EU Threshold**. Aggregation will be determined on the same or similar products / services using the principles set out with the Public Contracts Regulations 2015

The provisions of this Standing Order shall not apply to call off orders placed for goods or services for contracts already placed following and pursuant to a previous tendering exercise.

Approval to proceed shall be subject to the Scheme of Delegation.

Exceptions to these procedures are detailed in Standing Order 9.5 (Case of Need)

- 9.3.3** Tenders over the OJEU threshold will be carried out in accordance with the appropriate EU Directives and must be by way of the e-tendering portal, using the relevant OJEU template and including the link to Contracts finder. Where tenders are sought by negotiation approval to do so must be obtained under Standing Order 9.4.1

Only Procurement and Facilities staff can invite tenders

- 9.3.4** Tenders received after the notified closing time will not be considered and should be rejected
- 9.3.5** An order or contract document will be sent to the successful supplier subject to the approval process outlined in SO 9.3. and 9.4
- 9.3.6** Procedures on Receipt of Tender
- 9.3.7** Procurement & Facilities through the use of the Tender / Contract Portal shall be responsible for ensuring that procedures for the safe custody, opening and recording of formal Trust tenders are devised and used so as to preserve

confidentiality and to safeguard against malpractice Tenders received after the notified closing time will not be considered and should be rejected

- 9.3.8** An order or contract document will be sent to the successful supplier subject to the approval process outlined in SO 9.3. and 9.4

9.4 APPROVAL TO AWARD A CONTRACT

- 9.4.1** Contracts shall be awarded on the basis of the offer which is :

The most economically advantageous to the Trust.

- 9.4.2** All contractual commitments and subsequent expenditure shall be approved at both a Budget and Commercial level in line with the scheme of delegation. All Commercial approval is provided by the Chief Finance Officer or his nominated representatives.

- 9.4.3** Approval of individual tender awards (other than NHS contracts) amounting to or likely to amount to, £5,000,000 or more shall be reserved to the Trust Board for decision and further approval may be required by external bodies depending on values and circumstances. (Clarification / Framework call off contracts apply)

- 9.4.4** Where it is deemed appropriate, contracts of a lower value than £5,000,000 should be reserved to the Trust Board for decision.

- 9.4.5 Authority to the Signing of contracts** – Subject to 9.4.2 contracts must either be signed by the Budget Holder who has approval in accordance with the scheme of delegation or by the Chief Finance Office or his nominated representative.

- 9.4.6** Final signed copies of All contracts over the EU threshold shall be kept by either Procurement or Facilities (electronically or in hard copy as required).

9.5 Case of Need Process

- 9.5.1** Officers of the Trust not wishing to either obtain three quotations (**for purchases up to the EU threshold**) or, carry out a formal tender. (**for purchases above the EU threshold**) shall prepare in writing a Procurement Waiver explaining their reasons and submit their request to the Chief Financial Officer or his nominated representative. Where the anticipated value exceeds £250,000 the Case of Need shall be considered by the Chief Executive following submission to the Chief Financial Officer.

9.5.2 The decisions of the Chief Finance Officer and Chief Executive under this Standing Order shall be final and the decisions and reasons therefore shall be recorded and reported to the Audit Committee as a standing item.

9.5.3 Procurement Waiver approval may be considered in the following circumstances prior to an invitation for tender or quotation:

- (a) where urgent services, supplies or works are necessary either for the protection of life or property or to maintain the provision of a service for which the Trust is responsible, or
- (b) where the services, supplies or works consist of routine servicing of, maintenance of, repairs to, or parts for, existing equipment, or extensions thereto, which for technical reasons must be of the same source or obtained from the same manufacturer or supplier, or
- (c) where there are less than three suppliers and no reasonably satisfactory alternatives, or
- (d) where, taking into account of all the circumstances and in particular end-user needs, and/or market conditions, it is desirable to extend the scope of an existing contract without affecting the nature and intent of the existing contract, or other National Frameworks
- (e) where a marked financial advantage will accrue to the Trust from making spot purchases or products subject to quickly changing market conditions, or
- (f) where, taking account of all circumstances, competition by way of competitive tender be impossible, impractical or unbeneficial to the Trust, or
- (g) where, following advice received from the Trust's legal advisers, the provision of professional or other services is required in connection with any litigation or contentious matter, or
- (h) where the officers of the Trust wish to seek formal Trust competitive tenders or quotations from fewer than three companies. Approval would permit offers to be invited from one or two bidders.
- (i) where it is desirable, in the interests of the Trust, to extend the duration of an existing agreement/contract which exceeds any previously approved contract term.
- (j) Orders may be placed with more than one tenderer where, in the opinion of the Trust Officer, it is considered advisable or essential for strategic reasons to avoid a monopoly supply situation.

9.6 Private Finance

When the Trust proposes to use finance which is to be provided other than through its External Financing Limit (EFL) the following procedures shall apply

- (a) the advice and approval of the Chief Finance Officer shall be sought to proceed,
- (b) the Chief Finance Officer and the Trust Board must be satisfied that the use of private finance represents value for money and genuinely transfers significant risk to the private sector, and
- (c) where the sum involved exceeds delegated limits, a business case must be referred to the NHS Trust Development Authority (TDA) and/or treated as per current Department of Health Guidelines,
- (d) 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, and
- (e) the selection of contractor/finance company must be on the basis of competitive tendering where the estimated expenditure exceeds £100,000 (excluding VAT) in accordance with and subject to the provisions of this SO9.

9.7 Other Contracts

This Standing Order 9.7 is without prejudice to the obligations of all officers of the Trust to observe all other provisions of this Standing Order 9 in totality wherever relevant and applicable.

9.7.1 Personnel and Agency or Temporary Staff Contracts – subject to the provisions of these SOs, SFIs and guidance issued from time to time by the Chief Finance Officer and Director Workforce and OD, Budget Holders as identified to the Chief Finance Officer shall have delegated authority to enter into contracts for the employment of other Officers, and enter into contracts for the employment of agency staff or temporary staff.

9.7.2 Healthcare Services Agreements/Contracts – made between two NHS organisations, for example with Health Authorities/Clinical Commissioning Groups (CCG's) for the supply of healthcare services, are subject to the provisions of the National Health Service Act 2006. Such agreements/contracts do not give rise to contractual rights or liabilities but a dispute may be referred to the NHS Trust Development Authority (TDA) (acting as the Secretary of State).

9.7.3 The Chief Executive shall nominate an Officer with power to negotiate for the provision of healthcare services with Commissioners and Purchasers of healthcare. For this Trust, the Officer shall be the Chief Finance Officer.

9.7.4 Estates & Facilities Contracts Every tender invitation for goods, materials, manufactured articles supplied as part of the works contract and services shall embody such of the main contract conditions as may be appropriate in accordance with the contract forms described in SOs 9.7.5 and 9.7.6 below.

- 9.7.5** Every tender invitation for building and engineering works, except for maintenance work only where Estmancode guidance should be followed, shall embody or be in the terms of the current edition of the appropriate Joint Contracts Tribunal (JCT) or Engineering and Construction *Contract, Third Edition 2005 (Reprinted with Amendments 2013)* standard forms of contract amended to comply with Concode. When the content of the works is primarily engineering, tenders shall embody or be in the terms of the General Conditions of Contract recommended by the Institutions of Mechanical 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 Institution of Civil Engineers. The standard documents should be amended to comply with Concode and, in minor respects, to cover special features of individual projects. Tendering based on other forms of contract may be used only after prior consultation with the DoH.
- 9.7.6** Every quotation/tender invitation for goods, materials, services (including consultancy services) or disposals shall embody such of the NHS Standard Contract Conditions as are applicable.
- 9.7.7** Service contracts shall be executed as a deed or under the Common Seal of the Trust in accordance with the procedures in Part 12 of these SOs where this is deemed appropriate, in the opinion of the Officer responsible, in consultation with the Director of Corporate and Legal Affairs (or his nominated representative(s)). Otherwise, such service contracts shall be evidenced in writing so far as is possible having regard to the custom and practice of the profession concerned. Consultants of health building schemes must be appointed by the Director of Estates & Facilities under the terms of a formal agreement which includes details of the terms and conditions that apply to the appointment of professional consultants produced by the professional bodies and the following standard forms of appointment for the commissioning of professional consultants published by NHS Estates:-
- (a) Agreement for the appointment of architects, surveyors and engineers for commissions in the NHS, and
 - (b) Agreement for the appointment of project managers for commissions for construction projects in the NHS.
- 9.7.8** The Director of Estates & Facilities shall ensure that an official order or letter of acceptance shall be placed for all works contracts **(up to and including the sum of £100,000)**.
- 9.7.9** Every works contract which exceeds **£100,000** in value, but does **not exceed £250,000** may be executed under hand by the Director of Estates & Facilities (or his nominated representative) or the Director of Corporate and Legal Affairs (or his nominated representative).

- 9.7.10** Every works contract which exceeds £250,000 shall be executed as a deed or under seal as soon as reasonably possible after the contract is awarded in accordance with Standing Order 12.
- 9.7.11** Where the estimated value of building or engineering works to which a services contract for consultant related design services is not more than **£250,000** the contract may be executed under hand by the Director of Estates & Facilities (or his nominated representative) or the Director of Corporate and Legal Affairs (or his nominated representative).
- 9.7.12** Where the estimated value of building or engineering works to which a services contract for consultant related design services exceeds **£250,000** the contract shall be executed as a deed or under seal as soon as reasonably possible after the contract is awarded in accordance with Standing Order 12.
- 9.7.13** Every works contract and supplies contract shall specify:
- (a) What is to be supplied to the Trust,
 - (b) The price to be paid or a method of calculating the price to be paid, with a statement of discounts or other deductions if any, and
 - (c) Where applicable, the time or times within which the contract is to be performed.
- 9.7.14** The Director of Estates & Facilities shall ensure that works contracts between the Trust and the proposed nominated sub-contractors or proposed nominated suppliers shall be based on the current edition of the NSC/W deed; and proposed nominated suppliers' contracts shall be based on the current edition of the forms of direct warranty TNS/2; and, where the sub-contract value exceeds **£250,000**, it shall be executed under hand by the Director of Estates & Facilities (or his nominated representative) and shall be executed as a deed by the sub-contractor or supplier as soon as reasonably possible after the contract is awarded and shall then be executed under the common seal of the Trust within a further period of 6 months.
- 9.7.15** For building and engineering works the Director of Estates & Facilities (or his nominated representative) shall be authorised to select the form(s) of contract most suited to the requirements of the scheme, taking into account Departmental guidance and the relevant provisions of this SO9.
- 9.7.16** Where amendments to the standard form of contract are considered essential by the Director of Estates & Facilities (or his nominated representative) these must be based on competent professional advice, particularly when the balance of risks is being considerably changed or fixed lump sum bids are invited for commissions of long duration.
- 9.7.17** Consultants in respect of works of a construction nature who are not included in the standard forms prepared for NHS use (eg landscape

architects) may be commissioned by the Director of Estates & Facilities (or his nominated representative) using the standard form published by that consultant's professional body, suitably amended to take account of Government or Departmental policy. Where there is any difficulty because of the absence of any form of agreement specific to the particular profession concerned, the Director of Estates & Facilities (or his nominated representative) shall seek suitable professional advice on the form of contract.

- 9.7.18** Where the Director of Estates & Facilities (or his nominated representative) considers it necessary, following a decision as to which tenderer to award a contract to, he shall be authorised to send a letter to the successful contractor notifying him of acceptance of his tender and stating that he will shortly be sent the formal contract documentation for execution.
- 9.7.19** The Director of Estates & Facilities (or his nominated representative) in consultation with the Director of Corporate and Legal Affairs (or his nominated representative(s)) and the Trust's professional advisers, including legal advisers, shall determine the circumstances in which the Trust requires a performance bond and/or a parent company guarantee and/or design or collateral warranties and/or professional indemnity insurance in respect of any building or engineering contract and shall secure any such performance bond and/or parent company guarantee and/or design or collateral warranties as appropriate in line with the contract.
- 9.7.20** The Director of Estates & Facilities (or his nominated representative) shall retain full details on file of the commissions awarded, the original invitations offers, pricing schedules, records of meetings, discussions and all correspondence between the Trust and the consultants up to acceptance of the offer for the particular commission. This can be implemented and delivered through the procurement Electronic Tender Portal
- 9.7.21** The Director of Estates & Facilities (or his nominated representative) shall ensure that contractors and consultants are (as a condition precedent to appointment) adequately insured against enforceable claims which might result from the work undertaken by them by virtue of their appointments and that such insurance is regularly checked and maintained for an appropriate period.
- 9.7.22** The Director of Estates & Facilities (or his nominated representative) in consultation with the Director of Corporate and Legal Affairs (or his nominated representative(s)) shall determine what insurance arrangements are to be made by the Trust and/or contractor/consultant, and assess damages to be incorporated within the contract, in respect of building or engineering works.
- 9.7.23** Procurement of Building and Engineering Works and Approved Lists – in respect of building and engineering works, and subject to the provisions of

these SOs, the Director of Estates & Facilities shall be authorised to act as lead Director on behalf of the Trust in procuring such works and shall be authorised to establish and maintain approved lists of firms and consultants from which he may select firms and consultants to tender for specific contracts at his discretion. In compiling the list, the Director of Estates & Facilities shall observe advice given and compiled by other NHS bodies. The Director of Estates & Facilities shall be authorised to seek tenders for and operate commissions under 'Measured Term Contract' arrangements for building consultancy and drawing office and other related building and engineering services in respect of minor capital works.

9.7.24 The approved lists established and maintained by the Director of Estates & Facilities under SO 9.7.23 may be for such categories of building and engineering works and may be divided into such value classification as he determines at his discretion. These will be tendered via the procurement Electronic Portal so that there is a full and comprehensive audit trail of all information between the Trust and the Suppliers so that competitive tendering can be applied and evaluated both internally or externally by appointed Quantity Surveyors (QS)

9.7.25 In establishing, maintaining and operating the approved lists of firms and consultants, the Director of Estates & Facilities shall ensure that:-

- (a) the Trust shall not operate the approved lists in such a way that they contravene the requirements of these SOs, the law generally and, in particular, EU Directives governing public procurement,
- (b) applications for inclusion in the Trust's approved lists shall be considered at any time,
- (c) no charge shall be made to firms and consultants processing applications for inclusion in the approved lists,
- (d) a systematic financial and technical check is made, whether by the Trust or by an external NHS body acting on behalf of the Trust, of all firms and consultants considered for inclusion on the approved lists (the financial check to be the subject of consultation with the Chief Finance Officer and Head of Procurement and Supplies) and only those firms/consultants which satisfy the criteria established are included on the approval lists,
- (e) the approved lists shall be reviewed at periods not exceeding three years and that all firms and consultants shall be reassessed at the time of review,
- (f) all firms and consultants selected from approved lists to tender for a specific contract shall be reassessed at the time of selection to ensure that their circumstances have not changed since their inclusion on the approved lists,
- (g) a firm's or consultant's retention on the lists is dependent upon both its circumstances at the time of its inclusion on the approved list remaining unchanged, and the provision of satisfactory performance where it is awarded work; in the event of any changes in either a firm's or consultant's circumstances, or

- performance, it must be reassessed to establish its suitability for retention on the approved lists,
- (h) firms/consultants shall be informed that inclusion on the approved lists does not guarantee that they will be offered work/commissions,
 - (i) where he deems it necessary, he shall supplement the approved lists where they do not afford a suitable choice for the invitation of formal Trust quotations/tenders for a particular scheme, subject to such firms/consultants so added being assessed in a similar manner to those on the approved lists.
 - (j) he shall draw up a written procedure for making selections from the approved lists and issue this to appropriate staff,
 - (k) records shall be maintained to show the number of invitations to submit formal Trust Quotations/tenders issued to each firm/consultant on the lists and the number of contracts awarded to them by the Trust,
 - (l) where a firm/consultant declines to respond to an invitation to quote/tender, he shall reconsider its inclusion on the approved lists.

9.8 Cancellation/Termination of Contracts

9.8.1 Cancellation of Contracts – Except where specific provision is made in model Forms of Contracts or standard Schedules of Conditions approved for use within the National Health Service in accordance with the Standard NHS Terms and Conditions there shall be inserted in every written contract a clause empowering the Trust to cancel the contract and to recover from the contractor the amount of any loss resulting from such cancellation, if the contractor shall have offered, or given or agreed to give, any person any gift or consideration of any kind as an inducement or reward for doing or forbearing to do or for having done or forborne to do any action in relation to the obtaining or execution of the contract or any other contract with the Trust, or for showing or forbearing to show favour or disfavour to any person in relation to the contracts or any other contract with the Trust, or if the like acts shall have been done by any person employed by him or acting on his behalf (whether with the Trust the contractor or any person employed by him/her or acting on his behalf shall have committed any offence under the Prevention of Corruption Acts 1889 and 1916 The Bribery Act 2010 and other appropriate legislation.

9.8.2 Determination of Contracts for Failure to Deliver Goods or Materials – There shall be inserted in every written contract for the supply of goods or materials a clause to secure that, should fraudulent claims or payments be identified, or should the contractor fail to deliver the goods or materials or any portion thereof within the time or times specified in the contract, the Trust may without prejudice determine the contract either wholly or to the extent of such default and purchase other goods, or materials of similar description to make good (a) such default or (b) in the event of the contract being wholly determined, the

goods or materials remaining to be delivered. The clause shall further secure that the amount by which the cost of so purchasing other goods or materials exceeds the amount which would have been payable to the contractor in respect of the goods or materials shall be recoverable from the contractor.

9.9 Sales of Goods and Services

9.9.1 Subject to SO 10, sales by the Trust to a health service body (as defined in the National Health Service Act 2006 and Health and Social Care Act 2012 of goods and/or services (other than healthcare services – in respect of which see SOs 9.7.2 and 9.7.3) shall only be authorised by the Chief Executive, after consultation with the Chief Finance Officer.

9.9.2 Subject to SO 10. sales to other bodies or persons of goods and/or services, including intellectual property rights and arrangements for the development, exploitation or marketing of a product, right or service by the Trust shall only be authorised by the Chief Executive, after consultation with the Chief Finance Officer. Such sales and arrangements shall be incorporated within the Trust's service plan and annual capital and revenue budgets as appropriate.

9.9.3 All such sales and arrangements shall be undertaken in accordance with the Trust's income generation powers, unless the prior authorisation of the Chief Executive to the contrary is obtained. The Chief Finance Officer (or his nominated representative(s)) shall ensure that the risks arising from such sales or arrangements are adequately covered by insurance. Otherwise, where practicable, the Trust's financial interests should be protected by indemnity.

10. DISPOSALS

10.1 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 public sale or auction, as determined by the Chief Executive or his nominated Officer,
- (b) obsolete, surplus, scrap, redundant or condemned articles and stores, which may be disposed of in accordance with the policy of the Trust,
- (c) items arising from works of construction, demolition or site clearance, which should be dealt with in accordance with the relevant contract, and
- (d) land or buildings concerning which DoH guidance has been issued but subject to compliance with such guidance.

11. IN-HOUSE SERVICES (Where Appropriate)

- 11.1** In all cases where the Trust 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(s),
 - (b) in-house tender group, comprising representatives of the in-house team, a nominee of the Chief Executive and technical support, and
 - (c) evaluation group, comprising normally a specialist officer, a Procurement and Supplies Officer and a representative of the Chief Finance Officer. For services having a likely annual expenditure exceeding £200,000, a Non-Executive Director shall be a member of the evaluation group.
- 11.2** All groups should work independently of each other but individual Officers may be a member of more than one group. No member of the in-house tender group may, however, participate in the evaluation of tenders. Representatives of the in-house team shall not have the power to approve the specification of services but may participate in discussions leading to the finalisation of a service(s) specification.
- 11.3** The evaluation group shall make recommendations to the Board.
- 11.4** The Chief Executive shall nominate an Officer to oversee and manage the contract.

12. CUSTODY OF SEAL AND SEALING OF DOCUMENTS

- 12.1 Custody of Seal** - The Common Seal of the Trust shall be kept by the Director of Corporate and Legal Affairs in a secure place.
- 12.2 Sealing of Documents** - The Seal of the Trust shall not be fixed to any documents unless the sealing has been authorised by a resolution of the Board, or of a Committee thereof or where the Board has delegated its powers.
- 12.3** Before any building, engineering, property or capital document is sealed it must be approved and countersigned by the Director of Corporate and Legal Affairs (or an Officer nominated by him who shall not be within the originating Directorate).
- 12.4 Register of Sealing** - An entry of every sealing shall be made and numbered consecutively in a book maintained by the Director of Corporate and Legal Affairs for that purpose, and shall be initialled by the persons who shall have signed the document and attested the seal. A report of all sealings shall be made to the Trust Board quarterly. The report shall contain details of the seal number, the description of the document and date of sealing.
- 12.5 Attestation of Sealing** - The Common Seal of the Trust shall be affixed and attested by the Chairman, or in his absence the Vice-Chairman, and the Director of Corporate and Legal Affairs, or, in his absence, the Assistant Director of Corporate and Legal Affairs (Head of Legal Services).
- 12.6** Special provisions apply in respect of finance or operating lease agreements: see SOs 13.4 and 13.5.

13. SIGNATURE OF DOCUMENTS

- 13.1** 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 the Director of Corporate and Legal Affairs, 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.
- 13.2** The Director of Corporate and Legal Affairs or nominated Officers shall be authorised 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.
- 13.3** Subject to SO 13.4 below, where the execution of any agreement or other document is authorised by these Standing Orders it may be signed by the Chief Executive or the Director of Corporate and Legal Affairs.
- 13.4** An Executive Director of the Trust must sign all finance or operating lease agreements for the supply of goods and/or services which it is proposed that the Trust enters into, irrespective of their financial value. Other than in exceptional circumstances, the Chief Finance Officer shall act as the Executive Director for the purposes of this Standing Order.
- 13.5** Prior to signature of finance or operating leases as referred to in SO 13.4 above, the Chief Finance Officer (or his nominated representative) must review and approve the proposed form of finance or operating lease agreement, enabling him to confirm that the lease agreement is correctly classified either as an operating lease or a finance lease and thereby satisfy himself, on behalf of the Trust, of the value for money of the proposed agreement. The review to be undertaken by the Chief Finance Officer under this Standing Order 13.5 shall be carried out in addition to any technical evaluation to be conducted by any other person in respect of the goods and/or services to be supplied.

14. LAND AND PROPERTY TRANSACTIONS

- 14.1 Role of Director of Estates & Facilities**, the Director of Estates & Facilities shall act as the lead Director in providing advice to the Trust on the processes of conducting land and property transactions, including acquiring, managing, leasing, letting, licensing and selling land and property, and in executing action on behalf of the Trust in such matters.
- 14.2** In providing advice and executing action under SO 14.1, the Director of Estates & Facilities shall have regard to the principles and requirements of Estatecode and, specifically, “Property transactions - a management guide for NHS Trusts”.
- 14.3** The Director of Estates & Facilities shall be authorised to grant and terminate property leases on behalf of the Trust in consultation with the Chief Finance Officer. Note that, in addition, before any building, engineering, property or capital document is sealed it must be approved and countersigned by the Director of Corporate and Legal Affairs (or an Officer nominated by him who shall not be within the originating Directorate) (see SO 12.3).
- 14.4 Acquisitions and Disposals** – The Trust Board only shall authorise the acquisition or disposal of land by formal resolution which shall be recorded in the Minutes of its meetings.
- 14.5 Contracts for Acquisitions and Disposals** - Acquisitions and disposals of land shall be executed under the Common Seal of the Trust and the contract documentation shall include reference to the authorising Minute of the Trust Board.
- 14.6 Record of Acquisitions and Disposals** - All acquisitions and disposals of land shall be recorded in the Seal Register to be maintained by the Director of Corporate and Legal Affairs under SO 12.4.

15. MISCELLANEOUS

- 15.1 Standing Orders to be Given to Directors and Officers** - 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 SOs and SFIs. Updated copies shall be issued to staff designated by the Chief Executive.
- 15.2 Documents Having the Standing of Standing Orders** - Standing Financial Instructions, Reservation of Powers to the Board and Delegation of Powers, the Code of Business Conduct for Trust staff and Trust Policy on Fraud shall have effect as if incorporated into SOs.
- 15.3 Review of Standing Orders** - Standing Orders shall be reviewed annually by the Trust Board on the advice of the Audit Committee. The requirement for review extends to all documents having effect as if incorporated in SOs.

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST
STANDING FINANCIAL INSTRUCTIONS

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1. Introduction

1.1 General

1.1.1 The Code of Accountability requires that each NHS Trust 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 Standing Financial Instructions (SFIs) are issued in accordance with the Code. They shall have effect as if incorporated in the Standing Orders (SOs). There will be a training and communication programme administered by the Chief Financial Officer to introduce these SFIs.

1.1.2 These Standing Financial Instructions detail the financial responsibilities, policies and procedures adopted by the Trust. They are designed to ensure that the Trust's financial transactions are carried out in accordance with the law and Government policy in order to achieve probity, accuracy, economy, efficiency and effectiveness. They should be used in conjunction with the Scheme of Delegation and Reservation adopted by the Trust.

1.1.3 These Standing Financial Instructions identify the financial responsibilities that apply to everyone working for the Trust and its constituent organisations including Trading Units and wholly owned subsidiary organisations. They do not provide detailed procedural advice and should be read in conjunction with the detailed departmental and financial procedure notes. **All financial procedures must be approved by the Chief Financial Officer.**

1.1.4 Should any difficulties arise regarding the interpretation or application of any of the Standing Financial Instructions then the advice of the Chief Financial Officer **must be sought before acting**. The user of these Standing Financial Instructions should also be familiar with and comply with the provisions of the Trust's Standing Orders.

1.1.5 Failure to comply with Standing Financial Instructions and Standing Orders is a disciplinary matter that could result in dismissal.

1.1.6 **Overriding Standing Financial Instructions** – If for any reason these Standing Financial Instructions are not complied with full details of the non-compliance and any justification for non-compliance and the circumstances around the non-compliance shall be reported to the next formal meeting of the Audit Committee for referring action or ratification. All members of the Board and staff have a duty to disclose any non-compliance with these Standing Financial Instructions to the Chief Financial Officer as soon as possible.

1.2 Interpretation and Definitions

- Save as otherwise permitted by law, at any meeting the person presiding shall be the final authority on the interpretation of Standing Orders (on which he should be advised by the Chief Executive or Trust Secretary).

- Any expression to which a meaning is given in the National Health Service Act 1977, National Health Service and Community Care Act 1990, the NHS Act 2006, Health and Social Care Act 2012 and other Acts relating to the National Health Service or in the Financial Regulations made under the Acts shall have the same meaning in this interpretation and in addition:
- **"Accountable Officer"** means the NHS Officer responsible and accountable for funds entrusted to the Trust. He shall be responsible for ensuring the proper stewardship of public funds and assets. For this Trust it shall be the Chief Executive.
- **"Associate Member"** means a person, who is not a director or officer of the Trust, appointed to sit on a Committee, Sub-Committee, Officer Group or Working Party appointed by the Trust.
- **"Audit Committee"** means the committee of the Board whose responsibility is to provide assurance to the Board that effective risk management, internal control and governance processes are maintained and that the Trust's activities comply with the law, guidance and codes of conduct governing the NHS. To provide a formal independent mechanism for ensuring a co-ordinated approach for achieving sound financial and managerial control.
- **"Board"** means the chairman, executive and non-executive directors of the Trust collectively as a body.
- **"Budget"** means a resource, expressed in financial terms, proposed by the Trust for the purpose of carrying out, for a specific period, any or all of the functions of the Trust.
- **"Budget Holder"** is an executive director, or other officer, with delegated authority to manage finances (income and expenditure) for a specific area of the organisation.
- **"Chairman of the Board (or Trust)"** is the person appointed by the Secretary of State for Health as advised by the NHS Trust Development Authority to lead the Board and to ensure that it successfully discharges its overall responsibility for the Trust as a whole. The expression "the chairman of the Trust" shall be deemed to include the vice-chairman of the Trust if the chairman is absent, or is otherwise unavailable.
- **"Chief Executive"** means the chief officer of the Trust.
- **"Commissioning"** means the process for determining the need for and for obtaining the supply of healthcare and related services by the Trust within available resources.
- **"Committee"** means a committee appointed by the Trust.

- **"Committee members"** means people formally appointed by the Board to sit on and /or chair specific committees.
- **"Contracting and procuring"** means the systems for obtaining the supply of goods, materials, manufactured items, services, building and engineering services, works of construction and maintenance and for disposal of surplus and obsolete assets.
- **"DOH"** means Department of Health and/or Secretary of State for Health
- **"Chief Finance Officer"** means the Chief Financial Officer of the Trust.
- **"Establishment Order"** shall mean the University Hospitals of Leicester National Health Service Trust (Establishment) Order.
- **"Executive Director"** means the Chief Executive and directors who are appointed in accordance with the 1990 National Health Service Trusts (Membership and Procedure) Regulations.
- **"Funds held on Trust"** means those charitable funds which are administered by independent trustees who are accountable to the Charity Commission.
- **"Legal Adviser"** is a properly qualified person (not necessarily an employee) appointed by the Trust to provide legal advice.
- **"Level 1 Officer"** } Refer to
- **"Level 2 Officer"** } Scheme of
- **"Level 3 Officer"** } Delegation 'List of
- **"Level 4 Officer"** } Officers'
- **"Membership, Procedure and Administration Arrangements Regulations"** means NHS Membership and Procedure Regulations (SI 1990/2024) and subsequent amendments.
- **"Nominated officer"** means an officer charged with the responsibility for discharging specific tasks within Standing Orders and Standing Financial Instructions.
- **"Non-Executive Director"** means a director of the Trust who is not an officer of the Trust and is not to be treated as an officer by virtue of regulation 1(3) of the Membership and Procedure Regulations
- **"Officer"** means an employee of the Trust or any other person holding a paid appointment or office with the Trust.
- **"The Trust Secretary"** - a person appointed to act independently of the Board to provide advice on corporate governance issues to the Board and the chairman

and monitor the Trust's compliance with the law, Standing Orders, and Department of Health guidance.

- **"SFIs"** means Standing Financial Instructions.
- **"SOs"** means Standing Orders.
- **"Trust"** means University Hospitals of Leicester NHS Trust
- **"Tendering and Contract Procedures"** means the procedures within Section 9 of the Trust's Standing Orders.
- **"Vice-Chairman"** means the non-executive director appointed by the Board to take on the chairman's duties if the chairman is absent for any reason.
- All references in this document expressed in the masculine shall be deemed to also include the feminine.
- Wherever the title Chief Executive, Chief Financial 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.

1.3 Responsibilities and Delegation

1.3.1 The Board exercises financial supervision and control by:

- (a) formulating the financial strategy;
- (b) requiring the submission and approval of budgets within approved allocations/overall income;
- (c) defining and approving essential features in respect of important procedures and financial systems (including the need to obtain value for money); and
- (d) defining specific responsibilities placed on members of the Board and employees as indicated in the Scheme of Delegation and Reservation document.

1.3.2 The Board has resolved that certain powers and decisions may only be exercised by the Board in formal session. These are set out in the Scheme of Delegation and Reservation.

1.3.3 The Board will delegate responsibility for the performance of its functions in accordance with the Scheme of Delegation document adopted by the Trust.

1.3.4 Within the Standing Financial Instructions, it is acknowledged that the Chief Executive is ultimately accountable to the Board, and as Accountable Officer, to the

Secretary of State for Health, for ensuring that the Board meets its obligation to perform its functions within the available financial resources. The Chief Executive has overall executive responsibility for the Trust's activities; is responsible to the Chairman and the Board for ensuring that its financial obligations and targets are met and has overall responsibility for the Trust's system of internal control.

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

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

1.3.7 The Chief Financial Officer is responsible for:

(a) implementing the Trust's financial policies and for co-ordinating any corrective action necessary to further these policies;

(b) maintaining an effective system of internal financial control including ensuring that detailed financial procedures and systems incorporating the principles of separation of duties and internal checks are prepared, documented and maintained to supplement these instructions;

(c) ensuring that sufficient records are maintained to show and explain the Trust's transactions, in order to disclose, with reasonable accuracy, the financial position of the Trust at any time, and, without prejudice to any other functions of the Trust, and employees of the Trust, the duties of the Chief Financial Officer include:

(d) the provision of financial advice to other members of the Board and employees;

(e) the design, implementation and supervision of systems of internal financial control; and

(f) the preparation and maintenance of such accounts, certificates, estimates, records and reports as the Trust may require for the purpose of carrying out its statutory duties.

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

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

(b) avoiding loss;

(c) exercising economy and efficiency in the use of resources; and

(d) conforming to the requirements of Standing Orders, Standing Financial Instructions, the Scheme of Delegation and Reservation and Financial Procedures.

1.3.9 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.

1.3.10 For any and all members of the Board and employees who carry out a financial function, the form in which financial records are kept and the manner in which members of the Board and employees discharge their duties must be to the satisfaction of the Chief Financial Officer.

1.3.11 Financial systems shall not be designed, implemented or changed without the prior approval of the Chief Financial Officer.

1.3.12 Budget Holders shall be responsible for spending against approved budgets, for establishing and where applicable, collecting debts, and for the budgetary performance of the services under their control.

1.3.13 Budget Holders shall appoint and control the staff for the performance of their services.

1.3.14 Budget Holders shall control the use, and ensure the safe custody, of all cash, goods and assets entrusted to them for the performance of their services.

1.3.15 Budget Holders shall maintain systems which are secure and provide for the promotion of value for money.

1.3.16 Within the arrangements for devolved financial management, the Chief Financial Officer may nominate a Finance Manager who shall work closely with a Clinical Management Group (CMG)/Corporate Directorate and who shall be responsible to the Chief Financial Officer for:

- ensuring that proper financial controls and practices are adhered to within the CMG/Directorate;
- ensuring that a full financial analysis of proposals and policies is undertaken and that due account is taken of this;
- the provision of financial advice to the CMG/Directorate;
- the provision of budget monitoring and financial policy information about the CMG/Directorate.

2 Audit

2.1 Audit Committee

2.1.1 In accordance with Standing Orders the Board shall formally establish an Audit Committee, with clearly defined terms of reference (based on those contained in the latest NHS Audit Committee Handbook), which will provide an independent and objective view of internal control by:

- (a) overseeing Internal and External Audit services;
- (b) reviewing financial systems;
- (c) monitoring compliance with Standing Orders and Standing Financial Instructions;
- (d) reviewing schedules of losses and compensations and making recommendations to the Board.
- (e) reviewing the information prepared to support the Annual Governance Statement prepared on behalf of the Board and advising the Board accordingly.

2.1.2 Where the Audit Committee considers there is evidence of ultra vires transactions, evidence of improper acts, or if there are other important matters that the Committee wishes to raise, the Chairman of the Audit Committee should raise the matter at a full meeting of the Board. Exceptionally, the matter may need to be referred to the Department of Health.

2.1.3 It is the responsibility of the Chief Financial Officer to ensure an adequate internal audit service is provided and the Audit Committee shall be involved in the selection process when/if an internal audit service provider is changed.

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

2.2 Chief Financial Officer

2.2.1 The Chief Financial Officer is responsible for:

- (a) ensuring there are arrangements to review, evaluate and report on the effectiveness of internal financial control including the establishment of an effective internal audit function;
- (b) ensuring that the internal audit is adequate and meets the NHS mandatory audit standards;
- (c) deciding at what stage to involve the police in cases of misappropriation and other irregularities not involving fraud or corruption;
- (d) ensuring that an annual internal audit report is prepared by the Internal Audit service provider for the consideration of the Audit Committee and the Board.

The report must cover:

- (i) a clear opinion on the effectiveness of internal control in accordance with current guidance issued by the Department of Health including for example compliance with control criteria and standards,
- (ii) major internal financial control weaknesses discovered,

- (iii) progress on the implementation of internal audit recommendations,
- (iv) progress against plan over the previous year,
- (v) strategic audit plan covering the coming three years,
- (vi) a detailed plan for the coming year.

2.2.2 The Chief Financial Officer, designated internal auditors and Local Counter Fraud Specialist are entitled (without necessarily giving prior notice) to require and receive:

- (a) access to all records, documents, correspondence and data owned or controlled by the Trust, relating to any financial or other relevant matter under investigation or review, including documents of a confidential nature;
- (b) access at all reasonable times to the Chairman, any Executive or Non-Executive Director, Officer, land or premises of the Trust;
- (c) the production of any cash, stores or other property of the Trust under the control of the Chairman, any Executive or Non-Executive Director or Officer of the Trust ; and
- (d) explanations concerning any matter under investigation or review.

The Trust's Chief Executive and Chief Financial Officer are responsible for ensuring that access rights are given to NHS Protect where necessary for the prevention, detection and investigation of cases of fraud and corruption, in accordance with Secretary of State directions.

2.3 Role of Internal Audit

2.3.1 The purpose and objectives of the Internal Audit service provider are:

- (a) to provide an independent and objective opinion to the Accountable Officer (Chief Executive), Audit Committee and the Board on the degree to which risk management, control and governance support the achievement of the Trust's agreed objectives.
- (b) to report findings and recommendations for improvement that are beneficial to the Trust and to line management in the audited areas, and to report the associated level of audit assurance gained;
- (c) to add further value by providing an independent and objective consultancy service – specifically to help management to improve their risk management, control and governance arrangements;

2.3.2 Irregularities - Whenever any matter arises which involves, or is thought to involve, fraud and corruption, the matter must be reported to the Local Counter Fraud Specialist, in accordance with the Trust's Counter Fraud and Corruption Policy and Prevention of Bribery Policy. All other irregularities, or suspected irregularities,

concerning cash, stores, or other property of the Trust, or the exercise of any function of a pecuniary nature, must be notified to the Chief Financial Officer immediately.

2.3.3 The Head of Internal Audit and the Local Counter Fraud Specialist shall be entitled to attend any Audit Committee meetings.

2.3.4 The Head of the Internal Audit Service shall be accountable to the Chief Financial Officer in accordance with the Service Level Agreement / Contract. The reporting system for internal audit shall be agreed between the Chief Financial Officer, the Audit Committee and the Head of the Internal Audit Service. The agreement shall be in writing and shall comply with the guidance on reporting contained in the NHS Internal Audit Standards. The reporting system shall be reviewed at least every 3 years.

2.3.5 Internal Audit terms of reference shall have effect as if incorporated within these Standing Financial Instructions. The terms of reference cover the scope of internal audit work, authority and independence, management responsibilities, co-ordination of assurance work, reporting and key outputs and the operational responsibilities.

2.4 External Audit

2.4.1 The external auditor is appointed by Public Sector Audit Appointments Ltd and paid for by the Trust. The Audit Committee must ensure a cost-efficient service. Should there appear to be a problem with the Public Sector Audit Appointments Ltd service then this should be raised with the external auditor and referred on to Public Sector Audit Appointments Ltd if the issue cannot be resolved.

2.5 Fraud and Corruption

2.5.1 In line with their responsibilities as set out in NHS Protect Guidance, the Chief Executive and Chief Financial Officer shall monitor and ensure compliance with Secretary of State directions on fraud and corruption.

2.5.2 The Trust shall nominate a suitable person to carry out the duties of the Local Counter Fraud Specialist as specified by the Counter Fraud Manual for NHS Trusts and associated guidance as specified by NHS Protect.

2.5.3 The Local Counter Fraud Specialist shall report to the Chief Financial Officer and shall work with NHS Protect in accordance with Secretary of State Directions and the Counter Fraud Manual for NHS Trusts.

2.6 Security Management

2.6.1 In line with his responsibilities, the Chief Executive will monitor and ensure compliance with directions issued by the Secretary of State for Health on NHS security management.

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

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

2.6.4 The Chief Executive has overall responsibility for controlling and coordinating security. However, key tasks are delegated to the Medical Director and Director of Safety and Risk, to whom the Local Security Management Specialist reports.

3 Business Planning, Budgets, Budgetary Control, Capital Expenditure and Monitoring

3.1 Preparation and Approval of Business Plans and Budgets

3.1.1 The Chief Executive will compile and submit to the Board an annual business plan which takes into account financial targets and forecast limits of available resources. The annual business plan will contain:

- (a) a statement of the significant assumptions on which the plan is based;
- (b) details of major changes in workload, delivery of services or resources required to achieve the plan.

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

- (a) be in accordance with the aims and objectives set out in the Trust's Integrated Business Plan and its Medium Term Financial Strategy;
- (b) accord with activity and manpower plans;
- (c) be produced following discussion with appropriate budget holders;
- (d) be prepared within the limits of available funds; and
- (e) identify potential risks.

3.1.3 The Chief Financial Officer shall monitor financial performance against budget and the business plan, periodically review them, and report to the Board.

3.1.4 All budget holders must provide information as required by the Chief Financial Officer to enable budgets to be compiled and financial performance against budgets to be monitored.

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

3.1.6 All budget holders are required to sign up to, and agree, their budgets for the year. Budget holders also sign to confirm that in managing their budget they will comply with the procedures specified within the Trust's Standing Orders, Scheme of Delegation and Standing Financial Instructions.

3.2 Budgetary Delegation

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

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

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

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

3.2.4 Non-recurring expenditure budgets or income should not be used to finance recurring expenditure without the authority in writing of the Chief Executive.

3.3 Budgetary Control and Reporting

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

- (a) Monthly financial reports to the Board in a form approved by the Board containing:
 - (i) income and expenditure to date showing trends and forecast year-end position;
 - (ii) movements in working capital;
 - (iii) capital project spend and projected outturn against plan;
 - (iv) explanations of any material variances from plan;
 - (v) details of any corrective action where necessary and the Chief Executive's and/or Chief Financial Officer's view of whether such actions are sufficient to correct the situation;

- (b) the issue of timely, accurate and comprehensible advice and financial reports to each budget holder, covering the areas for which they are responsible;
- (c) investigation and reporting of variances from financial, activity and manpower budgets;
- (d) monitoring of management action to correct variances; and
- (e) arrangements for the authorisation of budget transfers.

3.3.2 Each Budget Holder is responsible for ensuring that:

- (a) any likely overspending or reduction of income that cannot be met by virement is not incurred without the prior consent of the Board except where authority has been given under 3.2.4 above;
- (b) the amount provided in the approved budget is not used in whole or in part for any purpose other than that specifically authorised subject to the rules of virement and budget transfer;
- (c) no permanent employees are appointed without the approval in writing of the Chief Executive other than those provided for within the available resources and manpower establishment as approved by the Board.

3.3.3 The Chief Executive is responsible for identifying and implementing cost improvements and income generation initiatives in accordance with the requirements of the Annual Plan.

3.4 Capital Expenditure

3.4.1 The general rules applying to delegation and reporting shall also apply to capital expenditure. All capital procurement shall be carried out in accordance with the Tendering and Contract Procedures. (The particular applications relating to capital investment and financing are contained in Section 11 of these Standing Financial Instructions.)

3.5 Monitoring Returns

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

4 Annual Accounts and Statements

4.1 The Chief Financial 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 the Treasury, the Trust's accounting policies, and International Financial Reporting Standards (IFRS);

(b) prepare and submit annual financial statements to the Department of Health certified in accordance with current guidelines; and

(c) submit financial returns on a monthly, quarterly and annual basis to the Department of Health in accordance with the timetable prescribed by the Department of Health.

4.2 The Trust's annual accounts must be audited by an auditor appointed by Public Sector Audit Appointments Ltd. The Trust's audited annual accounts and statements must be presented to a public meeting and made available to the public.

4.3 The Trust will publish its annual report, and accounts document in accordance with guidelines on local accountability, and present it at a public meeting. The document will comply with the Department of Health's relevant guidance including that contained in the Manual for Accounts.

5 Bank Arrangements

5.1 General

5.1.1 The Chief Financial Officer is responsible for managing the Trust's banking arrangements and for advising the Trust on the provision of banking services and operation of accounts. This advice will take into account Department of Health guidance/directions.

5.1.2 The Board shall approve the banking arrangements as specified by the Department of Health.

5.2 Bank Accounts

5.2.1 The Chief Financial Officer is responsible for the operation of all the Trust's bank accounts and for:

- (a) establishing separate bank accounts for the Trust's non-exchequer funds;
- (b) ensuring payments made from bank accounts do not exceed the amount credited to the account except where arrangements have been made;
- (c) reporting to the Board all instances where bank accounts may become or have become overdrawn (together with remedial action taken); and
- (d) monitoring compliance with DoH guidance on the level of cleared funds.

5.3 Banking Procedures

5.3.1 The Chief Financial Officer will prepare detailed instructions on the operation of all Trust bank accounts that must include:

- (a) the conditions under which any bank account shall be operated, including the limit to be applied to any overdraft;

(b) those authorised to process bank transfers and sign cheques drawn on the Trust's accounts.

5.3.2 No-one but the Chief Financial Officer shall be able to open a bank account in the name of the Trust.

5.4 External Borrowing

5.4.1 The Chief Financial Officer will advise the Board concerning the Trust's ability to pay dividend on, and repay Public Dividend Capital (PDC) and any proposed new borrowing, within the limits set by the Department of Health. The Chief Financial Officer is also responsible for reporting periodically to the Board concerning the PDC debt and all loans financing facilities and overdrafts.

5.4.2 Any application for a loan, financing facility or overdraft will only be made by the Chief Financial Officer or by an employee so delegated by him.

5.4.3 The Chief Financial Officer must prepare detailed procedural instructions concerning applications for loans, financing facilities and overdrafts.

5.4.4 All short term borrowings should be kept to the minimum period of time possible, consistent with the overall cash flow position. Any short term borrowing requirement must be authorised by the Chief Financial Officer.

5.4.5 All long term borrowing must be consistent with the plans outlined in the current financial plan as reported to the Department of Health.

5.5 Investments

5.5.1 Temporary cash surpluses must be held only in such public or private sector investments as notified by the Secretary of State and authorised by the Board.

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

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

6 Income, Fees and Charges and Security of Cash, Cheques and other Negotiable Instruments

6.1 Income Systems

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

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

6.2 Fees and Charges

6.2.1 The Trust shall follow the Department of Health's advice in setting prices for NHS service agreements.

6.2.2 The Chief Financial Officer is responsible for approving and regularly reviewing the level of all fees and charges other than those determined by the Department of Health or by Statute. Independent professional advice on matters of valuation shall be taken as necessary. Where sponsorship income (including items in kind such as subsidised goods or loans of equipment) is considered the Department of Health's guidance shall be followed.

6.2.3 All employees must inform the Chief Financial 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.

6.2.4 Under no circumstances will the Trust accept cash payments in any currency in excess of £15,000 in respect of any single transaction or series of transactions which appear to be linked. Any attempts by an individual to effect payment above this amount should be notified immediately to the Chief Financial Officer or the designated money laundering officer, currently the Director of Operational Finance.

6.3 Debt Recovery

Income

6.3.1 The Chief Financial Officer is responsible for the appropriate recovery action on all outstanding debts.

6.3.2 Income not received should be dealt with in accordance with losses procedures. (See section 13).

6.3.3 The Chief Financial Officer is responsible for ensuring that systems are in place to prevent overpayments. Where overpayments occur systems should be in place for their detection and recovery immediately initiated.

6.4 Security of Cash, Cheques and other Negotiable Instruments

6.4.1 The Chief Financial Officer is responsible for:

- (a) approving the form of all receipt books, agreement forms, or other means of officially acknowledging or recording monies received or receivable;
- (b) ordering and securely controlling any such stationery;
- (c) the provision of adequate facilities and systems for employees whose duties include collecting and holding cash, including the provision of safes or lockable cash boxes, the procedures for keys, and for coin operated machines; and

(d) prescribing systems and procedures for handling cash and negotiable securities on behalf of the Trust.

6.4.2 Official money shall not under any circumstances be used for the encashment of private cheques, or for the granting of personal loans of any kind.

6.4.3 All cheques, cash etc., shall be banked intact. Disbursements shall not be made from cash received, except under arrangements approved by the Chief Financial Officer.

6.4.4 The holders of safe keys shall not accept unofficial funds for depositing in their safes unless such deposits are in special sealed envelopes or locked containers. It shall be made clear to the depositors that the Trust is not to be held liable for any loss, and written indemnities must be obtained from the organisation or individuals absolving the Trust from responsibility for any loss.

6.5 Free of Charge/Donated Goods/Services

6.5.1 Free of charge or donated goods or equipment from any supplier or would be supplier to the Trust must not be used for the purposes of avoiding the procurement regulations.

6.5.2 A Level 2 or 3 Officer must approve in writing the acceptance of such goods or services prior to delivery. If the goods are to be donated or accepted on loan, whether for service provision or testing, before such approval may be given:

(a) an official order number must be allocated if the acquisition by this method is part of a procurement process by the Trust

(b) the owner must provide a written indemnity to the Trust, in a form approved by the Trust Secretary, which will be signed, if necessary, on the Trust's behalf by the Chief Executive or an Officer authorised by the Chief Executive.

(c) responsibility for maintenance and other revenue consequences must be agreed in writing and must be approved in accordance with these Standing Financial Instructions.

6.5.3 The acceptance of any such goods or services must be confirmed in writing to the donor/owner and, except in the case of charitable donations, such confirmation shall include a notice that the acceptance does not amount to an express or implied obligation on the Trust to continue to use the goods/services or to purchase any other goods/services.

6.5.4 The donation of clinical equipment shall undergo the same rigour as applied to an NHS funded purchase.

6.5.5 Where there are revenue consequences arising out of the donation of any asset then the donation shall not be accepted or put into use until a budget has been agreed in respect of the revenue consequences.

6.6 Payment in Kind to the Trust

6.6.1 A Level 2 or 3 Officer may authorise the provision by the Trust of services to third parties in return for payments in kind provided:

- (a) the value received is reasonably commensurate with the value given.
- (b) the arrangement is confirmed in writing to the third party under the signature of a Level 2 or 3 Officer and a copy retained.
- (c) the confirmation includes a notice that the Trust reserves the right to joint ownership on terms to be agreed or fixed by arbitration of any intellectual property arising from the collaboration between the Trust and the third party.
- (d) the confirmation includes a notice that the arrangement does not bind the Trust to continue any collaboration on the terms agreed nor to purchase/use the benefits of any collaboration.

7 NHS Service Agreements for Provision of Services

7.1 The Chief Executive, as the accountable officer, is responsible for ensuring the Trust enters into suitable contracts or Service Level Agreements (SLAs) with service commissioners for the provision of NHS services. All contracts and SLAs should aim to implement the agreed priorities contained within the Integrated Business Plan 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:

- a) The standards of service quality expected;
- b) The relevant national service framework (if any);
- c) The provision of reliable information on cost and volume of services;
- d) The Department of Health's Operating Framework for the NHS; as expressed via the NHS Trust Development Authority Accountability Framework
- e) That all agreements build where appropriate on existing partnership arrangements;

7.2 A good agreement 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 agreement 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.

7.3 The Chief Executive, as the accountable officer, will ensure that regular reports are provided to the Board detailing actual and forecast income from the service agreements.

8 Terms of Service, Allowances and Payment of Members of the Board and Employees

8.1 Remuneration and Terms of Service

8.1.1 In accordance with Standing Orders, the Board 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.

8.1.2 The Trust will pay allowances to the Chairman and Non-Executive Directors of the Board in accordance with instructions issued by the Secretary of State for Health.

8.2 Funded Establishment

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

8.2.2 The funded establishment of any department may not be varied without the approval of the Chief Executive or his delegated Officer.

8.3 Staff Appointments

8.3.1 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:

- (a) they are authorised to do so by the Chief Executive or his delegated Officer; and
- (b) it is within the limit of his approved budget and funded establishment.
- (c) due process has been followed in line with the Trust's business decision making process, including the approval of the Revenue Investment Committee

8.3.2 The Board will approve procedures presented by the Chief Executive or the Director of Workforce and OD for the determination of commencing pay rates, condition of service, etc, for employees.

8.4 Processing Payroll

8.4.1 The Director of Workforce and OD is responsible for:

- (a) specifying timetables for submission of properly authorised time records and other notifications;
- (b) the final determination of pay and allowances;

- (c) making payment on agreed dates; and
- (d) agreeing method of payment.

8.4.2 The Director of Workforce and OD will issue instructions regarding:

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

8.4.3 Appropriately nominated managers have delegated responsibility for:

- (a) submitting time records and other notifications in accordance with agreed timetables;
- (b) submitting appointment forms and change forms in the prescribed form, immediately upon knowing the effective date of an employee's appointment or change in circumstances;
- (c) completing time records and other notifications in accordance with the Director of Workforce and OD instructions and in the form prescribed by the Director of Workforce and OD; and
- (d) submitting termination forms in the prescribed form immediately upon knowing the effective date of an employee's or officer's resignation, termination or

retirement. Where an employee fails to report for duty or to fulfil obligations in circumstances that suggest they have left without notice, the Director of Workforce and OD must be informed immediately.

8.4.4 Regardless of the arrangements for providing the payroll service, the Director of Workforce and OD shall ensure that the chosen method is supported by appropriate and adequate procedures with internal controls and audit review and that suitable arrangements are made for the collection of payroll deductions and payment of these to appropriate bodies.

8.5 Contracts of Employment

8.5.1 The Board shall delegate responsibility to the Director of Workforce and OD for:

(a) ensuring that all employees are issued with a Contract of Employment in a form approved by the Board and which complies with employment legislation; and

(b) dealing with variations to, or termination of, contracts of employment in accordance with the requirements of Standing Orders, Standing Financial Instructions, Financial Procedures and the Scheme of Delegation.

(c) exercising economy and efficiency in the use of human resources; and

(d) advising Officers of the need to conform to the requirements of Standing Orders, Standing Financial Instructions, Financial Procedures and the Scheme of Delegation and Reservation.

9 Non-Pay Expenditure

9.1 Delegation of Authority

9.1.1 The Board will approve the level of non-pay expenditure on an annual basis and the Chief Executive will determine the level of delegation to budget managers and the following types of approval.

(a) Budgetary approval for capital and revenue expenditure

(b) Commercial approval for tenders, frameworks, mini competitions, contracts, quick quotes and price agreements

9.1.2 The Chief Executive will set out:

(a) the list of managers who are authorised to place requisitions for the supply of goods and services; and

(b) the maximum level of each requisition, the system for authorisation above that level and the process for raising and approving official orders by procurement and supplies, following receipt of an authorised requisition.

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

9.2 Choice, Requisitioning, Ordering, Receipt and Payment for Goods and Services

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

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

9.2.3 The Chief Financial Officer will:

(a) advise the Board regarding the setting of thresholds above which quotations (competitive or otherwise) or formal tenders must be obtained; and, once approved, the thresholds should be incorporated in standing orders and regularly reviewed;

(b) prepare procedural instructions on the obtaining of goods, works and services incorporating the thresholds;

(c) be responsible for the prompt payment of all properly authorised accounts and claims;

(d) be responsible for designing and maintaining a system of verification, recording and payment of all amounts payable. The system shall provide for:

(i) A list of Board members/employees (including specimens of their signatures) authorised to certify invoices;

(ii) Certification which shall confirm that:

1) goods have been duly received, examined and are in accordance with specification and the prices are correct;

2) 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;

3) 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;

4) where appropriate, the expenditure is in accordance with regulations and all necessary authorisations have been obtained;

- 5) the account is arithmetically correct, with discounts having been taken where appropriate;
- 6) VAT has been correctly accounted for, and
- 7) the account is in order for payment;

(iii) A timetable and system for submission to the Chief Financial Officer of accounts for payment; provision shall be made for the early submission of accounts subject to cash discounts or otherwise requiring early payment;

(iv) Instructions to employees regarding the handling and payment of accounts within the Finance Department.

(e) be responsible for ensuring that payment for goods and services is only made once the goods and services are received (except as below).

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

(a) Prepayments are only permitted where the financial advantages outweigh the disadvantages (cash flows must be discounted to Net Present Value (NPV) using the National Loans Fund (NLF) rate plus 2%);

(b) The appropriate Executive Director must provide, in the form of a written report, a case setting out all relevant circumstances of the purchase. The report must set out the effects on the Trust if the supplier is at some time during the course of the prepayment agreement unable to meet his commitments;

(c) The Chief Financial Officer will need to be satisfied with the proposed arrangements before contractual arrangements proceed (taking into account the EU public procurement rules where the contract is above a stipulated financial threshold); and

(d) The budget holder is responsible for ensuring that all items due under a prepayment contract are received and he must immediately inform the appropriate Director or Chief Executive if problems are encountered.

9.2.5 Official Orders must:

(a) be consecutively numbered;

(b) be in a form approved by the Chief Financial Officer;

(c) state the Trust's terms and conditions of trade; and

(d) only be issued to, and used by, those duly authorised by the Chief Executive.

9.2.6 Officers must ensure that they comply fully with the guidance and limits specified by the Chief Financial Officer and that:

(a) All contracts (other than for simple purchases permitted within the Scheme of Delegation), leases, tenancy agreements and other commitments which may result in a liability are notified to the Chief Financial Officer and Director of Estates and Facilities in advance of any commitment being made;

(b) contracts above specified thresholds are advertised and awarded in accordance with EU and Government Agreement on Tariffs and Trade (GATT) Legislation or World Trade Organisation (WTO) and or Statutory Instruments and / or The Public Contract Regulations 2015 as outlined in Trust Standing Orders Section 9;

(c) where consultancy advice is being obtained, the procurement of such advice must be in accordance with guidance issued by the Department of Health;

(d) no order shall be issued for any item or items to any firm which has made an offer of gifts, reward or benefit to directors or employees, other than:

(i) isolated gifts of a trivial character or inexpensive seasonal gifts, such as calendars;

(ii) conventional hospitality, such as lunches in the course of working visits;

References shall be made to the Trust's Standard of Business Conduct Policy.

(e) no requisition/order is placed for any item or items for which there is no budget provision unless authorised by the Chief Financial Officer on behalf of the Chief Executive;

(f) all goods, services, or works are ordered on an official electronic order For clarification the Chief Financial Officer will determine the nature of expenditure which does not require control through an official purchase order and review this on an annual basis and maintain a list of such items which will include;

(i) Works and services executed in accordance with a contract,

(ii) Purchases from Petty Cash,

(iii) Items bought using purchasing cards

(iv) Arrangements that have been pre-approved by the Trust, for example Service Level Agreements for services procured from other NHS Trusts and,

(v) Other Items where a purchase order would be deemed unnecessary such as utility bills or business rates.

(g) verbal orders must only be issued very exceptionally - by an employee designated by the Chief Executive and only in cases of emergency or urgent necessity. These must be confirmed by an official order and clearly marked "Confirmation Order";

(h) orders are not split or otherwise placed in a manner devised so as to avoid the financial thresholds or rules on aggregation;

(i) goods are not taken on trial or loan in circumstances that could commit the Trust to a future uncompetitive purchase;

(j) changes to the list of directors, employees and officers authorised to certify invoices are notified to the Chief Financial Officer;

(k) purchases from petty cash are restricted in value and by type of purchase in accordance with instructions issued by the Chief Financial Officer; and

(l) petty cash records are maintained in a form as determined by the Chief Financial Officer.

9.2.7 The Chief Executive and Chief Financial 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 ESTATECODE and the arrangements covered under 'Procure 21+'. The technical audit of these contracts shall be the responsibility of the relevant Director.

9.3 Joint Finance Arrangements with Local Authorities and Voluntary Bodies

9.3.1 Payments to local authorities and voluntary organisations made under the powers of section 256 and 257 of the National Health Service Act 2006 as amended (formerly section 28A of the NHS Act) shall comply with procedures laid down by the Chief Financial Officer which shall be in accordance with this Act.

10 Financial Framework

10.1 The Chief Financial Officer should ensure that members of the Trust are aware of the Department of Health's Operating Framework for the NHS, as expressed via The NHS Trust Development Authority Accountability Framework. This document contains directions to the NHS regarding service priorities, business processes and the financial regime. He should also ensure that the direction and guidance in the framework is followed by the Trust.

11 Capital Investment, Private Financing, Leases, Asset Registers and Security of Assets

11.1 Capital Investment

11.1.1 The Chief Executive:

(a) shall ensure that there is an adequate appraisal and approval process in place for determining capital expenditure priorities and the effect of each proposal upon business plans;

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

(c) shall ensure the availability of resources to finance all revenue consequences, including capital charges.

11.1.2 For every capital expenditure proposal the Chief Executive shall ensure:

(a) that a business case in line with the guidance contained within the NHS Trust Development Authority Accountability Framework is produced setting out:

(i) an option appraisal of potential benefits compared with known costs to determine the option with the highest ratio of benefits to costs; and

(ii) appropriate project management and control arrangements;

(iii) the involvement of appropriate Trust personnel and external agencies; and

(b) that the Chief Financial Officer has certified professionally to the costs and revenue consequences detailed in the business case.

(c) Where the sum involved exceeds delegated limits, the business case must be referred to the NHS Trust Development Authority (NHSTDA) and/or Department of Health in line with current guidelines.

11.1.3 For capital schemes where the contracts stipulate stage payments, the Chief Executive will issue procedures for their management, incorporating the recommendations of CONCODE, acting via the Director of Estates and Facilities . The Chief Financial Officer shall assess on an annual basis the requirement for the operation of the construction industry tax deduction scheme in accordance with HM Revenue & Customs guidance. The Chief Financial Officer shall issue procedures for the regular reporting of expenditure and commitment against authorised expenditure, which as a minimum shall include reporting to the Board on:

(a) an individual scheme/project;

(b) the source and level of funding; and

(c) the expenditure incurred against the annual profile.

11.1.4 The approval of a capital programme shall not constitute approval for the initiation of expenditure on any individual scheme, because it is also necessary to undertake the mandatory procurement processes of the Trust. The Chief Executive will issue a scheme of delegation for capital investment management in accordance with ESTATECODE guidance and the Trust's Standing Orders.

11.1.5 The Chief Financial Officer shall issue procedures governing the financial management, including variations to contract, of capital investment projects and valuation for accounting purposes. These procedures shall fully take into account the latest delegated limits for capital schemes as notified by the Department of Health. Contract framework agreements (including P21+ schemes) should always be considered for all construction projects between the value of £5,000 and £1 million, except for works of a very specialist nature for which the Trust's quotation or competitive tendering procedures will apply.

11.1.6 The management of contracts awarded under the P21+ Framework Agreement shall follow the guidelines issued by the Department of Health P21+

Systems and Procedures documentation which includes: the selection and appointment of the Principal Supply Chain Partner, approval of the design and Guaranteed Maximum Price, risk management procedures, partnering arrangements, cost verification, change management, monitoring and reporting requirements and audit arrangements.

11.1.7 The Trust shall carry out benchmarking exercises for selected ProCure 21+ capital schemes using the ProCure 21+ specific toolkits developed by NHS Estates. All data and information shall be submitted to NHS Estates to enable appropriate benchmarking and measurement of the ProCure 21+ process.

11.1.8 All orders and contracts agreed under the Contract Framework Agreement shall be priced.

11.1.9 The Contract Framework Agreement should be reviewed at regular intervals, usually annually, to ensure anticipated benefits are being realised and that cost improvement and value for money objectives are achieved.

11.1.10 The Contract Framework Agreement shall be subject to formal tender procedures and shall comply with the EU directives governing public procurement.

11.1.11 The Chief Financial Officer shall issue procedure notes governing the control, management, reporting and audit arrangements of the Contract Framework Agreement.

11.1.12 The Committee overseeing the capital programme shall receive regular reports on the performance of the Contract Framework Agreement and detailed project progress reports on all ongoing schemes.

11.1.13 Any capital monies spent should be in accordance with the requirements laid down in the Manual for Accounts as issued by the Department of Health.

11.1.14 In relation to capital investment, due process shall be followed in line with the Trust's business decision making process, including the approval of the Capital Monitoring and Investment Committee.

11.2 Private and External Finance

11.2.1 When the Trust proposes to finance capital investment other than through internally generated cash, the following procedures shall apply:

(a) The instructions contained in the Tendering and Contract Procedures relating to Private Finance shall be followed.

(b) The Chief Financial Officer shall demonstrate that the use of external finance to support capital investment is secured under the Department of Health's borrowing procedures.

(c) Where the equipment leasing arrangements are proposed these should be authorised by signature by the Chief Financial Officer – Section 11.3 below shall also be followed.

11.3 Leases (Finance and Operating)

11.3.1 Where it is proposed that leasing (either operating or finance) shall be considered in preference to capital procurement then the following should apply

(a) The selection of a contract/finance company shall be on the basis of competitive tendering and quotations sought via the Procurement Department;

(b) all proposals to enter into a leasing agreement shall be referred to the Chief Financial Officer before acceptance of any offer;

(c) the Chief Financial Officer shall ensure that the proposal demonstrates best value for money; and

(d) the proposal shall be agreed in writing by the Chief Financial Officer prior to acceptance of any offer to the lease.

11.4 Asset Registers

11.4.1 The Chief Executive is responsible for the maintenance of registers of assets, taking account of the advice of the Chief Financial 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 once a year.

11.4.2 The Trust shall maintain an asset register recording fixed assets. The minimum data set to be held within these registers shall be as specified in the Manual for Accounts as issued by the Department of Health.

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

(a) properly authorised and approved agreements, architects certificates, suppliers invoices and other documentary evidence in respect of purchases from third parties;

(b) stores, requisitions and wages records for own materials and labour including appropriate overheads; and

(c) lease agreements in respect of assets held under a finance lease and capitalised.

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

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

11.4.6 The Chief Financial Officer will ensure that an appropriate revaluation of the Trust's assets is undertaken on a regular basis by a qualified valuer in accordance with methods specified in the Manual for Accounts issued by the Department of Health.

11.4.7 The value of each asset shall be depreciated using methods and rates as specified in the Manual for Accounts issued by the Department of Health.

11.4.8 The Chief Financial Officer shall calculate and pay capital charges as specified in the Manual of Accounts issued by the Department of Health.

11.5 Security of Assets

11.5.1 The overall control of fixed assets is the responsibility of the Chief Executive.

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

- (a) recording managerial responsibility for each asset;
- (b) identification of additions and disposals;
- (c) identification of all repairs and maintenance expenses;
- (d) physical security of assets;
- (e) periodic verification of the existence of, condition of, and title to, assets recorded;
- (f) identification and reporting of all costs associated with the retention of an asset; and
- (g) reporting, recording and safekeeping of cash, cheques, and negotiable instruments.

11.5.3 All discrepancies revealed by verification of physical assets to the fixed asset register shall be notified to the Chief Financial Officer.

11.5.4 Each employee has a responsibility for the security of the property of the Trust and for ensuring that any borrowing or private use of Trust equipment, goods, services and facilities is authorised by their line manager or head of department. It is the responsibility of Executive Directors and senior employees in all disciplines to apply appropriate routine security checks and practices in relation to Trust and NHS property. Any breach of agreed security practices must be reported in accordance with these Standing Financial Instructions and the Trust's Fraud and Corruption Policy and Prevention of Bribery Policy.

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

11.5.6 Where practical, assets should be marked as Trust property.

11.5.7 All land and property transactions shall follow the guidance provided in ESTATECODE

12 Stores and Receipt of Goods

12.1 Stores, defined in terms of controlled stores and departmental stores (for immediate use) should be:

- (a) kept to a minimum;
- (b) subjected to annual stock take;
- (c) valued at the lower of cost and net realisable value.

12.2 Subject to the responsibility of the Chief Financial 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 him to departmental employees and stores managers/keepers, subject to such delegation being entered in a record available to the Chief Financial Officer. The control of any pharmaceutical stocks shall be the responsibility of the Chief Pharmacist; the control of any fuel oil and coal is the responsibility of the Managing Director of NHS Horizons and nominated Estates manager.

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

12.4 The Chief Financial Officer shall set out procedures and systems to regulate the stores including records for receipt of goods, issues, and returns to stores, and losses.

12.5 Stocktaking arrangements shall be agreed with the Chief Financial Officer and there shall be a physical check covering all items in store at least once a year.

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

12.7 The designated manager/ Chief Pharmacist shall be responsible for a system approved by the Chief Financial Officer for a review of slow moving and obsolete items and for condemnation, disposal, and replacement of all unserviceable articles. The designated officer shall report to the Chief Financial Officer any evidence of significant overstocking and of any negligence or malpractice (see also section 13, Disposals and Condemnations, Losses and Special Payments). Procedures for the disposal of obsolete stock shall follow the procedures set out for disposal of all surplus and obsolete goods.

12.8 For goods supplied via NHS Supply Chain, the Chief Executive shall identify those authorised to requisition and accept goods via this route. The authorised person shall check receipt against the delivery note and report discrepancies to the Chief Financial Officer to avoid overpayment where such discrepancies cannot be resolved via the Procurement Team.

13 Disposals and Condemnations, Losses and Special Payments

13.1 Disposals and Condemnations

13.1.1 The Chief Financial Officer must prepare detailed procedures for the disposal of assets including condemnations, and ensure that these are notified to managers.

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

13.1.3 All unserviceable articles shall be:

(a) condemned or otherwise disposed of by an employee authorised for that purpose by the Chief Financial Officer;

(b) recorded by the Condemning Officer in a form approved by the Chief Financial Officer that 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 Financial Officer.

13.1.4 The Condemning Officer shall satisfy himself as to whether or not there is evidence of negligence in use and shall report any such evidence to the Chief Financial Officer who will take the appropriate action.

13.2 Losses and Special Payments

13.2.1 The Chief Financial Officer must prepare a Losses and Special Payments Policy and procedural instructions on the recording of and accounting for losses, and special payments.

13.2.2 Any officer of the Trust discovering or suspecting a loss of any kind must immediately notify their supervisor, line manager or head of department, except where fraud or corruption is suspected in which case the officer should take action in accordance with the Trust's Counter Fraud and Corruption Policy and Prevention of Bribery Policy.

13.2.3 The Chief Financial Officer must notify the NHS Counter Fraud Specialist who will advise NHS Protect via the Fraud and Information Reporting Toolkit .

13.2.4 For losses apparently caused by theft, arson, neglect of duty or gross carelessness, except if trivial, the Chief Financial Officer must immediately notify:

(a) the Board, and

(b) the External Auditor. In those cases where theft or criminal damage is involved, the Chief Financial Officer must also inform the Police and the Trust's security officer.

13.2.5 Novel, contentious or repercussive losses and special payments must be referred to the Department of Health.

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

13.2.7 For any loss, the Chief Financial Officer should consider whether any insurance claim could be made.

13.2.8 The Chief Financial Officer shall maintain a Losses and Special Payments Register in which write-off action is recorded.

13.2.9 All losses and special payments must be reported to the Audit Committee.

14 Information Technology

14.1 The Chief Financial Officer, who is responsible for the accuracy and security of the computerised financial data of the Trust, shall (in liaison with the Chief Information Officer):

(a) devise and implement any necessary procedures to ensure adequate (reasonable) protection of the Trust's data, programs and computer hardware for which he is responsible from accidental or intentional disclosure to unauthorised persons, deletion or modification, theft or damage, having due regard for the Data Protection Act 1998;

(b) ensure that adequate (reasonable) controls exist over data entry, processing, storage, transmission and output to ensure security, privacy, accuracy, completeness, and timeliness of the data, as well as the efficient and effective operation of the system;

(c) ensure that adequate controls exist such that the computer operation is separated from development, maintenance and amendment;

(d) ensure that an adequate management (audit) trail exists through the computerised system and that such computer audit reviews as he may consider necessary are being carried out.

14.2 The Chief Financial Officer shall satisfy himself that new financial systems and amendments to current financial systems are developed in a controlled manner and thoroughly tested prior to implementation. Where this is undertaken by another organisation, assurances of adequacy must be obtained from them prior to implementation.

14.3 In the case of computer systems which are proposed (i.e. including those applications which the majority of NHS bodies in the locality wish to sponsor jointly) all responsible Executive Directors and Officers will send to the Chief Financial 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.

14.4 The Chief Financial 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.

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

14.6 Where computer systems have an impact on corporate financial systems the Chief Financial 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 assembled for processing by financial systems is adequate, accurate, complete and timely, and that a management (audit) trail exists;
- (c) Chief Financial Officer staff have access to such data; and
- (d) such computer audit reviews are being carried out as are considered necessary.

14.7 Risk Assessment - The Chief Information Officer shall ensure that risks to the Trust arising from the use of IT are effectively identified and appropriate action taken to mitigate or control risk. This shall include the preparation and testing of appropriate disaster recovery plans.

15 Patients' Property

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

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

- (a) notices and information booklets,

- (b) hospital admission documentation and property records,
- (c) the oral advice of administrative and nursing staff responsible for admissions, that the Trust will not accept responsibility or liability for patients' property brought into the Trust's premises, unless it is handed in for safe custody and a copy of an official patients' property record is obtained as a receipt.

15.3 The Chief Nurse 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.

15.4 Where Department of Health instructions require the opening of separate accounts for patients' monies, these shall be opened and operated under arrangements agreed by the Chief Financial Officer. Due care should be exercised in the management of a patient's money in order to maximise the benefits to the patient.

15.5 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.

15.6 Staff should be informed, on appointment, by the appropriate departmental or senior manager of their responsibilities and duties for the administration of the property of patients.

15.7 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.

16 Funds held on Trust

16.1 The corporate trustee (the UHL Trust Board) is accountable to the Charities Commission for funds held on trust.

16.2 Employees handling funds held on trust must comply with the Charity's Financial Procedures, in conjunction with those of the Trust. Where no different/specific instructions have been approved by the Trustees, the Trust's Standing Financial Instructions shall be applied wherever possible.

16.3 All donations received by the Trust must be passed to the Charity promptly, for banking and administration.

16.4 No separate bank accounts should be opened or maintained other than those authorised by the Charity Trustee.

16.5 Where staff are aware of patients or groups who wish to set up a charity, they are advised in the first instance to contact Leicester Hospital's Charity to find appropriate designated Leicester Hospital's Charity funds.

17 Acceptance of Gifts by Staff

17.1 The Chief Executive shall ensure that all officers are made aware of the Trust's Standards of Business Conduct Policy, which deals with the acceptance of gifts and other benefits in kind by staff. This policy follows the guidance contained in the Department of Health Standards of Business Conduct for NHS Staff.

18 Retention of Records

18.1 The Chief Executive shall be responsible for maintaining archives for all documents required to be retained in accordance with Department of Health guidelines.

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

18.3 Records held in accordance with Department of Health guidance shall only be destroyed at the express instigation of the Chief Executive. Detail shall be maintained of records so destroyed.

Reference shall be made to the Trust's Policy on the retention and disposal of records.

19 Risk Management

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

19.2 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) decision on which risks shall be insured;
- g) arrangements to review the risk management programme;

h) appropriate levels of external accreditation.

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

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

19.4 With four exceptions the Trust may not enter into insurance arrangements with commercial insurers. The exceptions are:

a) insuring motor vehicles owned by the Trust including third party liability arising from their use;

b) 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;

c) where income generation activities take place. Income generation activities should normally be insured against all risks using commercial insurance. If the income generation activity is also an activity normally carried out by the Trust for a NHS purpose the activity may be covered in the risk pool. Confirmation of coverage in the risk pool must be obtained from the NHSLA.

d) where it is necessary to ensure that the Trust is able to continue providing a service where adequate levels of insurance are not available under any of the schemes administered by the NHSLA, the Trust arranges a policy in the name of "the employees of the Trust" or "members, for the time being, of a specific team". In such cases, the premium must be:

(i) Paid by the use of charitable funds, providing the Trust establishes through the Charity Commission, or other relevant regulatory body, whether this is an appropriate use of funds, or

(ii) Paid by members of the team and then reimbursed by the Trust, or

(iii) Paid by the Trust, provided this is with the recognition, and approval, of the Chief Financial Officer and/or Internal Audit.

In any case of doubt concerning a Trust's powers to enter into commercial insurance arrangements the Chief Financial Officer should first consult the NHSLA.

19.5 Where the Board decides to use the schemes administered by the NHSLA, the Chief Financial Officer shall ensure that the arrangements entered into are appropriate and complementary to the risk management programme. The Chief Financial Officer shall ensure that documented procedures cover these arrangements.

19.6 Where the Board decides not to use the schemes administered by the NHSLA for one or other of the risks covered by the schemes, the Chief Financial Officer shall ensure that the Board is informed of the nature and extent of the risks that are self insured as a result of this decision. The Chief Financial Officer will draw up formal documented procedures for the management of any claims arising from third parties and payments in respect of losses that will not be reimbursed.

19.7 NHSLA schemes may require members to make some contribution to the settlement of claims (the 'deductible element'). The Chief Financial Officer should ensure documented procedures also cover the management of claims and payments below the deductible element in each case.

20 Partnership Arrangements

20.1 The Trust shall ensure, through the Chief Executive, that there are processes in place for establishing and reviewing the effectiveness of all partnership arrangements and that these are appropriate for the local circumstances.

21. International Financial Reporting Standards (IFRS)

21.1 The Trust is required to report all its financial transactions in compliance with IFRS subject to amendments issued by the Department of Health through the NHS Manual for Accounts. It is important that the reporting requirements of IFRS are anticipated and provided for when making decisions which have an impact on the Trust's financial position. This is particularly the case in respect of capital investment, leasing, use of external private finance and contractual relationships with other parties. The Chief Financial Officer and his team should be consulted for advice in such instances.

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST
RESERVATION OF POWERS
TO THE TRUST BOARD
AND
DELEGATION OF POWERS

September 2015

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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.

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.

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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.

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

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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.

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.

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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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SCHEME OF DELEGATION

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 normally attend meetings. Attendance by any deputy shall only be permitted with the agreement of the Committee Chair sought and obtained in advance

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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 appropriate independent assurances, prior to endorsement by the Board;

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- 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 over-arching 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.

External Audit

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

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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 consideration and/or, where appropriate, recommendation to the Trust Board as Corporate Trustee. The Committee is authorised to seek any

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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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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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