

THE SHREWSBURY AND TELFORD HOSPITAL NHS TRUST

**RESERVATION OF POWERS TO THE BOARD
AND
DELEGATION OF POWERS**

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THE SHREWSBURY AND TELFORD HOSPITAL NHS TRUST

RESERVATION OF POWERS TO THE BOARD AND DELEGATION OF POWERS

SECTION A – INTRODUCTION

The Code of Accountability for NHS Boards requires the Trust Board to draw up a schedule of decisions reserved to itself and to ensure that management arrangements are in place to enable the clear delegation of its other responsibilities. This document therefore sets out the powers reserved to the Board and the Scheme of Delegation, together with tables of financial limits and approval thresholds. However, the Board remains accountable for all of its functions, including those that have been delegated, and would therefore expect to receive information about the exercise of delegated functions to enable it to maintain a monitoring role.

All powers of the Trust which have not been retained as reserved by the Board or delegated to a Board Committee shall be exercised on behalf of the Board by the Chief Executive. The Scheme of Delegation identifies any functions, which the Chief Executive shall perform personally and those delegated to other directors or 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 NHS Executive for the funds entrusted to the Trust.

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

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.

In the absence of a director or officer to whom powers have been delegated, those powers shall be exercised by that director or officer's superior unless the Board has approved alternative arrangements. If the Chief Executive is absent, powers delegated to him/her may be exercised by the Chairman after taking appropriate advice from the Finance Director.

THE SHREWSBURY AND TELFORD HOSPITAL NHS TRUST

SECTION B – RESERVATION OF POWERS TO THE BOARD

1	The Code of Accountability	
	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 to 9 below.	
2	General Enabling Provision	
	The Board may determine any matter, for which it has delegated or statutory authority, it wishes in full session within its statutory powers.	
3	Regulation and Control	
	3.1	Approval, suspension, variation or amendment of Standing Orders, Standing Financial Instructions, schedule of matters reserved to the Board, scheme of delegation of powers from Board to officers, and other arrangements relating to standards of business conduct.
	3.2	Requiring and receiving the declaration of directors' interests which may conflict with those of the Trust and determining the extent to which that director may remain involved with the matter under consideration.
	3.3	Requiring and receiving the declaration of interests from officers which may conflict with those of the Trust.
	3.4	Approval of arrangements for dealing with complaints.
	3.5	Adoption of the organisational structures, processes and procedures to facilitate the discharge of business by the Trust and to agree modifications thereto.
	3.6	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.
	3.7	Confirm the recommendations of the Trust's committees where the committees do not have executive powers.
	3.8	Approve arrangements relating to the discharge of the Trust's responsibilities as a corporate trustee for funds held on trust.
	3.9	Establish terms of reference and reporting arrangements of all committees and sub-committees which are established by the Board.
	3.10	Approve arrangements relating to the discharge of the Trust's responsibilities as a bailee for patients' property.
	3.11	Ratification of any urgent decisions taken by the Chairman and Chief Executive in public session in accordance with Standing Orders.
	3.12	Authorise the use of the Common Seal of the Trust.
	3.13	Discipline members of the Board or employees who are in breach of statutory requirements or Standing Orders.
	3.14	Approve a Scheme of Delegation of Powers from the Board to Committees
	3.15	Ratify or otherwise instances of failure to comply with Standing Orders brought to the Chief Executive's attention in accordance with Standing Orders

4	Appointments and Dismissals	
	Subject to Trust's Standing Orders:	
	4.1	Appointment of Vice Chairman of the Board.
	4.2	Appoint and dismiss committees (and individual members) which are directly accountable to the Board.
	4.3	Appoint, appraise, discipline and dismiss executive directors, subject to Standing Orders.
	4.4	Confirm appointment of members of any committee of the Trust as representatives on outside bodies.
	4.5	Approve proposals of the Remuneration Committee regarding directors and senior employees and those of the Chief Executive for staff not covered by the Remuneration Committee.
5	Strategy, Business Plans and Budgets	
	5.1	Define the strategic aims and objectives of the Trust.
	5.2	Approve proposals for ensuring quality and developing clinical governance in services provided by the Trust, having regard to any guidance issued by the Secretary of State.
	5.3	Approve the Trust's policies and procedures for the management of risk.
	5.4	Approve Outline and Final Business Cases for Capital Investment.
	5.5	Approval annually of plans in respect of anticipated income and the application of available resources (budgets).
	5.6	Approve annually Trust's proposed organisational development proposals.
	5.7	Ratify proposals for acquisition, disposal or change of use of land and/or buildings.
	5.8	Approval of the opening or closing of any bank or investment account.
	5.9	Approve proposals on individual contracts (other than NHS contracts) of a capital or revenue nature amounting to, or likely to amount to over [refer to Standing Orders] [£100,000] over a 3 year period or the period of the contract if longer.
	5.10	Approve proposals in individual cases for the write off of losses or making of special payments above the limits of delegation to the Chief Executive and Finance Director (for losses and special payments) previously approved by the Board.
	5.11	Approve proposals for action on litigation against or on behalf of the Trust.
	5.12	Approve PFI proposals
	5.13	Approve individual compensation payments
6	Policy Determination	
	Approve management policies including personnel policies incorporating the arrangements for the appointment, removal and remuneration of staff.	

7	Audit Arrangements	
	7.1	Approve the appointment (and where necessary dismissal) of external auditors and advise the Audit Commission on the appointment. Approval of external auditors' arrangements for the separate audit of funds held on trust, and the submission of reports to the Audit Committee meetings who will take appropriate action
	7.2	Receive of the annual management letter received from the external auditor and agreement of proposed action, taking account of the advice, where appropriate, of the Audit Committee.
	7.3	Receive an annual report from the Internal Auditor and agree action on recommendations where appropriate of the Audit Committee.
	7.4	
8	Annual Reports and Accounts	
	8.1	Receipt and approval of the Trust's Annual Report and Annual Accounts
	8.2	Receipt and approval of the Annual Report and Accounts for funds held on trust.
9	Monitoring	
	9.1	Receive of such reports as the Board sees fit from committees in respect of their exercise of powers delegated.
	9.2	Continuous appraisal of the affairs of the Trust by means of the provision to the Board as the Board may require from directors, committees, and officers of the Trust as set out in management policy statements. All monitoring returns required by the Department of Health and the Charity Commission shall be reported, at least in summary, to the Board.
		Receive reports from the CEO on actual and forecast income from SLA
	9.3	Receive reports from Finance Director on financial performance against budget and Local Delivery Plan

SECTION C – DECISIONS / DUTIES DELEGATED BY THE BOARD TO COMMITTEES

1 Audit Committee

The Committee will:

1.1 Governance, 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 organisation's objectives.

In particular, the Committee will review the adequacy and effectiveness of:

- All risk and control related disclosure statements (in particular the Statement on Internal Control), together with any accompanying Head of Internal Audit statements, external audit opinion or other appropriate independent assurances, prior to endorsement by the Board.
- The underlying assurance processes that indicate the degree of the achievement of corporate objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements.
- The policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements and related reporting and self-certification.
- The policies and procedures for all work related to fraud and corruption as set out in Secretary of State Directions and as required by the NHS Counter Fraud and Security Management Service.

Review Schedules of losses and compensation (and the circumstances behind them), proposed changes to Standing Orders or Standing Financial Instructions, advising the Board of any significant issues arising..

1.2 Internal Audit

The Committee shall ensure that there is an effective internal audit function that meets mandatory NHS Internal Audit Standards and provides appropriate independent assurance to the Audit Committee, Chief Executive and Board.

1.3 External Audit

The Committee shall review the work and findings of the External Auditors and consider the implications and management's responses to their work.

1.4 Other Assurance Functions

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

These will include, but will not be limited to, any reviews by Department of Health Arms Length Bodies or Regulators/Inspectors (e.g. the Care Quality Commission, NHS Litigation Authority, etc) and 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. In particular, this will include the Quality and Safety Committee (with the remit for clinical governance) and the Risk Management Executive.

In reviewing the control processes underpinning the work of, and issues around clinical risk management, the Audit Committee will wish to satisfy itself on the nature of the assurance that can be gained from the clinical audit function.

1.5 Counter Fraud

The committee shall satisfy itself that the organisation has adequate arrangements in place for countering fraud and shall review the outcomes of counter fraud work.

1.6 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.

The Committee may also request specific reports from individual functions within the organisation (e.g. clinical audit) as they may be appropriate to enable the Committee to fulfil its duties or in response to any issues of concern that the Committee or Board may hold.

1.7 Financial Reporting

The Audit Committee shall monitor and review the integrity of the Financial Statements of the Trust and any formal announcements relating to the Trust's financial performance.

The Committee should 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.

The Audit Committee shall review the annual report and financial statements before submission to the Board, focusing particularly on:

- The wording in the Statement on Internal Control and other disclosures relevant to the Terms of Reference of the Committee.
- Changes in, and compliance with, accounting policies, practices and estimation techniques.
- Unadjusted mis-statements in the financial statements.
- Significant judgements in preparation of the financial statements.
- Significant adjustments resulting from the audit.
- Letter of representation
- Qualitative aspects of financial reporting.

2 Remuneration and terms of service Committee

The Committee will:

2.1 Board structure, size and composition

- Review the structure, size and composition (including the skills, knowledge and experience) required of the Board as a whole compared to its current position;
- Determine any changes and development needs.
- Succession planning
- Consider succession planning for Executive Directors and other very senior managers, taking into account
- the challenges and opportunities facing the Trust and the skills and expertise needed on the Board in the future.
- Appointment of the Chief Executive, and other Executive and Associate Board Directors
- Where a new Chief Executive, Executive or Associate Board Director is to be appointed, being responsible for
- the selection and appointment process on behalf of the Board.
- Board Remuneration
- Set the remuneration of all Executive and Associate Directors, including salary, any performance-related
- elements/bonuses or allowances and provision for other benefits including cars

Ensure the contractual terms of the Executive and Associate Directors are in accordance with national policy and guidance, particularly in relation to the termination of employment, notice periods and pensions benefits

- Determine whether a proportion of an Executive or Associate Director's remuneration should be linked to corporate and individual performance and, if so, approving an appropriate scheme of performance – related remuneration

- In developing contractual terms and remuneration packages, the Committee will have:
 - a. a clear statement of the responsibilities of the individual posts and their accountabilities for meeting objectives of the organisation;
 - b. a fair means of assessing the comparative job "weight";
 - c. comparative salary information from the NHS and other sector organisations and other industrial and service organisations.
- 2.2 Board Performance
 - Review the performance of the Executive and Associate Directors, noting the assessments of the Chief Executive

Organisational Development

 - Review and advise on major organisational development and reconfigurations proposals.
- 2.3 Appointment of Non-Executive Directors
 - Where a new Non-Executive Director is to be appointed, communicating views on the balance of skills, knowledge and experience required on the Board and its description of the role and capabilities required for the particular appointment.
- 2.4 Local Pay Awards
 - Sanction the parameters for negotiations for all local pay and reward structures.
- 2.5 Terminations
 - Review all proposed termination payments to be made to the Chief Executive and other Board Executive and Associate Directors, prior to submission to other bodies in accordance with the national guidelines in existence at the time
 - Review all proposed termination payments to be made to other staff, in accordance with national guidelines in existence at the time. The Chief Executive has discretion to approve payments of up to £25,000 in cases where prompt action is required to settle an agreement.

3 **Charitable Funds Committee**

The Committee will:

- 3.1 To be accountable to the Corporate Trustee and ensure the on-going management of Charitable Funds is consistent with the objectives and operational framework set by the Corporate Trustee.
- 3.2 To monitor compliance against Corporate Trustee policies, procedures and plans that include:
 - Terms of Reference of Charitable Funds Committee
 - Appropriate use of Charitable Funds
 - Appropriate sources of Charitable Funds
 - Investment Policy
 - Expenditure Plans
- 3.3 To advise the Corporate Trustee and monitor compliance against the requirements of the Charities Acts and Charities Commission Guidance
- 3.4 To consider the Annual Accounts and Report before submitting to the Corporate Trustee for approval

- 3.5 To monitor compliance against relevant internal audit reports and counter fraud initiatives and to report progress to the Corporate Trustee.
- 3.6 To monitor the performance of Charitable Funds investments and report to the Corporate Trustee at least quarterly.
- 3.7 To monitor the performance of the Charitable Funds Investment Manager(s) and advise the Corporate Trustee appropriately.
- 3.8 To ensure, via the Finance Director and the Finance Department, that Charitable Funds are managed in accordance with the Trust's Standing Financial Instructions.
- 3.9 To review the financial implications on any proposal for fund raising activities that the Trust may initiate, sponsor or approve.
- 3.10 To co-ordinate and work with The League of Friends, Lingen Davies and other local charities on appropriate projects/schemes.

4 **Finance and Performance Committee**

The Committee will:

- 4.1 Financial Planning
 To consider processes for the preparation and the content of Annual Revenue and Capital Budgets including Cost Improvement Plan.
 To test the key financial assumptions and risks.
 To review the Trust Annual Budgets and forecasts before submission to the Trust Board
 To monitor financial performance compared with the Annual Budgets and Cost Improvement Plan.
 To retrospectively review Business Cases for benefits realisation.
- 4.2 Performance Management
 To monitor the financial performance of individual Divisions and Directorates. To agree and consider regular management performance reports from individual Divisions and Directorates.
 To consider explanations of significant variances/deviations from budget by Divisions and Directorates on a regular basis and to consider proposals for remedial action.
 To monitor the key workforce targets of individual Divisions and Directorates.
 To consider the financial impact of achieving national access and other performance targets set from time to time by the DOH and others for waiting lists/times, management costs, control of infection etc.
- 4.3 Financial Accounting
 To consider the likely impact of technical changes to accounting policy or practices.
 To consider detailed cash flow and working capital forecasts.
- 4.4 Financial Statements
 To consider regular financial performance reports and forecasts, focusing particularly on major judgmental areas – risks and assumptions.
 To commission and consider various financial reporting and analyses as appropriate.
 To consider other topics or matters as directed by the Trust Board.

- 4.5 Commercial and Business Planning
 Assessing the overall scope and effectiveness of the Trust's non clinical risk management systems;
 To reviewing the Trust's strategy for the management of business risk (including market and competitive risk; regulatory risk; health, safety and environmental risk; reputation and ethical risk; information governance and security risk; financial risk; workforce risk; and risk to business continuity);
 To review progress made in delivering key enabling strategies such as (but not limited to) Workforce, Estates, Marketing, Sustainability and IT raising any significant risks regarding their delivery to the Trust Board, in particular factors externally which may influence the delivery of these Strategies;
 To develop the Trust's Investment Policy and ensure this is maintained to fit with best practice
 Review in advance of Board submission significant investment proposals.
 To appraise the potential financial, commercial, service and other investment opportunities
 To Identify and evaluate specific investment and commercial opportunities
 To review capital investment proposals within the capital investment programme and monitoring its implementation;
 To consider post project evaluation reports on significant capital investments
 To develop the Trust's Operating Cash Policy
- 4.6 Consider the impact of technical accounting changes to the Trust's financial standing
- 4.7 Consider detailed cash flow and working capital forecasts

5 Risk Management Executive

The Committee will:

- 5.1 Oversee the implementation and further development of the Trust's Risk Management Strategy ensuring it supports the achievement of the Trust's objectives and business plan
- 5.2 Develop and manage the risk management system (including clinical risk) in line with the Trust's strategy, prevailing policies, standards, and guidance, and the changing environment in which the Trust operates
- 5.3 Assess and review the composition and ongoing development of the Board Assurance Framework ensuring it provides a robust tool through which the Board can monitor management of the organisation's key strategic risks, ensuring effective control and assurance mechanisms in place and that effective actions are being taken to address gaps in controls and assurance.
- 5.4 Provide the Trust Board with assurance that a comprehensive Corporate Risk Register is maintained which will enable the Board to have a shared and clear understanding of the key risks in the Trust; what mitigations are in place to manage risks and which risks are being tolerated
- 5.5 Identify and validate new risks and consider whether they pose a principle risk to the Trust's strategic objectives and should be included on the Board Assurance Framework
- 5.6 Oversee the maintenance and further development of the Centre's Risk Registers as key tools to support achievement of high levels of internal control, patient safety, and clinical quality to inform risk based decision making and specifically promote local level responsibilities and accountability for identifying and monitoring the organisations risks.

- 5.7 Assess all risks with a risk score of 15 and above and bring to the attention of the Board all serious risks (risk score to be decided) to consider whether to be added to the Board Assurance Framework.
- 5.8 Coordinate all risk management activities of the Trust using reports from Centres, specialist risk teams and operational groups with risk management responsibilities (eg Health & Safety, Information Governance forum) and agree actions to be taken to mitigate risk across the Trust, and where relevant monitor action/treatment plans.

6 Hospital Executive Committee

The Committee will:

- 6.1 Interpret and apply local and national imperatives on health care and reflect such imperatives into the strategic and operational plans of the organisation.
- 6.2 Implement the strategic aims and objectives agreed by the Trust Board by establishing context and setting direction for the organisation,
- 6.3 Coordinate and monitor the significant programmes of work prioritised by the Trust Board and to provide progress reports to the Board on the status of the agreed programmes
- 6.4 To consider and approve to the Board all business cases for capital investment, service development and new consultant appointments
- 6.5 To receive risk management reports and high risk updates .
- 6.6 To be responsible for planning, organising, directing and controlling the organisation's systems and resources to achieve service objectives and quality development through implementation of the Trust's Business Plan.
- 6.7 To approve significant operational decisions and monitor implementation.
- 6.8 To monitor the Trust financial position and all performance targets and monitor actions plans put in place to address any areas of failing performance.
- 6.9 To develop and manage the workforce requirements to ensure the Trust provides a quality service whilst achieving statutory and regulatory targets and requirements.
- 6.10 To ensure that the organisation's objectives and standards for service, high level performance and quality set by the Trust Board, are managed and cascaded throughout the entire organisation.
- 6.11 To ensure that the Trust responds to the requirements to provide independent verification of the Trust internal control mechanisms.
- 6.12 To provide a forum for multi-disciplinary debate and the involvement of clinical staff with the management of the Trust.
- 6.13 To approve and recommend to the Board, and monitor the implementation of relevant Trust Policies, guidelines and protocols.
- 6.14 To act as the improvement Board, providing overall direction, leadership and structure for the Trust's CIP

7 Foundation Trust Programme Board

The Committee will:

- 7.1 Monitor progress and performance manage the Foundation Trust Programme Plan to ensure all key milestones are met across the dedicated work streams;
 - Financial Governance
 - Governance
 - Workforce & OK
 - Business Development
 - Quality Governance

- 7.2 Provide strategic direction to the workstreams
- 7.3 Ensure appropriate communications and engagement, both internal and external, are delivered
- 7.4 Sign off key submissions to the SHA, DH and monitor related to the FT application
- 7.5 Maintain a risk log to ensure that key risks associated with the application are reviewed with corresponding actions instigated to mitigate such risks.

8 **Clinical Quality and Safety Committee**

The Committee will:

- 8.1 Provide assurance to the Board on Clinical Quality & Safety, (including Clinical Effectiveness, Patient Safety and Patient Experience) utilising best practice metrics that provide robust clinical governance processes to deliver safe, high quality and patient centred care.
- 8.2 Drive an improvement culture to promote excellence in patient care across the domains of quality, safety and experience through the introduction, approval and implementation of a Clinical Quality & Safety Improvement Strategy
- 8.3 **Key responsibilities for patient safety**
 - Ensure the Trust is meeting all regulatory and mandated care standards, with robust response and tracking processes in place to meet national alert requirements, national guidelines and relevant external quality and safety standards with a focus on agreed patient sensitive indicators.
 - To receive an agreed level of patient safety and outcomes data which provides trends and themes from care delivery, utilising clinical metrics to uniform and analyse the range of clinical services across the Trust.
 - To ensure that the Committee has adequate information on which to advise the Board about the level of assurance or risks on the standards of care provided across the range of services, including actions in place to drive improvements and mitigate risks.
 - To ensure that the Committee has adequate information on which to advise/assure the Board on the Care Quality Commission's essential standards of Quality and Safety and to develop a Quality Assurance Framework to support the governance arrangements required for FT.

Incident Reporting and Investigation

- To monitor the effectiveness of the Trust's systems for reporting and investigating Serious Incidents (SIs), near misses and other incidents;
- To review the outcomes of investigations and external inspections, ensuring that the information is presented in sufficient detail to enable systemic failings in patient care to be identified;
- To receive and comment on action plans and progress reports proposed by management in response to SIs, near misses and other incidents.

8.4 7.2 Key responsibilities for Patient Experience

The Committee will ensure that the patient experience is a core focus of its remit and agenda and will seek a patient representative as a formal Committee member to provide challenge and assurances that the Committee is addressing the required improvement areas.

- To receive the assurances in that all Caldicott principles are being met in relation to patient confidentiality and data.
- Be able to provide assurances to the Board on the tracking and completion of all agreed actions/improvements required to improve the patient experience.
- To monitor the effectiveness of the Trust's systems for complaints handling, and reviewing complaints for trends and themes monitoring the effectiveness of the Trusts system for advocacy and the encouragement of feedback from patients and relatives.
- To monitor patient complaints.
- To oversee and monitor action plans resulting from patient surveys.
- To receive the Complaints Annual Report.
- Ensure that the Committee receives triangulation on the patient experience data using patient stories/diaries and includes the experience of both the patient and their relative/carer.
- Patient survey and action plan to come to the Committee. A patient experience report to be presented quarterly.
- To receive the Complaints Policy once a year.
- At least 6 times a year a verbal patient story or diary to be presented at the beginning of the meeting.

8.5 Key responsibilities for Clinical Effectiveness

- To receive assurances regarding the workforce including education and learning plans, appraisal and overall staff performance.
- To review assurances received on clinical practice e.g. national audits and other external clinical reviews.
- To be updated on outcomes being improved at the Trust including the productive ward and Leading Improvements in Patient Safety (LIPS) programme.
- To review the effectiveness of the Trust's arrangements for the systematic monitoring of mortality and other patient outcomes.
- To receive and comment on action plans and progress reports proposed by clinical leads in response to monitoring data on patient outcomes.
- To review clinical audit findings and the action plans proposed by management in response to these.
- To receive the Research and Development Annual Report.

SECTION D – DELEGATION OF POWERS

Delegation to Committees

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

Scheme of Delegation to Officers

Standing Orders and model Standing Financial Instructions set out in some detail the financial responsibilities of the Chief Executive (CE), the Finance Director (FD) and other directors. These responsibilities are summarised below.

Certain matters needing to be covered in the scheme of delegation are not covered by Standing Financial Instructions or Standing Orders or they do not specify the responsible officer. These are:-

Area of Responsibility	Overall Responsibility
Data Protection Act requirements	Finance Director
Health and Safety Arrangements	Chief Executive

This scheme of delegation covers only matters delegated by the Board to directors and certain other specific matters referred to in Standing Financial Instructions. Each director is responsible for the delegation within his/her directorate. He/she should produce a scheme of delegation for matters within his/her directorate. In particular the scheme of delegation should include how the directorate budget and procedures for approval of expenditure are delegated.

SECTION E – SCHEME OF DELEGATION DERIVED FROM THE ACCOUNTABLE OFFICER MEMORANDUM

DELEGATED TO	DUTIES DELEGATED
CHIEF EXECUTIVE (CE)	Accountable through NHS Accounting Officer to Parliament for stewardship of Trust resources.
CE AND FINANCE DIRECTOR (FD)	Ensure the accounts of the Trust are prepared under principles and in a format directed by the Secretary of State. Accounts must disclose a true and fair view of the Trust's income and expenditure and its state of affairs. Sign the accounts on behalf of the Board.
CE	Sign a statement in the accounts outlining responsibilities as the Accountable Officer. Sign a statement in the accounts outlining responsibilities in respect of Internal Control
CE	Ensure effective management systems that safeguard public funds and assist Trust Chairman to implement requirements of corporate governance including ensuring managers: <ul style="list-style-type: none"> • “have a clear view of their objectives and the means to assess achievements in relation to those objectives • be assigned well defined responsibilities for making best use of resources • have the information, training and access to the expert advice they need to exercise their responsibilities effectively.”
CHAIRMAN	Implement requirements of corporate governance.
CE	Achieve value for money from the resources available to the Trust and avoid waste and extravagance in the organisation's activities. Follow through the implementation of any recommendations affecting good practice as set out on reports from such bodies as the Audit Commission and the National Audit Office (NAO).
FD	Operational responsibility for effective and sound financial management and information.
CE	Primary duty to see that FD discharges this function.
CE	Ensuring that expenditure by the Trust complies with Parliamentary requirements.
CE	Accountable for clinical governance and the quality and safety of care delivered by the Trust.
CE and FD	Chief Executive supported by Finance Director, to ensure appropriate advice is given to the Board on all matters of probity, regularity, prudent and economical administration, efficiency and effectiveness.
CE	If CE considers the Board or Chairman is doing something which might infringe probity or regularity, he should set this out in writing to the Chairman and the Board. If the matter is unresolved, he should ask the Audit Committee to inquire and if necessary the HA and Department of Health.

DELEGATED TO	DUTIES DELEGATED
CE	<p>If the Board is contemplating a course of action which raises an issue not of formal propriety or regularity but affects the CE's responsibility for value for money, the CE should draw the relevant factors to the attention of the Board. If the outcome is that you are overruled it is normally sufficient to ensure that your advice and the overruling of it are clearly apparent from the papers. Exceptionally, the CE should inform the Strategic Health Authority and the DoH. In such cases, the CE should as a member of the Board vote against the course of action rather than merely abstain from voting.</p>

SECTION F – SCHEME OF DELEGATION DERIVED FROM CODES OF CONDUCT AND ACCOUNTABILITY

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

DELEGATED TO	AUTHORITIES/DUTIES DELEGATED
BOARD	<p>It is the Board's duty to:</p> <ol style="list-style-type: none"> 1. Act within statutory financial and other constraints. 2. Be clear what decisions and information are appropriate to the board and draw up standing orders, a schedule of decisions reserved to the board and standing financial instructions to reflect these. 3. Ensure that management arrangements are in place to enable responsibility to be clearly delegated to senior executives for the main programmes of action and for performance against programmes to be monitored and senior executives held to account. 4. Establish performance and quality targets that maintain the effective use of resources and provide value for money. 5. Specify its requirements in organising and presenting financial and other information succinctly and efficiently to ensure the board can fully undertake its responsibilities. 6. Establish audit and remuneration committees on the basis of formally agreed terms of reference which set out the membership of the sub-committee, the limit to their powers, and the arrangements for reporting back to the main board.
CHAIRMAN	<p>It is the Chairman's role to:</p> <ol style="list-style-type: none"> 1. Provide leadership to the Board. 2. Enable all Board members to make a full contribution to the Board's affairs and ensure that the Board acts as a team. 3. Ensure that key and appropriate issues are discussed by the Board in a timely manner. 4. Ensure the Board has adequate support and is provided efficiently with all the necessary data on which to base informed decisions. 5. Lead non-executive Board members through a formally-appointed remuneration committee of the main Board on the appointment, appraisal and remuneration of the Chief Executive and (with the latter) other executive Board members. 6. Appoint non-executive Board members to an Audit Committee of the main Board. 7. Advise the Secretary of State on the performance of non-executive Board members.
CHIEF EXECUTIVE	<p>The Chief Executive is accountable to the Chairman and non-executive members of the Board for ensuring that its decisions are implemented, that the organisation works effectively, in accordance with Government policy and public service values and for the maintenance of proper financial stewardship.</p> <p>The Chief Executive should be allowed full scope, within clearly defined delegated powers, for action in fulfilling the decisions of the Board.</p> <p>The other duties of the Chief Executive as Accountable Officer are laid out in the Accountable Officer Memorandum.</p>
NON EXECUTIVE DIRECTORS	<p>Non-executive Directors are appointed by the Appointments Commission to bring independent judgement to bear on issues of strategy, performance, key appointments and accountability through the Department of Health to Ministers and to the local community.</p>
CHAIR AND DIRECTORS	<p>Declaration of conflict of interests.</p>

DELEGATED TO	AUTHORITIES/DUTIES DELEGATED
BOARD	NHS Boards must comply with legislation and guidance issued by the Department of Health on behalf of the Secretary of State, respect agreements entered into by themselves or in on their behalf and establish terms and conditions of service that are fair to the staff and represent good value for taxpayers' money.

SECTION G – SCHEME OF DELEGATION FROM STANDING ORDERS

SO REF	Delegated to	AUTHORITIES/DUTIES DELEGATED
1.1	CHAIRMAN	Final authority in interpretation of Standing Orders (SO).
2.9	BOARD	Appointment of Vice Chairman
3.5	CHAIRMAN	Call meetings.
3.14	CHAIRMAN	Chair all Board meetings and associated responsibilities.
3.21	CHAIRMAN	Give final ruling in questions of order, relevancy and regularity of meetings.
3.22	CHAIRMAN	Having a second or casting vote.
3.32	BOARD	Suspension of Standing Orders.
3.36	AUDIT COMMITTEE	Audit Committee to review every decision to suspend Standing Orders (power to suspend Standing Orders is reserved to the Board).
3.37	BOARD	Variation or amendment of Standing Orders.
4.3	CHAIRMAN & CHIEF EXECUTIVE	The powers which the Board has retained to itself within these Standing Orders (Standing Order 2.4) may in emergency be exercised by the Chair and Chief Executive after having consulted at least two non-officer members.
4.4	BOARD	Formal delegation of powers to, sub committees or joint committees and approval of their constitution and terms of reference. (Constitution and terms of reference of sub committees may be approved by the Chief Executive.)
4.7	CE	The Chief Executive shall prepare a Scheme of Delegation identifying his/her proposals which shall be considered and <u>approved by the Board</u> , subject to any amendment agreed during the discussion.
4.10	ALL	Disclosure of non-compliance with Standing Orders to the Chief Executive as soon as possible.
6.1	THE BOARD	Declare relevant and material interests.
6.8	CE	Maintain Register(s) of Interests.
8.1	ALL STAFF	Comply with national guidance contained in HSG 1993/5 "Standards of Business Conduct for NHS Staff" (contained in appendix B).
8.7 & 8.8	ALL	Disclose relationship between self and candidate for staff appointment. (CE to report the disclosure to the Board.)
9.1	CE	Keep seal in safe place and maintain a register of sealing.
10.1	CE OR EXECUTIVE DIRECTOR	Approve and sign all documents which will be necessary in legal proceedings.

SECTION H – SCHEME OF DELEGATION FROM STANDING FINANCIAL INSTRUCTIONS

SFI REF	Delegated to	AUTHORITIES/DUTIES DELEGATED
1.1.3	FD	Approval of all financial procedures.
1.1.4	FD	Advice on interpretation or application of SFI.
1.1.6	ALL MEMBERS OF THE BOARD AND ALL STAFF	Have duty to disclose any non-compliance with SFIs as soon as possible to the FD.
1.3.5	CE & FD	Accountable for financial control but will, as far as possible, delegate their detailed responsibilities.
1.3.6	CE	To ensure all Board members, officers and employees, present and future, are notified of and understand Standing Financial Instructions.
1.3.7	FD	Responsible for: <ul style="list-style-type: none"> ➤ Implementing the Trust's financial policies and co-ordinating corrective action; ➤ Maintaining an effective system of financial control including ensuring detailed financial procedures and systems are prepared and documented; ➤ Ensuring that sufficient records are maintained to explain Trust's transactions and financial position; and ➤ Providing financial advice to members of Board and staff ➤ Maintaining such accounts, certificates etc as are required for the Trust to carry out its statutory duties.
2.1.2	CHAIR	Raise the matter at the Board meeting where Audit Committee considers there is evidence of ultra vires transactions or improper acts.
2.2.1	FD	Ensure an adequate internal audit service, for which he/she is accountable, is provided (and involve the Audit Committee in the selection process when/if an internal audit service provider is changed.)
2.2.1	FD	Decide at what stage to involve police in cases of misappropriation and other irregularities not involving fraud or corruption.
2.3.4	HEAD OF INTERNAL AUDIT	Review, appraise and report in accordance with NHS Internal Audit Manual and best practice.
2.4.1	CE & FD	Monitor and ensure compliance with Secretary of State Directions on fraud and corruption including the appointment of the Local Counter Fraud Specialist.
2.5.1	AUDIT COMMITTEE	Ensure cost-effective external audit.

SFI REF	Delegated to	AUTHORITIES/DUTIES DELEGATED
3.1.1	CE	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: <ul style="list-style-type: none"> ➤ a statement of the significant assumptions on which the plan is based; ➤ details of major changes in workload, delivery of services or resources required to achieve the plan.
3.1.2 & 3.1.3	FD	Submit budgets to the Board for approval. Monitor performance against budget, submit to the Board financial estimates and forecasts.
3.1.6	FD	Ensure adequate training is delivered on an on going basis to budget holders.
3.2.1	CE	Delegate budget to budget holders.
3.2.2	CE & BUDGET HOLDERS	Must not exceed the budgetary total or virement limits set by the Board.
3.3.1	FD	Devise and maintain systems of budgetary control.
3.3.2	BUDGET HOLDERS	Ensure that <ol style="list-style-type: none"> a) No overspend or reduction of income that cannot be met from virement is incurred without prior consent of Board. b) Approved budget is not used for any other than specified purpose subject to rules of virement. c) No permanent employees are appointed without the approval of the CE other than those provided for within available resources and manpower establishment.
3.3.3	CE	Identify and implement cost improvements and income generation activities in line with the Business Plan.
3.5.1	CE	Submit monitoring returns.
4.1	FD	Preparation of annual accounts and reports.
5.1.1 & 5.1.2	FD	Managing banking arrangements, including provision of banking services, operation of accounts, preparation of instructions and list of cheque signatories. (Board approves arrangements.)
6	FD	Income systems, including system design, prompt banking, review and approval of fees and charges, debt recovery arrangements, design and control of receipts, provision of adequate facilities and systems for employees whose duties include collecting or holding cash.
6.2.3	ALL EMPLOYEES	Duty to inform FD of money due from transactions which they initiate/deal with.
12	CE	Tendering and contract procedure.
12.7	CE AND NOMINATED OFFICERS*	Waive formal tendering procedures.
12.7	CE	Report waivers of tendering procedures to the Board.
12.9.1	FD	Where a supplier is chosen that is not on the approved list the reason shall be recorded in writing to the CEO
12.9.2	CE	Responsible for the receipt, endorsement and safe custody of tenders received

SFI REF	Delegated to	AUTHORITIES/DUTIES DELEGATED
12.9.3	CE	Shall maintain a register to show each set of competitive tender invitations dispatched
12.9.4	CE & FD	Where one tender is received will assess for value for money and fair price
12.9.6	CE	No tender shall be accepted which will commit expenditure in excess of that which has been allocated by the Trust and which is not in accordance with these instructions except with the authorisation of the CEO
12.9.8	CE	Will appoint a manger to maintain a list of approved firms
12.9.8	CE	Shall ensure that appropriate checks are carried out as to the technical and financial capability of those firms that are invited to tender or quote
12.11	CE	The Chief Executive or his nominated officer should evaluate the quotation and select the quote which gives best value for money
12.13	CE & FD	No quotation shall be accepted which will commit expenditure in excess of that which has been allocated by the Trust and which is not in accordance with these instructions except with the authorisation of the CEO.
12.15	CE	The CEO shall demonstrate that the use of private finance represents value for money and genuinely transfers risk to the private sector
12.15	BOARD	All PFI proposals must be agreed by the Board
12.16	CE	The CEO shall nominate an officer who shall oversee and manage each contract on behalf of the Trust
12.17	CE	The CEO shall nominate officers with delegated authority to enter into contracts on behalf of the Trust
14	CE	The CEO shall be responsible for ensuring that best value for money can be demonstrated for all services provided on an in-house basis
14.4	CE	The Chief Executive shall nominate an officer to oversee and manage the contract on behalf of the Trust
7.1	CE	Ensure the Trust enters into suitable Service Level Agreements (SLAs) with service commissioners for the provision of NHS services.
7.4	CE	As the Accountable Officer, ensure that regular reports are provided to the Board detailing actual and forecast income from the SLA.
8.1.1	BOARD	Establish a Remuneration & Terms of Service Committee.
8.1.2	REMUNERATION COMMITTEE	Advise the Board on and make recommendations on the remuneration and terms of service of the CE, other officer members and senior employees to ensure they are fairly rewarded having proper regard to the Trust's circumstances and any national agreements; Monitor and evaluate the performance of individual senior employees; and Advise on and oversee appropriate contractual arrangements for such staff, including proper calculation and scrutiny of termination payments.

8.1.3	REMUNERATION COMMITTEE	Report in writing to the Board its advice and its bases about remuneration and terms of service of directors and senior employees.
8.1.4	BOARD	Approve proposals presented by the Chief Executive for setting of remuneration and conditions of service for those employees and officers not covered by the Remuneration Committee.
8.2.2	CE	Approval of variation to funded establishment of any department.
8.3.1	CE	Staff, including agency staff, appointments and re-grading.
8.4.1 & 8.4.2	FD	Payroll: Specifying timetables for submission of properly authorised time records and other notifications; Final determination of pay and allowances; Making payments on agreed dates; Agreeing method of payment; and Issuing instructions (as listed in SFI 8.4.2).
8.4.3	NOMINATED MANAGERS*	Submit time records in line with timetable. Complete time records and other notifications in required form. Submitting termination forms in prescribed form and on time.
8.4.4	FD	Ensure that the chosen method for payroll processing is supported by appropriate (contracted) terms and conditions, adequate internal controls and audit review procedures and that suitable arrangements are made for the collection of payroll deductions and payment of these to appropriate bodies.
8.6.1	NOMINATED MANAGER*	Ensure that all employees are issued with a Contract of Employment in a form approved by the Board and which complies with employment legislation; and Deal with variations to, or termination of, contracts of employment.
9.1.1 & 9.1.2	CE	Determine, and set out, level of delegation of non-pay expenditure to budget managers, including a list of managers authorised to place requisitions, the maximum level of each requisition and the system for authorisation above that level. [It is good practice to append such lists to the Scheme of Delegation document]
9.1.3	CE	Set out procedures on the seeking of professional advice regarding the supply of goods and services.
9.2.1	REQUISITIONERS *	In choosing the item to be supplied (or the service to be performed) shall always obtain the best value for money for the Trust. In so doing, the advice of the Trust's adviser on supply shall be sought.
9.2.2	FD	Shall be responsible for the prompt payment of accounts and claims

9.2.3	FD	<ul style="list-style-type: none"> ➤ 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; ➤ Prepare procedural instructions [where not already provided in the Scheme of Delegation or procedure notes for budget holders] on the obtaining of goods, works and services incorporating the thresholds; ➤ Be responsible for the prompt payment of all properly authorised accounts and claims; ➤ Be responsible for designing and maintaining a system of verification, recording and payment of all amounts payable. ➤ A timetable and system for submission to the Finance Director of accounts for payment; provision shall be made for the early submission of accounts subject to cash discounts or otherwise requiring early payment. ➤ Instructions to employees regarding the handling and payment of accounts within the Finance Department. ➤ Be responsible for ensuring that payment for goods and services is only made once the goods and services are received
9.2.4	Appropriate Executive Director	Make a written case to support the need for a prepayment.
9.2.4	FD	Approve proposed prepayment arrangements.
9.2.4	BUDGET HOLDER	Ensure that all items due under a prepayment contract are received (and immediately inform FD if problems are encountered).
9.2.5	CE	Authorise who may use and be issued with official orders.
9.2.6	MANAGERS AND OFFICERS	Ensure that they comply fully with the guidance and limits specified by the Finance Director.
9.2.7	CE & FD	Ensure that the arrangements for financial control and financial audit of building and engineering contracts and property transactions comply with the guidance contained within CONCODE and ESTATECODE. The technical audit of these contracts shall be the responsibility of the relevant Director.
9.3	FD	Lay down procedures for payments to local authorities and voluntary organisations made under the powers of s28A of the NHS Act
24.1.1	FD	The FD will advise the Board on the Trust's ability to pay dividend on PDC and report, periodically, concerning the PDC debt and all loans and overdrafts
24.1.2	BOARD	Approve a list of employees authorised to make short term borrowings on behalf of the Trust (This must include the CEO and FD)
24.1.3	FD	Prepare detailed procedural instructions concerning applications for loans and overdrafts

24.1.5	CE or FD	Be on an authorising panel comprising one other member for short term borrowing approval
20.1.2	FD	Will advise the Board on investments and report, periodically on performance of same
20.1.3	FD	Prepare detailed procedural instructions on the operation of investments held
10.1	FD	Ensure that Board members are aware of the Financial Framework and ensure compliance.
11.1.1 & 11.1.2	CE	Capital investment programme: <ul style="list-style-type: none"> ➤ Ensure that there is adequate appraisal and approval process for determining capital expenditure priorities and the effect that each has on business plans; ➤ Responsible for the management of capital schemes and for ensuring that they are delivered on time and within cost; ➤ Ensure that capital investment is not undertaken without availability of resources to finance all revenue consequences; and ➤ Ensure that a business case is produced for each proposal.
11.1.2	FD	Certify professionally the costs and revenue consequences detailed in the business case for capital investment.
11.1.3	CE	Issue procedures for management of contracts involving stage payments.
11.1.3	FD	Assess the requirement for the operation of the construction industry taxation deduction scheme.
11.1.3	FD	Issue procedures for the regular reporting of expenditure and commitment against authorised capital expenditure.
11.1.4	CE	Issue manager responsible for any capital scheme with authority to commit expenditure, authority to proceed to tender and approval to accept a successful tender. Issue a scheme of delegation for capital investment management.
11.1.5	FD	Issue procedures governing financial management, including variation to contract, of capital investment projects and valuation for accounting purposes.
11.2.1	FD	Demonstrate that the use of private finance represents value for money and genuinely transfers significant risk to the private sector.
11.2.1	BOARD	Proposal to use PFI must be specifically agreed by the Board.
11.3.1	CE	Maintenance of asset registers (on advice from FD).
11.3.5	FD	Approve procedures for reconciling balances on fixed assets accounts in ledgers against balances on fixed asset registers.
11.3.8	FD	Calculate and pay capital charges in accordance with Department of Health requirements.
11.4.1	CE	Overall responsibility for fixed assets.
11.4.2	FD	Approval of fixed asset control procedures.

11.4.3 & 11.4.5	BOARD/ EXECUTIVE MEMBERS & ALL SENIOR STAFF	Responsibility for security of Trust assets including notifying discrepancies to FD, and reporting losses in accordance with Trust procedure.
15.2	CE	Delegate overall responsibility for control of stores (subject to FD responsibility for systems of control). Further delegation for day to day responsibility subject to such delegation being recorded.
15.4	FD	Responsible for systems of control over stores and receipt of goods.
15.2	DESIGNATED PHARMACEUTICAL OFFICER	Responsible for controls of pharmaceutical stocks.
15.2	DESIGNATED ESTATES OFFICER	Responsible for control of stocks of fuel oil and coal.
15.3	NOMINATED OFFICERS*	Security arrangements and custody of keys.
15.4	FD	Set out procedures and systems to regulate the stores.
15.5	FD	Agree stocktaking arrangements.
15.6	FD	Approve alternative arrangements where a complete system of stores control is not justified.
15.7	FD	Approve system for review of slow moving and obsolete items and for condemnation, disposal and replacement of all unserviceable items.
15.7	NOMINATED OFFICERS*	Operate system for slow moving and obsolete stock, and report to FD evidence of significant overstocking.
15.8	CE	Identify persons authorised to requisition and accept goods from NHS Supplies stores.
16.1.1	FD	Prepare detailed procedures for disposal of assets including condemnations and ensure that these are notified to managers.
16.2.1	FD	Prepare procedures for recording and accounting for losses and special payments and informing police in cases of suspected arson or theft.
16.2.2	ALL STAFF	Discovery or suspicion of loss of any kind must be reported immediately to either head of department or nominated officer. The head of department / nominated officer should then inform the CE and FD.
16.2.2	FD	Where a criminal offence is suspected FD must inform the police if theft or arson is involved. In cases of fraud and corruption FD must inform the relevant LCFS and CFSMS Regional team in line with Secretary of State directions.
16.2.3	FD	Notify CFSMS and External Audit of all frauds.
16.2.4	FD	Notify Board and External Auditor of losses caused theft, arson, neglect of duty or gross carelessness (unless trivial).
16.2.5	BOARD	Approve write off of losses (within limits delegated by DoH).
16.2.7	FD	Consider whether any insurance claim can be made.

16.2.8	FD	Maintain losses and special payments register.
17.1	FD	Responsible for accuracy and security of computerised financial data.
17.2	FD	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.
	RELEVANT DIRECTOR	Shall publish and maintain a Freedom of Information Scheme
17.3	RELEVANT OFFICERS	Send proposals for general computer systems to FD.
17.4 & 17.5	FD	Ensure that contracts with other bodies for the provision of computer services for financial applications clearly define responsibility of all parties for security, privacy, accuracy, completeness and timeliness of data during processing, transmission and storage, and allow for audit review. Seek periodic assurances from the provider that adequate controls are in operation.
	FD	Ensure that risks to the Trust from use of IT are identified and considered and that disaster recovery plans are in place
17.6	FD	Where computer systems have in impact on corporate financial systems satisfy himself that: <ul style="list-style-type: none"> ➤ Systems acquisition, development and maintenance are in line with corporate policies; ➤ data assembled for processing by financial systems is adequate, accurate, complete and timely, and that a management tail exists; ➤ FD and staff have access to such data; Such computer audit reviews are being carried out as are considered necessary.
18.2	CE	Responsible for ensuring patients and guardians are informed about patients' money and property procedures on admission.
18.3	FD	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.
18.6	DEPARTMENTAL MANAGERS	Inform staff of their responsibilities and duties for the administration of the property of patients.
	FD	Shall ensure that each trust fund which the Trust is responsible for managing is managed appropriately
21.1	FD	Ensure all staff are made aware of the Trust policy on the acceptance of gifts and other benefits in kind by staff.
22.1	CE	Retention of document procedures in accordance with HSC 1999/053.
23.2.1	CE	Risk management programme.

23.2.1	BOARD	Approve and monitor risk management programme.
23.3.1	BOARD	Decide whether the Trust will use the risk pooling schemes administered by the NHS Litigation Authority or self insure for some or all of the risks (where discretion is allowed). Decisions to self insure should be reviewed annually.
23.3.3 & 23.3.4	FD	<p>Where the Board decides to use the risk pooling schemes administered by the NHSLA, the Finance Director shall ensure that the arrangements entered into are appropriate and complementary to the risk management programme. The Finance Director shall ensure that documented procedures cover these arrangements.</p> <p>Where the Board decides not to use the risk pooling schemes administered by the NHS Litigation Authority for any one or other of the risks covered by the schemes, the Finance Director 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 Finance Director will draw up formal documented procedures for the management of any claims arising from third parties and payments in respect of losses which will not be reimbursed.</p>
23.3.5	FD	Ensure documented procedures cover management of claims and payments below the deductible.

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

SECTION I – AUTHORISATION LEVELS

PERSONNEL	CHEQUES/ BACS/ CHAPS	CAPITAL EXPENDITURE Note 1	REVENUE EXPENDITURE Note 2	ASSET DISPOSALS	CHARITABLE EXPENDITURE
BOARD (AS GROUP)	See Bank Mandate	<£1,000,000 Note 3	>£250,000	<£1,000,000	>£100,000
CHAIRMAN		<£100,000 Note 4	<£100,000 Note 4	<£100,000	Nil
CHIEF EXECUTIVE		<£100,000 Note 4	<£100,000 Note 4	<£100,000	<£10,000
FINANCE DIRECTOR		<£100,000 Note 4	<£100,000 Note 4	<£100,000	<£10,000
DIRECTORS		Nil	<£50,000	<£5,000	Nil
CENTRE CHIEFS AND CENTRE BUSINESS MANAGERS		Nil	<£25,000	<£5,000	Nil
ASSISTANT BUSINESS MANAGERS and HEADS OF SERVICE		Nil	<£10,000	<£5,000	<£5,000 Note 5
WARD MANAGER AND OPERATIONAL MANAGER		Nil	<£500	Nil	Nil
FINANCE DIRECTOR AND ONE CFC MEMBER		N/A	N/A	N/A	<£100,000

NOTES

1 Changes to Department of Health delegated limits for capital expenditure will override any authority given above.

2 Any single transaction.

3 Capital approvals between £1,000,000 and £35,000,000 require Strategic Health Authority approval. Capital approvals between £35,000,000 and £100,000,000 require Department of Health approval. Capital approvals in excess of £100,000,000 require HM Treasury approval.

4 Between £100,000 and £250,000 any two from Chairman, Chief Executive and Finance Director.

5 Charitable Funds Approvals up to £5,000 can be approved by the Assistant Director, Financial Accounting only.

6 All values are inclusive of the current rate of Value Added Tax

7 CFC is the Charitable Funds Committee

< Up to > Greater than