

Standing orders, reservation and delegation of powers and standing financial instructions

Profile	
Version:	1.10
Author:	Chief Corporate Affairs Officer
Executive/Divisional sponsor:	Chief Corporate Affairs Officer
Applies to:	All Trust staff
Date issued:	-
Review date:	March 2027
Approval	
Approval person/Committee:	Board
Date:	5 March 2026

Document History			
Version	Date	Review date	Reason for change
1.2	March 2010	March 2011	Routine review
1.4	June 2012	June 2013	Amendments to reflect changes to board sub-committee structure and executive team
1.5	May 2014	May 2015	Routine review and update Schedule A Limits per Scheme of Delegation
1.6	September 2015		Lowering of financial authorisation limits in Schedule A for budget holders. Minor changes to reflect Foundation Trust status New clause on borrowing drawdowns.
1.7	March 2018	March 2018	Routine review and update of SFIs and SOs. Increase of financial authorisation limits in Schedule A as approved by the audit committee and implemented in March 2018. SOs updated to reflect the organisation's new governance structure following its authorisation as an NHS Foundation Trust in February 2015.
1.8	July 2019	September 2019	Internal review of SOs and SFIs. Key changes: - Update references to legislation and guidance - Update references to the management of declarations of interest to bring them into line with the 2017 NHS England guidance - Include reference to the full range of sub-Committees of the Board - Insert reference to the Deputy CEO role in line with the role description as agreed by the Nomination and Remuneration Committee in February 2019 - Update the process by which Trust-wide policies are approved - Add further rigour to the process for using the Trust Seal - Update out-dated terminology - Reflect current practice in delegations to Executives - Reference new Executive job titles
1.9	April 2023	April 2024	Updated to reflect the establishment of the Group Board (St George's), as a Committee of the Trust Board operating as a Committees-in-Common with the Group Board (Epsom and St Helier). The changes include: - A description of the role of the Group Board (St George's) in the Standing Orders - Delegation to the Group Board (St George's) from the Trust Board
1.10	March 2026	March 2027	Updated to reflect a revised set of financial limits in the Scheme of Reservation and Delegation of Powers following a review of limits and benchmarking with other Trusts. The changes involved revising upwards the threshold for taking business cases to the Finance and Performance Committee and the Board.

CONTENTS

SECTION A

INTERPRETATION AND DEFINITIONS FOR STANDING ORDERS AND STANDING FINANCIAL INSTRUCTIONS

SECTION B – STANDING ORDERS

1. INTRODUCTION

- 1.1 Statutory Framework
- 1.2 NHS Framework
- 1.3 The Trust Constitution and Delegation of Powers

2. COUNCIL OF GOVERNORS

- 2.1 Composition, election and tenure of the Council of Governors
- 2.2 Duties of governors
- 2.3 Meetings of the Council of Governors
- 2.4 Disclosure of interests
- 2.5 Declaring interests
- 2.6 Code of conduct

3. BOARD OF DIRECTORS

- 3.1 General duty of the Board of Directors
- 3.2 Appointment to the Board of Directors
- 3.3 Removal of members of the Board of Directors
- 3.4 Role of members of the Board of Directors
- 3.5 Corporate role of the Board
- 3.6 Schedule of matters reserved to the Board and Scheme of Delegation
- 3.7 Meetings of the Board
- 3.8 Suspension of Standing Orders
- 3.9 Variation and amendment of Standing Orders
- 3.10 Minutes of Board meetings
- 3.11 Admission of the public and press
- 3.12 Observers at Board meetings

4. APPOINTMENT OF COMMITTEES AND SUB-COMMITTEES

- 4.1 Appointment of Committees
- 4.2 Joint Committees
- 4.3 Applicability of Standing Orders and Standing Financial Instructions to Committees
- 4.4 Terms of Reference
- 4.5 Delegation of powers by Committees to Sub-Committees
- 4.6 Approval of Appointments to Committees
- 4.7 Appointments for Statutory functions
- 4.8 Committees to be established by the Trust Board
 - 4.8.1 Audit Committee
 - 4.8.2 Nominations and Remuneration Committee
 - 4.8.3 Other Committees

5. ARRANGEMENTS FOR THE EXERCISE OF FUNCTIONS BY DELEGATION

- 5.1 Delegation of functions to Committees, Officers or other bodies
- 5.2 Emergency powers and urgent decisions
- 5.3 Delegation to Committees

- 5.4 Delegation to Officers
- 5.5 Schedule of matters reserved to the Trust and Scheme of Delegation of Powers
- 5.6 Duty to report non-compliance with Standing Orders and Standing Financial Instructions
- 6. OVERLAP WITH OTHER TRUST POLICY STATEMENTS/PROCEDURES, REGULATIONS AND THE STANDING FINANCIAL INSTRUCTIONS**
 - 6.1 Policy statements: general principles
 - 6.2 Specific Policy statements
 - 6.3 Standing Financial Instructions
 - 6.4 Specific guidance
- 7. DUTIES AND OBLIGATIONS OF BOARD MEMBERS, MEMBERS, DIRECTORS AND SENIOR MANAGERS UNDER THESE STANDING ORDERS AND STANDING FINANCIAL INSTRUCTIONS**
 - 7.1 Declaration of Interests
 - 7.1.1 Requirements for Declaring Interests and applicability to Board Members
 - 7.1.2 Definition of terms used in interpreting 'Pecuniary' interest
 - 7.1.3 Declaring Interests
 - 7.1.4 Publication of declared interests in Annual Report
 - 7.1.6 Conflicts of interest which arise during the course of a meeting
 - 7.2 Register of Interests
 - 7.3 Standards of Business Conduct
- 8. CUSTODY OF SEAL, SEALING OF DOCUMENTS AND SIGNATURE OF DOCUMENTS**
 - 8.1 Custody of Seal
 - 8.2 Sealing of Documents
 - 8.3 Register of Sealing
 - 8.4 Signature of documents
- 9. MISCELLANEOUS**
 - 9.1 Joint Finance Arrangements

SECTION C - RESERVATION and DELEGATION of POWERS

SECTION D – STANDING FINANCIAL INSTRUCTIONS

- 10. INTRODUCTION**
 - 10.1 General
 - 10.2 Responsibilities and delegation
 - 10.2.1 The Trust Board
 - 10.2.3 The Chief Executive and Chief Financial Officer
 - 10.2.5 The Chief Financial Officer
 - 10.2.6 Board Members and Employees
 - 10.2.7 Contractors and their employees
- 11. AUDIT**
 - 11.1 Audit Committee

- 11.2 Audit Committee
- 11.3 Role of Internal Audit
- 11.4 External Audit
- 11.5 Fraud and Corruption
- 11.6 Security Management

- 12. RESOURCE LIMIT CONTROL**

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

- 14. ANNUAL ACCOUNTS AND REPORTS**

- 15. BANK AND OPG ACCOUNTS**

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

- 17. TENDERING AND CONTRACTING PROCEDURE**
 - 17.1 Duty to comply with Standing Orders and Standing Financial Instructions
 - 17.2 EU Directives Governing Public Procurement
 - 17.3 Trust Procurement Policy
 - 17.4 Trust Tender Limits
 - 17.5 Reverse eAuctions
 - 17.6 Capital Investment Manual and other Department of Health guidance
 - 17.7 Formal Competitive Tendering
 - 17.7.1 General Applicability
 - 17.7.2 Health Care Services
 - 17.7.3 Exceptions and instances where formal tendering need not be applied
 - 17.7.4 Fair and Adequate Competition
 - 17.7.5 List of Approved Firms
 - 17.7.6 Building and Engineering Construction Works
 - 17.7.7 Items that subsequently breach thresholds after original approval
 - 17.8 Contracting/Tendering Procedure
 - 17.8.1 Invitation to tender
 - 17.8.2 Receipt and safe custody of tenders
 - 17.8.3 Opening tenders and Register of tenders
 - 17.8.4 Admissibility
 - 17.8.5 Late tenders
 - 17.8.6 Acceptance of formal tenders (See overlap with SFI No. 17.9)
 - 17.8.7 Tender reports to the Trust Board
 - 17.8.8 List of approved firms (see SFI No. 17.7.5)
 - 17.8.9 Exceptions to using approved contractors
 - 17.9 Quotations: Competitive and Non-Competitive
 - 17.9.1 General Position on quotations
 - 17.9.2 Competitive Quotations
 - 17.9.3 Non Competitive Quotations
 - 17.9.4 Quotations to be within Financial Limits
 - 17.10 Authorisation of Tenders and Competitive quotations
 - 17.11 Instances where formal competitive tendering or competitive quotation is not required

CONTENTS

- 17.12 Authority to Sign Contracts with Suppliers
- 17.13 Private finance for capital procurement (see overlap with SFI No. 24)
- 17.14 Compliance requirements for all contracts
- 17.15 Personnel and Agency or temporary staff contracts
- 17.16 Health Care Service Agreements (see overlap with SFI No. 18)
- 17.17 Disposals (see overlap with SFI No. 26)
- 17.18 In-house Services
- 17.19 Applicability of Tendering and Contracting SFIs to funds held in trust (see overlap with SFI No. 29)
- 17.20 Procurement Ethics and Standards

- 18. NHS SERVICE AGREEMENTS FOR PROVISION OF SERVICES**

- 19. COMMISSIONING**

- 20. TERMS OF SERVICE, ALLOWANCES AND PAYMENT OF MEMBERS OF THE TRUST BOARD AND EMPLOYEES**

- 21. NON-PAY EXPENDITURE (see overlap with SFI No. 17)**

- 22. BORROWING**

- 23. FINANCIAL FRAMEWORK**

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

- 25. STORES AND RECEIPT OF GOODS**

- 26. DISPOSALS AND CONDEMNATIONS, LOSSES AND SPECIAL PAYMENT (See overlap with SFI 17)**

- 27. INFORMATION TECHNOLOGY**

- 28. PATIENTS' PROPERTY**

- 29. FUNDS HELD ON TRUST**

- 30. ACCEPTANCE OF GIFTS BY STAFF AND LINK TO STANDARDS OF BUSINESS CONDUCT**

- 31. PAYMENTS TO INDEPENDENT CONTRACTORS**

- 32. RETENTION OF RECORDS**

- 33. RISK MANAGEMENT AND INSURANCE**

SECTION A

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

- 1.1 Save as otherwise permitted by law, at any meeting the Chair of the Trust shall be the final authority on the interpretation of Standing Orders (on which they should be advised by the Chief Executive or Chief Corporate Affairs Officer).
- 1.2 Any expression to which a meaning is given in the National Health Service Act 1977, National Health Service and Community Care Act 1990, National Health Service Act 2006 (as amended), 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 these Standing Orders and Standing Financial Instructions and in addition:
 - 1.2.1 **"Accountable Officer"** means the NHS Officer responsible and accountable for funds entrusted to the Trust. The officer shall be responsible for ensuring the proper stewardship of public funds and assets. For this Trust it shall be the Chief Executive.
 - 1.2.2 **"Trust"** means St George's University Hospitals NHS Foundation Trust.
 - 1.2.3 **"Board"** means the Chair, officer and non-officer members of the Trust collectively as a body.
 - 1.2.4 **"Budget"** means a resource, expressed in financial terms, proposed by the Board for the purpose of carrying out, for a specific period, any or all of the functions of the Trust.
 - 1.2.5 **"Budget holder"** means the director or employee with delegated authority to manage finances (Income and Expenditure) for a specific area of the organisation.
 - 1.2.6 **"Chair of the Board (or Trust)"** is the person appointed by the Trust's Council of Governors to lead the Board and to ensure that it successfully discharges its overall responsibility for the Trust as a whole. The expression "the Chair of the Trust" shall be deemed to include the Vice-Chair of the Trust if the Chair is absent from the meeting or is otherwise unavailable.
 - 1.2.7 **"Chief Executive"** means the chief officer of the Trust.
 - 1.2.8 **"Commissioning"** means the process for determining the need for and for obtaining the supply of healthcare and related services by the Trust within available resources.
 - 1.2.9 **"Committee"** means a committee or sub-committee of the Board created and appointed by the Board.
 - 1.2.10 **"Committee members"** means persons formally appointed by the Board to sit on or to chair specific committees.
 - 1.2.11 **"Contracting and procuring"** means the systems for obtaining the supply of goods, materials, manufactured items, services, building and engineering services, works of construction and maintenance and for disposal of surplus and obsolete assets.

- 1.2.13 **"Director of Finance"** means the Chief Financial Officer of the Trust.
- 1.2.14 **"Funds held on trust"** shall mean those funds which the Trust holds on date of incorporation, receives on distribution by statutory instrument or chooses subsequently to accept under powers derived under S.90 of the NHS Act 1977, as amended. Such funds may or may not be charitable.
(A separate organisation, the St Georges Charitable Foundation (renamed in 2007 the St George's Hospital Charity) was established in April 2001 to administer the charitable funds raised by St Georges. It took over the funds held by the St George's Hospital Special Trustees Charitable Fund of which the Trust was Trustee. As such the Trust now has no charitable funds and therefore there are no governance requirements. – see SO 4.8.3)
- 1.2.15 **"Member"** means officer or non-officer member of the Board as the context permits. Member in relation to the Board does not include its Chair. The term, as used in this document, does not refer to the membership of the Foundation Trust.
- 1.2.16 **"Associate Member"** means a person appointed to perform specific statutory and non-statutory duties which have been delegated by the Trust Board for them to perform and these duties have been recorded in an appropriate Trust Board minute or other suitable record.
- 1.2.17 **"Membership, Procedure and Administration Arrangements Regulations"** means NHS Membership and Procedure Regulations (SI 1990/2024) and subsequent amendments.
- 1.2.18 **"Nominated officer"** means an officer charged with the responsibility for discharging specific tasks within Standing Orders and Standing Financial Instructions.
- 1.2.19 **"Non -officer Member"** means a member of the Trust who is not an officer of the Trust and is not to be treated as an officer by virtue of regulation 1(3) of the Membership, Procedure and Administration Arrangements Regulations.
- 1.2.20 **"Officer"** means employee of the Trust or any other person holding a paid appointment or office with the Trust.
- 1.2.21 **"Officer Member"** means a member of the Trust who is either an officer of the Trust or is to be treated as an officer by virtue of regulation 1(3) (i.e. the Chair of the Trust or any person nominated by such a Committee for appointment as a Trust member).
- 1.2.22 **"Quality and Safety Committee"** means a committee whose functions are concerned with the arrangements for the purpose of monitoring and improving the quality of healthcare for which the Trust has responsibility.
- 1.2.23 **"Secretary"** means a person appointed to act independently of the Board to provide advice on corporate governance issues to the Board and the Chair and monitor the Trust's compliance with the law, Standing Orders, and Department of Health guidance. In the absence of a Trust Secretary, this reference should be read as the Chief Corporate Affairs Officer.
- 1.2.24 **"SFIs"** means Standing Financial Instructions.
- 1.2.25 **"SOs"** means Standing Orders.
- 1.2.25 **"Vice-Chair"** means the non-officer member appointed by the Board to take on the Chair's duties if the Chair is absent for any reason.

SECTION B – STANDING ORDERS

1. INTRODUCTION

1.1 Statutory Framework

St George's University Hospitals NHS Foundation Trust is a statutory body which came into existence in 2015.

- (1) The principal place of business of the Trust is Blackshaw Road, Tooting, London SW17 0QT. The Trust also operates services from Queen Mary's Hospital, Roehampton Lane, London SW15 5PN, St John's Therapy Centre, 162 St John's Hill, London SW11 1SW, the Nelson Health Centre, Kingston Road, London SW20 8DB, and HMP Wandsworth, London SW18 3HS.
- (2) NHS Foundation Trusts are governed by Act of Parliament, mainly the National Health Service Act 1977 (NHS Act 1977), the National Health Service and Community Care Act 1990 (NHS & CC Act 1990) as amended by the Health Authorities Act 1995 and the Health Act 1999 and the National Health Service Act 2006 and the Health and Social Care Act 2012.
- (3) The functions of the Trust are conferred by this legislation.
- (4) As a statutory body, the Trust has specified powers to contract in its own name.
- (5) The Trust also has statutory powers under Section 28A of the NHS Act 1977, as amended by the Health Act 1999, to fund projects jointly planned with local authorities, voluntary organisations and other bodies.
- (6) The Code of Accountability requires the Trust to adopt Standing Orders for the regulation of its proceedings and business. The Trust must also adopt Standing Financial Instructions (SFIs) as an integral part of Standing Orders setting out the responsibilities of individuals.
- (7) The Trust will also be bound by such other statutes and legal provisions which govern the conduct of its affairs.

1.2 NHS Framework

- (1) In addition to the statutory requirements, the NHS Improvement and the CareQuality Commission may, within their powers under relevant legislation, issue guidance to Trusts.
- (2) The Foundation Trust Code of Governance 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, as well as the Trust's Constitution, also requires the establishment of audit and remuneration committees with formally agreed terms of reference. The Code and the Trust's Constitution make various requirements concerning possible conflicts of interest of Board members and how these should be handled.
- (3) The Code of Practice on Openness in the NHS sets out the requirements for public access to information on the NHS. Further requirements in relation to openness are set out in the Trust's Constitution.

1.3 The Trust Constitution and Delegation of Powers

- (1) The Constitution of the Trust sets out the organisation's principal purpose, powers and governance arrangements. These provisions include the composition, duties and working arrangements of the Council of Governors and the Board of Directors, and provisions relating to the membership of the Trust and the Annual Members' Meeting. Under the Constitution, the Trust also has powers to delegate and make arrangements for delegation. The Standing Orders set out the detail of these arrangements. The Constitution incorporates the Standing Orders for the Council of Governors (Annex 6: Standing Orders for the Practice and Procedure of the Council of Governors), and the Standing Orders for the Board of Directors (Annex 7: Standing Orders for the Practice and Procedure of the Board of Directors). The Standing Orders for both the Council of Governors and the Board of Directors provide for each to establish and adopt additional protocols and procedures for their respective operation and for the economic, effective and efficient operation of good governance of the Trust generally. These additional protocols and procedures are set out in the Standing Orders detailed in this document. Should any conflict exist between the provisions of these Standing Orders and those of the Constitution, it is the Constitution that takes precedence.
- (2) Under the Standing Order relating to the Arrangements for the Exercise of Functions (SO 5) the Trust is given powers to "make arrangements for the exercise, on behalf of the Trust of any of their functions by a committee, sub-committee or joint committee appointed by virtue of Standing Order 4 or by an officer of the Trust, in each case subject to such restrictions and conditions as the Trust thinks fit. Delegated Powers are set out in Section C of this document. This document has effect as if incorporated into the Standing Orders. Delegated Powers are covered in a separate document entitled – 'Schedule of Matters reserved to the Board and Scheme of Delegation' and have effect as if incorporated into the Standing Orders and Standing Financial Instructions.

2. COUNCIL OF GOVERNORS

2.1 Composition, election and tenure of the Council of Governors

The Constitution of the Trust sets out provisions relating to the composition of the Council of Governors (paragraph 12 and Annex 3), the rules governing the election of governors (paragraph 13 and Annex 4), the tenure of governors (paragraph 14), and rules governing disqualification and removal of governors (paragraph 15). The provisions set out below do not replicate this information and set out only those provisions relating to the practice and procedure of the Council of Governors as stated in the Constitution.

2.2 Duties of governors

- (1) The general duties of the Council of Governors are:
 - (a) To hold the Non-Executive Directors individually and collectively to account for the performance of the Board of Directors; and
 - (b) To represent the interests of the members of the Trust as a whole and the interests of the public.
- (2) The Trust must take steps to secure that the governors are equipped with the skills and knowledge they require in their capacity as such.

2.3 Meetings of the Council of Governors

- (3) Admission of the public and the press. All meetings of the Council of Governors are to be open to members of the public unless two thirds of the members of the Council of Governors present decide otherwise in relation to all or part of the meeting for reasons of commercial confidentiality or other special reasons. The Chair may exclude any member of the public from a meeting of the Council of Governors if they are interfering with or preventing the proper conduct of the meeting.
- (4) Calling and notice of meetings:
 - (a) The Council of Governors is to meet a minimum of four (4) times in each financial year. Save in the case of emergencies or the need to conduct urgent business, the Secretary shall give at least fourteen days' written notice of the date and place of every meeting of the Council of Governors to all governors. Notice will also be published on the Trust's website and in the Trust's membership newsletter if applicable.
 - (b) Meetings of the Council of Governors may be called by the Secretary, the Chair, or by five (5) governors (including at least two (2) elected governors and two (2) appointed governors) who give written notice to the Secretary specifying the business to be carried out. The Secretary shall send a written notice to all governors as soon as possible after receipt of such a request and will call a meeting on at least fourteen, but not more than twenty eight, days' notice. Notice by post, delivery in person, fax or email shall constitute written notice.
- (5) Chair of the meeting: In accordance with paragraph 17 of the Trust's Constitution, the Chair of the Board of Directors or, in his/her absence, the Deputy Chair of the Board of Directors, shall preside at meetings of the Council of Governors. If the Chair and Deputy Chair are absent, or are disqualified from participating, then the governors shall choose by majority which public governor present shall preside for that part of the meeting.
- (6) Quorum: No business shall be transacted at a meeting of the Council of Governors unless at least one third of the Council of Governors is present, a majority of whom must be public governors.
- (7) Voting:
 - (a) Questions arising at a meeting of the Council of Governors shall be decided by a majority of votes. In case of an equality of votes the person presiding at or chairing the meeting shall have a casting vote.
 - (b) Members of the Council of Governors may participate in meetings by telephone, teleconference, video or computer link, and participation in a meeting in this manner shall be deemed to constitute a presence in person at the meeting. In such cases, if a person attends the meeting by telephone, teleconference, video or computer link, then such person shall be able to cast their vote verbally (such verbal vote to be recorded in the minutes).
- (8) Committees: The Council of Governors may not delegate any of its powers to a committee or sub-committee, but it may appoint committees to assist the Council of

Governors in carrying out its functions. The Council of Governors may appoint governors and may invite directors and other persons to attend and advise committees. The Council of Governors may, through the Secretary, request that external advisors assist them or any committee they appoint in carrying out its duties. Such committees established by the Council of Governors may meet in private for reasons of commercial confidentiality or other special reason if the members of the committee so decide.

- (9) Confidentiality: In the event of the Council of Governors, or any committee established by the governors, meeting in private for all or part of a meeting, governors shall not disclose outside of the Council of Governors meetings the contents of the papers, discussions or minutes of the items taken in private.

2.4 Disclosure of interests

- (1) Governors shall declare any pecuniary, personal or family interest, whether that interest is direct or indirect, in any proposed contract or other matter which is under consideration or is to be considered by the Council of Governors. A family interest will include but is not limited to those of a governor's spouse or partner. Any governors appointed subsequently shall declare such interests on appointment or election. Such interests include:
- (a) Directorships, including non-executive directorships held in private companies, public limited companies or public benefit corporations (with the exception of those of dormant companies);
 - (b) Ownership or part-ownership of private companies, businesses or consultancies known as being likely or possibly seeking to do business with the NHS;
 - (c) Majority or controlling shareholdings in organisations known as being likely or possibly seeking to do business with the NHS;
 - (d) A position of trust or fiduciary duty in a charity or voluntary organisation in the field of health and social care;
 - (e) Any connection with a voluntary or other organisation contracting for NHS services; or
 - (f) Any commercial interest in the decision before the meeting.
- (2) The following shall not be treated as interests:
- (a) An employment contract with the Trust held by a staff governor;
 - (b) An employment contract with a local authority held by a local authority governor;
 - (c) An employment contract with a partnership organisation held by a partnership governor.

2.5 Declaring interests

- (1) At the time governors' interests are declared, they shall be recorded in the Council of Governors' minutes and entered on a register of interests of governors to be

maintained by the Secretary. Any changes in interests should be declared at the next Council of Governors meeting following the change occurring.

- (2) During the course of a Council of Governors meeting, if a conflict of interest is established, the governor concerned shall disclose the fact, and withdraw from the meeting and play no part in the relevant discussion or decision.
- (3) If a governor has any doubt as about the relevance of an interest, he/she should discuss it with the Chair or Secretary who shall advise him/her on whether or not to disclose the interest.

2.6 Code of Conduct

- (1) All members of the Council of Governors are required to comply with any Code of Conduct for governors adopted from time to time by the Council of Governors or the Board of Directors.

3. BOARD OF DIRECTORS

3.1 General duty of the Board of Directors

The general duty of the Board of Directors and of each director individually is to act with a view to promoting the success of the Trust so as to maximise the benefits for the members of the Trust as a whole and for the public.

3.2 Appointments to the Board of Directors

- (1) Appointment of the Chair and Non-Executive Directors: The governors at a general meeting of the Council of Governors shall, subject to other provisions of the Constitution, appoint or remove the Chair of the Trust and the other Non- Executive Directors. Any re-appointment of a Non-Executive Director by the Council of Governors shall be subject to a satisfactory appraisal carried out in accordance with any procedures the Board of Directors may approve from time to time.
- (2) Appointment of the Chief Executive and other Executive Directors: The Chief Executive is appointed by the Non-Executive Directors subject to the approval of the Council of Governors. A committee consisting of the Chair, the Chief Executive and other Non-Executive Directors shall appoint the other Executive Directors.
- (3) Appointment and powers of the Deputy Chair: The governors at a general meeting of the Council of Governors shall appoint one of the Non-Executive Directors to be Deputy Chair of the Board of Directors. If the Chair is unable to discharge his/her functions as Chair of the Trust for whatever reason, the Deputy Chair of the Board of Directors shall be Acting Chair of the Trust.
- (4) The Board of Directors comprises:
 - (a) a Non-Executive Chair;
 - (b) Six other Non-Executive Directors, one of whom is the Deputy Chair; and

- (c) Four Executive Directors, which must include the Chief Executive (who is also the Accounting Officer), the Chief Financial Officer, the Medical Director, and the Chief Nurse.
- (5) The Board may appoint additional Directors as non-voting members of the Board.

3.3 Removal of members of the Board of Directors

- (1) Removal of Chair and Non-Executive Directors: Removal of the Chair or another Non-Executive Director shall require the approval of three-quarters of the members of the Council of Governors.
- (2) Removal of the Chief Executive: The Non-Executive Directors may remove the Chief Executive.
- (3) Executive Directors: A Committee consisting of the Chair, the Chief Executive and the other Non-Executive Directors may remove other Executive Directors.

3.4 Role of Members of the Board of Directors

The Board will function as a corporate decision-making body. Officer and Non-Officer Members will be full and equal members. Their role as members of the Board of Directors will be to consider the key strategic and managerial issues facing the Trust in carrying out its statutory and other functions.

(1) Executive Members

Executive Members shall exercise their authority within the terms of these Standing Orders and Standing Financial Instructions and the Scheme of Delegation.

(2) Chief Executive

The Chief Executive shall be responsible for the overall performance of the executive functions of the Trust. He/she is the **Accountable Officer** for the Trust and shall be responsible for ensuring the discharge of obligations under Financial Directions and in line with the requirements of the Accountable Officer Memorandum for Trust Chief Executives.

(3) Chief Financial Officer

The Chief Financial Officer shall be responsible for the provision of financial advice to the Trust and to members of the Board and for the supervision of financial control and accounting systems. He/she shall be responsible along with the Chief Executive for ensuring the discharge of obligations under relevant Financial Directions.

(4) Non-Executive Members

The Non-Executive Members shall not be granted nor shall they seek to exercise any individual executive powers on behalf of the Trust. They may, however, exercise collective authority when acting as members of, or when chairing, a committee of the Trust which has delegated powers.

(5) Chair

The Chair shall be responsible for the operation of the Board and chair all Board meetings when present. The Chair has certain delegated executive powers. The Chair must comply with the terms of appointment, the provisions of the Trust's Constitution, and with these Standing Orders.

The Chair shall work in close harmony with the Chief Executive and shall ensure that the Board discusses key and appropriate issues in a timely manner with all the necessary information and advice being made available to the Board to inform the debate and ultimate resolutions.

3.5 Corporate role of the Board

- (1) All business shall be conducted in the name of the Trust.
- (2) All funds received in trust shall be held in the name of the Trust as corporate trustee.
- (3) The powers of the Trust established under statute shall be exercised by the Board meeting in public session except as otherwise provided for in Standing Order No. 3.
- (4) The Board shall define and regularly review the functions it exercises on behalf of the Secretary of State.

3.6 Schedule of Matters reserved to the Board and Scheme of Delegation

The Board has resolved that certain powers and decisions may only be exercised by the Board in formal session. These powers and decisions are set out in the 'Schedule of Matters Reserved to the Board' and shall have effect as if incorporated into the Standing Orders. Those powers that it has delegated to officers and other bodies are contained in the Scheme of Delegation.

3.7 Meetings of the Board

(1) Calling and notice of meetings:

- (a) Save in the case of emergencies or the need to conduct urgent business, the Secretary shall give at least fourteen days' written notice of the date and place of every meeting of the Board of Directors to all directors.
- (b) Meetings of the Board of Directors may be called by the Secretary, the Chair, or by two or more directors who give written notice to the Secretary specifying the business to be carried out. The Secretary shall send a written notice to all directors as soon as possible after receipt of such a request and shall call a meeting on at least fourteen but not more than twenty eight days' notice.

(2) Chair of the meeting:

- (a) At any meeting of the Board of Directors, the Chair of the Board of Directors, if present, shall preside. If the Chair is absent from the meeting the Deputy Chair, if there is one and he/she is present, shall preside. If the Chair and Deputy Chair are absent, then the Non-Executive Directors present shall choose which Non-Executive Director present shall preside.
- (b) If the Chair is absent temporarily on the grounds of a declared conflict of interest, the Deputy Chair, if present shall preside. If the Chair and Deputy Chair are absent, or are disqualified from participating, then the remaining Non-Executive Directors present shall choose which Non-Executive Director shall preside.

- (3) **Frequency of meetings:** Ordinary meetings of the Board shall be held at regular intervals at such times and places as the Board may determine.
- (4) **Notice of business to be transacted:**
- (a) Before each meeting of the Board a written notice specifying the business proposed to be transacted shall be circulated electronically to every member so as to be available to members at least six clear calendar days before the meeting. The notice shall be approved by the Chair or by an officer authorised by the Chair to approve on their behalf. Want of service of such a notice on any member shall not affect the validity of a meeting.
 - (b) In the case of a meeting called by Board members in default of the Chair calling the meeting, the notice shall be signed by those members.
 - (c) No business shall be transacted at the meeting other than that specified on the agenda, or emergency motions allowed under Standing Order 3.7(10).
 - (d) A Board member desiring a matter to be included on an agenda shall make his/her request in writing to the Chair and Secretary at least 15 clear days before the meeting. The request should state whether the item of business is proposed to be transacted in the presence of the public and should include appropriate supporting information. Requests made less than 15 days before a meeting may be included on the agenda at the discretion of the Chair.
 - (e) Before each meeting of the Board a public notice of the time and place of the meeting, and the public part of the agenda, shall be displayed at the Trust's principal offices at least three clear days before the meeting, (required by the Public Bodies (Admission to Meetings) Act 1960 Section 1 (4) (a)) and published on the Trust's website.
- (5) **Agenda and supporting papers:** The Agenda will be sent to members 6 days before the meeting and supporting papers, whenever possible, shall accompany the agenda, but will certainly be circulated no later than three clear days before the meeting, save in emergency or, where the Chair proposes and at least half of the Board members in attendance agree, the papers presented require immediate consideration. A copy of the agenda will be provided to the Council of Governors in line with the requirements of the Trust's Constitution.
- (6) **Quorum:**
- (a) No business shall be transacted at a meeting unless at least one third of the directors is present including not less than one non-executive director and one executive director.
 - (b) An Officer in attendance for an Executive Director (Officer Member) but without formal acting up status may not count towards the quorum.
 - (c) If the Chair or other Board member has been disqualified from participating in the discussion on any matter and / or from voting on any resolution by reason of a conflict of interest, that person shall no longer count towards the quorum. If a quorum is then not available for the discussion and / or the passing of a resolution on any matter, that matter may not be discussed further or voted upon at that meeting. Such a position shall be recorded in the minutes of the meeting. The meeting must then proceed to the next business.
- (7) **Voting:**

- (a) Questions arising at a meeting of the Board of Directors shall be decided by a majority of votes. In the case of an equality of votes the person presiding at or chairing the meeting shall have the casting vote.
 - (b) Save as provided in Standing Order 3.8 (Suspension of Standing Orders) and 3.9 (Variation and amendment of Standing Orders), every question put to a vote at a meeting shall be determined by a majority of the votes of Board members present and voting on the question.
 - (c) At the discretion of the Chair, all questions put to the vote shall be determined by oral expression or by a show of hands, unless the Chair directs otherwise, or it is proposed, seconded and carried that a vote be taken by paper ballot.
 - (d) If at least one third of the Board members present so request, the voting on any question may be recorded so as to show how each member present voted or did not vote (except when conducted by paper ballot).
 - (e) If a Board member so requests, their vote shall be recorded by name.
 - (f) In no circumstances may an absent member vote by proxy. Absence is defined as being absent at the time of the vote.
 - (g) A manager who has been formally appointed to act up for an Officer Member during a period of incapacity or temporarily to fill an Executive Director vacancy shall be entitled to exercise the voting rights of the Officer Member.
 - (h) A manager attending the Trust Board meeting to represent an Officer Member during a period of incapacity or temporary absence without formal acting up status may not exercise the voting rights of the Officer Member. An Officer's status when attending a meeting shall be recorded in the minutes.
- (8) **Petitions:** Where a petition has been received by the Trust the Chair shall include the petition as an item for the agenda of the next meeting.
- (9) **Notice of motion:**
- (a) Subject to the provision of Standing Orders 3.7 'Motions: Procedure at and during a meeting' and 3.8 'Motions to rescind a resolution', a member of the Board wishing to move a motion shall send a written notice to the Chief Executive who will ensure that it is brought to the immediate attention of the Chair.
 - (b) The notice shall be delivered at least 15 clear days before the meeting. The Chief Executive shall include in the agenda for the meeting all notices received that are in order and permissible under governing regulations. This Standing Order shall not prevent any motion being withdrawn or moved without notice on any business mentioned on the agenda for the meeting.
- (10) **Emergency motions:** Subject to the agreement of the Chair, and subject also to the provision of Standing Order 3.7 'Motions: Procedure at and during a meeting', a member of the Board may give written notice of an emergency motion after the issue of the notice of meeting and agenda, up to one hour before the time fixed for the meeting. The notice shall state the grounds of urgency. If in order, it shall be declared to the Trust Board at the commencement of the business of the meeting

as an additional item included in the agenda. The Chair's decision to include the item shall be final.

(11) **Motions – Procedure at and during a meeting:**

- a) **Who may propose:** The Chair of the meeting or any Board member present may propose a motion. Another Board member must also second it.
- b) **Contents of motions:** The Chair may exclude from the debate at their discretion any such motion of which notice was not given on the notice summoning the meeting other than a motion relating to:
 - the reception of a report;
 - consideration of any item of business before the Trust Board;
 - the accuracy of minutes;
 - that the Board proceed to next business;
 - that the Board adjourn;
 - that the question be now put.
- c) **Amendments to motions:** A motion for amendment shall not be discussed unless it has been proposed and seconded. Amendments to motions shall be moved relevant to the motion, and shall not have the effect of negating the motion before the Board. If there are a number of amendments, they shall be considered one at a time. When a motion has been amended, the amended motion shall become the substantive motion before the meeting, upon which any further amendment may be moved.
- d) **Rights of reply to motions:**
 - i. **Amendments:** The mover of an amendment may reply to the debate on their amendment immediately prior to the mover of the original motion, who shall have the right of reply at the close of debate on the amendment, but may not otherwise speak on it.
 - ii. **Substantive / original motion:** The member who proposed the substantive motion shall have a right of reply at the close of any debate on the motion.
- e) **Withdrawing a motion:** A motion, or an amendment to a motion, may be withdrawn.
- f) **Motions once under debate:** When a motion is under debate, no motion may be moved other than:
 - i. an amendment to the motion;
 - ii. the adjournment of the discussion, or the meeting;
 - iii. that the meeting proceed to the next business;
 - iv. that the question should be now put;
 - v. the appointment of an 'ad hoc' committee to deal with a specific item of business;
 - vi. that a member/director be not further heard;
 - vii. a motion under Section 1 (2) or Section 1 (8) of the Public Bodies (Admissions to Meetings) Act 1960 resolving to exclude the public, including the press (see Standing Order 3.17).

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

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

(12) **Motion to Rescind a Resolution:**

- (a) Notice of motion to rescind any resolution (or the general substance of any resolution) which has been passed within the preceding six calendar months shall bear the signature of the Board member who gives it and also the signature of three other Board members, and before considering any such motion of which notice shall have been given, the Trust Board may refer the matter to any appropriate Committee or the Chief Executive for recommendation.
- (b) When any such motion has been dealt with by the Trust Board it shall not be competent for any Board member other than the Chair to propose a motion to the same effect within six months. This Standing Order shall not apply to motions moved in pursuance of a report or recommendations of a Committee or the Chief Executive.

(13) **Chair's ruling:** The decision of the Chair of the meeting on questions of order, relevancy and regularity (including procedure on handling motions) and their interpretation of the Standing Orders and Standing Financial Instructions, at the meeting, shall be final.

(14) **Record of attendance:** The names of the Chair and Board members present at the meeting shall be recorded.

3.8 Suspension of Standing Orders

- (a) Except where this would contravene any statutory provision or the rules relating to the Quorum (SO 3.7(6)), any one or more of the Standing Orders may be suspended at any meeting, provided that at least two-thirds of the whole number of the members of the Board are present (including at least one member who is an Officer Member of the Trust and one member who is not) and that at least two-thirds of those members present signify their agreement to such suspension. The reason for the suspension shall be recorded in the Trust Board's minutes.
- (b) A separate record of matters discussed during the suspension of Standing Orders shall be made and shall be available to the Chair and Board members of the Trust.
- (c) No formal business may be transacted while Standing Orders are suspended.
- (d) The Audit Committee shall review every decision to suspend Standing Orders.

3.9 Variation and amendment of Standing Orders

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

- upon a notice of motion under Standing Order 3.7(9);
- upon a recommendation of the Chair or Chief Executive included on the agenda for the meeting;
- that two thirds of the Board members are present at the meeting where the variation or amendment is being discussed, and that at least half of the Trust's Non-Officer members vote in favour of the amendment;

- providing that any variation or amendment does not contravene a statutory provision.

3.10 Minutes of Board meetings

The minutes of the proceedings of a meeting shall be drawn up and submitted for agreement at the next ensuing meeting where they shall be signed by the person presiding at it.

No discussion shall take place upon the minutes except upon their accuracy or where the Chair considers discussion appropriate.

3.11 Admission of public and the press

(a) Admission and exclusion on grounds of confidentiality of business to be transacted

The public and representatives of the press may attend all meetings of the Trust Board, but shall be required to withdraw upon instruction of the Trust Board as follows:

- 'that representatives of the press, and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest', Section 1 (2), Public Bodies (Admission to Meetings) Act 1960
- Guidance should be sought from the NHS Foundation Trust's Freedom of Information Lead to ensure the correct procedure is followed on matters to be included in the exclusion.

(b) General disturbances

The Chair (or Vice-Chair if one has been appointed) or the person presiding over the meeting shall give such directions as he/she thinks fit with regard to the arrangements for meetings and accommodation of the public and representatives of the press such as to ensure that the Trust 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 Trust Board resolving as follows:

- 'That, in the interests of public order, the meeting adjourns for (the period to be specified) to enable the Trust Board to complete its business without the presence of the public'. Section 1(8) Public Bodies (Admissions to Meetings) Act 1960.

(iii) Business proposed to be transacted when the press and public have been excluded from a meeting

Matters to be dealt with by the Trust Board following the exclusion of representatives of the press, and other members of the public, as provided in (i) and (ii) above, shall be confidential to the members of the Board.

Members and Officers or any employee of the Trust in attendance shall not reveal or disclose the contents of papers marked 'In Confidence', 'Private' or minutes headed 'Confidential' or 'Items Taken in Private' outside of the Trust, without the express permission of the Trust. This prohibition shall apply equally to the content of any discussion during the Board meeting which may take place on such reports or papers.

(iv) **Use of Mechanical or Electrical Equipment for Recording or Transmission of Meetings**

Nothing in these Standing Orders shall be construed as permitting the introduction by the public, or press representatives, of recording, transmitting, video or similar apparatus into meetings of the Trust or Committee thereof. Such permission shall be granted only upon resolution of the Board.

3.12 Observers at Board meetings

The Trust will decide what arrangements and terms and conditions it feels are appropriate to offer in extending an invitation to observers to attend and address any of the Trust Board's meetings and may change, alter or vary these terms and conditions as it deems fit.

4. APPOINTMENT OF COMMITTEES AND SUB-COMMITTEES OF THE BOARD OF DIRECTORS

4.1 Appointment of Committees

- (a) Subject to the provisions of the Trust's Constitution, the Board of Directors may delegate any of its powers to a committee whose membership is composed entirely of directors or to an executive director.
- (b) The Board of Directors shall have various committees which will advise it, including an Audit Committee, a Nominations and Remuneration Committee. For the avoidance of doubt, a nominations committee shall only perform an advisory role to the Board of Directors in relation to a selection process and it shall not be responsible for making any appointments.
- (c) Each such committee, and any sub-committee, shall have such terms of reference and powers as the Board of Directors shall determine from time to time. The Trust shall determine the membership of such committees and sub-committees and shall, if it requires, receive and consider reports of such committees.

4.2 Joint Committees

- (i) Joint committees may be appointed by the Trust by joining together with one or more other Trusts consisting of, wholly or partly, the Chair and Board members of the Trust or other health service bodies, or wholly of persons who are not members of the Trust or other health bodies in question.

Any committee or joint committee appointed under this Standing Order may, subject to the requirements of the Trust's Constitution or the Trust or other health bodies in question, appoint sub-committees consisting wholly or partly of members of the committees or joint committee (whether or not they are members of the Trust or health bodies in question) or wholly of persons who are not members of the Trust or health bodies in question or the committee of the Trust or health bodies in question.

4.3 Applicability of Standing Orders and Standing Financial Instructions to Committees

The Standing Orders and Standing Financial Instructions of the Trust, as far as they are applicable, shall as appropriate apply to meetings and any committees

established by the Trust. In which case the term “Chair” is to be read as a reference to the Chair of the committee as the context permits, and the term “member” is to be read as a reference to a member of the committee also as the context permits. (There is no requirement to hold meetings of committees established by the Trust in public.)

4.4 Terms of Reference

Each such committee shall have such terms of reference and powers and be subject to such conditions (as to reporting back to the Board), as the Board shall decide and shall be in accordance with any legislation and regulation or provision set out in the Trust's Constitution. Such terms of reference shall have effect as if incorporated into the Standing Orders.

4.5 Delegation of powers by Committees to Sub-Committees

Where committees are authorised to establish sub-committees they may not delegate executive powers to the sub-committee unless expressly authorised by the Trust Board.

4.6 Approval of Appointments to Committees

The Board shall approve the appointments to each of the committees which it has formally constituted in line with the provisions of the Scheme of Reservation and Delegation of Powers. Where the Board determines, and regulations permit, that persons, who are neither Board members nor officers, shall be appointed to a committee the terms of such appointment shall be within the powers of the Board as defined by the Constitution of the Trust. The Board shall define the powers of such appointees and shall agree allowances, including reimbursement for loss of earnings, and/or expenses in accordance where appropriate with national guidance.

4.7 Appointments for Statutory functions

Where the Board is required to appoint persons to a committee and/or to undertake statutory functions, and where such appointments are to operate independently of the Board such appointment shall be made in accordance with any provision set out in the Trust's Constitution and with the Foundation Trust Code of Governance.

4.8 Committees established by the Trust Board

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

4.8.1 Group Board (St George's)

The Group Board (St George's) is a committee of the Board of Directors of St George's University Hospitals NHS Foundation Trust established under the Trust's Standing Orders and Scheme of Delegation. Working as a committee-in-common with the Group Board (Epsom and St Helier), it forms the Group Board, which provides a joint forum for decision-making across the St George's, Epsom and St Helier University Hospitals and Health Group. Acting within delegated authority from the Trust Board, the Committee oversees and takes decisions on matters relating to strategy, quality, operational delivery, performance, finance and risk affecting the Group, and provides assurance to the Trust Board regarding the effective discharge of these responsibilities.

4.8.2 Audit and Risk Committee

In line with the requirements of the Trust's Constitution (at paragraph 40), an Audit and Risk Committee will be established, comprised of Non-Executive Directors. It will provide the Trust Board with an independent and objective review of financial and corporate governance, assurance processes and risk management across the whole

of the Trust's activities (clinical and non-clinical) both generally and in support of the Annual Governance Statement. It shall oversee the work programmes for external and internal audit and receive assurance of their independence and monitor the Trust's arrangements for corporate governance. The Committee shall also review the integrity of the financial statements prepared in support of the Trust's Annual Accounts and oversee the production of the Annual Report and Accounts on behalf of the Board. The duties of the Committee are to:

- (i) Review the establishment and maintenance of an effective system of integrated governance, internal control and risk management;
- (ii) Ensure there is an effective internal audit function that meets mandatory standards and provides independent assurance to the Committee;
- (iii) Review the findings of the external auditors and consider the implications and management's response to their work;
- (iv) Ensure the systems for financial reporting to the Board are subject to review as to the completeness and accuracy of the information provided to the Board;
- (v) Ensure the Trust has in place effective measures to comply with requirements of the Bribery Act 2010 and a means by which suspected acts of fraud, corruption and bribery can be reported;
- (vi) Review arrangements that allow staff to raise, in confidence, concerns;

4.8.3 **Nominations and Remuneration Committee**

In line with the requirements of the Trust's Constitution, a Nominations and Remuneration Committee will be established and constituted.

The Trust's Constitution (at paragraph 35.2) requires the Committee be comprised exclusively of Non-Executive Directors who are independent of management.

The purpose of the Committee will be to advise the Trust Board about appropriate remuneration, allowances and terms of service for the Chief Executive and other Executive Directors including:

- (i) all aspects of salary (including any performance-related elements/bonuses);
- (ii) provisions for other benefits, including pensions and cars;
- (iii) arrangements for termination of employment and other contractual terms.

4.8.4 **Quality Committee**

The Board has established a Quality Committee. The Committee functions as the Trust's umbrella clinical and quality governance Committee. It enables the Board to obtain assurance that high standards of care are provided by the Trust and that adequate and appropriate governance structures, processes and controls are in place throughout the Trust to enable it to deliver a quality service according to each of the dimensions of quality set out in *High Quality Care for All* and enshrined through the Health & Social Care Act 2012:

- Safety – achieving high and improving levels of patient and staff safety and identifying, prioritising and managing risk arising from the delivery of clinical care.
- Clinical Effectiveness – consistently achieving good clinical outcomes and high levels of productivity through evidence-based clinical practice.
- Patient Experience – promoting safety and excellence to deliver an excellent patient experience as measured by direct interaction with, and feedback from, those using the Trust's services.

4.8.5 **Finance and Performance Committee**

The Board has established a Finance and Performance Committee. The Committee has been established to assist the Trust in maximising its healthcare provision subject to its financial constraints. In this, the Committee considers patient safety to be of paramount importance. It achieves its aim by providing assurance to the Board that there are robust mechanisms in place to ensure:

- (i) detailed consideration is given to the Trust's financial, investment and associated performance issues to ensure that the Trust uses public funds wisely;
- (ii) adequate information is available on key issues to enable clear decisions to be made and compliance with the guidance of regulatory bodies is maintained and the Trust's strategic aims and objectives are achieved;
- (iii) the impact of operational performance against the Trust's financial position is closely monitored.

4.8.6 **People Committee**

The Board has established a People Committee. The purpose of the Committee, as aligned with the Trust's strategic objectives, is to oversee the development of an empowered workforce that is both modern and flexible, with a culture that supports people to deliver to their best. The Committee is established to provide the Board with assurance that there are robust mechanisms in place to ensure:

- (j) Robust oversight of the delivery of the Trust's strategic aims in relation to its workforce;
- (ii) Detailed consideration is given to the development and delivery of the Trust's workforce and education strategies;
- (iii) Effective oversight of the delivery of the Trust's diversity and inclusion strategy, and monitoring of performance in relation to the Workforce Race Equality Standard and the gender pay gap
- (iv) Effective oversight and monitoring of workforce planning;
- (v) Adequate information is available on key issues to enable clear decisions to be made, to ensure compliance with the guidance of regulatory bodies;
- (vi) The impact of workforce performance on the Trust's overall performance is closely monitored;
- (vii) Staff well-being and development is monitored effectively;
- (viii) Appropriate governance arrangements are in place in relation to workforce and education issues.

4.8.7 **Group Executive Committee**

The Group Chief Executive has established the Group Executive Committee, which serves as the most senior Executive decision-making forum in the Trust and across the St George's, Epsom and St Helier University Hospitals and Health Group.

4.8.4 **Other Committees**

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

5. **ARRANGEMENTS FOR THE EXERCISE OF TRUST FUNCTIONS BY DELEGATION**

5.1 **Delegation of Functions to Committees, Officers or other bodies**

- 5.1.1 In accordance with the Trust's Constitution, the Board may make arrangements for the exercise, on behalf of the Board, of any of its functions by a committee, sub-committee appointed by virtue of Standing Order 4, or by an officer of the Trust, or by another body as defined in Standing Order 5.1.2 below, in each case subject to such

restrictions and conditions as the Trust thinks fit.

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

- (i) by another Trust;
- (ii) jointly with any one or more of the following: NHS Foundation Trusts, NHS Trusts, or Clinical Commissioning Groups;
- (iii) by arrangement with the appropriate Trust or Clinical Commissioning Group, by a joint committee or joint sub-committee of the Trust and one or more other health service bodies;

5.1.3 Where a function is delegated by these Regulations to another Trust, then that Trust or health service body exercises the function in its own right; the receiving Trust has responsibility to ensure that the proper delegation of the function is in place. In other situations, i.e. delegation to committees, sub-committees or officers, the Trust delegating the function retains full responsibility.

5.2 Emergency Powers and urgent decisions

The powers which the Board has reserved to itself within these Standing Orders (see Standing Order 2.9) may in emergency or for an urgent decision be exercised by the Chief Executive and the Chair after having consulted at least two non-officer members. The exercise of such powers by the Chief Executive and Chair shall be reported to the next formal meeting of the Trust Board in public session for formal ratification.

5.3 Delegation to Committees

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

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

5.4 Delegation to Officers

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

5.4.2 The Chief Executive shall prepare a Scheme of Delegation identifying his/her proposals which shall be considered and approved by the Board. The Chief Executive may periodically propose amendment to the Scheme of Delegation that shall be considered and approved by the Board.

5.4.3 Nothing in the Scheme of Delegation shall impair the discharge of the direct accountability to the Board of the Chief Financial Officer to provide information and advise the Board in accordance with statutory or regulatory requirements. Outside these statutory and regulatory requirements the roles of the Chief Financial Officer shall be accountable to the Chief Executive for operational matters.

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

- 5.5.1 The arrangements made by the Board as set out in the "Schedule of Matters Reserved to the Board" and "Scheme of Delegation" of powers shall have effect as if incorporated in these Standing Orders.

5.6 Duty to report non-compliance with Standing Orders and Standing Financial Instructions

If for any reason these Standing Orders are not complied with, full details of the non-compliance and any justification for non-compliance and the circumstances around the non-compliance, shall be reported to the Audit Committee for action or ratification. All employees of the Trust have a duty to disclose any non-compliance with these Standing Orders to the Chief Executive as soon as possible.

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

6.1 Policy statements: general principles

The Trust Board, or Committees or groups to which authority is delegated, will from time to time agree and approve Policy statements and / or procedures that will apply to all or specific groups of staff employed by the Trust. The decisions to approve such policies and procedures will be recorded in an appropriate Trust Board minute, or in the minutes of the Committee or group to which authority for approving such statements or procedures is delegated, and will be deemed where appropriate to be an integral part of the Trust's Standing Orders and Standing Financial Instructions.

6.2 Specific Policy statements

Notwithstanding the application of SO 6.1 above, these Standing Orders and Standing Financial Instructions must be read in conjunction with the following Policy statements:

- the 'Managing Conflicts of Interests' policies for the Trust staff;
- the staff 'Disciplinary Procedure and Rules' and 'Appeals Procedure' adopted by the Trust, both of which shall have effect as if incorporated in these Standing Orders.
- Anti-fraud and anti-bribery policy.

6.3 Standing Financial Instructions

Standing Financial Instructions adopted by the Trust Board in accordance with the Financial Regulations shall have effect as if incorporated in these Standing Orders.

6.4 Specific guidance

Notwithstanding the application of SO 6.1 above, these Standing Orders and Standing Financial Instructions must be read in conjunction with the Trust's Constitution and the following statutory requirements, guidance and any other regulatory requirement:

- All relevant legislation relating to the NHS, including but not limited to the National Health Service Act 2006 (as amended) and the Health and Social Care Act 2012
- Caldicott Guardian 2006

- Data Protection Act 2018
- Anti-Bribery Act 2010
- Anti-Money Laundering Act 2018
- Freedom to Speak Up Guardian
- Guardian of Safe Working
- Equality Act 2010
- Code of Governance for NHS Provider Trusts
- Freedom of Information Act 2000

7. DUTIES AND OBLIGATIONS OF BOARD MEMBERS/DIRECTORS AND SENIOR MANAGERS UNDER THESE STANDING ORDERS

7.1 Declaration of Interests

7.1.1 Requirements for Declaring Interests and applicability to Board Members

- (a) The Trust's Constitution requires directors to declare any pecuniary, personal or family interest, whether that interest is direct or indirect, in any proposed contract or other matter which is under consideration or is to be considered by the Board of Directors. A family interest will include those of a director's spouse or partner. Any directors appointed subsequently shall declare such interests on appointment.
- (b) Such interests include:
 - i. Directorships, including Non-Executive Directorships held in private companies or public limited companies or public benefit corporations (with the exception of those of dormant companies);
 - ii. Ownership or part-ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS;
 - iii. Majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS;
 - iv. A position of trust or fiduciary duty in a charity or voluntary organisation in the field of health and social care;
 - v. Any connection with a voluntary or other organisation contracting for NHS services;
 - vi. Research funding/grants that may be received by an individual or their department;
 - vii. Interests in pooled funds that are under separate management.
 - viii. Any other commercial interest in the decision before the meeting.
- (c) Any member of the Trust Board who comes to know that the Trust has entered into or proposes to enter into a contract in which he/she or any person connected with him/her (as defined in Standing Order 7.3 below and elsewhere) has any pecuniary interest, direct or indirect, the Board member

shall declare his/her interest by giving notice in writing of such fact to the Trust Secretary as soon as practicable.

- (d) This Standing Order applies to a committee or sub-committee and to a joint committee or sub-committee as it applies to the Trust and applies to a member of any such committee or sub-committee (whether or not he/she is also a member of the Trust) as it applies to a Board member of the Trust.

7.1.2 **Definition of terms used in interpreting 'Pecuniary' interest**

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

- (i) "spouse" shall include any person who lives with another person in the same household (and any pecuniary interest of one spouse shall, if known to the other spouse, be deemed to be an interest of that other spouse);
- (ii) "contract" shall include any proposed contract or other course of dealing including purchase orders.

- (iii) "Pecuniary interest"

Subject to the exceptions set out in this Standing Order, a person shall be treated as having an indirect pecuniary interest in a contract if:-

- a) he/she, or a nominee of his/her, is a member of a company or other body (not being a public body), with which the contract is made, or to be made or which has a direct pecuniary interest in the same, or
- b) he/she is a partner, associate or employee of any person with whom the contract is made or to be made or who has a direct pecuniary interest in the same.

- iv) Exception to Pecuniary interests

A person shall not be regarded as having a pecuniary interest in any contract if:-

- a) neither he/she nor any person connected with him/her has any beneficial interest in the securities of a company of which he/she or such person appears as a member, or
- b) any interest that he/she or any person connected with him/her may have in the contract is so remote or insignificant that it cannot reasonably be regarded as likely to influence him/her in relation to considering or voting on that contract, or
- c) those securities of any company in which he/she (or any person connected with him/her) has a beneficial interest do not exceed £5,000 in nominal value or one per cent of the total issued share capital of the company or of the relevant class of such capital, whichever is the less.

Provided however, that where paragraph (c) above applies the person shall nevertheless be obliged to disclose/declare their interest in accordance with Standing Order 7.1.2 (ii).

Any remuneration, compensation or allowance payable to the Chair or a Member by virtue of paragraph 11 of Schedule 5A to the National Health

Service Act 1977 (pay and allowances) shall not be treated as a pecuniary interest for the purpose of this Standing Order.

7.1.3 Declaring interests

- (a) At the time directors' interests are declared, they should be recorded in the Board of Directors' minutes and entered on a register of interests of directors to be maintained by the Secretary. Any changes in interests should be declared at the next Board of Directors' meeting following the change occurring.
- (b) During the course of a Board of Directors meeting, if a conflict of interest is established, the director concerned shall disclose the fact, and withdraw from the meeting and play no part in the relevant discussion or decision.
- (c) If a director has any doubt about the relevance of an interest, he/she should discuss it with the Chair or Secretary who shall advise him/her on whether or not to disclose the interest.

7.1.4 Publication of declared interests in Annual Report

Board members' directorships of companies likely or possibly seeking to do business with the NHS should be published in the Trust's annual report, in line with any specific guidance set out by NHS Improvement. The information should be kept up to date for inclusion in succeeding annual reports.

7.2 Register of Interests

- 7.2.1 The Chief Executive will ensure that a Register of Interests is established to record formally declarations of interests of Board or Committee members. In particular the Register will include details of all directorships and other relevant and material interests (as defined in SO 7.1.1(b)) which have been declared by both executive and non-executive Trust Board members. This responsibility is delegated to the Trust Secretary.
- 7.2.2 These details will be kept up to date as interests are declared.
- 7.2.3 The Register will be available to the public in line with the requirements of the Trust's Constitution (Section 37).

7.3 Standards of Business Conduct

7.3.1 Trust Policy and National Guidance

All Trust staff and Board members must comply with the Trust's Constitution in relation to conflicts of interest and with the Foundation Trust Code of Governance (see SO 6.2).

7.3.2 Interest of Officers in Contracts

- i) Any officer or employee of the Trust who comes to know that the Trust has entered into or proposes to enter into a contract in which he/she or any person connected with him/her (as defined in SO 7.3) has any pecuniary interest, direct or indirect, the Officer shall declare their interest by giving notice in writing of such fact to the Chief Executive or Trust Secretary as soon as practicable.

- ii) An Officer should also declare to the Chief Executive any other employment or business or other relationship of his/her, or of a cohabiting spouse, that conflicts, or might reasonably be predicted could conflict with the interests of the Trust.
- iii) The Trust will require interests, employment or relationships so declared to be entered in a register of interests of staff.

7.3.3

Canvassing of and Recommendations by Board Members in Relation to Appointments

- i) Canvassing of members of the Trust or of any Committee of the Trust directly or indirectly for any appointment under the Trust shall disqualify the candidate for such appointment. The contents of this paragraph of the Standing Order shall be included in application forms or otherwise brought to the attention of candidates.
- ii) Members of the Trust shall not solicit for any person any appointment under the Trust or recommend any person for such appointment; but this paragraph of this Standing Order shall not preclude a member from giving written testimonial of a candidate's ability, experience or character for submission to the Trust.

7.3.4

Relatives of Members or Officers

- i) Candidates for any staff appointment under the Trust shall, when making an application, disclose in writing to the Trust whether they are related to any Board member or the holder of any office under the Trust. Failure to disclose such a relationship shall disqualify a candidate and, if appointed, render him/her liable to instant dismissal.
- ii) The Chair and every Board member and officer of the Trust shall disclose to the Trust Board any relationship between himself/herself and a candidate of whose candidature that Board member or officer is aware. It shall be the duty of the Chief Executive to report to the Trust Board any such disclosure made.
- iii) On appointment, members (and prior to acceptance of an appointment in the case of Executive Directors) should disclose to the Trust whether they are related to any other Board member or holder of any office under the Trust.
- iv) Where the relationship to a Board member of the Trust is disclosed, the Standing Order headed 'Disability of Chair and members in proceedings on account of pecuniary interest' (SO 7) shall apply.

8. CUSTODY OF SEAL, SEALING OF DOCUMENTS AND SIGNATURE OF DOCUMENTS

8.1 Custody of Seal

The common seal of the Trust shall be kept by the Chief Executive or a nominated Manager (Trust Secretary) by him/her in a secure place.

8.2 Sealing of Documents

Where it is necessary that a document shall be sealed, the seal shall be affixed in the presence of the Chief Executive, and Chair, where appropriate, or two senior managers duly authorised by the Chief Executive, and not also from the originating department, and shall be attested by them, where this is necessary. Use of the

Trust Seal shall be reported to the Board, unless otherwise delegated to a Committee under the Reservation and Delegation of Powers and Scheme of Delegation.

8.3 **Register of Sealing**

The Chief Executive shall keep a register in which he/she, or another manager of the Authority authorised by him/her (Trust Secretary), shall enter a record of the sealing of every document. The register shall record the date on which the Seal was used, the purpose for which it was used, and those officers who signed and witnessed its use.

8.4 **Signature of documents**

Where any document will be a necessary step in legal proceedings on behalf of the Trust, it shall, unless any enactment otherwise requires or authorises, be signed by the Chief Executive or any Executive Director.

In land transactions, the signing of certain supporting documents will be delegated to Managers and set out clearly in the Scheme of Delegation but will not include the main or principal documents effecting the transfer (e.g. sale/purchase agreement, lease, contracts for construction works and main warranty agreements or any document which is required to be executed as a deed).

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

9.1 **Joint Finance Arrangements**

The Board may confirm contracts to purchase from a voluntary organisation or a local authority using its powers under Section 28A of the NHS Act 1977. The Board may confirm contracts to transfer money from the NHS to the voluntary sector or the health related functions of local authorities where such a transfer is to fund services to improve the health of the local population more effectively than equivalent expenditure on NHS services, using its powers under Section 28A of the NHS Act 1977, as amended by section 29 of the Health Act 1999.

See overlap with Standing Financial Instruction No. 21.3.

SECTION C – RESERVATION and DELEGATION of POWERS

DUTIES AND RESPONSIBILITIES RESERVED TO THE COUNCIL OF GOVERNORS

1. Performance of the Board of Directors

The Council of Governors is responsible for holding the Non-Executive Directors individually and collectively to account for the performance of the Board of Directors. This includes ensuring that the Trust does not breach the conditions of its licence.

2. Appointments and removal of Non-Executive Directors

The Council of Governors is responsible for the appointment of the Chair of the Board of Directors and the other Non-Executive Directors including a Deputy Chair. The power to remove the Chair or another Non-Executive Director rests with the Council of Governors, and such removal requires the approval of three-quarters of the members of the Council of Governors.

3. Appointment and removal of external auditors

The Council of Governors shall appoint or remove the external auditor at a general meeting of the Council of Governors.

4. Amendment of changes to the Trust's Constitution

The Trust may make amendments to its Constitution only if more than half of the members of the Council of Governors of the Trust voting approve the amendments (with more than half of the Board of Directors also voting to approve the amendment).

5. Approval of mergers etc.

The Trust may only apply for a merger, acquisition, separation or dissolution with the approval of more than half of the members of the Council of Governors.

6. Approval of significant transactions

The Trust may enter into a significant transaction only if half of the members of the Council of Governors of the Trust voting approve entering into the transaction. A significant transaction is defined in the Trust's Constitution (paragraph 46.3).

DUTIES AND RESPONSIBILITIES RESERVED TO THE BOARD OF DIRECTORS

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

The following decisions and duties are reserved to the Trust Board of Directors:

A. Regulation and Control

1. Standing Orders

- i. To approve Standing Orders, a schedule of matters reserved to the Board, and Standing Financial Instructions for the regulation of its proceedings and business.
- ii. To suspend Standing Orders.
- iii. To vary or amend the Standing Orders.
- iv. To ratify any urgent decisions, which the Board has retained to itself, taken by the Chairman and Group Chief Executive Officer
- v. To ratify or otherwise instances of failure to comply with Standing Orders by the Trust Board brought to the Group Chief Executive's attention
- vi. To discipline members of the Board of Directors who are in breach of statutory requirements or Standing Orders.

2. Scheme of Reservation and Delegation of Powers

- i. To approve a scheme of delegation of powers from the Trust Board of Directors to committees of the Board.

3. Declarations of Interest

- i. To require and receive the declaration of Trust Board members' interests that may conflict with those of the Trust and determine the extent to which that member may remain involved with the matter under consideration.
- ii. To authorise conflicts of interest of Trust Board members, where appropriate.

4. Committees

- i. To establish and approve the terms of reference and reporting arrangements of all committees that are established by the Trust Board of Directors.
- ii. To confirm the recommendations of the Board of Directors' committees (including the Group Board (St George's)) where those committees do not have the relevant delegated power and / or authority.
- iii. To confirm the terms of reference of the Audit Committee and the Nominations and Remuneration Committee by the Group Board (St George's).

5. Trust Constitution

- i. Review and approve proposed amendments to the Trust's Constitution, and recommend these for approval by the Council of Governors.

B. Appointments and Dismissals

1. Vice Chair

- i. To appoint the Vice Chair of the Board of Directors.

2. Secretary

- i. To appoint and dismiss the Secretary.

3. Committees

- i. To appoint the committees of the Board required by statute (Audit Committee and the Nominations and Remuneration Committee)
- ii. To appoint and dismiss the Group Board (St George's), including the appointment of individual members.
- iii. To appoint and dismiss any further committees (and individual members) that are established as committees directly accountable to the Trust Board of Directors.

C. Transactions

1. Merger, Acquisition, Separation and Dissolution

- i. To determine decisions in relation to merger, acquisition, separation or dissolution of the Trust.
- ii. To approve all other significant transactions unless otherwise delegated to the Group Board (St George's).

D. Group Model

1. Collaboration through the Group Model

- i. To substantively vary, amend or terminate the Memorandum of Understanding establishing the Group Model between the Trust and Epsom and St Helier University Hospitals NHS Trust, following review by the Group Board (St George's).
- ii. To receive assurance on an annual basis on the robustness of the Group governance arrangements, following review by the Audit Committee and the Group Board (St George's).

E. Strategy, Annual Plan and Finance

1. Strategy

- i. To receive and approve the Trust's Strategic Plan.

2. Annual Plan
 - i. To receive and approve the Trust's Annual Plan (including financial plan).

3. Finance
 - i. Approve any proposals to enter into a Private Finance Initiative (PFI)
 - ii. Approve the opening of bank accounts

F. Annual Report and Accounts

1. Annual Report, Quality Report and Annual Accounts
 - i. To receive and approve the Trust's Annual Report and Annual Accounts following review by the Audit and Risk Committee.
 - ii. To receive and approve the Trust's annual Quality Account (Report), following review by the Quality Committee and Audit and Risk Committee.

2. Auditor Reports
 - i. To receive and review reports from the External Auditors on the Trust's Annual Report and Accounts, following review by the Audit Committee.
 - ii. To receive and review the Head of Internal Audit Opinion, following review by the Audit Committee.

G. Monitoring

1. Reports
 - i. To receive such reports as the Trust Board of Directors sees fit from committees in respect of their exercise of powers delegated.

DECISIONS AND DUTIES DELEGATED TO THE GROUP BOARD (ST GEORGE'S)

Unless otherwise required by law, the Board of Directors delegates the exercise of all functions other than as set out within the Scheme of Reservation of Powers and Delegation of Powers to the Group Board (St George's).

A. Regulation and Control

1. Standing Orders
 - i. To suspend Standing Orders in so far as they relate to the Group Board (St George's).
 - ii. To recommend any required variation or amendment of Standing Orders for approval by the Trust Board.
 - iii. To ratify or otherwise instances of failure to comply with Standing Orders by the Group Board (St George's) brought to the Group Chief Executive's attention

2. Declarations of Interest
 - iii. To require and receive the declaration of Group Board (St George's) members' interests that may conflict with those of the Trust and determine the extent to which that member may remain involved with the matter under consideration.
 - iv. To require that the Audit Committee ensures appropriate policy and processes are in place for the declaration and review of officers' interests that may conflict with those of the Trust.

3. Committees
 - i. To receive reports from committees of the Trust Board of Directors, including the Quality Committee, Finance Committee, People Committee, Nominations and Remuneration Committee, Audit Committee and any further Committees established by the Trust Board.
 - ii. To take appropriate action upon receipt of reports from committees of the Trust Board of Directors, including requiring action be taken by those committees.
 - iii. To confirm the recommendations of the Board committees where the committee

do not have executive powers and the Group Board (St George's) does.

B. Appointments and Dismissals

1. Vice Chair
 - i. To confirm the appointment of the Vice Chair of the Group Board (St George's).
2. Secretary
 - ii. To confirm the Secretary of the Group Board.
3. Committees
 - iv. To appoint, and confirm to the Board, the terms of reference of the Board committees required by statute, including the Audit Committee and Remuneration Committee, in accordance with statutory and relevant regulatory requirements.
 - v. To receive and review regular reports of the Audit Committee and Remuneration Committee with respect to the delivery of their objectives.
 - vi. To appoint and dismiss committees (and individual members of those committees), other than the Audit Committee and Remuneration Committee, that are directly accountable to the Group Board (St George's), including setting their terms of reference and determining any delegation of powers and functions that may be appropriate.
 - vii. To confirm the appointment of members of any committee of the Trust as representatives on outside bodies.

C. Strategy, Business Plans and Budgets

1. Group Model
 - i. To set the vision and governing objectives for the Group and Trust.
 - ii. To review and approve the Group Operating Model.
 - iii. To review the delivery of the benefits of the Group Model and Group-wide integration of clinical and corporate services.
 - iv. To review and receive assurance on the robustness of the governance arrangements of the Group, following review by the Audit Committee, and escalate issues as appropriate to the Trust Board of Directors.
 - v. To oversee the management of the "Group brand" and the brands of the constituent Trusts.
2. Group Strategy and Planning
 - ii. To set and approve the strategy for the Group and Trust.
 - iii. To approve any relevant sub-strategies including, but not limited to, any Group quality, financial, workforce, culture, estates, information technology, and assurance strategies.
 - iv. To make strategic decisions in relation to the operation and direction of the Group (noting that decisions on the continuation or otherwise of the Group is reserved to the Trust Board of Directors)
3. Finance
 - iii. To receive and approve the Trust's Annual Plan, (including financial plan, and budget).
4. Business Cases
 - i. To review and approve business cases (outline and final) for capital investment in line with the delegated financial limits within this scheme of delegation.
 - ii. To ratify proposals for acquisition, disposal or change of use of land and / or buildings
 - iii. To approve proposals on contracts and leases (both capital and revenue) in line with the delegated financial limits within this scheme of delegation.
5. Losses, Special Payments, Compensation Payments
 - i. Approve individual compensation payments (except where part of NHS Resolution or employment tribunal arrangements) in line with the Standing Financial Instructions.

- ii. Approve proposals in individual cases for the write off of losses or making of special payments above the limits of delegation to the group Chief Executive Officer and Group Chief Finance Officer (for losses and special payments).

6. Insurance

- i. To review use of NHS Resolution risk pooling schemes (including Liabilities to Third Parties (LPST), Clinical Negligence Scheme for Trusts (CNST), Risk Pooling Scheme for Trusts (RPST)) or approve and review use of other appropriate insurance arrangements.

D. Operational Plans and Emergency Preparedness

1. Winter Planning

- i. To review and approve the Trust's Winter Plan, following review by the Quality Committee and Finance Committee.

2. Emergency Planning, Preparedness and Response

- iii. To receive and review the Trust's annual submission to NHS England on Emergency Preparedness, Resilience and Response, following review by the Finance Committee.

E. Quality and Safety

1. Maternity Incentive Scheme

- i. To approve submissions on behalf of the Trust to NHS Resolution on compliance with the Clinical Negligence Scheme for Trusts Maternity Incentive Scheme.

2. External Service Reviews

- i. To receive reports of any external reviews of clinical services where there are significant quality and safety concerns, including but not limited to invited reviews by medical royal colleges and reviews by regulators.

F. People and Culture

1. NHS Staff Survey

- i. To review the Trust's annual NHS Staff Survey results and approve action plans developed in response.

2. Equality, Diversity and Inclusion

- i. To receive, review and approve the Trust's annual submission to NHS England on the Workforce Race Equality Standard and Workforce Disability Equality Standard.
- ii. To receive and approve for publication the Trust's annual report on compliance with the public sector quality duties.
- iii. To receive and approve the Trust's annual gender pay gap and ethnicity pay gap reports.

3. Maintaining High Professional Standards in the NHS

- i. To receive regular summary reports on capability and conduct cases involving medical practitioners under the Trust's policy on Maintaining High Professional Standards in the NHS.

G. Policy

1. Definition of Group Policy on policies, processes and standards

- i. To set Group-wide processes and standards (clinical and non-clinical) applicable across Trusts and Sites.
- ii. To approve policies and procedures for:
 - a) the development of policy and procedural documents
 - b) the management of risk
 - c) raising concerns at work

d) compliance with the Fit and Proper Persons Regulations

H. Monitoring

2. Assurance

- i. To provide assurance to stakeholders, including but not limited to South West London Integrated Care Board, NHS England, the Department of Health, the Council of Governors, members and the public.

3. Performance Management

- i. To ensure effective arrangements are in place for reviewing the performance of the organisation.

4. Reporting

- i. To receive such reports as the Group Board (St George's) sees fit from committees in respect of their exercise of powers delegated.
- ii. To ensure continuous appraisal of the affairs of the Trust by means of the provision of reports to the Group Board (St George's) as the Group Board (St George's) may require from committees, directors, and officers of the Trust as set out in management policy statements. All monitoring returns required by the Department of Health, NHS England, Care Quality Commission shall be reported, at least in summary, to the Group Board (St George's).
- iii. To receive reports from the Group Chief Finance Officer on financial performance against budget, year end forecasting, delivery against cost improvement plans.
- iv. To receive reports from the Group Deputy Chief Executive on quality and operational performance of the Trust.
- v. To receive reports from the Group Chief Medical Officer on mortality monitoring and learning from deaths, as required by NHS England.
- vi. To receive reports from the Group Chief Nursing Officer on quality, safety, performance and culture in maternity services, in line with national reporting requirements.

5. Self-certifications and associated assurances

- i. Where permitted by the law and / or by the regulator, receive, review and approve all self-certifications and associated assurances.

DELEGATED TO INDIVIDUALS	DUTIES AND RESPONSIBILITIES
ALL EMPLOYEES	The Trust's Standing Financial Instructions require all staff to: • Comply with national guidance contained in NHS England's Managing Conflicts of Interest in the NHS, which came into force on 1 June 2017 • Inform the Chief Financial Officer of money due from transactions which they initiate/deal with. (SFIs 16.2.3). • Immediately report any discovery or suspicion of loss of any kind to the Local Counter Fraud Specialist, who will inform the Chief Financial Officer. (SFIs 26.2.2) The Standing Orders (7.4) require all staff to: • Comply with national guidance contained in NHS England's Managing Conflicts of Interest in the NHS, which came into force on 1 June 2017 • Comply with Standing Orders and Standing Financial Instructions (SFIs). • Comply with Trust's Policy on Managing Conflicts of Interest in the NHS, which incorporates the national policy which came into effect on 1 June 2017.
ALL MEMBERS OF THE BOARD AND EMPLOYEES	All employees of the Trust, including the Board Members: Have a duty to disclose any non-compliance with the Trust's Standing Financial Instructions to the Chief Financial Officer as soon as possible. (SFIs 10.1.6) Are responsible for security of the Trust's property, avoiding loss, exercising economy and efficiency in using resources and conforming to Standing Orders, Standing Financial Instructions and financial procedures. (SFIs 10.2.6) Must disclose non-compliance with Standing Orders to the Chief Executive as soon as possible. (SOs 5.6)
AUDIT & RISK COMMITTEE CHAIR	The Audit Committee Chair must bring to the attention of the Board, as soon as possible, where there is evidence of ultra vires transactions or improper acts. (SFIs 11.1.2) Submit a regular report to the Board, including recommendations on appropriate actions arising from Internal and External Audit reports and recommendations

DELEGATED TO INDIVIDUALS	DUTIES AND RESPONSIBILITIES
BOARD CHAIR	The Foundation Trust Code of Governance identifies the Chair's role as to: • provide leadership to the Board of Directors; • lead on setting the agenda for the Board of Directors and the Council of Governors and ensure adequate time is available for discussion of all agenda items, in particular strategic risks; • ensure the Board of Directors and Council of Governors work together effectively; • ensure that directors and governors receive accurate, timely and clear information which enables them to perform their duties effectively, including by taking steps to ensure that governors have the skills and knowledge they require to undertake their role; • promote effective and open communication with patients, service users, members, staff, the public and other stakeholders; • promote a culture of openness and debate by facilitating the effective contribution of non-executive directors, in particular and ensuring constructive relations between executive and non-executive directors. The Trust's Standing Orders identify the following duties and responsibilities of the Board Chair: • Final authority in interpretation of Standing Orders (SOs 1.1). • Chair meetings of the Council of Governors (SOs 2.3(5)) • Chair all meetings of the Board of Directors and associated responsibilities. (SOs 3.4, 3.7(2)) • Give final ruling in questions of order, relevance and regularity of meetings. (SOs 3.7(13)) • Have a second or casting vote. (SOs 3.7(7)(a))
BOARD CHAIR / GROUP CHIEF EXECUTIVE OFFICER	• Authorise use of the Trust seal. (SOs 8.2) • The powers which the Board has retained to itself within these Standing Orders may in emergency be exercised by the Chair and Chief Executive after having consulted at least two Non-Executive members. (SOs 5.2).
BUDGET HOLDERS	Standing Financial Instructions (13.4.2) requires budget holders to ensure: • no overspend or reduction of income that cannot be met from virement is incurred; • approved budget is not used for any other than specified purpose subject to rules of virement; • no permanent employees are appointed without the approval of the Chief Financial Officer other than those provided for within available resources and manpower establishment.

GROUP CHIEF EXECUTIVE OFFICER	The NHS Foundation Trust Accounting Officer Memorandum (2015) requires the Chief Executive to: • Be accountable as the Trust's NHS Accounting Officer to Parliament for stewardship of Trust resources. (7) • Have responsibility for the overall organisation, management and staffing of the Trust and for its procedures in financial and other matters. • Sign a statement in the Accounts outlining responsibilities as the Accountable Officer. (10) • Sign a statement in the Accounts outlining responsibilities in respect of Internal Control. (10) • Ensure the Trust has effective management systems that safeguard public funds and assist the Trust Chair to implement the requirements of corporate governance including ensuring managers (12 and 13); • have a clear view of their objectives and the means to assess progress in meeting these objectives; • are assigned well defined responsibilities for making the best use of resources; • have the information, training and access to the expert advice they need to exercise their responsibilities effectively. • Ensure that expenditure by the Trust complies with Parliamentary requirements and avoids waste and extravagance. (16) • If the Chief Executive considers the Board or Chair is doing something that might infringe probity or regularity, he/she should set this out in writing to the Chair and the Board. If the matter is unresolved, he/she should ask the Audit Committee to inquire. (19) • If the Board is contemplating a course of action that raises an issue not of formal propriety or regularity but affects the Chief Executive's responsibility for value for money, the Chief Executive should draw the relevant factors to the attention of the Board. If the outcome is that the Chief Executive is overruled it is normally sufficient to ensure that the Chief Executive's advice and the overruling of it are clearly apparent in relevant Board papers. In such cases, and in those described in paragraph 24, the Chief Executive should as a member of the Board vote against the course of action rather than merely abstain from voting. (21) The Chief Executive is responsible for: Taking the lead on the evaluation of the executive directors. Advising the Board and the Council and for recording and submitting objections to decisions. The other duties of the Chief Executive as Accountable Officer are laid out in the NHS Foundation Trust Accounting Officer Memorandum (2015). The Trust's Standing Financial Instructions identify the following Duties and Responsibilities of the Chief Executive: • Responsible as the Accountable Officer to ensure financial targets and obligations are met and have overall responsibility for the System of Internal Control. (SFIs 10.2.3) • Agree decisions to involve police in cases of misappropriation and other irregularities not involving fraud or corruption. (SFIs 11.2.1[c])
--	--

	• Delegate budget to budget holders, and advise the Chief Financial Officer. (SFIs 13.3.1) • Identify and implement cost improvements and income generation activities in line with the Annual Plan and Budget Strategy. (SFIs 13.4.3) • No tender shall be accepted which will commit expenditure in excess of that which has been allocated by the Trust and which is not in accordance with these Instructions except with the authorisation of the Chief Executive. (SFIs 17.8.6[iii]) • Will appoint a manager to maintain a list of approved firms. (SFIs 17.8.8) • No quotation shall be accepted which will commit expenditure in excess of that which has been allocated by the Trust and which is not in accordance with these Instructions except with the authorisation of the Chief Executive. (SFIs 17.9.4) • Must ensure the Trust enters into suitable Service Level Agreements (SLAs) with service commissioners for the provision of NHS services, in accordance with limits set out in Schedule A. (SFIs 18.1.1) • Delegate overall responsibility for control of stores (subject to Chief Financial Officer responsibility for systems of control). Further delegation for day-to-day responsibility subject to such delegation being recorded. (SFIs 25.2) The Trust's Standing Orders identify the following Duties and Responsibilities of the Chief Executive: • The Chief Executive shall prepare a Scheme of Delegation identifying his/her proposals that shall be considered and approved by the Board, subject to any amendment agreed during the discussion. (SO 5.4)
GROUP DEPUTY CHIEF EXECUTIVE	The Group Chief Executive Officer may delegate functions to the Group Deputy Chief Executive as appropriate. These include: • Delivery: Integrating target setting, delivery and performance management across the full range of the agenda; quality, performance, workforce and finance. • Organisational development: Coordinating development requirements are identified and agreed, and effective plans developed and implemented. • Support the identification and delivery of transformation plans. • Supporting the flow of information to the Trust Executive Committee to ensure it has effective and timely oversight of key issues. • Support the integration and coordination of risk identification and management into operational reporting and planning. • Coordinate internal planning, linking strategy, tactical performance and improvement.
GROUP CHIEF EXECUTIVE OFFICER AND GROUP CHIEF FINANCIAL OFFICER	The NHS Foundation Trust Accounting Officer Memorandum (2015) identifies the following joint duties and responsibilities for the Chief Executive and Chief Financial Officer: • Ensure the accounts of the Trust are prepared in accordance with principles and in the format directed by the Secretary of State. The Accounts must disclose a true and fair view of the Trust's financial

	performance for the period and its assets and liabilities at the balance sheet date. (9) • Sign the accounts on behalf of the Board. (9) • Chief Executive, supported by Chief Financial Officer, to ensure appropriate advice is given to the Board on all matters of probity, regularity, prudent and economical administration, efficiency and effectiveness. (18)
CHIEF PHARMACIST	• Responsible for control of pharmaceutical stocks and security arrangements. (SFIs 25.2.1, 25.2.2, 25.2.6)
DEPARTMENTAL MANAGERS	• Inform staff of their responsibilities and duties for the administration of the property of patients. (SFIs 28.6) • Responsible for ensuring patients and guardians are informed about patients' money and property procedures on admission. (SFIs 28.2) • As advised by the Chief Financial Officer, 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. (SFIs 28.3)
GROUP CHIEF FACILITIES, INFRASTRUCTURE & ENVIRONMENT OFFICER	• Ensure that the arrangements for financial control and financial audit of building and engineering contracts and property transactions comply with the guidance contained within "Estatecode". The technical audit of these contracts shall be the responsibility of the relevant Director. (SFIs 21.2.7) • Capital programme (SFIs 24.1.1 & 2): a. establish and Chair a Capital Programme Group, with appropriate membership; b. ensure that there is adequate appraisal and approval process for determining capital expenditure priorities and the effect that each has on plans c. responsible for the management of capital schemes and for ensuring that they are delivered on time and within cost, in line with limits set out in Schedule A; d. ensure that capital investment is not undertaken without availability of resources to finance all revenue consequences; e. ensure that a business case is produced where applicable in accordance with Schedule A Summary of Financial Limits for Scheme of Delegation f. approve changes in capital budgets, in accordance with limits set out in Schedule A. Responsible for control of stocks of fuel oil and coal. (SFIs 25.2.1)
GROUP CHIEF FINANCIAL OFFICER	• Operational responsibility for effective and sound financial management and information. (Accountable Officer Memorandum)

	• Compile and submit to the Board an annual plan and budget strategy, which takes into account financial targets and forecast limits of available resources. (SFIs 13.1.1) The annual plan and budget strategy will contain: • a statement of the significant assumptions on which the plan is based; • details of major changes in workload, delivery of services or resources required to achieve the plan. • Approval of all financial procedures. (SFIs 10.1.3) • Advise on interpretation or application of Standing Financial Instructions. (SFIs 10.1.4) • To ensure all Board members, officers and employees, present and future, are notified of and understand Standing Financial Instructions. (SFIs 10.2.4) • (SFIs 10.2.5) Responsible for: ○ 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 the Trust's transactions and financial position; ○ Providing financial advice to members of the Board and staff; ○ Maintaining such accounts, certificates etc as are required for the Trust to carry out its statutory duties.
GROUP CHIEF FINANCIAL OFFICER (CONTINUED)	• Ensure that any contractor or employee of a contractor who is empowered by the Trust to commit the Trust to expenditure or who is authorised to obtain income are made aware of these instructions and their requirement to comply. (SFIs 10.2.7) • Monitor and ensure compliance with the Council of Governors and Board Directions on fraud and corruption including the appointment of the Local Counter Fraud Specialist. (SFIs 11.5) • Submit budgets to the Board for approval; Monitor performance against budget; submit to the Board financial estimates and forecasts. (SFIs 13.1.2 & 13.1.3) • Ensure adequate training is delivered on an ongoing basis to budget holders. (SFIs 13.1.6) • Devise and maintain systems of budgetary control. (SFIs 13.4.1) • Preparation of annual accounts and reports. (SFIs 14.1) • Managing banking arrangements, including provision of banking services, operation of accounts, preparation of instructions and list of cheque signatories. (SFIs 15.1) (The Board approves the appointment of bankers). • Tendering and contract procedure. • Waive formal tendering procedures, or delegate responsibility as appropriate, within limits set out in Schedule A. (SFIs 17.7.3) • Report waivers of tendering procedures to the Audit Committee. (SFIs 17.7.3) • Where a supplier is chosen that is not NHS Supply Chain (see info@supplychain.nhs.uk) the reason shall be recorded in writing to the Chief Executive. (SFIs 17.7.5) • Shall ensure that appropriate checks are carried out as to the

DELEGATED TO INDIVIDUALS	DUTIES AND RESPONSIBILITIES
GROUP CHIEF FINANCIAL OFFICER (CONTINUED)	technical and financial capability of those firms that are invited to tender or quote. (SFIs 17.8.9) • The Chief Financial Officer shall nominate an officer who shall oversee and manage contracts on behalf of the Trust. (SFIs 17.14) • Ensure that regular appropriate statements are provided to the Board detailing actual and forecast income from the SLA. (SFIs 18.4) • Payroll (SFIs 20.4.1 and 20.4.2): ○ specifying timetables for submission of properly authorised time records and other notifications; ○ final determination of pay and allowances, as advised by the Human Resources Department; ○ ensuring that payments are made on agreed dates; ○ agreeing method of payment; ○ issuing instructions (as listed in SFI 10.4.2). • 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. (SFIs 20.4.4) • Determine, and set out, level of delegation of 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. (SFIs 21.1) • Set out procedures on the seeking of professional advice regarding the supply of goods and services. (SFIs 21.1.3) • Shall be responsible for ensuring the prompt payment of accounts and claims. (SFIs 21.2.2) • Responsible for ensuring policies and procedures are in place for the appropriate procurement of and payment for goods and services provided to the Trust (SFIs 21.2.3) • Propose prepayment arrangements to the Finance, Performance and Investment approval. (SFIs 21.2.4) • Approve the form of official orders. (SFIs 21.2.5) • Propose procedures for payments to local authorities and voluntary organisations made under the powers of section 28A of the NHS Act, for approval by the Finance and Investment Committee. (SFIs 21.3) • Advise the Board on investments and performance of investments held and prepare detailed procedural instructions on the operation of investments held. (SFIs 22.2.2 & 22.2.3) • Ensure that the Trust has in place processes to manage the business case approval process for capital schemes. (SFIs 24.1.2) • Ensure the Trust's compliance with current tax legislation. (SFIs 24.1.4) • Issue procedures for the regular reporting of expenditure and commitment against authorised capital expenditure. (SFIs 24.1.5) • Issue procedures governing financial management, including variation to contract, of capital investment projects and valuation for accounting purposes. (SFIs 24.1.7) • Demonstrate that the use of private finance represents value for money and genuinely transfers significant risk to the private sector. (SFIs 24.2.1) • Maintenance of asset registers. (SFIs 24.3.1) • Responsible for systems of control over stores and receipt of

DELEGATED TO INDIVIDUALS	DUTIES AND RESPONSIBILITIES
GROUP CHIEF FINANCIAL OFFICER (CONTINUED)	goods. (SFIs 25.2) • Set out procedures and systems to regulate the stores. (SFIs 25.2) • Responsible for preparation and implementation of stocktaking arrangements. (SFIs 25.2) • Approve alternative arrangements where a complete system of stores control is not justified. (SFIs 25.2) • Approve system for review of slow moving and obsolete items and for condemnation, disposal and replacement of all unserviceable items. (SFIs 25.2) • Prepare detailed procedures for disposal of assets including condemnations and ensure that these are notified to managers. (SFIs 26.1.1) • Prepare procedures for recording and accounting for losses, special payments and informing the police in cases of suspected arson or theft. (SFIs 26.2.1) • Where a criminal offence is suspected, the Chief Financial Officer must inform the Chief Executive if theft or arson is involved. In cases of fraud and corruption the Chief Financial Officer must inform the Local Counter Fraud Specialist and Counter Fraud and Security Management Service (CFSMS) Regional Team in line with Trust Policies. (SFIs 26.2.2) • Notify CFSMS (Counter Fraud and Security Management Service) and External Audit of all frauds. (SFIs 26.2.2) • Notify the Audit Committee and External Auditor of losses caused by theft, arson, neglect of duty or gross carelessness (unless trivial). (SFIs 26.2.3) • Ensure losses are recovered where appropriate, by using the Trust's insurance arrangements. (Responsibility delegated to Legal Services Manager). (SFIs 26.2.6) • Maintain the losses and special payments register. (SFIs 26.2.7) • Responsible for accuracy and security of computerised financial data. (SFIs 27.1) • Where computer systems have an impact on corporate financial systems satisfy himself that (SFIs 27.5): a) systems acquisition, development and maintenance are in line with corporate policies; b) data assembled for processing by financial systems is adequate, accurate, complete and timely, and that a management trail exists; c) Chief Financial Officer and staff have access to such data; d) Such computer audit reviews will be carried out as considered necessary. • Where the Board decides to use the risk pooling schemes administered by NHS Resolution 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. (SFIs 33.4) • Where the Board decides not to use the risk pooling schemes administered by the NHS Resolution for any 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. (SFIs 33.4)

DELEGATED TO INDIVIDUALS	DUTIES AND RESPONSIBILITIES
	• Ensure documented procedures cover management of claims and payments below the delegated limit, as set out in Schedule A. (SFIs 33.4) • 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. (SFIs 27.3) • Seek periodic assurances from the provider that adequate controls are in operation. (SFIs 27.3) • Ensure that risks to the Trust from use of IT are identified and considered and that disaster recovery plans are in place. (SFIs 27.4). • Be responsible for the receipt, endorsement and safe custody of tenders received. (SFIs 17.8.2) • Maintain a register to show each set of competitive tender invitations despatched. (SFIs 17.8.3)
GROUP CHIEF PEOPLE OFFICER	• The Group Chief People Officer shall nominate officers with delegated authority to enter into contracts of employment, regarding staff, agency staff or temporary staff service contracts. (SFIs 17.15) • 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. (SFIs 20.5)
EXECUTIVE DIRECTORS	The NHS Foundation Trust Accounting Officer Memorandum (2015) requires Executive Directors to: • 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 in reports from such bodies as the Audit Commission and the National Audit Office (NAO).
EXECUTIVE DIRECTORS AND ALL SENIOR STAFF	Responsible for security of Trust assets including notifying discrepancies to the Group Chief Financial Officer, and reporting losses in accordance with Trust procedure. (SFIs 24.4.4)
NOMINATED MANAGERS* (AUTHORISED SIGNATORIES)	Nominated Managers are required to: • Submit time records in line with timetable. (SFIs 20.4.3) • Complete time records and other notifications in required form. (SFIs 20.4.3) • Submit termination forms for employees leaving the Trust's employment, in prescribed form and on time. (SFIs 20.4.3) • Implement and maintain security arrangements and custody of keys (SFIs 25.2) • Operate a system for slow moving and obsolete stock, and report to the Chief Financial Officer evidence of significant overstocking. (SFIs 25.2)
NON-EXECUTIVE DIRECTORS	The Code of Governance for NHS Provider Trusts identifies that: Non-Executive Directors should constructively challenge and help develop proposals on strategy and scrutinise the performance of management in meeting agreed goals and objectives, and monitor the reporting of performance.

DELEGATED TO INDIVIDUALS	DUTIES AND RESPONSIBILITIES
REQUISITIONERS	Comply with the Trust policy for Procurement of goods and services. (SFIs 21.2.1)
GROUP CHIEF CORPORATE AFFAIRS OFFICER	The Group Chief Corporate Affairs Officer shall: • Publish and maintain a Freedom of Information Scheme. (SFIs 27.2.2) • Ensure all staff are made aware of the Trust policy on Managing Conflicts of Interest in the NHS, which includes the acceptance of gifts and other benefits in kind by staff. (SFIs 30) • Ensure retention of documents, in accordance with the extant Department of Health policy on the retention of records (SFIs 32) • Maintain a complete and accurate Board Assurance Framework. (SFIs 33.1) • Maintain a complete and accurate Risk Register • Maintain Register(s) of Interests, for Board members and other Senior Officers of the Trust. (SO 7.2)
AUDIT & RISK COMMITTEE	The Audit Committee is established as a permanent sub-committee of the Trust Board and is accountable to the Trust Board. The role of the Audit Committee is to: • review and independently scrutinise the Trust's systems of governance, internal control and risk management thereby ensuring, through proper process and challenge, that integrated governance principles are embedded and practised across all Trust activities and that they support the achievement of the Trust's objectives. • review key internal and external financial, clinical, fraud and corruption and other policies, reports and assurance functions thereby providing independent assurance on them to the Board. • to review the integrity of financial statements prepared on the Trust's behalf. • undertake all other statutory duties of an NHS FT Audit Committee. • Submit a regular report to the Board, including recommendations on appropriate actions arising from Internal and External Audit reports and recommendations. The Foundation Trust Code of Governance requires that the Audit Committee: • Approve the procedure for the declaration of interests and the declaration of hospitality. • Ensure there are proper and widely publicised procedures for voicing complaints, concerns about misadministration, breaches of Code of Conduct, and other ethical concerns (eg raising concerns at work, Freedom to Speak Up and Whistleblowing). The Standing Financial Instructions require that the Audit Committee: • Ensure an adequate internal audit service is provided (the Audit Committee (SFIs 11.1.1, 11.1.3 & 11.2.1): Approve the appointment of the Internal Auditors, and monitor the effectiveness of the Internal Auditors. Agree the Internal Audit annual workplan. • Ensure cost-effective External Audit provision (11.4) • Agree the External Auditors annual Workplan • Receive reports from the External Auditors and monitor progress

DELEGATED TO INDIVIDUALS	DUTIES AND RESPONSIBILITIES
	with implementation of recommendations by the Trust • Make recommendations to the Board on appropriate actions arising from internal and external audit reports and recommendations; • 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; • Monitor compliance with Standing Orders, Standing Financial Instructions, and Scheme of Delegation. • Review schedules of losses and compensations and make recommendations to the Board, for items in line with thresholds set out in Schedule A. • Approve special payments in accordance with the financial thresholds set out in Schedule A. • Review the annual financial statements and Annual Report prior to submission to the Board, making recommendations where appropriate. • Provide independent and objective view on internal control and probity. • Approve write-off of losses (within limits delegated by the Department of Health) and subject to limits delegated to Chief Executive and Chief Financial Officer, and report to the Board accordingly. See Schedule A. (SFIs 26.2.4) • The Audit Committee Chair must bring to the attention of the Board, as soon as possible, where there is evidence of ultra vires transactions or improper acts. (SFIs 11.1.2) The Standing Orders require the Audit Committee to: • Review every decision to suspend Standing Orders (power to suspend Standing Orders is reserved to the Board) and to waive Standing Financial Instructions (SOs 3.13). • Ratify or otherwise instances of failure to comply with Standing Orders brought to the Chief Executive's attention (SOs 5.6) • Review proposals in individual cases for the write-off of losses or making of special payments as set out in Schedule A.
GROUP EXECUTIVE COMMITTEE	The Group Executive Committee had been established to: • Comprise the Executive Directors of the Group and its constituent Trusts • be the executive decision making body of the Group and each constituent Trust • provide assistance to the Group Chief Executive in the performance of his duties as Accountable Officer, including: development and implementation of strategy and day to day operational management of the Group and its constituent Trusts • make appropriate arrangements for the approval of Group- and Trust-wide policies and guidance, as required, unless Board approval is statutorily required or the matter is reserved to the Board or its Committees under these Standing Orders and Standing Financial Instructions
FINANCE AND PERFORMANCE COMMITTEE	The Committee has been established to assist the trust maximize its healthcare provision subject to its financial constraints. In its thinking, the Committee considers patient safety to be of paramount importance. It achieves its aim by providing assurance to the Board

DELEGATED TO INDIVIDUALS	DUTIES AND RESPONSIBILITIES
	that there are robust mechanisms in place to ensure: • detailed consideration is given to the trust's financial, investment and associated performance issues to ensure that the trust uses public funds wisely; and • by ensuring that adequate information is available on key issues to enable clear decisions to be made, to ensure compliance with the guidance of regulatory bodies e.g. the Department of Health and NHSI and achievement of the trust's strategic aims and objectives; • management of operational performance against national targets and corporate objectives. The Committee will have a role in the trust's performance management framework, receiving recommendations for intervention as part of the agreed escalation process when required. The Committee will: • Monitor the Trust's financial position on a monthly basis, with particular regard to achievement of its statutory break-even duty, delivery of cost improvement plans, controls over income recognition and collection controls over expenditure and investment income and the management of financial resources and the adequacy of forecasting and reporting. • Review the Trust's medium and long term financial strategy and make recommendations to the Board. • Review controls over the establishment within the Trust. • Approve in-year changes to the Trust's Capital Programme, up to thresholds in Schedule A. • Approve prepayment arrangements proposed by the Chief Financial Officer (SFI 21.2.4) • Approve procedures for payments to local authorities and voluntary organisations made under the powers of section 28A of the NHS Act, recommended by the Chief Financial Officer (SFI 21.3)
PEOPLE COMMITTEE	The Workforce and Education Committee has been established as a sub-committee of the Trust Board to oversee the development of an empowered workforce that is both modern and flexible, with a culture that supports people to deliver to their best. The Committee is established to provide the Board with assurance that there are robust mechanisms in place to ensure: • Robust oversight of the delivery of the Trust's strategic aims in relation to its workforce; • Detailed consideration is given to the development and delivery of the Trust's workforce and education strategies; • Effective oversight and monitoring of workforce planning; • Adequate information is available on key issues to enable clear decisions to be made, to ensure compliance with the guidance of regulatory bodies; • The impact of workforce performance on the Trust's overall performance is closely monitored; • Staff well-being and development is monitored effectively; • Appropriate governance arrangements are in place in relation to workforce and education issues.
NOMINATIONS AND	The Nominations and Remuneration Committee has been established

DELEGATED TO INDIVIDUALS	DUTIES AND RESPONSIBILITIES
REMUNERATION COMMITTEE	as a sub -committee of the Trust Board (SFIs 20.1.2, 20.1.3. Membership includes all Non-Executive Directors of the Trust. The Committee will: • Approve appropriate remuneration and terms of service for the Chief Executive, other Executive Directors and other senior employees not covered by National pay policies, including: ◦ All aspects of salary (including any performance-related elements/bonuses); ◦ Provisions for other benefits, including pensions and cars. • Appoint and monitor and evaluate the performance of Executive members of the Board. • Ensure that plans are in place for orderly succession of appointments to Executive Director posts and of other Directors who report to Executive Directors • Approve recommendations regarding arrangements for termination of employment and other contractual terms.
QUALITY COMMITTEE	The Quality and Safety Committee has been established as a Committee of the Trust Board. It functions as the Trust's umbrella clinical and quality governance committee. It enables the Board to obtain assurance that high standards of care are provided by the Trust and that adequate and appropriate governance structures, processes and controls are in place throughout the Trust to enable it to deliver a quality service according to each of the dimensions of quality set out in <i>High Quality Care for All</i> and enshrined in the Health and Social Care Act 2012. Membership includes three Non-Executive Directors, the Medical Director and the Chief Nurse. The Committee's role is to provide assurance to the Board in relation to: • Safety – achieving high and improving levels of patient and staff safety and identifying, prioritising and managing risk arising from the delivery of clinical care. • Clinical Effectiveness – consistently achieving good clinical outcomes and high levels of productivity through evidence-based clinical practice. • Patient Experience – promoting safety and excellence to deliver an excellent patient experience as measured by direct interaction with, and feedback from, those using the Trust's services.

SCHEDULE A – SUMMARY FINANCIAL LIMITS FOR SCHEME OF DELEGATION

approved by Board on 5 March 2026

1 LIMITS - QUOTATION & TENDERING

Non-construction contracts £ ex VAT		Construction contracts £ ex VAT	
£0-10,000	1 written quotation	£0-10,000	1 written quotation
£10,001 - £30,000	3 written quotations	£10,001 - £30,000	3 written quotations
£30,000 - £139,687	Trust tender required in line with Trust procurement policy	£30,000 - £5,372,609	Trust tender required in line with Trust procurement policy
>£139,687	Formal tender required in line with Procurement Act 2023	>£5,372,609	Formal tender required in line with Procurement Act 2023

2 AUTHORISATION LIMITS – CONTRACTS

(a) NHS Contracts - SLAs and ICB Contracts

Value (£)	Approval
£0 - £10m	Group Chief Finance Officer
£10m+	Group Chief Executive Officer

(b) Non-NHS Contracts - Approval of non-NHS contracted spend

Value (£)	Approval
£0 - £250,000	Director of Procurement
£250,000 - £1m	Site Chief Finance Officer Deputy Group Chief Finance Officer Executive Director
£1m - £3m	Group Chief Finance Officer Group Chief Executive Officer
£3m - £5m	Finance and Performance Committee
£5m+ / TDL	Group Board

- (i) All contracts (as opposed to purchase orders) must be signed according to the above thresholds
- (ii) Only those recorded above are empowered to sign a contract on behalf of the Trust.
- (iii) Contract value is defined as the aggregate value ex VAT over the full contract term.
eg The relevant value for a 5 year expenditure contract costing £60,000 pa would be £300,000 and therefore would require sign-off by the Finance Director

(c) Contract Variations - Approval for overspends against contracted values

Contract changes and variations need to be treated the same as new awards, with the same governance and authority requirements.

3 EXPENDITURE AUTHORISATION LIMITS – REQUISITIONS, INVOICES AND PURCHASE ORDERS

System approval limits for spend within approved contracts

Value (£)	Approval
Less than £10k	Budget Holder
£10k	Divisional Triumvirate
£100k	Non-Board Director
£500k	Board Director (Executive Director)
£1m	Group Chief Finance Officer
£5m	Group Chief Executive Officer
£5m+	Group Board (oversight)

4 BUSINESS CASES – Capital or Revenue

Value (£)	Approval
£0 - £1m	Executive Director Group Chief Finance Officer Site Chief Finance Officer
£1m - £3m	Group Executive Committee
£3m - £5m	Finance and Performance Committee
£5m+ / TDL	Group Board

5 Write-Offs and Special Payments

Value (£)	Approval
£0 - £50k	Group Chief Finance Officer
>£50k	Audit & Risk Committee

Note 1: Chair of the Audit & Risk Committee or his/her nominated deputy has the power to approve write-offs or special payments on behalf of the Committee in urgent situations where recourse to the Audit & Risk Committee is not practicable or would result in further loss. The Chair of the Audit & Risk Committee must report such cases to the Audit & Risk Committee at the earliest opportunity.

Note 2: Increases in an individual capital project budget over the budget approved by the Trust Board at the commencement of the financial year as long as the total of planned capital expenditure for the year is not exceeded.

Note 3 = TDL Trust Delegated Limit as defined by Department of Health.

SECTION D - STANDING FINANCIAL INSTRUCTIONS

10. INTRODUCTION

10.1 General

- 10.1.1 These Standing Financial Instructions (SFIs) are issued in accordance with the Trust (Functions) Directions 2000 issued by the Secretary of State which require that each Trust shall agree Standing Financial Instructions for the regulation of the conduct of its members and officers in relation to all financial matters with which they are concerned. They shall have effect as if incorporated in the Standing Orders (SOs).
- 10.1.2 These Standing Financial Instructions detail the financial responsibilities, policies and procedures adopted by the Trust. They are designed to ensure that the Trust's financial transactions are carried out in accordance with the law and with Government policy in order to achieve probity, accuracy, economy, efficiency and effectiveness. They should be used in conjunction with the Schedule of Decisions Reserved to the Board and the Scheme of Delegation adopted by the Trust.
- 10.1.3 These Standing Financial Instructions identify the financial responsibilities that apply to everyone working for the Trust and its constituent organisations and any Trading Units. They do not provide detailed procedural advice and should be read in conjunction with the detailed departmental and financial procedure notes and policies. The Chief Financial Officer must approve all financial procedures and policies.
- 10.1.4 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.
- 10.1.5 **The failure to comply with Standing Financial Instructions and Standing Orders can in certain circumstances be regarded as a disciplinary matter that may result in dismissal and, where appropriate, criminal proceedings against you.**
- 10.1.6 **Overriding Standing Financial Instructions** – If for any reason these Standing Financial Instructions are not complied with, full details of the non-compliance and any justification for non-compliance and the circumstances around the non-compliance shall be reported to the next formal meeting of the Audit Committee for referring action or ratification. All members of the Board and staff have a duty to disclose any non-compliance with these Standing Financial Instructions to the Chief Financial Officer as soon as possible.

10.2 Responsibilities and delegation

10.2.1 The Trust Board

The Board exercises financial supervision and control by:

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

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

10.2.2 The Board has resolved that the Board may only exercise certain powers and decisions in formal session. These are set out in Section C 'Decisions Reserved to the Board'. All other powers have been delegated to such other committees as the Trust has established.

10.2.3 **The Chief Executive and Chief Financial Officer**

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

Within the Standing Financial Instructions, it is acknowledged that the Chief Executive is ultimately accountable to the Board, and as Accountable Officer, to the Council of Governors, 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 Chair and the Board for ensuring that its financial obligations and targets are met and has overall responsibility for the Trust's System of Internal Control.

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

10.2.5 **The Chief Financial Officer**

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

10.2.6 **Board Members and Employees**

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

- (a) the security of the property of the Trust;
- (b) avoiding loss;
- (c) exercising economy and efficiency in the use of resources;
- (d) complying with the requirements of Standing Orders, Standing Financial Instructions, Financial Procedures and the Scheme of Delegation.

10.2.7 **Contractors and their employees**

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

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

11. AUDIT

11.1 Audit Committee

- 11.1.1 In accordance with Standing Orders, the Board shall formally establish an Audit Committee, with clearly defined terms of reference and following guidance from the NHS Audit Committee Handbook (2018), which will provide an independent and objective view of internal control by:

- (a) overseeing Internal and External Audit services;
- (b) reviewing financial and information systems and monitoring the integrity of the financial statements and reviewing significant financial reporting judgments;
- (c) review the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the organisation's activities (both clinical and non-clinical), that supports the achievement of the organisation's objectives;
- (d) monitoring compliance with Standing Orders and Standing Financial Instructions;
- (e) Reviewing compliance with the Constitution, Licence and Code of Governance;
- (f) Reviewing the arrangements in place to support the Assurance Framework process prepared on behalf of the Board and advising the Board accordingly.
- (g) Reviewing arrangements that allow staff of the Trust and other individuals where relevant, to raise, in confidence, concerns about possible improprieties of financial reporting and control, clinical quality, patient safety or other matters;

- (h) Ensuring the Trust has in place adequate measures to comply with the requirements of the Bribery Act 2010 and a means by which suspected acts of fraud, corruption or bribery can be reported.

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

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

11.2 Audit Committee

11.2.1 The Audit Committee 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 Internal Audit Standards 2011;
- (c) deciding at what stage to involve the police in cases of misappropriation and other irregularities not involving fraud or corruption, is the responsibility of the Chief Executive;
- (d) ensuring that an annual internal audit report is prepared for the consideration of the Audit Committee and the Board. The report must cover:
 - (i) a clear opinion on the effectiveness of internal control in accordance with current assurance framework guidance issued by the Department of Health including for example compliance with control criteria and standards;
 - (ii) major internal financial control weaknesses discovered;
 - (iii) progress on the implementation of internal audit recommendations;
 - (iv) progress against plan over the previous year;
 - (v) strategic audit plan covering the coming three years;
 - (vi) a detailed plan for the coming year.

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

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

11.3 Role of Internal Audit

11.3.1 Internal Audit will review, appraise and report upon:

- (a) the extent of compliance with, and the financial effect of, relevant established policies, plans and procedures;
- (b) the adequacy and application of financial and other related management controls;
- (c) the suitability of financial and other related management data;

- (d) the extent to which the Trust's assets and interests are accounted for and safeguarded from loss of any kind, arising from:
 - (i) fraud and other offences;
 - (ii) waste, extravagance, inefficient administration;
 - (iii) poor value for money or other causes.
- (e) Internal Audit shall also independently verify the Assurance Statements in accordance with guidance from the Department of Health.

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

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

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

11.4 External Audit

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

11.5 Fraud and Corruption

11.5.1 In line with their responsibilities, the Trust Chief Executive and Chief Financial Officer shall monitor and ensure compliance with all relevant guidance and legislation

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

11.5.3 The Local Counter Fraud Specialist shall report to the Trust Chief Financial Officer and shall work with staff in NHS Protect and the Area Anti- Fraud Manager of NHS Protect in accordance with the Department of Health Fraud and Corruption Manual.

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

11.6 Security Management

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

- 11.6.2 The Trust shall nominate a suitable person to carry out the duties of the Local Security Management Specialist (LSMS) as specified by the Secretary of State for Health guidance on NHS security management.
- 11.6.3 The Trust shall nominate a Non-Executive Director to be responsible to the Board for NHS security management.
- 11.6.4 The Chief Executive has overall responsibility for controlling and co-ordinating security. However, key tasks are delegated to the Director of Estates and Facilities and the appointed Local Security Management Specialist.

12. RESOURCE LIMIT CONTROL

Not applicable to NHS Foundation Trusts.

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

13.1 Preparation and Approval of Plans and Budgets

- 13.1.1 The Chief Financial Officer will compile and submit to the Board an Annual Plan that takes into account financial targets and forecast limits of available resources. The Annual 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.
- 13.1.2 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 Annual Plan;
 - (b) accord with workload and manpower plans;
 - (c) be produced following discussion with appropriate budget holders;
 - (d) be prepared within the limits of available funds;
 - (e) identify potential risks.
- 13.1.3 The Chief Financial Officer shall monitor financial performance against budget and plan, periodically review them, and report to the Board.
- 13.1.4 All budget holders must provide information as required by the Chief Financial Officer to enable budgets to be compiled.
- 13.1.5 All budget holders will sign up to their allocated budgets at the commencement of each financial year.
- 13.1.6 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.

13.3 Budgetary Delegation

- 13.3.1 The Chief Executive may delegate the management of a budget to permit the performance of a defined range of activities. This delegation must be in writing and be accompanied by a clear definition of:
- (a) the amount of the budget;
 - (b) the purpose(s) of each budget heading;
 - (c) individual and group responsibilities;
 - (d) authority to exercise virement;
 - (e) achievement of planned levels of service;
 - (f) the provision of regular reports.
- 13.3.2 The Chief Executive and delegated budget holders must not exceed the budgetary total or virement limits set by the Board.
- 13.3.3 Any budgeted funds not required for their designated purpose(s) revert to the immediate control of the Chief Executive, subject to any authorised use of virement.
- 13.3.4 Non-recurring budgets should not be used to finance recurring expenditure without the authority in writing of the Chief Executive, as advised by the Chief Financial Officer.

13.4 Budgetary Control and Reporting

- 13.4.1 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) Movements in cash and capital;
 - (iv) capital project spend and projected outturn against plan;
 - (v) explanations of any material variances from plan;
 - (vi) 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, workload and manpower budgets;
 - (d) monitoring of management action to correct variances; and
 - (e) arrangements for the authorisation of budget transfers.
- 13.4.2 Each Budget Holder is responsible for ensuring that:

- (a) any likely overspending or reduction of income which cannot be met by virement is not incurred without the prior consent of the Chief Financial Officer;
- (b) the amount provided in the approved budget is not used in whole or in part for any purpose other than that specifically authorised subject to the rules of virement;
- (c) no permanent employees are appointed without the approval of the Chief Executive or their chosen delegated authority, other than those provided for within the available resources and manpower establishment as approved by the Board.

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

13.5 Capital Expenditure

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

13.6 Monitoring Returns

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

13.7 Business cases

13.7.1 The Chief Executive will set up a Business case review process to be led by the Chief Financial Officer.

13.7.2 Business cases must be approved by the Board in accordance with the financial thresholds set out in Schedule A Summary of Financial Limits for the Scheme of Delegation.

14. ANNUAL ACCOUNTS AND REPORTS

14.1 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 generally accepted accounting practice;
- (b) prepare and submit annual financial reports to the Department of Health certified in accordance with current guidelines;
- (c) submit financial returns to NHSI and the Department of Health for each financial year in accordance with the timetable prescribed by NHSI.

14.2 The Trust's annual accounts must be audited by an auditor appointed by the Council of Governors. The Trust's audited annual accounts, along with any report of the auditor on them, must be presented to the Council of Governors and to the members of the Trust at the Annual Members' Meeting, and be made available to the public.

14.3 The Trust will publish an annual report, in accordance with the provisions set out in the Trust's Constitution, and present it to the Council of Governors and to the

members of the Trust at the Annual Members' Meeting . The document will comply with the Department of Health's Group Accounting Manual (GAM).

15. BANK AND OPG ACCOUNTS

15.1 General

15.1.1 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 guidance/ Directions issued from time to time by the Department of Health. In line with 'Cash Management in the NHS' Trusts should minimize the use of commercial bank accounts and consider using Government Banking Service (GBS) accounts for all banking services.

15.1.2 The Board shall approve the banking arrangements.

15.2 Bank and GBS accounts

15.2.1 The Chief Financial Officer is responsible for:

- (a) bank accounts and Government Banking Service (GBS) accounts;
- (b) establishing separate bank accounts for the Trust's non-exchequer funds;
- (c) ensuring payments made from bank or GBS accounts do not exceed the amount credited to the account except where arrangements have been made;
- (d) ensuring a month-end deposit balance of a minimum of £3m, in accordance with guidance from NHSI.
- (e) reporting to the Board all arrangements made with the Trust's bankers for accounts to be overdrawn.
- (f) monitoring compliance with DH guidance on the level of cleared funds.

15.3 Banking Procedures

15.3.1 The Chief Financial Officer will prepare detailed instructions on the operation of bank and GBS accounts that must include:

- (a) the conditions under which each bank and GBS account is to be operated;
- (b) those authorised to sign cheques or other orders drawn on the Trust's accounts.

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

15.4 Tendering and Review

15.4.1 The Chief Financial Officer will review the commercial banking arrangements of the Trust at regular intervals to ensure they reflect best practice and represent best value for money by periodically seeking competitive tenders for the Trust's commercial banking business.

- 15.4.2 Competitive tenders should be sought at least every five years. The results of the tendering exercise should be reported to the Board. This review is not necessary for GBS accounts.

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

16.1 Income Systems

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

16.2 Fees and Charges

- 16.2.1 The Trust shall follow the Department of Health's advice in the "Costing" Manual in setting prices for NHS service agreements.
- 16.2.2 The 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 guidance in the Department of Health's Commercial Sponsorship – Ethical standards in the NHS shall be followed.
- 16.2.3 All employees must inform the 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.

16.3 Debt Recovery

- 16.3.1 The Chief Financial Officer is responsible for the appropriate recovery action on all outstanding debts.
- 16.3.2 Income not received should be dealt with in accordance with losses procedures.
- 16.3.3 Overpayments should be detected (or preferably prevented) and recovery initiated.

16.4 Security of Cash, Cheques and other Negotiable Instruments

- 16.4.1 The 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;
 - (d) prescribing systems and procedures for handling cash and negotiable securities on behalf of the Trust.
- 16.4.2 Official money shall not under any circumstances be used for the encashment of private cheques or IOUs.

- 16.4.3 All cheques, postal orders, cash etc., shall be banked intact. Disbursements shall not be made from cash received, except under arrangements approved by the Chief Financial Officer.
- 16.4.4 The holders of safe keys shall not accept unofficial funds for depositing in their safes unless such deposits are in special sealed envelopes or locked containers. It shall be made clear to the depositors that the Trust is not to be held liable for any loss, and written indemnities must be obtained from the organisation or individuals absolving the Trust from responsibility for any loss.

17. TENDERING AND CONTRACTING PROCEDURE

17.1 Duty to comply with Standing Orders and Standing Financial Instructions

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

17.2 EU Directives Governing Public Procurement

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

17.3 Trust Procurement Policy

The Trust will have in place and maintain an up to date Procurement Policy and Tendering procedures to be read as part of these standing orders.

17.4 Trust Tender Limits

LIMITS – QUOTATION & TENDERING

Non-construction contracts £ ex VAT		Construction contracts £ ex VAT	
£0 to £10,000	One written quote	£0 to £10,000	One written quote
£10,001 to £50,000	Three written quotes	£10,001 to £50,000	Three written quotes
£50,001 - £111,767	Trust Tender	£50,001 - £ 4,322,012	Trust Tender
> £101,000	OJEU tender required	> £3,900,000	OJEU tender required

Aggregation

Under EU rules aggregation must be applied to any purchase that is subject to the EU directives. When determining if a contract is over the EU threshold and therefore subject to the EU Rules you must aggregate the value of all individual requirements expected to be awarded at the same time for goods or services of the same type across The Trust.

Where there is a continuing requirement, recurring contracts or orders of the same type for the same item/ services let over a period, must be aggregated irrespective of existing commitments.

You should not disaggregate purchases simply to avoid the application of the EU rules. Neither should you aggregate purchases just to bring them within the scope of the rules.

Aggregation is compulsory for application of the EU thresholds. However, the aggregation rules do not necessarily mean that there can only be one contract.

Several contracts could be awarded, but each one should be treated as if the rules applied to them individually.

17.5 Reverse eAuctions

The Trust should have policies and procedures in place for the control of all tendering activity carried out through Reverse eAuctions. For further guidance on Reverse eAuctions refer to <https://www.gov.uk/guidance/eauctions>.

17.6 Capital Investment Manual and other Department of Health Guidance

The Trust shall comply as far as is practicable with the requirements of the Department of Health "Capital Investment Manual" and "Estate code" in respect of capital investment and estate and property transactions. In the case of management consultancy contracts the Trust shall comply as far as is practicable with Department of Health guidance "The use of management consultants by the NHS and Department of Health".

17.7 Formal Competitive Tendering

17.7.1 General Applicability

The Trust shall ensure that competitive tenders are invited for:

- the supply of goods, materials and manufactured articles;
- the rendering of services including all forms of management consultancy services (other than specialised services sought from, provided by, or recommended by the Department of Health) or NHSI;
- For the design, construction and maintenance of building and engineering works (including construction and maintenance of grounds and gardens); for disposals.

17.7.2 Health Care Services

Where the Trust elects to invite tenders for the supply of healthcare services these Standing Orders and Standing Financial Instructions shall apply as far as they are applicable to the tendering procedure and need to be read in conjunction with Standing Financial Instruction No. 18 and No. 19.

17.7.3 Exceptions and instances where formal tendering need not be applied

Any procurement over the current OJEU tendering limit may not be waived. Where a genuine emergency exists the Chief Executive must seek legal advice and Board approval for an OJEU tender waiver.

The Trust's Formal tendering or quotation procedures **need not be applied** where:

- (a) the estimated expenditure or income does not, or is not reasonably expected to, exceed limits set out in Schedule A;
- (b) where the supply is proposed under special arrangements negotiated by the Department of Health in which event the said special arrangements must be complied with;
- (c) regarding disposals as set out in Standing Financial Instructions No. 25;

The Trust's Formal tendering procedures **may be waived** in the following circumstances:

- (d) in very exceptional circumstances where the Chief Executive decides that formal tendering procedures would not be practicable or the estimated expenditure or income would not warrant formal tendering procedures, and the circumstances are detailed in an appropriate Trust record;
- (e) where the requirement is covered by an existing contract;
- (f) where Framework agreements from collaborative Procurement hubs or OGC are in place.
- (g) where a consortium arrangement is in place and a lead organisation has been appointed to carry out tendering activity on behalf of the consortium members;
- (h) where the timescale genuinely precludes competitive tendering but failure to plan the work properly would not be regarded as a justification for a single tender;
- (i) where specialist expertise is required and is available from only one source;
- (j) when the task is essential to complete the project, and arises as a consequence of a recently completed assignment and engaging different consultants for the new task would be inappropriate;
- (k) there is a clear benefit to be gained from maintaining continuity with an earlier project. However in such cases the benefits of such continuity must outweigh any potential financial advantage to be gained by competitive tendering;
- (l) for the provision of legal advice and services providing that any legal firm or partnership commissioned by the Trust is regulated by the Law Society for England and Wales for the conduct of their business (or by the Bar Council for England and Wales in relation to the obtaining of Counsel's opinion) and are generally recognised as having sufficient expertise in the area of work for which they are commissioned.

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

- (m) where allowed and provided for in the Capital Investment Manual.

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

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

SFI waivers for the Trust tendering procedure may only be signed by the Chief Executive or The Trust Chief Financial Officer. All waivers regarding Trust tendering procedures or OJEU Tenders must be reported monthly to Audit Committee.

Waivers relating to the Trust quotation process may be signed by the Chief Financial Officer or their delegated representative. These Waivers do not have to be reported to Audit Committee, but a full record of such Waivers must be kept for inspection by the Finance Department.

17.7.4 Fair and Adequate Competition

Where the exceptions set out in SFI Nos. 17.1 and 17.5.3 apply, the Trust shall ensure that invitations to tender are sent to a sufficient number of firms/individuals to provide fair and adequate competition as appropriate, and in no case less than two firms/individuals, having regard to their capacity to supply the goods or materials or to undertake the services or works required.

17.7.5 List of Approved Firms

The Trust shall ensure that the firms/individuals invited to tender (and where appropriate, quote) are among those on approved lists. Where in the opinion of the Chief Financial Officer it is desirable to seek tenders from firms not on the approved lists (please refer to: info@supplychain.nhs.uk), the reason shall be recorded in writing to the Chief Executive (see SFI 17.6.8 List of Approved Firms).

17.7.6 Building and Engineering Construction Works

Competitive Tendering cannot be waived for building and engineering construction works and maintenance without Departmental of Health approval.

17.7.7 Items that subsequently breach thresholds after original approval

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

17.8 Contracting/Tendering Procedure

17.8.1 Invitation to tender

- (i) All invitations to tender shall state the date and time as being the latest time for the receipt of tenders.
- (ii) All invitations to tender shall state that no tender will be accepted unless:
 - (a) submitted in a plain sealed package or envelope bearing a pre-printed label supplied by the Trust (or the word "tender" followed by the subject to which it relates) and the latest date and time for the receipt of such tender addressed to the Chief Executive or nominated Manager;
 - (b) that tender envelopes/ packages shall not bear any names or marks indicating the sender. The use of courier/postal services must not identify the sender on the envelope or on any receipt so required by the deliverer.
- (iii) Every tender for goods, materials, services or disposals shall embody such of the NHS Standard Contract Conditions as are applicable.

- (iv) Every tender for building or engineering works shall embody or be in the terms of the current edition of one of the Joint Contracts Tribunal Standard

Forms of Building Contract or Department of the Environment (GC/Wks) Standard forms of contract; or, when the content of the work is primarily engineering, the General Conditions of Contract recommended by the Institution of Mechanical and Electrical Engineers and the Association of Consulting Engineers (Form A), or (in the case of civil engineering work) the General Conditions of Contract recommended by the Institute of Civil Engineers, the Association of Consulting Engineers and the Federation of Civil Engineering Contractors. These documents shall be modified and/or amplified to accord with Department of Health guidance and, in minor respects, to cover special features of individual projects.

17.8.2 Receipt and safe custody of tenders

The Chief Executive or his nominated representative (the Trust Secretary) will be responsible for the receipt, endorsement and safe custody of tenders received until the time appointed for their opening.

The date and time of receipt of each tender shall be endorsed on the tender envelope/package.

17.8.3 Opening tenders and Register of tenders

- (i) As soon as practicable after the date and time stated as being the latest time for the receipt of tenders, they shall be opened by two senior officers/managers designated by the Chief Executive and not from the originating department.
- (ii) The 'originating' Department will be taken to mean the Department sponsoring or commissioning the tender.
- (iii) The involvement of Finance Directorate staff in the preparation of a tender proposal will not preclude the Chief Financial Officer or any approved Senior Manager from the Finance Directorate from serving as one of the two senior managers to open tenders.
- (v) All Executive Directors/members will be authorised to open tenders regardless of whether they are from the originating department provided that the other authorised person opening the tenders with them is not from the originating department.

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

- (vi) Every tender received shall be marked with the date of opening and initialled by those present at the opening.
- (vii) A register shall be maintained by the Chief Executive, or a person authorised by him (Trust Secretary), to show for each set of competitive tender invitations despatched:
 - the name of all firms or individuals invited;
 - the names of firms or individuals from which tenders have been received;
 - the date the tenders were opened;

- the persons present at the opening;
- the price shown on each tender;
- a note where price alterations have been made on the tender.

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

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

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

17.8.4 **Admissibility**

- i) If for any reason the designated officers are of the opinion that the tenders received are not strictly competitive (for example, because their numbers are insufficient or any are amended, incomplete or qualified) no contract shall be awarded without the approval of the Chief Executive.
- (ii) Where only one tender is sought and/or received, the Chief Executive and Chief Financial Officer shall, as far practicable, ensure that the price to be paid is fair and reasonable and will ensure value for money for the Trust.

17.8.5 **Late tenders**

- (i) Tenders received after the due time and date, but prior to the opening of the other tenders, may be considered only if the Chief Executive or his nominated officer decides that there are exceptional circumstances i.e. despatched in good time but delayed through no fault of the tenderer.
- (ii) Only in the most exceptional circumstances will a tender be considered which is received after the opening of the other tenders and only then if the tenders that have been duly opened have not left the custody of the Chief Executive or his nominated officer or if the process of evaluation and adjudication has not started.
- (iii) While decisions as to the admissibility of late, incomplete or amended tenders are under consideration, the tender documents shall be kept strictly confidential, recorded, and held in safe custody by the Chief Executive or his nominated officer.

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

- (i) Any discussions with a tenderer which are deemed necessary to clarify technical aspects of his tender before the award of a contract will not disqualify the tender.
- (ii) The lowest tender, if payment is to be made by the Trust, or the highest, if payment is to be received by the Trust, shall be accepted unless there are good and sufficient reasons to the contrary. Such reasons shall be set out in either the contract file, or other appropriate record.

It is accepted that for professional services such as management consultancy, the lowest price does not always represent the best value for money. Other factors affecting the success of a project include:

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

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

- (iii) No tender shall be accepted which will commit expenditure in excess of that which has been allocated by the Trust and which is not in accordance with these Instructions except with the authorisation of the Chief Executive.
- (iv) The use of these procedures must demonstrate that the award of the contract was:
 - (a) not in excess of the going market rate / price current at the time the contract was awarded;
 - (b) that best value for money was achieved.
- (v) All tenders should be treated as confidential and should be retained for inspection.

17.8.7 **Tender reports to the Trust Board**

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

17.8.8 **List of approved firms (see SFI No. 17.5.5)**

(a) **Responsibility for maintaining list**

A manager nominated by the Chief Executive (Head of Procurement) shall on behalf of the Trust maintain lists of approved firms from whom tenders and quotations may be invited. These shall be kept under frequent review. The lists shall include all firms who have applied for permission to tender and as to whose technical and financial competence the Trust is satisfied. All suppliers must be made aware of the Trust's terms and conditions of contract.

(b) **Building and Engineering Construction Works**

- (i) Invitations to tender shall be made only to firms included on the approved list of tenderers compiled in accordance with this Instruction.
- ii) Firms included on the approved list of tenderers shall ensure that when engaging, training, promoting or dismissing employees or in any conditions of employment, shall not discriminate against any person because of colour, race, ethnic or national origins, religion or sex, and will comply with the provisions of the Equal Pay Act 1970, the Sex Discrimination Act 1975, the Race Relations Act 1976, the Disabled Persons (Employment) Act 1944, and Equality Act 2010 and any amending and/or related legislation.
- iii) Firms shall conform at least with the requirements of the Health and Safety at Work Act and any amending and/or other related legislation concerned with the health, safety and welfare of workers and other persons, and to any

relevant British Standard Code of Practice issued by the British Standard Institution. Firms must provide to the appropriate manager a copy of its safety policy and evidence of the safety of plant and equipment, when requested.

(c) **Financial Standing and Technical Competence of Contractors**

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

17.8.9 Exceptions to using approved contractors

If in the opinions of the Chief Executive and the Chief Financial Officer or the Director with lead responsibility for clinical governance it is impractical to use a potential contractor from the list of approved firms/individuals (for example where specialist services or skills are required and there are insufficient suitable potential contractors on the list), or where a list for whatever reason has not been prepared, the Chief Executive should ensure that appropriate checks are carried out as to the technical and financial capability of those firms that are invited to tender or quote.

An appropriate record in the contract file should be made of the reasons for inviting a tender or quote other than from an approved list.

17.9 Quotations: Competitive and non-competitive

17.9.1 General Position on quotations

Quotations are required where formal tendering procedures are not adopted and where the intended expenditure or income does not exceed, or is reasonably expected not exceed £50,000. Schedule A Summary Financial Limits for the Scheme of Delegation sets out the numbers of quotations required dependent on the value of business.

17.9.2 Competitive Quotations

- (i) Quotations should be obtained from at least 3 firms/individuals based on specifications or terms of reference prepared by, or on behalf of, the Trust in accordance with Schedule A.
- (ii) Quotations should be in writing unless the Chief Executive or his nominated officer determines that it is impractical to do so in which case quotations may be obtained by telephone. Confirmation of telephone quotations should be obtained as soon as possible and the reasons why the telephone quotation was obtained should be set out in a permanent record. All quotations must be on company headed paper as read only documents.
- (iii) All quotations should be treated as confidential and should be retained for inspection.
- (iv) The Chief Executive or his nominated officer should evaluate the quotation and select the quote which gives the best value for money. If this is not the lowest quotation if payment is to be made by the Trust, or the highest if payment is to be received by the Trust, then the choice made and the reasons why should be recorded in a permanent record, in line with Trust procurement procedures.

17.9.3 Non-Competitive Quotations

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

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

17.9.4 Quotations to be within Financial Limits

No quotation shall be accepted which will commit expenditure in excess of that which has been allocated by the Trust and which is not in accordance with Standing Financial Instructions except with the authorisation of either the Chief Executive or Chief Financial Officer.

17.10 Authorisation of Tenders and Competitive Quotations

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

Designated budget holders	up to	£40,000
Assistant Director	up to	£250,000
Board Director	up to	£500,000
Finance Director	up to	£1,000,000
Chair or Chief Executive	up to	£3,000,000
Trust Board	over	£3,000,000

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

Formal authorisation must be put in writing. In the case of authorisation by the Trust Board this shall be recorded in their minutes. A full evaluation report must be presented by the Procurement Department to the appropriate authorising manager. Full details of the evaluation process are set out in the Trust's Procurement Policy and Tendering Procedure.

The value stated is the total value of the contract over the contract term so that if a contract is a £1m pa contract with a two year term the contract value is £2m, and can therefore be authorised by the Chair or Chief Executive. If the £1m contract has a five year term, the contract value is £5m, and must therefore be authorised by the Board.

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

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

- (a) the Trust shall use the **NHS Supply Chain** for procurement of all goods and services unless the Chief Executive or nominated officers deem it inappropriate. The decision to use alternative sources must be documented.
- (b) If the Trust does not use **NHS Supply Chain** - where tenders or quotations are not required, because expenditure is below £5,000, the Trust shall procure goods and services in accordance with procurement procedures approved by the Chief Financial Officer.

17.12 Authority to sign Contracts with suppliers.

Only the Chief Executive or the Chief Financial Officer or their delegated representative has the authority to sign contracts of ANY value with Suppliers. The authority limits set out above are for the authorisation of Purchase orders or Tenders and is not the Authority to sign a contract.

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

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

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

17.14 Compliance requirements for all contracts

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

- (a) The Trust's Standing Orders and Standing Financial Instructions;
- (b) EU Directives and other statutory provisions;
- (c) any relevant directions including the Capital Investment Manual, "Estatecode and guidance on the Procurement and Management of Consultants;
- (d) such of the NHS Standard Contract Conditions as are applicable.
- (e) contracts with Foundation Trusts must be in a form compliant with appropriate NHS guidance.

- (f) Where appropriate contracts shall be in or embody the same terms and conditions of contract as was the basis on which tenders or quotations were invited.
- (g) In all contracts made by the Trust, the Board shall endeavour to obtain best value for money by use of all systems in place. The Chief Financial Officer shall nominate an officer who shall oversee and manage each contract on behalf of the Trust.

17.15 Personnel and Agency or Temporary Staff Contracts

The Chief People Officer shall nominate officers with delegated authority to enter into contracts of employment, regarding staff, agency staff or temporary staff service contracts.

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

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

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

17.17 Disposals (See overlap with SFI No. 26)

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

- (a) any matter in respect of which a fair price can be obtained only by negotiation or sale by auction as determined (or pre-determined in a reserve) by the Chief Executive or his nominated officer;
- (b) obsolete or condemned articles and stores, which may be disposed of in accordance with the supplies policy of the Trust;
- (c) items to be disposed of with an estimated sale value of less than £100, this figure to be reviewed on a periodic basis;
- (d) items arising from works of construction, demolition or site clearance, which should be dealt with in accordance with the relevant contract;
- (e) land or buildings concerning which DHSC guidance has been issued but subject to compliance with such guidance.

17.18 In-house Services

- 17.18.1 The Chief Executive shall be responsible for ensuring that best value for money can be demonstrated for all services provided on an in-house basis. The Trust may also determine from time to time that in-house services should be market tested by competitive tendering.
- 17.18.2 In all cases where the Board determines that in-house services should be subject to competitive tendering the following groups shall be set up:
 - (a) Specification group, comprising the Chief Executive or nominated officer/s and specialist.

- (b) In-house tender group, comprising a nominee of the Chief Executive and technical support.
- (c) Evaluation team, comprising normally a specialist officer, a supplies officer and a Chief Financial Officer representative. For services having a likely annual expenditure exceeding £250,000 a non-officer member should be a member of the evaluation team.

17.18.3 All groups should work independently of each other and individual officers may be a member of more than one group but no member of the in-house tender group may participate in the evaluation of tenders.

17.18.4 The evaluation team shall make recommendations to the Board.

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

17.18.6 Where a service is currently provided out of house and is to be brought in-house, the Chief executive should nominate an officer to oversee, manage, and assess the process. Any transfer will be agreed by the Chief Executive.

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

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

17.20 PROCUREMENT ETHICS & STANDARDS

17.20.1 Ethical behaviour in purchasing is particularly important for Public Sector bodies due to the extra scrutiny involved with the expenditure of public funds. The integrity and professionalism of individual members of staff, and The Trust as a whole should be maintained at all times.

The guiding principles of ethical behaviour in Procurement are as follows:

- the conduct of The Trust's employees should not foster the suspicion of any conflict between their official duty and their personal interest
- the action of The Trust should not give the impression that they have or may have been influenced by a gift or consideration to show favour or disfavour to any person or organisation
- dealings with suppliers must at all times be honest and fair
- ethical behaviour must be promoted and supported by appropriate systems, such as the procedure set out in this policy and by the governance as set out in Standing Orders and Rules of Procedure
- information provided by suppliers should be regarded and treated as confidential
- buyers keep sufficient records to establish an audit trail to demonstrate that appropriate standards have been observed on each purchase

17.20.2 It is an offence under the Bribery Act 2010 for staff to accept any gifts or consideration as an incentive or reward for doing anything in an official capacity, or showing favour or disfavour to any person in an official capacity.

- 17.20.1 All staff in contact with suppliers are vulnerable to accusations of fraud and corruption as they are in contact with the commercial world where it may be normal practice to offer gifts and hospitality.
- 17.20.2 It is vital that The Trust's staff **are**, and are **seen to be**, above reproach in their actions and must ensure that their personal judgement and integrity cannot reasonably be seen to be compromised by the acceptance of benefits of any kind from a third party.
- 17.20.3 The following lists a number of irregular situations that must be avoided:
- send drawings, specifications, prototypes or samples of one supplier to another
 - divulge prices of one supplier to another
 - invent lower bids to force prices down
 - refusing to use a supplier's product on the basis of clinical or personal preference, when trials have not been conducted to back up preference and prove use of new supplier represents a clinical risk.
 - refusing to undertake clinical trials on new products/suppliers.
 - exaggerate quantities above known requirements
 - call for unnecessarily short delivery times
 - state time as 'of essence to the contract' unnecessarily
 - promise that a contract has a longer term than is warranted or practicable
 - permit some suppliers to re-quote while others are denied this facility
 - give false information under any circumstances
 - use a dominant position to take unfair advantage of a small supplier
 - allow personal bias or prejudice to influence purchasing decisions
 - take 'prompt payment' or other discount when they are not 'current' or not earned or relevant
 - solicit or accept from suppliers any 'personal favours'
 - accept bribes of any kind
 - develop personal relationships with sales staff, which could affect decisions
 - any existing relationships should be declared prior to the tender exercise
 - allow staff to hold undeclared financial interests in suppliers
 - make alterations to tender documents; - if changes are required correction fluid must not be used and a record of all alterations must be kept with details copied to the supplier
 - allow gaps in records

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

18.1 Service Level Agreements (SLAs)

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

All SLAs should aim to implement the agreed priorities contained within the Local Business Plan (LBP) and wherever possible, be based upon integrated care

pathways to reflect expected patient experience. In discharging this responsibility, the Chief Executive should take into account:

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

18.2 Involving Partners and jointly managing risk

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

18.3 Reports to Board on SLAs

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

19. COMMISSIONING

This section is not applicable to this Trust.

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

20.1 Remuneration and Benefits (see overlap with SO No. 4)

20.1.1 In accordance with the Trust's Constitution and Standing Orders, the Board shall establish a Nominations and Remuneration Committee, with clearly defined terms of reference, specifying which posts fall within its area of responsibility, its composition, and the arrangements for reporting.

20.1.2 The Committee will:

- (a) agree and advise the Board about appropriate remuneration and terms of service for the Chief Executive, other officer members employed by the Trust and other senior employees including:
 - (i) all aspects of salary (including any performance-related elements/bonuses);
 - (ii) provisions for other benefits, including pensions and cars;
 - (iii) arrangements for termination of employment and other contractual terms;
- (b) agree and authorise the remuneration and terms of service of officer members of the Board (and other senior employees) to ensure they are fairly rewarded for their individual contribution to the Trust - having proper regard to the Trust's circumstances and performance and to the provisions of any national arrangements for such members and staff where appropriate;
- (c) monitor and evaluate the performance of individual officer members (and other senior employees);
- (d) agree, authorise and oversee appropriate contractual arrangements for such staff including the proper calculation and scrutiny of termination payments taking account of such national guidance as is appropriate.

20.1.3 The Committee shall report in writing to the Board the basis for its decisions.

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

20.1.5 The Council of Governors at a general meeting of the Council of Governors shall decide the remuneration and allowances, and the other terms and conditions of office, of the Chair and other Non-Executive Directors.

20.2 Funded Establishment

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

20.2.2 The funded establishment of any department may not be varied without the approval of the Chief Executive.

20.3 Staff Appointments

- 20.3.1 No officer or Member of the Trust Board or employee may engage, re-engage, or re-grade employees, either of a permanent or temporary nature, or hire agency staff, or agree to changes in any aspect of remuneration:
- (a) unless authorised to do so by the Chief Executive; and
 - (b) within the limit of their approved budget and funded establishment.
- 20.3.2 The Board will approve procedures presented by the Chief Executive for the determination of commencing pay rates, condition of service, etc, for employees.

20.4 Processing Payroll

- 20.4.1 The Chief Financial Officer is responsible for:
- (a) specifying timetables for submission of properly authorised time records and other notifications;
 - (b) the final determination of pay and allowances;
 - (c) making payment on agreed dates;
 - (d) agreeing method of payment.
- 20.4.2 The Chief Financial Officer 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 2018 and General Data Protection Regulation;
 - (g) methods of payment available to various categories of employee and officers;
 - (h) procedures for payment by cheque, bank credit, or cash to employees and officers;
 - (i) procedures for the recall of cheques and bank credits;
 - (j) pay advances and their recovery;
 - (k) maintenance of regular and independent reconciliation of pay control accounts;
 - (l) segregation of duties of preparing records and handling cash;
 - (m) a system to ensure the recovery from those leaving the employment of the Trust of sums of money and property due by them to the Trust.

- 20.4.3 Appropriately nominated managers have delegated responsibility for:
- (a) submitting time records, and other notifications in accordance with agreed timetables;
 - (b) completing time records and other notifications in accordance with the Chief Financial Officer's instructions and in the form prescribed by the Chief Financial Officer;
 - (c) submitting termination forms in the prescribed form immediately upon knowing the effective date of an employee's or officer's resignation, termination or retirement. Where an employee fails to report for duty or to fulfill obligations in circumstances that suggest they have left without notice, the Payroll department must be informed immediately.
- 20.4.4 Regardless of the arrangements for providing the payroll service, the Chief Financial Officer shall ensure that the chosen method is supported by appropriate (contracted) terms and conditions, adequate internal controls and audit review procedures and that suitable arrangements are made for the collection of payroll deductions and payment of these to appropriate bodies.

20.5 Contracts of Employment

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

21. NON-PAY EXPENDITURE

21.1 Delegation of Authority

- 21.1.1 The Board will approve the level of non-pay expenditure on an annual basis and the Chief Financial Officer will determine the level of delegation to budget managers.
- 21.1.2 The Chief Financial Officer will set out:
- (a) the list of managers who are authorised to place requisitions for the supply of goods and services;
 - (b) the maximum level of each requisition and the system for authorisation above that level.

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

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

21.2.1 Requisitioning

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

21.2.2 **System of Payment and Payment Verification**

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

21.2.3 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 Standing Financial Instructions and regularly reviewed;
- (b) prepare procedural instructions or guidance within the Scheme of Delegation on the obtaining of goods, works and services incorporating the thresholds;
- (c) be responsible for the prompt payment of all properly authorised accounts and claims;
- (d) be responsible for designing and maintaining a system of verification, recording and payment of all amounts payable. The system shall provide for:
 - (i) A list of Board employees (including specimens of their signatures) authorised to certify invoices.
 - (ii) Certification that:
 - goods have been duly received, examined and are in accordance with specification and the prices are correct;
 - work done or services rendered have been satisfactorily carried out in accordance with the order, and, where applicable, the materials used are of the requisite standard and the charges are correct;
 - in the case of contracts based on the measurement of time, materials or expenses, the time charged is in accordance with the time sheets, the rates of labour are in accordance with the appropriate rates, the materials have been checked as regards quantity, quality, and price and the charges for the use of vehicles, plant and machinery have been examined;
 - where appropriate, the expenditure is in accordance with regulations and all necessary authorisations have been obtained;
 - the account is arithmetically correct;
 - the account is in order for payment.
 - (iii) A timetable and system for submission to the 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. The only exceptions are set out in SFI No. 21.2.4 below.

21.2.4 Prepayments

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

- (a) Prepayments are only permitted where the financial advantages outweigh the disadvantages (i.e. cash flows must be discounted to NPV using the appropriate cost of capital discount rate as advised by the Chief Financial Officer, Performance and Informatics).
- (b) The appropriate officer 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);
- (c) The budget holder is responsible for ensuring that all items due under a prepayment contract are received and they must immediately inform the appropriate Director or Chief Executive if problems are encountered.
- (d) The Chief Financial Officer will proposed prepayments for approval by the Finance and Investment Committee.

21.2.5 Official orders

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

21.2.6 Duties of Managers and Officers

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

- (a) all contracts (except as otherwise provided for in the Scheme of Delegation), leases, tenancy agreements and other commitments which may result in a liability are notified to the Chief Financial Officer in advance of any commitment being made;
- (b) contracts above specified thresholds are advertised and awarded in accordance with EU rules on public procurement;
- (c) where consultancy advice is being obtained, the procurement of such advice must be in accordance with guidance issued by the Department of Health;
- (d) no order shall be issued for any item or items to any firm which has made an offer of gifts, reward or benefit to directors or employees, other than:

- (i) isolated gifts of a trivial character or inexpensive seasonal gifts, such as calendars;
- (ii) conventional hospitality, such as lunches in the course of working visits;

(This provision needs to be read in conjunction with Standing Order No. 6 and the principles outlined in the national guidance contained in NHS England's Managing Conflicts of Interest in the NHS);

- (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 order except works and services executed in accordance with a contract and purchases from petty cash;
- (g) verbal orders must only be issued very exceptionally - by an employee designated by the Chief Executive and only in cases of emergency or urgent necessity. These must be confirmed by an official order and clearly marked "Confirmation Order";
- (h) orders are not split or otherwise placed in a manner devised so as to avoid the financial thresholds;
- (i) goods are not taken on trial or loan in circumstances that could commit the Trust to a future uncompetitive purchase;
- (j) changes to the list of employees and officers authorised to certify invoices are notified to the 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;
- (l) petty cash records are maintained in a form as determined by the Chief Financial Officer.

21.2.7 The Director of Estates and Facilities 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 Estatecode. The technical audit of these contracts shall be the responsibility of the relevant Director.

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

21.3.1 Payments to local authorities and voluntary organisations made under the powers of section 28A of the NHS Act **shall** comply with procedures recommended by the Chief Financial Officer, and approved by the Finance and Investment Committee, which shall be in accordance with these Acts. (See overlap with Standing Order No.9.1)

22. BORROWING

- 22.1.1 The Chief Financial Officer will advise the Board concerning the Trust's ability to pay dividend on, and any requirement to repay Public Dividend Capital (PDC) and any proposed new borrowing, within the rules and limits set by the Department of Health and the Finance and Investment Committee. The Chief Financial Officer is also responsible for reporting on a monthly basis to the Board concerning the Trust's ability to service debt and make repayments of borrowings and all loans and overdrafts using the applicable Department of Health metrics.
- 22.1.2 The Board will agree the list of employees (including specimens of their signatures) who are authorised to make short-term borrowings on behalf of the Trust. This must contain the Chief Executive and the Chief Financial Officer.
- 22.1.3 The Chief Financial Officer must prepare detailed procedural instructions concerning applications for loans and overdrafts.
- 22.1.4 All short-term borrowings should be kept to the minimum period of time possible, consistent with the overall cash flow position, represent good value for money, and comply with the latest guidance from the Department of Health.
- 22.1.5 Any short-term borrowing must be with the authority of two members of an authorised panel, one of which must be the Chief Executive or the Chief Financial Officer. The Board must be made aware of all short term borrowings at the next Board meeting.
- 22.1.6 All long-term borrowing must be consistent with the plans outlined in the current Annual Plan and the loan agreements approved by the Trust Board in advance of any draw downs.
- 22.1.7 The draw down arrangements for loans and facilities approved by the board shall be as follows unless separate arrangements are required by the lender and these separate arrangements are approved by the board:
- (i) The Trust may only draw down borrowings under loans or facilities approved by the board.
 - (ii) All drawdowns of borrowings ("utilisation requests") must be signed/counter-signed by at least two of the following officers - the Chief Financial Officer, the Deputy Director of Finance and an Associate Director of Finance.
 - (iii) The board shall be notified at the next meeting following the date of the drawdown that the drawdown has taken place, the reasons for the drawdown, and the terms of the loan to which the drawdown relates including the term, the interest rate(s) and repayment period. This notification should normally form part of the monthly finance report to the board.
 - (iv) The board shall be notified of the cumulative value of drawdowns and the undrawn balance of the loans. This notification should normally form part of the monthly finance report to the board.

22.2 INVESTMENTS

- 22.2.1 Temporary cash surpluses must only be invested with the National Loans Fund in periods where the Trust is in Financial Special Measures. When financial special measures are not in place, surplus cash made be invested in 'safe harbour' investments. Such safe harbour investments are considered sufficiently low risk so as to not require review by the Board.

- 22.2.2 The Chief Financial Officer has the authority to approve cash investments for a maximum period of 12 months. Cash investments for longer periods must be approved by the Finance and Investment Committee.
- 22.2.3 The Chief Financial Officer will prepare detailed procedural instructions on the operation of investment accounts and on the records to be maintained.

23. FINANCIAL FRAMEWORK

- 23.1 The Chief Financial Officer should ensure that members of the Board are aware of the Single Oversight Framework. This document contains directions which the Trust must follow. It also contains directions to NHS national and commissioning bodies regarding resource and capital allocation and funding to Trusts.

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

24.1 Capital Investment

- 24.1.1 The Director of Estates and Facilities:
- (a) shall ensure that there is an adequate appraisal and approval process in place for determining capital expenditure priorities and the effect of each proposal upon business plans;
 - (b) is responsible for the management of all stages of capital schemes and for ensuring that schemes are delivered on time and to cost;
 - (c) shall ensure that the capital investment is not undertaken without confirmation of purchaser(s) support and the availability of resources to finance all revenue consequences, including capital charges.
- 24.1.2 For every capital expenditure proposal the Director of Estates and Facilities shall ensure:
- (a) that a business case (in line with the guidance contained within the Capital Investment Manual) is produced setting out:
 - (i) an option appraisal of potential benefits compared with known costs to determine the option with the highest ratio of benefits to costs;
 - (ii) the involvement of appropriate Trust personnel and external agencies;
 - (ii) appropriate project management and control arrangements;
 - (b) that the Chief Financial Officer has certified professionally to the costs and revenue consequences detailed in the business case.
 - (c) Business cases must be approved by the Board in accordance with Schedule A Summary Financial Limits of the Scheme of Delegation.
- 24.1.3 For capital schemes where the contracts stipulate stage payments, the Director of Estates and Facilities will issue procedures for their management, incorporating the recommendations of "Estatecode".
- 24.1.4 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 Inland Revenue guidance.

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

24.1.6 The approval of a capital programme shall not constitute approval for expenditure on any scheme.

The Chief Executive, with advice from the Director of Estates and Facilities, shall issue to the manager responsible for any scheme:

- (a) specific authority to commit expenditure;
- (b) authority to proceed to tender (see overlap with SFI No. 17.8);
- (c) approval to accept a successful tender (see overlap with SFI No. 17.8).

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

24.1.7 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 Department of Health Guidance on Delegated Limits for Capital Investment.

24.2 Private Finance (see overlap with SFI No. 17.13)

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

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

24.3 Asset Registers

24.3.1 The Chief Financial Officer is responsible for the maintenance of registers of assets, and will advise on 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.

24.3.2 Each 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 *Group Accounting Manual* as issued by the Department of Health.

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

- (a) properly authorised and approved agreements, architect's certificates, supplier's invoices and other documentary evidence in respect of purchases from third parties;

- (b) stores, requisitions and wages records for own materials and labour including appropriate overheads;
 - (c) lease agreements in respect of assets held under a finance lease and capitalised.
- 24.3.4 Where capital assets are sold, scrapped, lost or otherwise disposed of, their value must be removed from the accounting records and each disposal must be validated by reference to authorisation documents and invoices (where appropriate).
- 24.3.5 The Chief Financial Officer shall approve procedures for reconciling balances on fixed assets accounts in ledgers against balances on fixed asset registers.
- 24.3.6 The value of each asset shall be indexed to current values in accordance with methods specified in the *Capital Accounting Manual* issued by the Department of Health.
- 24.3.7 The value of each asset shall be depreciated using methods and rates as specified in the *Group Accounting Manual* issued by the Department of Health.
- 24.3.8 The Chief Financial Officer of the Trust shall calculate and pay capital charges as specified in the *Group Accounting Manual* issued by the Department of Health.

24.4 Security of Assets

- 24.4.1 The overall control of fixed assets is the responsibility of the Chief Executive.
- 24.4.2 Asset control procedures (including fixed assets, cash, cheques and negotiable instruments, and also including donated assets) must be approved by the 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;
 - (g) reporting, recording and safekeeping of cash, cheques, and negotiable instruments.
- 24.4.3 All discrepancies revealed by verification of physical assets to fixed asset register shall be notified to the Chief Financial Officer.
- 24.4.4 Whilst each employee and officer has a responsibility for the security of property of the Trust, it is the responsibility of Executive Board members and senior employees in all disciplines to apply such appropriate routine security practices in relation to NHS property as may be determined by the Board. Any breach of agreed security practices must be reported in accordance with agreed procedures.

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

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

25. STORES AND RECEIPT OF GOODS

25.1 General position

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

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

25.2 Control of Stores, Stocktaking, condemnations and disposal

25.2.1 Subject to the responsibility of the Chief Financial Officer for the systems of control, overall responsibility for the control of stores shall be delegated to an employee (Head of Procurement) 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 a designated Pharmaceutical Officer; the control of any fuel oil and coal of a designated estates manager.

25.2.2 The responsibility for security arrangements and the custody of keys for any stores and locations shall be clearly defined in writing by the designated manager/Pharmaceutical Officer. Wherever practicable, stocks should be marked as health service property.

25.2.3 The 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.

25.2.4 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.

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

25.2.6 The designated Manager/Pharmaceutical Officer 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 overlap with SFI No. 26 Disposals and Condemnations, Losses and Special Payments). Procedures for the disposal of obsolete stock shall follow the procedures set out for disposal of all surplus and obsolete goods.

25.3 Goods supplied by NHS Logistics

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

26. DISPOSALS AND CONDEMNATIONS, LOSSES AND SPECIAL PAYMENTS

26.1 Disposals and Condemnations

26.1.1 Procedures

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

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

- 26.1.3 All unserviceable articles shall be:

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

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

26.2 Losses and Special Payments

26.2.1 Procedures

The Chief Financial Officer must prepare procedural instructions on the recording of and accounting for condemnations, losses, and special payments.

- 26.2.2 Any employee or officer discovering or suspecting a loss of any kind must either immediately inform their head of department, who must immediately inform the Local Counter Fraud Specialist, who will then inform the Chief Financial Officer. Where a criminal offence is suspected, the Chief Financial Officer must immediately inform the police if theft or arson is involved. In cases of fraud and corruption or of anomalies which may indicate fraud or corruption, the Chief Financial Officer must inform the Local Counter Fraud Specialist and the Area Manager NHS Protect.

The Chief Financial Officer must notify NHS Protect and the External Auditor of all frauds.

- 26.2.3 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 Audit Committee,
 - (b) the External Auditor.
- 26.2.4 Within limits delegated to it by the Department of Health, the Board has delegated responsibility to the Audit Committee to approve the writing-off of losses above £10,000. Approval of write-off of £10,000 and below is delegated to the Chief Executive or Chief Financial Officer, as set out in Schedule A.
- 26.2.5 The Chief Financial Officer shall be authorised to take any necessary steps to safeguard the Trust's interests in bankruptcies and company liquidations.
- 26.2.6 For any loss, the Chief Financial Officer should ensure losses are recovered where appropriate, by using the Trust's insurance arrangements, having delegated responsibility delegated to Legal Services Manager.
- 25.2.7 The Chief Financial Officer shall maintain a Losses and Special Payments Register in which write-off action is recorded.
- 26.2.8 No special payments exceeding Trust delegated limits shall be made without the prior approval of the Department of Health.
- 26.2.9 All losses and special payments must be reported to the Audit Committee at every meeting.

27. INFORMATION TECHNOLOGY

27.1 Responsibilities and duties of the Chief Financial Officer

- 27.1.1 The Chief Financial Officer, who is responsible for the accuracy and security of the computerised financial data of the Trust, shall:
- (a) devise and implement any necessary procedures to ensure adequate (reasonable) protection of the Trust's data, programs and computer hardware for which the Director is responsible from accidental or intentional disclosure to unauthorised persons, deletion or modification, theft or damage, having due regard for the Data Protection Act 2018;
 - (b) ensure that adequate (reasonable) controls exist over data entry, processing, storage, transmission and output to ensure security, privacy, accuracy, completeness, and timeliness of the data, as well as the efficient and effective operation of the system;
 - (c) ensure that adequate controls exist such that the computer operation is separated from development, maintenance and amendment;
 - (d) ensure that an adequate management (audit) trail exists through the computerised system and that such computer audit reviews as the Chief Financial Officer may consider necessary are being carried out.
- 27.1.2 The Chief Financial Officer shall need to ensure that new financial systems and amendments to current financial systems are developed in a controlled manner and thoroughly tested prior to implementation. Where this is undertaken by another organisation, assurances of adequacy must be obtained from them prior to implementation.

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

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

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

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

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

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

27.4 Risk Assessment

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

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

Where computer systems have an impact on corporate financial systems the Chief Financial Officer shall need to be satisfied that:

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

28. PATIENTS' PROPERTY

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

28.2 The Chief Nurse and Divisional Director of Operations are responsible for ensuring that patients or their guardians, as appropriate, are informed before or at admission by:

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

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

28.3 The Chief Operating Officer, with advice from the Chief Financial Officer, must provide detailed written instructions on the collection, custody, investment, recording, safekeeping, and disposal of patients' property (including instructions on the disposal of the property of deceased patients and of patients transferred to other premises) for all staff whose duty is to administer, in any way, the property of patients. Due care should be exercised in the management of a patient's money in order to minimise the risk of loss to the patient.

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

28.5 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.

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

28.7 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.

29. FUNDS HELD ON TRUST

Not applicable. The Trust does not hold funds on Trust. These were transferred to St George's Charitable Foundation in 2001 – renamed in 2007 St George's Hospital Charity.

30. ACCEPTANCE OF GIFTS BY STAFF AND LINK TO MANAGING CONFLICTS OF INTEREST IN THE NHS (see overlap with SO No. 6 and SFI No. 21.2.6 (d))

The Trust Secretary shall ensure that all staff are made aware of the Trust policy on acceptance of gifts and other benefits in kind by staff. This policy follows the guidance contained in the NHS England's Managing Conflicts of Interest in the NHS and is also deemed to be an integral part of these Standing Orders and Standing Financial Instructions (see overlap with SO No. 6).

31. PAYMENTS TO INDEPENDENT CONTRACTORS

Not applicable to NHS Foundation Trusts.

32. RETENTION OF RECORDS

32.1 The Trust Secretary shall be responsible for maintaining archives for all records required to be retained in accordance with Department of Health guidelines.

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

32.3 Records held in accordance with latest Department of Health guidance shall only be destroyed at the express instigation of the Trust Secretary, with authorisation from the Chief Executive. Detail shall be maintained of records so destroyed.

33. RISK MANAGEMENT AND INSURANCE

33.1 Programme of Risk Management

The Chief Nurse and Chief Corporate Affairs Officer shall ensure that the Trust has a programme of risk management, in accordance with current Department of Health assurance framework requirements, which must be approved and monitored by the Board Committees responsible for each risk on the Board Assurance Framework and reported to the Board as appropriate.

The programme of risk management shall include:

- a) a process for identifying and quantifying risks and potential liabilities;
- b) engendering among all levels of staff a positive attitude towards the control of risk;
- c) management processes to ensure all significant risks and potential liabilities are addressed including effective systems of internal control, cost effective insurance cover, and decisions on the acceptable level of retained risk;
- d) contingency plans to offset the impact of adverse events;
- e) audit arrangements including; Internal Audit, clinical audit, health and safety review;
- f) a clear indication of which risks shall be insured;

- g) arrangements for reviewing the Risk Management programme.

The existence, integration and evaluation of the above elements will assist the Chief Executive in providing a basis to make a Statement on the effectiveness of Internal Control (SIC) within the Annual Report and Accounts as required by current Department of Health guidance.

33.2 Insurance: Risk Pooling Schemes administered by NHS Resolution

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

33.3 Insurance arrangements with commercial insurers

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

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

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

- (1) Where the Board decides to use the risk pooling schemes administered by NHS Resolution 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.
- (2) Where the Board decides not to use the risk pooling schemes administered by NHS Resolution 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 which will not be reimbursed.
- (3) All the risk pooling schemes require Scheme members to make some contribution to the settlement of claims (the 'deductible'). The Chief Financial Officer should ensure documented procedures also cover the management of claims and payments below the deductible in each case.

