

**BARNSELY HOSPITAL
NHS FOUNDATION TRUST**

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

SEPTEMBER 2017

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FOREWORD

The Standing Orders, Delegated Powers and Standing Financial Instructions have all been updated to recognise the current legislative requirements. All roles and responsibilities were correct at the time of review. In the event of any future changes, removal of roles or introduction of new roles, the responsibilities affected by such changes will be assumed by the Officer(s) taking on the relevant remit (or part thereof) as acknowledged by the Board of Directors.

1.1 PURPOSE OF THE DOCUMENT

Standing Order 4.1 of the Trust's Standing Orders (SOs) provides that the Board of Directors (the Board) may make arrangements for the exercise, on behalf of the Trust, of any of its functions by a committee or by a Director or an officer of the Trust, in each case subject to such restrictions and conditions as the Board thinks fit. The Trust has adopted the NHS Code of Accountability which requires that there should be a formal schedule of matters specifically reserved to the Trust.

The purpose of this document is to demonstrate how these powers are reserved to the Board - generally matters for which it is held accountable to monitor (operating under the aegis of NHS Improvements)¹ - whilst at the same time delegating to the appropriate level of staff the detailed application of Trust policies and procedures. However, the Board remains accountable for all of its functions; even those delegated to the Chair, individual Directors or other employees, and therefore expects to receive information about the exercise of delegated functions to enable it to maintain a monitoring role.

The document does not consider those powers that are reserved to the Council of Governors. These are set out in the Trust Constitution. Copies are available from the Secretary to the Board & Governors

Barnsley Facility Services Limited (BFS) – formerly Barnsley Hospital Support Services Limited (BHSS) - (the Company) is a wholly owned subsidiary of the Trust. The management of BFS is set out in its Articles of Association. To reinforce good governance, the Company's operational conduct is aligned to the governance arrangements of the Trust and its Board provides prescribed reports to the Trust's Finance & Performance Committee and Board of Directors after each BFS Board meeting.

The Trust is the Corporate Trustee of Barnsley Hospital Charity. The Trust has assessed its relationship to the charitable fund and has determined it to be a subsidiary because the Trust is exposed to, or has rights to, variable returns and other benefits for itself, patients and staff from its involvement of the charitable fund and has the ability to affect those returns and other benefits through its power over the fund.

¹ "Monitor" still exists as a legal body but operating within the remit of NHS Improvement (NHSI), NHSI has issued guidance that where trusts are responding to requirement set out by Monitor they should still be referenced as "Monitor" until superseded by publications issued by NHSI. References in this document reflect both as appropriate.

Role of the Chief Executive

All powers of the Trust that have not been retained as reserved by the Board or delegated to an executive committee or committee shall be exercised on behalf of the Board by the Chief Executive. The Chief Executive shall prepare a Scheme of Delegation identifying which functions he/she shall perform personally and which functions have been delegated to other directors and employees.

All powers delegated by the Chief Executive can be re-assumed by him, /her should the need arise. As Accountable Officer the Chief Executive is accountable to Parliament through the Accounting Officer of the Department of Health for the funds entrusted to the Trust.

1.2 HOW TO USE THIS DOCUMENT

If you are a member of staff, for quick reference go to section 4.

If you are a member of the Trust's Board of Directors or Executive Team go to section 2 and then section 3.

1.3 CAUTION OVER THE USE OF DELEGATED POWERS

Powers are delegated to Directors/employees on the understanding that they be exercised responsibly.

All actions that are exercised under delegated powers shall be in accordance with the Trust's Standing Orders, Standing Financial Instructions and policies.

Advice on the exercise of delegated powers is available from appropriate departments, e.g. from the Human Resources (HR) and Finance Departments.

1.4 DIRECTORS'/EMPLOYEES' ABILITY TO DELEGATE THEIR OWN DELEGATED POWERS

In order to ensure clarity in this document as to which matters can be delegated and which cannot, matters which cannot be delegated downwards are shown in sections 4 -7 in italics, e.g. *Chief Executive*

Such matters can never be delegated downwards except where formal deputising arrangements exist to cover staff absence.

All matters that do not appear in italics can be delegated by the Director/employee identified. However, such delegation must be in writing and a copy of this must be retained in case of query. Delegating Directors/employees should consider carefully the appropriate level of delegation in each case so as to retain overall accountability whilst at the same time empowering their staff to a sensible degree.

1.5 ABSENCE OF DIRECTORS AND EMPLOYEES TO WHOM POWERS HAVE BEEN DELEGATED

Unless formal deputising arrangements exist or written delegation has been authorised then where necessary they shall be exercised by the Director/employee's superior unless alternative arrangements have been approved by the Board.

If the Chief Executive is absent, powers delegated to him/her may be exercised by the Chair after taking appropriate advice from the Director of Finance and/or Deputy Chief Executive.

The Scheme of Delegation simply sets out levels of decision-making in the current management structure.

The aim of the current management structure is to empower staff to take decisions in line with the scope of their job and avoid referring decisions 'up the line'.

The Scheme is consistent with this aim.

The Scheme generally includes key decision-making powers only. It does not include all duties set out in manager's job descriptions.

1.6 WHAT HAPPENS IF THE SCHEME IS NOT FOLLOWED?

The Scheme of Delegation is an important part of corporate governance and should be followed.

Training will be offered to ensure that all managers, to whom powers are delegated, understand the extent of their powers and are able to work both within the spirit and the letter of the scheme.

Where managers fail to reach the standards expected of them further action may be appropriate, e.g. further training, close audit or withdrawal of delegated powers may be appropriate.

In extreme cases where fraud or gross negligence are alleged, disciplinary action may be taken against managers who fail to comply with the requirements of this scheme of delegation.

1.7 FURTHER INFORMATION

If you cannot find the information you require in sections 4-7, please talk to your line manager or the relevant Director.

2 RESERVATION OF POWERS TO THE BOARD OF DIRECTORS (the Board)

The Code of Accountability adopted by the Trust requires the Board of Directors to determine those matters on which decisions are reserved unto itself.

These reserved matters are as follows:

2.1 GENERAL ENABLING PROVISION

2.1.1 The Board may determine any matter it wishes, in full session as set out in the Trust Constitution.

2.2 REGULATION AND CONTROL

2.2.1 Approval of Standing Orders (SOs), Standing Financial Instructions (SFIs) and the Schedule of Matters Reserved to the Board, for the regulation of the Board's proceedings and business, including the annual consideration, including the approval, suspension, variation or amendment of the SOs and of all documents having the effect as if incorporated in the SOs, resulting from the annual reviews of these documents (Ref. SO 14.3);

2.2.2 Approval of the Scheme of Delegation of Powers from the Board to Directors and other employees (Ref. SO 4.5 and SFI 1.3.2 (d));

2.2.3 Requiring and receiving the declarations of Directors' interests which may conflict with those of the Trust and determining the extent to which those Directors concerned may remain involved with the matters under consideration. (Ref. SO 6.2 and 6.5);

2.2.4 Requiring and receiving declarations of interest from other employees which may conflict with those of the Trust and deciding the extent to which the employees concerned may remain involved with the matters under consideration;

2.2.5 Disciplining directors who are in breach of statutory requirements, SOs or SFIs;

2.2.6 Approval of the disciplinary procedures for other employees of the Trust;

2.2.7 Approval of the arrangements for dealing with complaints, based upon Department of Health guidance;

2.2.8 Adoption of organisational structures and arrangements designed to facilitate discharge of the Trust's business, and agreement of modifications thereto;

2.2.9 Definition and approval of essential features regarding important financial systems and procedures, including the need to obtain value for money (Ref. SFI 1.3.2(c));

- 2.2.10 Receipt of reports from committees, including those which the Trust is required to establish by Monitor and/or NHSI, by other regulation, and taking appropriate action thereon;
- 2.2.11 Confirmation of the recommendations of Trust committees, where the committees do not have executive powers;
- 2.2.12 Establishment of Terms of Reference and reporting arrangements of all committees of the Board (and of committees, if necessary) (Ref SO 5.4); and
- 2.2.13 Ratification of urgent decisions taken by the Chief Executive/Chair in accordance with SO 4.2;
- Approval of arrangements relating to the discharge of the Trust's responsibilities as a corporate trustee for charitable funds; and
 - Approval of arrangements relating to the discharge of the Trust's responsibilities as a bailee for patients' property.
- 2.2.14 Approval or ratification of decisions made by a Committee in Common established by the Board.

2.3 APPOINTMENTS AND DISMISSALS

- 2.3.1 Appointment and dismissal of committees (Ref. SO 5.1); and
- 2.3.2 Appointment of members of any committee of the Trust and the appointment of representatives on outside bodies (Ref. SO 5.6);

2.4 POLICY DETERMINATION

- 2.4.1 Approval of management policies, including HR policies incorporating the arrangements for the appointment, remuneration and removal of staff.
- 2.4.2 Certain procedures or policies may be approved by Committees of the Board of Directors or management, where delegated authority has been given by the Board.

2.5 STRATEGY, BUSINESS PLANS AND BUDGETS

- 2.5.1 Definition of the Trust's mission, strategic aims and objectives, including financial strategy (Ref. SFI 1.3.2 (a));
- 2.5.2 Approval of the Annual Business Plan (Ref. SFI 3.1.1);
- 2.5.3 Approval of annual budgets (Ref. SFI 1.3.2 (b)) and capital investment programme;
- 2.5.4 Approval of service agreement arrangements; and

2.5.5 Approval and monitoring of the Trust's risk management strategy and programme of risk management. (Ref. SFI 18.1).

2.6 DIRECT OPERATIONAL DECISIONS

2.6.1 Approval of acquisitions, disposals and changes of use of land and buildings;

2.6.2 Ratifying the decisions made by Executive Officers relating to specific contracts of a capital or revenue nature (other than for healthcare provision) amounting to or exceeding (or likely to amount to or exceed) the annual OJEU limit (currently £164,176).

2.6.3 Approval of losses and special payments above £25,000. (Ref. SFI 13.2.6(c));

2.6.4 Agreement of action on litigation against or on behalf of the Trust in accordance with the policy and procedure approved by the Board on advice from the Trust Solicitor;

2.6.5 Approval of individual compensation payments in excess of £25,000;

2.6.6 Approval of the sealing of documents, as required by SO 12.2;

2.6.7 Approval of any redundancy programmes;

2.6.8 Director of Finance through procurement ensures tender procedures followed;

2.6.9 Approval and Review of the Tendering and Procurement Procedures not less than every two years (Ref. SFI 19.2.9);

2.6.10 Determination from time to time of whether in-house services should be market tested by competitive tendering (Ref. SFI 19.2.20 and SFI 21);

2.6.11 Agreement of proposals for the use of private finance, taking account of appropriate professional advice (Ref. SFI 19.3 (c));

2.6.12 Ensuring wherever possible that best value for money is obtained in all Trust contracts and that these are reviewed every three years;

2.6.13 Ratifying decisions made by Executive Officers relating to the acceptance of tenders other than the lowest (if payment is to be made by the Trust) or other than the highest (if payment is to be received by the Trust), which decisions are to be recorded in the minutes and tender records. (Ref. 4.9 of Annex 1 to SFIs); these are reported to the Audit Committee for ratification.

2.6.14 Ratifying decisions made by Executive Officers relating to single tender action, decisions for which are to be recorded in the minutes and tender records. All single tenders are required to be reported to the Audit Committee.

2.6.15 Approval of banking arrangements, via the Finance & Performance Committee. (Ref. SFI 5.1.2); and

2.6.16 Determination of appropriate routine security practices regarding NHS property. (Ref. SFI 11.4.4).

2.6.18 The Board is collectively responsible for minimising the risk of infection and the general means by which it prevents and controls such risks

2.7 FINANCIAL AND PERFORMANCE REPORTING ARRANGEMENTS

2.7.1 Continuous appraisal of the affairs of the Trust by means of the receipt and consideration of reports, as the Board sees fit, from committees, directors and employees as set out in management policy statements;

2.7.2 All monitoring returns required by Monitor and/or NHSI, the Charity Commission, Care Quality Commission and other authorised national reporting/monitoring organisations shall be reported, at least in summary, to the Board;

2.7.3 Approval of the opening or closing of any bank or investment account;

2.7.4 Receipt and approval of a schedule of service agreements signed in accordance with arrangements approved by the Chief Executive;

2.7.5 Consideration and approval of the Trust's Annual Report, including the annual accounts; and

2.7.6 Receipt and approval of the accounts for Charitable Funds and BHSS into the consolidated accounts.

2.8 AUDIT ARRANGEMENTS

2.8.1 Approval of arrangements for internal and external audit, including those for the separate audit of BHSS/BFS and the Charitable Funds. External auditor appointment to be approved by the Council of Governors.

2.8.2 Receipt of minutes/reports from the Audit Committee and approving action thereon as appropriate;

2.8.3 Consideration of the ISA 260 of the external auditors and approval of Audit Committee recommendations thereon; and

2.8.4 Consideration of the annual report of the internal audit service and approval of Audit Committee recommendations thereon.

2.8.5 Consideration of the Trust's Quality Account and external Audit assurance opinion thereon.

3 SCHEME OF DELEGATION

3.1 DELEGATION TO COMMITTEES

3.1.1 The Board may determine that certain of its powers shall be exercised by standing committees. The composition and terms of reference of such committees shall be as determined from time to time by the Board, taking into account, where necessary, the requirements of Monitor and/or NHSI, the Charity Commission, the Care Quality Commission and other authorised national reporting/monitoring organisations including the need to appoint an Audit Committee and a Remuneration and Terms of Service Committee.

3.1.2 The Board shall determine the reporting requirements of these committees.

3.1.3 In accordance with SO 5.5, (amended accordingly to reflect Quality & Governance committee may not delegate their executive powers to committees unless expressly authorised by the Board).

3.2 MATTERS TO BE DEALT WITH BY THE REMUNERATION AND TERMS OF SERVICE COMMITTEE

3.2.1 The making of decisions which shall be reported to the Board of Directors on the remuneration and terms of service (including benefits such as pensions) of the Chief Executive, Executive Directors and other Directors /Trust's Senior Managers on the Trust's senior manager terms and conditions of service to ensure that they are fairly rewarded for their contribution to the organisation, having proper regard to the Trust's circumstances and performance and to the provisions of any national arrangements or such staff, where appropriate.

3.2.2 Monitoring and evaluating the performance of the Chief Executive and Executive Directors.

3.2.3 Advising on and overseeing appropriate contractual arrangements for such staff, including the proper calculation and scrutiny of termination payments, taking account of appropriate national guidance.

3.2.4 Consideration of the recommendations resulting from job evaluations relating to the Chief Executive and Executive Directors.

3.2.5 Completion of the remuneration report as required in the Trust's annual report.

3.3 MATTERS TO BE DEALT WITH BY THE AUDIT, FINANCE & PERFORMANCE AND QUALITY & GOVERNANCE COMMITTEES

Audit Committee

3.3.1 Consideration of the appointment of the External Auditors, the audit fee and any questions of resignation or dismissal prior to approval by the Council of Governors. Discussion of the External Audit plan with the External Auditors before the audit commences, including the extent of reliance on Internal Audit.

- 3.3.2 Discussion of the problems and reservations arising from the External Auditors' work and of any matters they may wish to discuss.
- 3.3.3 Review of the External Auditors' ISA 260 and management's response.
- 3.3.4 Consideration of the appointment of the Internal Auditors, the audit fee and any questions of resignation or dismissal. (Ref. SFI 2.1.4).
- 3.3.5 Reviewing the Internal Audit Strategic and annual Audit Plan, ensuring co-ordination between Internal and External Auditors.
- 3.3.6 Reviewing Internal Audit progress reports and management's responses.
- 3.3.7 Reviewing the annual report of the Internal Audit service.
- 3.3.8 Reviewing the evidence supporting management's statements on internal control systems and making appropriate recommendations to the Board regarding endorsement.
- 3.3.9 Reviewing financial statements before submission to the Board, focusing particularly on:
 - (i) any changes in accounting policies and practices;
 - (ii) Major judgmental areas; and
 - (iii) Significant adjustments resulting from the audit.
- 3.3.10 Reviewing proposed changes to SOs and SFIs and the schedule of powers reserved to the Board (Scheme of Delegation).
- 3.3.11 Examining the circumstances associated with each occasion that SOs are waived.
- 3.3.12 Consideration of the major findings of internal investigations and management's responses
- 3.3.13 Reviewing schedules of losses and special payments.
- 3.3.14 Reviewing decisions made by Executive Officers before ratification by the Board relating to the acceptance of tenders other than the lowest (if payment is to be made by the Trust) or other than the highest (if payment is to be received by the Trust).
- 3.3.15 Reviewing decisions made by Executive Officers before ratification by the Board relating to single tender action.
- 3.3.16 Consideration of any report involving the Trust issued by the Public Accounts Committee or the Comptroller and Auditor General and management's proposed responses before presentation to the Board for approval.
- 3.3.17 Monitoring the implementation of policy on standards of business conduct.

3.3.18 Approval of revised/ updated Policies on behalf of the Board (for those policies relating to the scope of the Committee).

3.3.19 Review the Register of Seals.

Finance & Performance Committee

3.3.20 Providing assurance to the Board to ensure Board members have an adequate understanding of key financial issues.

3.3.21 Examining all financial issues as requested by the Board and in particular routinely:

- (i) Scrutinising detailed financial plans, budgets, efficiency and income generation programmes and financial monitoring reports on behalf of the Board;
- (iii) Approving the development of financial reporting consistent with the NHS Foundation Trust financial regime including key ratio reporting;
- (iv) Overseeing the development and implementation of the financial information systems strategy; and
- (v) Approving financial policies e.g. Treasury management policy
- (vi) Monitoring key performance indicators relating to operational matters and workforce
- (vii) Approving business cases within its agreed limits (as set out in the appendix)

3.3.22 Approving borrowing arrangements on behalf of the Trust (and reporting on same to the Board).

3.3.23 Reviewing decisions made by Executive Officers before ratification by the Board relating to specific contracts of a capital or revenue nature (other than for healthcare provision).

3.3.24 Consider advice and make appropriate recommendations to the Board of Directors on all aspects of HR Strategy, including policy.

3.3.25 Approval of revised/ updated Policies on behalf of the Board (for those policies relating to the scope of the Committee).

Quality & Governance Committee

The Quality & Governance Committee is the lead in clinical governance at the Trust.

3.3.26 The Quality & Governance Committee will assure that the structures and processes, policies and procedures are in place to provide the framework to support an environment in which excellent clinical care will flourish

It has the delegated responsibility to approve the central Health and Safety policy. The Committee will assure that the structures and processes, policies and procedures are in place to provide the framework to support and ensure that clinical and non clinical risks are mitigated and assured appropriately

3.3.27 Jointly and or separately, the Governance Committees will:

- i) Assure that when an issue occurs which threatens the Trust's ability to do this, it is managed and escalated appropriately and that actions are taken and followed through.
- ii) review new policy documents and make recommendations to the Board for their approval
- iii) Assure the Board of Directors that the controls to mitigate risk and relevant assurance programmes within the areas of responsibility of the Committee are in place and are working.

3.3.28 Approval of revised/updated Policies on behalf of the Board (for those policies relating to the scope of the Committee).

3.4 **MATTERS RESERVED TO THE CHAIR**

- 3.4.1 Assessment through the Remuneration and Terms of Service Committee of the performance of the Chief Executive (parent role).
- 3.4.2 Presiding over meetings of the Trust and Council of Governors if present. (Ref. SO 3.16).
- 3.4.3 Acting as the final authority on the interpretation of SOs (advised by the Chief Executive). (Ref. SO 1.1).
- 3.4.4 Responsible for ensuring that the Board successfully discharges its overall responsibility for the Trust as a whole. (Ref. SO 1.3).
- 3.4.5 Reporting to the Board any material disclosures made by directors and certain specified employees regarding any relationship with a candidate for a staff appointment. (Ref. SO 8.8).
- 3.4.6 Provision of direction to the Board regarding the arrangements for meetings and accommodation of the public and press, and on the exclusion of the press and public from formal Board meetings (Ref. SO 3.2).
- 3.4.7 Insertion in agendas of meetings of notices of motions received from directors. (Ref. SO 3.15).
- 3.4.8 Decisions at Board meetings on questions of order, relevancy, regularity and any other matters. (Ref. SO 3.20).
- 3.4.9 Exercise at Board meetings of a second or casting vote, in the case of any equality of votes. (Ref. SO 3.26).
- 3.4.10 E meetings/E mail resolutions: Where any urgent issues arise or issues that might need the Board's sanction between meetings in order to ensure that the decision is acted on in a timely manner. This will be subject to the agreement or guidance of Executive and or Non Executive Directors as appropriate. This will be ratified at the next formal Board meeting.

3.4.11 Where expenditure is required to be committed outside of the quarterly Trustees meetings and this meeting the objectives of the fund the Chair can give Chairman's approval to the value of £5000 under co signature with an executive director. This will be ratified at the Trustees next meeting

3.4.12 Ensure the provision of suitable training to support Governors in delivering their duties

Matters Delegated to the Chair and Chief Executive Acting Jointly

3.4.13 Exercise, **in emergency**, of the powers which the Board has retained to itself under SO 2.5 - after having consulted at least two non-executive directors (to be reported to the next formal meeting of the Board for ratification). (Ref. SO 4.2).

3.4.14 To serve as Members of the Committee in Common (CIC) established by the Board and exercise the Committee's powers in accordance with the CIC's Terms of Reference.

3.5 MATTERS DELEGATED TO THE CHIEF EXECUTIVE

3.5.1 Annual Planning and Reporting

3.5.1.a Compilation and submission to the Board of an Annual Business Plan. (Ref. SFI 3.1.1).

3.5.1.b Publication of an annual report in accordance with guidelines on local accountability and presentation of it to the (Council of Governors at a general meeting, and at an annual public members meeting. (Ref. SFI 4.1.3).

3.5.2 Performance Monitoring

3.5.2.a Assessment of the performance of all employees directly responsible to the Chief Executive (parent role).

3.5.2.b Ensuring the submission of the appropriate monitoring forms to the Monitor and/or NHSI, the Care Quality Commission and requisite monitoring organisations. (Ref. SFI 3.5.1).

3.5.3 Corporate Governance

3.5.3.a Overall responsibility for the Trust's system of internal control (Ref. SFI 1.3.4).

3.5.3.b Overall responsibility regarding the Trust's compliance with:

- Monitor's Code of Governance
- Terms of Authorisation
- Financial viability
- Legally constituted
- Governance

- Statutory requirements
 - Monitor licensing conditions
- 3.5.3.c Ensuring that the Trust has a risk management strategy and a programme of risk management. (Ref. SFI 18.1).
- 3.5.3.d Establishment and regular review of a register of directors' interests and publicising its existence and arrangements for viewing. (Ref. SOs 6.9 - 6.11).
- 3.5.3.e Reporting to the Chairman any disclosures made by directors and certain specified employees regarding any relationship with a candidate for a staff appointment. (Ref. SO 8.8).
- 3.5.3.f Dissemination of SOs and SFIs to existing and new directors and employees, as appropriate, and ensuring that directors and nominated employees understand their responsibilities within SOs and SFIs. (Ref. SO 14.1 and SFI 1.3.8).
- 3.5.3.g Preparation of a Scheme of Delegation (to be considered at the Audit Committee and approved by the Board), including a scheme for capital investment management. (Ref. SOs 4.5 and SFI 11.1.9).

3.5.4 Financial Responsibilities

- 3.5.4.a Responsibility, as the Accountable Officer, for ensuring the proper stewardship of public funds and assets entrusted to the Trust and for ensuring that the Board meets its obligation to perform its functions within the available financial resources (Ref. SO 1.3 and SFI 1.3.5).
- 3.5.4.b Responsibility to the Board for ensuring that its financial obligations and targets are met (Ref. SFI 1.3.5).
- 3.5.4.c Identifying and implementing, each financial year, cost improvements and income generation initiatives, in accordance with the requirements of the annual Business Plan and a balanced budget. (Ref. SFI 3.3.3).
- 3.5.4.d Approval of losses and special payments up to the value of £25,000 (Ref. SFI 13.2.6(b))

3.5.5 Execution and Signing of Contracts and Agreements

- 3.5.5.a Entering into and signing on behalf of the Trust contracts and legal documents which will be necessary in legal proceedings, except where otherwise provided for by SOs or by specific delegation. (Ref. SOs 13.1 and 13.2);
- 3.5.5.b Negotiation of service contracts for the provision of services to patients in accordance with the Business Plan and establishment of arrangements for providing out of area treatment services. (Ref. SFI 7.1);
- 3.5.5.c Signature, on behalf of the Trust, of service agreements/agreements contract between the Trust and commissioners of healthcare services). This function can also be carried out by the Director of Finance

- 3.5.5.d Security of the Common Seal of the Trust and maintenance of a register of sealing. (Ref. SOs 12.1 and 12.4).

3.5.6 Staff Remuneration

- 3.5.6.a Presentation of proposals to the Board for the setting of remuneration and conditions of service for those employees not covered by the Remuneration and Terms of Service Committee or who have a query on their agenda for change. (Ref. SFI 8.1.4).

3.5.7 Procurement of Goods and Services

- 3.5.7.a Responsibility for ensuring that best value for money can be demonstrated for all services provided under contract or in-house. (Ref. SFI 19.2.20 and SFI 21).
- 3.5.7.b Provision of written procedures on the seeking of professional advice regarding the supply of goods and services. (Ref. SFI 9.1.5).

3.5.8 Competitive Tendering

- 3.5.8.a In the absence of the Director of Finance, giving written approval, where appropriate, for fewer than three tenders to be invited. (Ref. SFI 19.2.3).

3.5.9 Control of Assets

- 3.5.9.a Responsibility for the overall control of fixed assets. (Ref. SFI 11.4.1).

3.5.10 Other Responsibilities

- 3.5.10.a Overall responsibility for the maintenance of archives for all documents, with assistance from the Director of Finance where appropriate. (Ref. SFI 17.1.1).
- 3.5.10.b Decisions on the destruction of documents held. (Ref. SFI 17.1.4), with advice from the Director of Finance where appropriate.

3.6 MATTERS DELEGATED TO THE DIRECTOR OF FINANCE

3.6.1 Policy Implementation

- 3.6.1.a Implementation of the Trust's financial policies and co-ordination of any corrective action necessary to further these policies. (Ref. SFI 1.3.9 (a)).

3.6.2 Corporate Governance

- 3.6.2.a Design, maintenance and supervision of an effective system of the system for internal control. (Ref. SFI 1.3.9 (b) and (e))
- 3.6.2.b Ensuring that detailed financial procedures and systems incorporating the principles of separation of duties and internal check are prepared, documented, maintained and disseminated - and approval of all financial procedures. (Ref. SFIs 1.1.2 and 1.3.9 (b) et al);

- 3.6.2.c Preparation of a Counter Fraud, Bribery & Corruption Policy (Ref. SFI 13.2.1); and
- 3.6.2.d Ensuring that adequate insurance arrangements exist, where appropriate. (Ref. SFI 18.1.5).
- 3.6.2.e Shall act as the Trust's SIRO (Senior Independent Risk Owner) as required by the Information Governance Toolkit (IGT).

3.6.3 Ensure compliance with the Freedom of Information Act.

3.6.4 Budgetary Control

- 3.6.4.a Preparation and submission of annual budgets for approval by the Board, prior to the start of each financial year. (Ref. SFI 3.1.3).
- 3.6.4.b Monitoring financial performance against budget and Business Plan and reporting to the Board. (Ref. SFI 3.1.4).
- 3.6.4.c Ensuring that adequate training is delivered on an on-going basis to budget holders, to help them manage their budgets successfully. (Ref. SFI 3.1.6).
- 3.6.4.d Authorising in writing any use of non-recurring budgets to finance recurring expenditure. (Ref. SFI 3.2.4). And
- 3.6.4.e Devising and maintaining a system of budgetary delegation and control. (Ref. SFI 3.3.1).

3.6.5 Maintenance of Financial Records

- 3.6.5.a 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. (Ref. SFI 1.3.9(c)) and SFI 14.1.1
- 3.6.5.b Requiring that where any employee carries out a financial function, the record relating to it and the manner in which it is executed is done to his satisfaction. (Ref. SFI 1.3.9 (d)).
- 3.6.5.c Designing, maintaining and ensuring compliance with systems for the proper recording, invoicing, collection, coding and banking of all monies due to the Trust. (Ref. SFI 6.1.1, 6.1.2 and 6.3.1 and 14.1.2).
- 3.6.5.d Preparation and maintenance of such accounts, certificates, estimates, records and reports as the Trust may require, for both exchequer and Charitable Funds purposes. (Ref. SFI 1.3.9 (h) and 16.5.2).
- 3.6.5.e Designing and maintaining a system of verification, recording and payment of all amounts payable. (Ref. SFI 9.2.3.(d)).

3.6.6 Financial Reporting

- 3.6.6.a Preparation and submission of annual financial reports and returns to Parliament and Monitor and/or NHSI within prescribed timetables, and certification of these in accordance with current guidelines. (Ref. SFI 4.1.1 (a)-(c)).

- 3.6.6.b Preparation of financial returns in accordance with the accounting policies and guidance given by Monitor and/or NHSI and HM Treasury, the Trust's accounting policies and applicable accounting standards. (Ref. SFI 4.1.1(a)).
- 3.6.6.c Reporting to the Finance and Performance Committee regarding the cash flow and any treasury management reports.
- 3.6.6.d Reporting periodically to the Board concerning the originating debt and all loans and overdrafts. (Ref. SFI 10.1.1).
- 3.6.6.e Approving finance reports to Monitor and/or NHSI prior to submission;
- 3.6.6.f Certification and submission of costs for reference costs purposes in accordance with requirements and timetables.
- 3.6.6.g Production of regular reports detailing actual and forecast income, linked to patient activity, with a detailed assessment of the impact of the variable elements of income. (Ref. SFI 7.1.3).

3.6.7 Provision of Advice

- 3.6.7.a Providing financial advice to the Trust and its directors and employees with respect to the business of the Trust. (Ref.SFI 1.3.9 (f)).
- 3.6.7.b Provision of advice to the Chief Executive regarding service contracts for the provision of services to patients on matters such as costing and pricing of services, payment terms and conditions, amendments to agreements and out of area treatment arrangements. (Ref. SFI 7.1).
- 3.6.7.c Advising the Board on the Trust's ability to pay interest on, and repay, both the originating capital debt and any proposed new public dividend capital borrowing. (Ref. SFI 10.1.1).
- 3.6.7.d Advising the Board on investments and reporting periodically to the Board on the performance of investments. (Ref. SFI 10.2.2).
- 3.6.7.e Advising the Board on the financial implications of proposed fund raising activities. (Ref. SFI 16.2.5).
- 3.6.7.f Provision of advice, in cases of doubt, on whether gifts/donations to Charitable Funds can be accepted for purposes relating to the NHS. (Ref. SFI 16.2.2).
- 3.6.7.g Advising the Board on the setting of financial thresholds for quotations and formal tenders. (Ref. SFI 9.2.3 (a)).

3.6.8 Approval of Financial Arrangements

- 3.6.8.a Authorisation of any short term borrowing in accordance with the approved Treasury Management policy. (Ref. SFI 10.1.4).
- 3.6.8.b Approval of any proposed arrangements for prepayments before contractual arrangements proceed. (Ref. SFI 9.2.4 (c)).
- 3.6.8.c Approval of any system of electronic trading. (Ref. SFI 9.3.3).

- 3.6.8.d Approval of procedures for reconciling balances on fixed assets accounts in ledgers against balances on fixed asset registers. (Ref. SFI 11.3.5).
- 3.6.8.e Approval of asset control procedures (including those for donated assets). (Ref. SFI 11.4.2).
- 3.6.8.f Approval of stocktaking arrangements in stores and, where a complete system of stores control is not justified, of alternative control arrangements. (Ref. SFI 12.1.5 and 12.1.6).
- 3.6.8.g Approval of system for review of slow moving and obsolete stocks and for condemnation, disposal and replacement of unserviceable articles. (Ref. SFI 12.1.7).
- 3.6.8.h Approval of security precautions for any use of a cheque signing machine and of any use of cheques with pre-printed signatures. (Ref. SFI 6.4.6).
- 3.6.8.i Approval of secure arrangements for all electronic transfers of funds. (Ref. SFI 5.5.1).
- 3.6.8.j Approval of any arrangements for disbursements to be made from cash received. (Ref. SFI 6.4.3).
- 3.6.8.k Authorisation of an employee to condemn/dispose of unserviceable articles and of a counter signatory, and of the records to be kept. (Ref. SFI 13.1.4 (a) and (b)).

3.6.9 Internal Audit

- 3.6.9.a Ensuring that an adequate and effective Internal Audit service is provided which meets the NHS Internal Audit standards. (Ref. SFIs 2.1.4. and 2.3.1 (a) and (b)).
- 3.6.9.b Ensuring that there are arrangements to review, evaluate and report on the effectiveness of the system for internal control (Ref. SFI 2.3.1 (a)).
- 3.6.9.c Deciding at what stage to involve the police in cases of fraud, misappropriation and other irregularities. (Ref. SFI 2.3.1 (c)).
- 3.6.9.d Ensuring that an annual Internal Audit report is prepared for the consideration of the Audit Committee and the Board. (Ref. SFI 2.3.1 (d)).
- 3.6.9.e Agreement of the Internal Audit reporting system with the Audit Committee and the Head of Internal Audit and ensuring that the system is reviewed every three years. (Ref. SFI 2.4.4).

3.6.10 Banking Arrangements

- 3.6.10.a Management of the Trust's banking arrangements and provision of advice to the Trust on banking services and the operation of accounts, taking account of appropriate guidance from Monitor and/or NHSI. (Ref. SFI 5.1.1, 5.2.1 5.3.2).
- 3.6.10.b Ensuring that bank and Government Banking do not become overdrawn, unless in accordance with the working capital facility and

reporting to the Board all arrangements made for accounts to be overdrawn. (Ref. SFI 5.2.1 (c) and (d)).

- 3.6.10.c Seeking competitive tenders for the Trust's banking business and reporting the results of the tendering exercise to the Board. (Ref. SFI 5.4.1 and 5.4.2).
- 3.6.10.d Applications for any loan or overdraft. (Ref. SFI 10.1.2).
- 3.6.10.e Agreement of any arrangements for the opening and operation of separate accounts for patients' monies, where required by Department of Health / Monitor and/or NHSI instructions. (Ref. SFI 15.1.4).

3.6.11 Charitable Funds

- 3.6.11.a Receipt and banking of gifts and donations to Charitable Funds and of fund raising proceeds. (Ref. SFI 16.2.1).
- 3.6.11.b Obtaining grants of representation in order to obtain legacies due to the Trust and seeking legal advice in such cases. (Ref. SFI 16.2.3).
- 3.6.11.c Dealing with all correspondence concerning legacies and legally acknowledging the receipt of legacies on behalf of the Trust (Ref. SFI 16.2.4).
- 3.6.11.d Investment of Charitable Funds. (Ref. SFI 16.4.1).

3.6.12 Payroll Arrangements

- 3.6.12.a Determination of arrangements for payment of staff, including timetables for submission of authorised time records, agreeing methods of payment, making payment on agreed dates and the final determination of pay (taking advice from the) Director of Human Resources and Organisational Development. (Ref. SFI 8.4.2).
- 3.6.12.b Ensuring that the arrangements for providing the payroll service are supported by appropriate contracted terms and conditions, where appropriate, adequate internal controls and audit review and that suitable arrangements are made for the collection/payment of payroll deductions. (Ref. SFI 8.4.5).

3.6.13 Procurement of Goods and Services and Payment of Suppliers

- 3.6.13.a Prompt payment of accounts where possible and claims in accordance with the public sector payments policy. (Ref. SFI 9.2.2 and 9.2.3 (c)).
- 3.6.13.b Ensuring that payment for goods and services is only made once they are received (Ref. SFI 9.2.3(e)).
- 3.6.13.c Determining a system for maintenance of an up-to-date list of signatories who are authorised to place requisitions for the supply of goods and services and for agreeing any financial thresholds for the authorisation of requisitions. (Ref. SFI 9.1.4 (a) and (b)).
- 3.6.13.d Identification of those employees who are authorised to requisition and accept goods from the NHS Supply Chain. (Ref. SFI 12.1.8).

3.6.14 Competitive Tendering

- 3.6.14.a Reporting to the Audit Committee any occasions where competitive tendering has been waived by virtue of SFI 19.2.4 (a) - (d).
- 3.6.14.b Giving written approval, where appropriate, for fewer than three tenders to be invited. (Ref. SFI 19.2.8).

3.6.15 Arrangements for the Control of Income

- 3.6.15.a All clinical income is captured and recorded through the SLA Monitoring system (SLAM). This system takes activity recorded across the hospital and attaches a tariff to it either from the national published list or the locally agreed list as per the latest contract.
- 3.6.15.b The position on the SLAM output is reported through the CBU Performance Meetings which are held monthly and reported to the Finance & Performance Committee.
- 3.6.15.c A monthly commissioning group meeting takes place with the Host Commissioners and the performance of the contract, both financially and for quality is monitored through this process.
- 3.6.15.d Providing assistance to managers in the regular review of the levels of all fees and charges, which levels will be reviewed at least annually. (Ref. SFI 6.2.2).
- 3.6.15.e Prescribing systems and procedures for the handling of cash, Trust credit cards and negotiable securities, including approval of documents used for recording receipt of monies, ordering and security of these forms and the provision of adequate/secure facilities and systems for the holding of cash, cheques and Trust credit cards. (Ref. SFI 6.4.1).
- 3.6.15.f Sanctioning of any pricing of patient services at marginal cost and reporting details to the Board where material and significant. (Ref. SFI 7.1.4).
- 3.6.15.g Ensuring that the arrangements for the sale of assets with an estimated market value in excess of £15,000 maximise the income to the Trust. (Ref. SFI 13.1.3).

3.6.16 Capital Schemes and Private Finance Initiative

- 3.6.16.a Ensuring that there is an adequate appraisal and approval process in place for determining capital expenditure priorities and that each proposal is in accordance with the Business Plan. (Ref SFI 11.1.1)
- 3.6.16.b Ensuring that for each capital expenditure proposal an adequate business case is produced for the Capital Monitoring Group before submission to the Executive team for anything up to £100,000 and for approval up to £250,000 approval must be sought from the Finance & Performance Committee (Ref: SFI 11.1.4(a)-(b))
- 3.6.16.c Demonstrating on PFI schemes that the use of private finance represents value for money and genuinely transfers significant risk to the private sector. (Ref. SFI 11.2.1 (a)).

- 3.6.16.d Issuing of written procedures for the management of stage payments on capital schemes. (Ref. SFI 11.1.5).
- 3.6.16.e Issuing to project managers specific authority to commit capital expenditure, as outlined above, authority to proceed to tender and approval to accept a successful tender in line with the SOs and SFIs. (Ref. SFI 11.1.8).
- 3.6.16.f Issuing written procedures on the financial management of capital investment projects. (Ref. SFI 11.1.10).

3.6.17 Control of Assets

- 3.6.17.a Taking of appropriate action where, upon condemnation of an article, there is evidence of negligence in use. (Ref. SFI 13.1.5).
- 3.6.17.b Responsibility for the systems for the control of stores. (Ref. SFI 12.1.2).
- 3.6.17.c Calculation of annual estimated capital charges and submission of details in accordance with Department of Health requirements. (Ref. SFI 11.3.8).
- 3.6.17.d Maintenance of the register of assets and arranging for a physical check of assets to be conducted at least annually (SFI 11.3.1).

3.6.18 Losses and Special Payments

- 3.6.18.a Notification to the Board, External Auditor and Head of Internal Audit and Audit Committee of losses apparently caused by theft, arson, neglect of duty or gross carelessness, except if loss is less than £1,000. (Ref. SFI 13.2.4 & 13.2.5)
- 3.6.18.b Approval of losses and special payments up to the value of £10,000(Ref. SFI 13.2.6(a)).
- 3.6.18.c Safeguarding the Trust's interests in bankruptcies and company liquidations. (Ref. SFI 13.2.7).
- 3.6.18.d Considering, for all losses, whether any insurance claim can be made. (Ref. SFI 13.2.8).
- 3.6.18.e Maintenance of the Losses and Special Payments Register. (Ref. SFI 13.2.9).

3.7 MATTERS DELEGATED TO THE DIRECTOR OF INFORMATION COMMUNICATIONS & TECHNOLOGY (ICT)

- 3.7.1 Development of the computer systems in accordance with the Trust's IM and T Strategy. (Ref. SFI 14.1.1.d),
- 3.7.2 Confirming that new systems generally and amendments to existing systems are developed in a controlled manner and thoroughly tested prior to implementation. Also, where this is undertaken by another organisation, obtaining assurances of adequacy from them prior to implementation. (Ref. SFI 14.1.3).
- 3.7.3 Seeking periodical assurances, where another health organisation or other agency provides a computer service that adequate controls are in operation.

Where these relate to financial systems, this shall be done in conjunction with the Director of Finance (Ref. SFI 14.1.5).

- 3.7.4 Ensuring that important IT systems are acquired developed and maintained in line with Trust policies, that data produced is satisfactory and that necessary computer audits are being performed. (Ref. SFI 14.1.6).
- 3.7.5 In conjunction with the Director of Finance, ensuring that contracts for computer services for applications with any agency clearly define the responsibilities of all parties for the security, privacy, accuracy, completeness and timeliness of data during processing, transmission and storage - and also rights of access for audit purposes. (Ref. SFI 14.1.4).
- 3.7.6 Maintenance of archives for all documents which are required to be retained under the DH Records Management Document 3/03/2006. For the Record - Managing Records in the NHS Trust and also the National Archive Retention Scheduling, depending upon the types of documents involved (Ref. SFI 17.1).
- 3.7.7 In conjunction with the SIRO, ensuring that Data Protection legislation is complied with.
- 3.7.8 Ensuring compatibility and compliance with the National IT Programme, subject to the business needs of the Trust.
- 3.7.9 Appointment, where appropriate, of project managers on capital
- 3.7.10 Ensure the provision of timely performance information

3.8 MATTERS DELEGATED TO THE DIRECTOR OF HUMAN RESOURCES AND ORGANISATIONAL DEVELOPMENT

- 3.8.1 Development of the Human Resources (HR) Strategy for approval by the Finance & Performance Committee and the Board.
- 3.8.2 Development of HR policies and procedures, including preparation of a policy and procedure for the appointment of staff (and submission of these to the Board for approval if a new policy or approval at relevant Governance Committee). (Ref. SFI 8.3.3).
- 3.8.3 Development of learning & development strategy and policies.
- 3.8.4 Development of employee relations policies.
- 3.8.5 Maintenance of a list of managers who are able to employ and dismiss staff in accordance with the Trust's HR policies and procedures, to be reviewed by the Audit Committee with each review of the Scheme of Delegations.
- 3.8.6 Ensure that all employment contracts comply with current employment legislation (Ref. SFI 8.5.1 (a)). Ensuring that:-
 - Employees on an agenda for change contract are issued in accordance with national agreements.
 - The Remuneration & Terms of Service Committee (RATS) approve the contracts for the Chief Executive and Directors (ie members of the Executive Team)
- 3.8.7 Advising managers on variations to and terminations of contracts of employment. (Ref. SFI 8.5.1 (b)).

- 3.8.8 Provision of appropriate terms and conditions of employment. (Ref. SFI 8.5.1(c)).
- 3.8.9 Provision of Occupational Health Services.
- 3.8.10 Lead the Trust's Organisational development programmes.
- 3.8.11 Ensuring that systems are in place to assure data protection requirements for staff records.
- 3.8.12 Ensure that systems are in place to deliver Equality, Diversity and Human rights In accordance with the Trusts policy on Equality, Diversity and Human Rights,
- 3.8.13 To provide suitable training to support Governors in delivering their duties

3.9 MATTERS DELEGATED TO THE DIRECTOR OF ESTATES

- 3.9.1 Ensuring the completion of technical audit of Building and Engineering contracts. (Ref. SFI 9.5.1).
- 3.9.2 Ensuring that the Trust's Fire Precautions and prevention policies and procedures are adequate and that fire safety integrity of the estate is intact.
- 3.9.3 Ensuring that any contractor or employee of a contractor who is empowered by the Trust to commit it to expenditure or who is authorised to obtain income is made aware that he/she is covered by the SFIs. (Ref. SFI 1.3.10).
- 3.9.4 The Appointment of, where appropriate, project managers to lead on capital schemes.
- 3.9.5 Ensure that the arrangements for financial control, financial audit of Building and Engineering contracts and property transactions comply with both CONCODE and ESTATECODE guidance. (Ref. SFI 9.5.1).

3.10 MATTERS DELEGATED TO THE DIRECTOR OF OPERATIONS

- 3.10.1 Responsibility for the overall cross cutting delivery of the operational services of the Trust, the quality and patient centred parameters are to be agreed with the Medical Director, and the Director of Nursing & Quality.
- 3.10.2 Ensures that the Trust has systems and processes in place, to support the delivery of high quality patient centred operational services, whilst assuring the delivery of organisational objectives.
- 3.10.3 Liaise with Clinical Directors to achieve the overall delivery of the Trust and NHS performance targets, within budget.
- 3.10.4 Provide leadership on the service strategies, ensuring successful positioning of the Trust within both the national context and the configuration of services in the region.
- 3.10.5 Lead service transformation/improvement programmes across the Trust, thereby driving up standards of care, productivity and value for money.
- 3.10.6 Lead the Capacity Planning arrangements for the Trust.
- 3.10.7 Provide Director Leadership to the Trust's Allied Health Professional staff.

3.11 MATTERS DELEGATED TO THE MEDICAL DIRECTOR

- 3.11.1 Improvement of all aspects of clinical governance (in conjunction with the Director of Nursing & Quality).
- 3.11.2 Medical (professional) leadership within and external to the Trust.
- 3.11.3 Development and implementation of systems for medical education and development.
- 3.11.4 Ensuring that the Trust's strategies and plans are taken forward with the involvement and support of medical staffing.
- 3.11.5 Ensuring the development and implementation of medical staffing plans.
- 3.11.6 Management of the Clinical Director of Research and Development, Director of Medical and Dental Education on (together with the Postgraduate Dean).
- 3.11.7 Duties in the capacity as the Trust's Caldicott Guardian.
- 3.11.8 Ensuring that the Trust has robust processes in place to deliver medical staff revalidation
- 3.11.9 Provide oversight of Legal Services used by the Trust in the management of claims and litigation.
- 3.11.10 Provide leadership for Risk Management, Patient Safety, Clinical Effectiveness & Information Governance
- 3.10.11 Ensure that medical staff on NHS contracts is issued in accordance with national agreements.

3.12 MATTERS DELEGATED TO THE DIRECTOR OF NURSING & QUALITY

- 3.12.1 Together with the Medical Director be responsible for the overall quality and patient centred parameters operative in the Trust.
- 3.12.2 To ensure Trust compliance with statutory and regulatory arrangements relating to professional nursing and midwifery practice.
- 3.12.3 Nurse and Midwifery (professional) leadership within and external to the Trust
- 3.12.4 Matters involving individual professional competence of nursing staff.
- 3.12.5 To ensure Trust compliance with professional training and development requirements of nursing and midwifery staff.
- 3.12.6 To ensure the development and implementation of safe and effective nurse and midwifery staffing plans.
- 3.12.7 Provide Leadership for the Trust's Commitment to Patient Centred Care through the delivery of Patient Experience agenda, including Trust wide Patient Advice & Liaison Service (PALS), Trust's Complaints systems, and the Chaplaincy service.
- 3.12.8 Lead all aspects of clinical governance system and effectiveness to ensure the Trust complies with The Care Quality Commission requirements Quality assurance of nursing processes.
- 3.12.9 To lead on the delivery of the Commissioning for Quality and Innovation (CQUIN) programme for the Trust

- 3.12.10 Ensuring that the Trust has robust processes in place to deliver nursing staff revalidation
- 3.12.11 Ensure compliance with statutory regulatory arrangements relating to quality, standards and governance. To ensure compliance with; the Care Quality Commission, Monitor and/or NHSI and other external regulatory bodies
- 3.12.12 Maintenance and update of the Trust's Board Assurance Framework.
- 3.12.13 To provide the leadership oversight to ensure the production of the Trust's annual Quality Account

3.13 MATTERS DELEGATED TO THE DIRECTOR OF STRATEGY AND BUSINESS DEVELOPMENT

- 3.13.1 Provide the leadership to the Trust's business planning cycle and business cases and ensure the production of the Trust's Business Plan and NHSI Annual Plan.
- 3.13.2 Oversee management of the Trust's cost improvement programme.
- 3.13.3 -Oversight and leadership of the development and delivery of Trust strategy
- 3.13.4 -Leadership of new business opportunities for the Trust.

3.14 DIRECTOR OF MARKETING & COMMUNICATIONS

- 3.14.1 Provision and leadership of the Trust's marketing requirements
- 3.14.2 Management of the Trust's communications and engagement services – internal and external, includes production of the Trust's Annual Report.
- 3.14.3 Provide operational support for Freedom of Information enquiries.
- 3.14.4 Lead and manage the Barnsley Hospital Charity and fundraising activities
- 3.14.5 Ensure compliance with the NHS Competition Rules

3.15 MATTERS DELEGATED TO CLINICAL DIRECTORS

- 3.15.1 Provide appropriate professional advice on the delivery and development of the core clinical business of the Trust.
- 3.15.2 Development of clinical and service strategies.
- 3.15.3 Lead the development of clinical and service networks
- 3.15.4 In liaison with the Director of Operations ensure that there are systems and processes in place to support the delivery of operational services to ensure delivery of organisational objectives and high quality patient centred care.
- 3.15.5 Have delegated responsibility to achieve delivery of Trust and NHS performance targets within budget.
- 3.15.6 Will support the promotion of increased clinical engagement and clinical leadership supporting the development of appropriate skills amongst clinicians to engage in corporate and business planning activities.
- 3.15.7 Along with the Medical Director, will ensure continuing improvement in clinical standards and modernisation of practice.

3.15.8 Will support the Director of Operations in achieving clinical efficiency through modernised working practices and innovation in service design / patient flow.

3.16 MATTERS DELEGATED TO DIRECTORS GENERALLY

3.16.1 Setting objectives for members of staff for whom they are responsible and monitoring performance against those objectives.

Key: italics = cannot be delegated

Item ref	DELEGATED MATTER	DELEGATED TO	NOTE(S)	Cross ref to SD Clauses	SO/SFI REF
4.1 A	Service Contracts - Patient Services				
	Policy (Approval)				
	- Strategy	<i>Board of Directors</i>	Some (limited and specific) policies can be approved by Committees	2.4	
	- Operational	<i>Executive Led Committee'</i>			
	Negotiation and Agreement	Chief Executive	Advised by Director of Finance	3.6.6 3.6.7. a&b	SFI 7.1
	Signatories				SO 13
	- Barnsley Clinical Commissioning Group	<i>Chief Executive or nominated Deputy Director of Finance /</i>		3.5.5.3	
	- Other contracts	<i>Director of Finance Deputy</i>		3.5.5.1	
	Agreement of Variations	Director of Finance	Advised by Executive Commissioning Team	3.6.6	
	Monitoring	Director of Finance	Advised by Commissioning Group	3.6.15	
	Pricing	Director of Finance	In consultation with individual Clinical Business Units	3.6.13	

Item ref	DELEGATED MATTER	DELEGATED TO	NOTE(S)	Cross ref to SD Clauses	SO/SFI REF
4.1 B	Service Contracts – Non Patient Care/Inter Trust				
	£250,001 and above	Board of Directors	Signature by Director of Finance and/or Chief Executive or a minimum of two Executive Directors in the absence of the Director of Finance and/or Chief Executive	2.6 2.6.3	
	£100,001-£250,000	Finance & Performance Committee	Director of Finance / Chief Executive	3.6.16.b	
	£25,001-£100,000	Executive Team	Director of Finance / Chief Executive		
	£25,000	Executive Director			
	£5,000	General Manager / Clinical Directors / Heads of Nursing		3.6.16	
4.2	Business Planning, Budgets & Budgetary Control				
	Strategic Business Plan	<i>Board of Directors</i>	Advised by Chief Executive, Finance & Performance Committee	2.5 3.5.1.1 3.12.1	SFI 3.1.1
	Strategic Directions	<i>Board of Directors</i>	Advised by Chief Executive		
	Annual Report and Public Meeting	<i>Board of Directors</i>	Advised by Chief Executive & Director of Marketing & Comms	2.7.5 3.5.1.b 3.14.2	SFI 4.1.3

Item ref	DELEGATED MATTER	DELEGATED TO	NOTE(S)	Cross ref to SD Clauses	SO/SFI REF
4.3	Capital & Asset Management				
	Land and Buildings				
	- Management of	Director of Operations	Advised by Director Finance and Estates & Facilities	3.5.9.a 3.6.17	
	- Disposals of	<i>Board of Directors</i>	Advised by Director of Operations/ Director of Finance I	2.6.2 3.6.8.g	
	Management and Control of Stocks				
	- Pharmacy Stocks	Chief Pharmacist			
	- Estates Stocks	Director of Estates & Facilities			
	Medical and Surgical Consumables				
	- Stock Levels	Head of Procurement/Ward Managers/Departmental Heads	Subject to approval (of system) by Director of Finance		
	- Usage	Head of Procurement/Ward Managers/Departmental Heads			
	Other Consumables (Usage)	Appropriate Budget Holder			
	Stock Records and Systems of Stock Control	Director of Finance		3.6.8	
	Asset Register (including inventory items, under £5,000)	Employee(s)	Authorised by Director of Finance.		
	Condemnations	Head of Procurement	Within defined Trust policies and advised by Director of Finance where the estimated market value exceeds £15,000		SFI 13.1.2
	Disposals (excluding Land and Buildings)	See policy and procedural guidance		2.6 3.6.8	SFI 13.1.3
	Intellectual Property	Medical Director		3.11	

Item ref	DELEGATED MATTER	DELEGATED TO	NOTE(S)	Cross ref to SD Clauses	SO/SFI REF
4.4	Marketing and Public Relations				
	Contact with the Media	Director of Communication and Marketing	Executive Team Meeting and appropriate Governance Committee	3.14	
4.5	Tendering & Contracts				
	Policy on Competitive Tendering	<i>Director of Finance</i>	Chief Executive in Director of Finance absence Audit Committee	2.6 3.5.8 3.6.1.a 3.5.8a 3.6.7.b 3.6.14 2.3.12 3.6.16	SFI 19
	Monitoring and Reporting	Head of Procurement	Director of Finance	3.5.8 3.6.14	
4.6	Appointment of Committees and Sub Committees			2.3	
	Establishment			2.2.10-12 2.3	
	– Committee of the Board	<i>Board of Directors</i> <i>Chief Executive</i>			SOs 4.3 & 5 SOs 4.4
	– Clinical Business Units	<i>Chief Executive</i>			SOs 4.4
	– Other Working Groups	<i>Chief Executive</i>			SOs 4.4
	Reporting Arrangements	To be agreed by the Board or Chief Executive	As applicable on set-up of any Committee		

Item ref	DELEGATED MATTER	DELEGATED TO	NOTE(S)	Cross ref to SD Clauses	SO/SFI REF
	Terms of Reference	<i>Board of Directors or the committee into which the group or Committee directly reports</i>			SOs 4.3 & 5.4
	– Long Standing Committees/Groups	To be reviewed at least two-yearly by the Committee/Group itself and by the-Head of Quality & Governance	Revisions to be approved by the Board of Directors	2.3	
	– AD HOC/ Task & Finish Groups	Defined at outset and approved by establishing department/body	Reviewed on completion of task or annually, whichever is the sooner.		
4.7	Complaints				
	Policy	<i>Board of Directors</i>		2.2.7	
	Operation of Policy	Director of Nursing & Quality		3.12.7	
4.8	Security				
	Overall	Director of Operations	Supported by Director of Estates & Facilities Quality & Governance Committee	3.10	
	Master Keys	Duty Manager	Or member of the Executive Team	3.9.7	
4.9	Organ Donations		Clinical Governance Committee		
	Multi-Organ	<i>Medical Director</i>	<i>In liaison with Consultant in Intensive Care and Regional Transplant Co-ordinator</i>	3.10.3	

Item ref	DELEGATED MATTER	DELEGATED TO	NOTE(S)	Cross ref to SD Clauses	SO/SFI REF
	Tissue	Medical Director	In liaison with Consultant Medical Staff and Regional Transplant Co-ordinator	3.10.3	
4.10	Drug Trials	Medical Director	Clinical Effectiveness Group	3.10.1	
4.11	Authorisation of New Drugs	Area Prescribing Committee or Medicines Management Committee	Medicines Management Committee	3.10.2	
4.12	Authorisation of Clinical Research Projects	Medical Director	Advised by the Clinical Director of Research & Development	3.10.6	
4.13	Authorisation of Sponsorship Deals				
	General Policy on Standards of Business Conduct	Board of Directors			
	Attendance at courses, conferences that/which are funded by sponsorship	Chief Executive/Director of Finance/Medical Director	To be reported through Audit Committee	3.3.19	SO 8.11
	Other Sponsorship	Relevant Director			
4.14	Confidentiality				
	Management/Control of computer systems and facilities	Director of Information Communications & Technology	Designated Senior Information Responsible Officer (SIRO)	3.7	
	Data Protection	Medical Director (patient data) DOF & Dir of ICT - Data Security HR&OD Staff Records	Designated Caldicott Guardian Director of Finance & SIRO Role	3.11.7 3.7 3.6	

Item ref	DELEGATED MATTER	DELEGATED TO	NOTE(S)	Cross ref to SD Clauses	SO/SFI REF
4.15	Risk Management				
	Strategy	<i>Board of Directors /Board Committee Quality & Governance Committee</i>	Chief Executive Board Committees (assurance)	2.5.5 3.5.3.c	
	Implementation of strategy – Clinical	Director of Nursing & Quality , Medical Director and Director of Operations	Clinical Effectiveness Group	3.11.10	
	Implementation of strategy – Non-Clinical/wider controls assurance	Director of Finance		3.6	
4.16	Clinical Governance				
	Strategy	<i>Board of Directors</i>	Board Committee: Quality & Governance	3.1.3 3.3.26-28	
	Implementation	Quality & Governance Committee			
4.17	Health and Safety				
	Trust Policies	<i>Board Committee/Quality & Governance Committee</i>		3.3.26	
	Leadership and co-ordination	Director of Operations	Supported by Director of Estates & Facilities	3.10	
	Procedures	Director of Estates & Facilities	Supported by Non Clinical Risk Advisor	3.9	
	Departmental policies and procedures	Deputy Director of Nursing/ Head of Midwifery/Heads of Department			
	Appointment of nominated officers				
	– COSHH	Director of Estates & Facilities	Supported by Non Clinical Risk Advisor		

Item ref	DELEGATED MATTER	DELEGATED TO	NOTE(S)	Cross ref to SD Clauses	SO/SFI REF
	– Fire	Director of Estates & Facilities	Director of Operations		SO 4.4
	– Health and Safety	Director of Estates & Facilities	Supported by Non Clinical Risk Advisor		
	– First aid	Departmental Leads/ Managers	Supported by Non Clinical Risk Advisor		
	Risk Assessments	Nominated Officers (Health and Safety)	With support from Fire prevention/Health and Safety Adviser		
4.18	Insurance (or equivalent schemes)				
	Policy	<i>Board of Directors /Board Committee Finance & Performance Committee</i>	<i>Advised by Director of Finance</i>	3.6.2.d	SFI 18.1.5
	Clinical Cases – via NHSLA/CNST				
	– Management	Medical Director & Director of Nursing &Quality			
	Non Clinical & Personal Injury Cases – via NHSLA				
	– Management	<i>Executive Directors</i>			
	Non Clinical Cases – direct settlement				
	- Management	<i>Executive Team</i>	<i>Supported by relevant Committee/Group and reported to Audit Committee</i>		
	- Settlement <£5,000	<i>Director of Finance</i>	<i>Supported by relevant Committee/Group and reported to Audit Committee</i>		

Item ref	DELEGATED MATTER	DELEGATED TO	NOTE(S)	Cross ref to SD Clauses	SO/SFI REF
4.19	Legal Issues				
	Legal Services	Medical Director & Trust Solicitor		3.11.9	SFI 13.2.6(a)
	Legal Cases	<i>Chief Executive and Medical Director</i>	<i>Advised by Medical Director and Chief Nurse</i>	3.5.5.a 3.11.9	
	Defence of legal proceedings				
	– Clinical Cases	<i>Chief Executive</i>	<i>Advised by Director of Finance</i>	3.5.5.a	
	– Non-Clinical Cases	<i>Director of Finance</i>			
	Settlement <£10,000	<i>Director of Finance</i>			
	Settlement £10,001 to £25,000	<i>Chief Executive</i>			
	Settlement >£25,000	<i>Board of Directors</i>	<i>Via Chair's Action</i>		
4.20	Income Generation				
	Approval of schemes	Director of Finance		3.6	
	– <£5,000 per annum	<i>/Head of Department</i>			
	– >£5,000 per annum	<i>Director of Finance</i>			
4.21	Setting Fees and Charges				
	Prices of service agreements/contracts with commissioners of healthcare	<i>Chief Executive</i>	Advised by Director of Finance	3.5.5.c	SFI 7.1
	Private patient and overseas visitors fees	Director of Finance			SFI 6.2.2
	Other fees and charges	Budget holders	With advice available from the Finance Department		SFI 6.2.2

Item ref	DELEGATED MATTER	DELEGATED TO	NOTE(S)	Cross ref to SD Clauses	SO/SFI REF
4.22	Losses and Special Payments				
	Handling of suspected irregularity not related to fraud or corruption	Director of Finance		3.6.18	SFI 13.2.4
	Approval of losses and special payments				SFI 13.2.6
	– <£10,000	<i>Director of Finance</i>			
	– £10,001 to £25,000	<i>Director of Finance</i>			
	– >£25,000	<i>Chief Executive Board of Directors</i>	<i>Via Chair's Action</i>		
4.23	Counter Fraud and Corruption				
	Handling of suspected fraud	<i>Director of Finance and Local counter fraud representative</i>	Audit Committee	3.6.9.c	SFI 2.2.3 Fraud Policy and Response Plan, Section 4.0
4.24	Sealing of Documents				
	Sealing contracts and legal documents	Before any building, engineering, property or capital document is sealed it must be approved by the Board of Directors under the Capital Programme	Signed by the Director of Finance (or an officer nominated by him/her) and authorised and countersigned by the Chief Executive (or an officer nominated by him/her who shall not be from the originating directorate)	2.6.7 3.3.19	SOs 12.3

Item ref	DELEGATED MATTER	DELEGATED TO	NOTE(S)	Cross ref to SD Clauses	SO/SFI REF
	Keeping register of sealing	Secretary to the Board & Governors		3.5.5.d	SOs 12.4
4.25	Declarations of Interests				
	Keeping registers of interests	Chief Executive		3.5.3.d	
	– Directors	Secretary to the Board & Governors			General Policy on Standards of Business Conduct section 14.2
	– Staff	Secretary to the Board & Governors			
4.26	Keeping Register of hospitality	Secretary to the Board & Governors	Chief Executive	3.5.3.d	General policy on Standards of Business Conduct. Section 9
4.27	Retention of Records	Chief Executive	Quality & Governance Committee/SIRO (Senior Information Risk Officer)/Director of ICT	3.6.2.e 3.7.6	SFI 17.1.1 to 17.1.5
4.28	Banking Arrangements	Director of Finance	Finance & Performance Committee	2.6.16 3.6.5.c 3.6.10	
4.29	Investment of Funds (including charitable funds)	Director of Finance		3.6.7.d 3.6. 10-11	

Item ref	DELEGATED MATTER	DELEGATED TO	NOTE(S)	Cross ref to SD Clauses	SO/SFI REF
4.30	External Borrowing	Director of Finance	Resolution by Board of Directors	3.3.22 3.6.7c 3.6.8	
4.31	Expenditure from charitable funds	Board of Trustees	Advised by bids from authorised signatories	3.6.11 3.6.5.d	SFI 16.3.3
4.32	Capital Investment			2.5.3 3.5.3g 3.6.7.d 3.6.16	
	Production of capital programme		Finance & Performance Committee		
	Approval of draft programme	<i>Board of Directors</i>			
	Monitoring of capital programme	Director of Finance			
	Reallocation of monies between schemes		Capital Monitoring Group < Executive Team , Finance & Performance Committee		
	Appointment of project managers	Relevant Director of Project			
	Confirmation of support of commissioners (where appropriate)	Relevant Director / Director of Strategy			SFI 11.1.3
	Business Cases				
	– Production of	Relevant General Manager	Dir of Strategy & Bus Development role		SFI 11.1.4
	– Certification of costs and revenue consequences	<i>Finance Team</i>			SFI 11.1.4 b

Item ref	DELEGATED MATTER	DELEGATED TO	NOTE(S)	Cross ref to SD Clauses	SO/SFI REF
	Variances to approved capital programmes	Director of Finance	with agreement of Finance & Performance Committee		
	– <£100,000	Finance & Performance Committee			
	– >£100,000	Board of Directors			
	Procedures for financial management of schemes	Director of Finance	(see separate guidance available from Director of Finance		SFI 11.1.10
	Issue of authority to commit expenditure/proceed to tender (see above guidance)	Director of Finance	Advised by the Capital Monitoring Group and Finance & Performance committee		SFI 11.1.8
	Selection of architects, quantity surveyors and consultant engineers	Director of Operations	Advised by Director of Estates & Facilities and Facilities		
	Competitive tenders/quotations	See section on procurement/Supply of goods and services			SOs section 9, Annex 1-5
	Financial vetting of firms	Director of Finance			
	Checking of contractors' financial accounts >£1 million	Director of Finance			
	Procedures for reporting capital expenditure	Director of Finance	Capital Monitoring Group , Executive Team and Finance & Performance Committee		SFI 11.1.6

Item ref	DELEGATED MATTER	DELEGATED TO	NOTE(S)	Cross ref to SD Clauses	SO/SFI REF
4.33	Petty Cash Expenditure (Authorisation)			3.6.15	
	– Patients' travel reimbursements	<£50 – Cashier >£50 – Patient Service Manager			SFI 9.4.1
	– Deceased patients' money to next of kin	<£100 – Cashier >£100 – Patient Service Manager			
	– Miscellaneous Supplies	<£10 to £100 – Budget Holders >£100 – General Manager			
	– Patients' money to patient	<£250 – Cashier >£250 – General Manager			

Detailed Scheme of Delegation – Procurement/Supply of Goods and Services

CLAUSE NO	DELEGATED MATTER	DELEGATED TO	NOTES	SD REF	SO/SFI REF
5.1	Requisitioning Stock Items from NHS Supply Chain			3.6.5 3.6.8	
	Requisitioning of all stock items	Employees nominated by Budget Holders/Budget Managers (within budgetary limits)	This also includes the Materials Management staff who have been given delegated authority by the budget managers to order goods on their behalf within their delegated limits.		

CLAUSE NO	DELEGATED MATTER	DELEGATED TO	NOTES	SD REF	SO/SFI REF
	Authorisation of all stock requisitions	<i>Budget Holders/Budget Managers (within budgetary limits)</i>			
5.2	Requisitioning of Non-Stock Items via Procurement				
	Requisitioning and requesting of all Non-Stock Items	Employees nominated by Budget Holders/Budget Managers (within budgetary limits)			
	Authorisation of all Non-Stock requisitions <£4,999	<i>Budget Holders/Budget Managers (within budgetary limits)</i>			
	Authorisation of all Non-Stock requisitions >£5,000	<i>Budget Holders/Budget Managers (within budgetary limits) AND Director of Finance (or another Executive Director in their absence)</i>	With advice from Head of Procurement		
5.3	Ordering (signature or approval of orders)				
	Estates/Facilities Department orders	Director of Estates & Facilities and Facilities	Or nominated appointees within Estates and Facilities		
	Pharmacy Department orders	Chief Pharmacist or nominated appointees within the Pharmacy Department, namely the senior members of staff.	Senior member of staff is defined as Band 6 and above.		
	Appliances Department orders	Appliances Officer			
	Orders through Supplies Department (below £5,000)	Head of Procurement or in their absence Nominated			

CLAUSE NO	DELEGATED MATTER	DELEGATED TO	NOTES	SD REF	SO/SFI REF
		Deputy			
	Orders by telephone and/or internet (confirmation orders) (below £5,000)	Authorised signatories	Per list of authorised signatories	3.7.14.5	SFI 9.3.2 g
	Authorisation of orders for items where there is no budget provision	Director of Finance or another Executive Director in their absence.			SOs 9.7
	All orders above £5,000	Head of Procurement or in their absence Nominated Deputy			
	Single Tender Action	Director of Finance or Chief Executive	Reported to the next Audit Committee meeting for ratification		
5.4	Procurement Financial Limits				
	<£5,000 (estimated value)	<i>Budget Holders/Budget Managers – verbal quotations acceptable</i>			
	– <£25,001 (estimated value)	<i>Procurement (via written quotations – three sought/at least two obtained by email)</i>			SFI 9.2.3 a and Appendix A

CLAUSE NO	DELEGATED MATTER	DELEGATED TO	NOTES	SD REF	SO/SFI REF
	– £25,001 to £49,999 (estimated value)	Head of Procurement or in their absence Nominated Deputy	Or in the case of the Estates Department, the Director of Estates & Facilities and Facilities for capital and revenue items (via written quotations – at least three obtained – unless the Director of Finance and Information determines it impractical)		SFI 9.2.3 a
	– >£50,000 (estimated value)	A competitive tender is required authorised by the Head of Procurement or in their absence Nominated Deputy	Or in the case of the Estates Department, the Director of Estates & Facilities and Facilities. N.B. for single tender Action see SOs 9.6		SFI 9.2.3 a
	- £164,176	By OJEU authorised by the Head of Procurement or in their absence Nominated Deputy			
5.5	Opening of Tenders and Quotations			2.6.9-15 3.6.14	
	Opening formal Tenders (including those on Capital Schemes) received in writing	One senior manager (band 8a and above) and the Secretary to Board & Governors or Executive PA of the CEO and above) not from originating department			SFIs Annex 1 Tendering Procedure 3.1

CLAUSE NO	DELEGATED MATTER	DELEGATED TO	NOTES	SD REF	SO/SFI REF
	Opening formal Tenders (including those on Capital Schemes) received electronically	Secretary to Board & Governors or Executive PA of the CEO			
	Opening of Quotations (including those on Capital Schemes) – Estimated value above >£25,001	The Secretary to Board & Governors or Executive PA of the CEO			
	Opening of Quotations (including those on Capital Schemes) – Estimated value <£25,000	The Secretary to Board & Governors or Executive PA of the CEO OR two independent senior employees from the Procurement Department)			
5.6	Approval of Tenders other than lower Tender	Director of Finance & Chief Executive	Reported to the next Audit committee meeting for ratification		SFIs Annex 1 (4.9)
5.7	Maintenance of approved list of contractors (including firms used on Capital Schemes)				
	Estates Department Transactions	Director of Estates & Facilities			
5.8	Contracts for goods and services				
	Signature of all contracts other than contracts where the Trust is participating in contracts negotiated by NHS supplies (e.g. energy contracts, where the Director of Estates & Facilities and Facilities may sign)	Head of Procurement generally, also Estates Department, Pharmacy and Appliances for those specific types of transactions			
5.9	Direct receipt of goods				
	Receipt of goods from suppliers (and checking accuracy against purchase orders)	Nominated Stores, Estates, Pharmacy, Appliances and			

CLAUSE NO	DELEGATED MATTER	DELEGATED TO	NOTES	SD REF	SO/SFI REF
		medical Physics staff			
	Receipt of goods from regional distribution centre (and checking accuracy against priced advice notes)	Nominated Stores, Ward and Departmental staff			
	Return of goods to suppliers	Head of Procurement (minimum value of £15 per return of goods)			
5.10	Supply of goods and service by the Trust to other organisations				
	Policy	<i>Board of Directors</i>			
	Operational Responsibility	Head of Department	Departmental SLA supported by Procurement Manager		
5.11	Leases				
	Operating lease	Director of Finance			
	Property/Accommodation	Director of Estates & Facilities and Facilities	Director of Operations	3.9.5	SFI 9.5.1
5.12	Equipment on loan/third party agreements (e.g. where the Trust is making its premises or facilities available to outside bodies)	Director of Estates & Facilities & Facilities	“ “		
5.13	Payment of goods and services				
	Unlimited	Board of Directors			
	Up to £1,000,000	Director of Finance	One other Executive Director		
	Up to £500,000	Executive Director			
	Up to £100,000	Deputy Director of Finance			
	Up to £25,000	Deputy to an Executive			

CLAUSE NO	DELEGATED MATTER	DELEGATED TO	NOTES	SD REF	SO/SFI REF
		Director			
	Up to £5,000	General Managers/ Head of Nursing			
	Up to £1,000	All budget holders			

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Detailed Scheme of Delegation – Employment of Staff

CLAUSE NO	DELEGATED MATTER	DELEGATED TO	NOTES	SD REF	SO/SFI REF
6.1	Policies and Procedures	Board of Directors	Pertinent Governance Committee		
	Remuneration Policy	<i>Board of Directors</i>	<i>Advised by Director of HR and Organisational Development</i>	2.4.1	SFI 8.1.4 SFI 8.3.2
	Employment Procedure (compliance with statutory responsibilities)	<i>Board of Directors</i>	<i>Advised by Director of HR and Organisational Development</i>	3.2 3.5.6	SFI 8.3.2
	Employment Procedure (all other employment procedure)	<i>Director of HR and Organisational Development</i>		3.2 3.5.6	SFI 8.3.3
6.2	Workforce Establishment and Grading of Posts	Chief Executive			
	Approval of establishments, structures, skill mix and grading of medical posts For Nursing Staff	Director/ Clinical Director responsible for the area Director of Nursing & Quality	Advised by the director of Finance / Director of HR&OD/		SFI 3.3.2 c SFI 8.2.2 SFI 8.3.1

CLAUSE NO	DELEGATED MATTER	DELEGATED TO	NOTES	SD REF	SO/SFI REF
	Changes to Grading/structures/ skill mix	<p>In accordance with AfC evaluation Procedure for staff within AfC.</p> <p>For Medical Staff Director of Operations advised by Clinical Director</p> <p>Then subject to approval in line with Trust vacancy control procedures.</p> <p>For Nursing Staff –Director of Nursing & Quality advised by / Deputy Director of Nursing / Heads of Nursing</p>	<p>Director of HR & OD, Director of Operations Clinical Directors, Director of Nursing & Quality , Director of Finance.</p>		<p>SFI 3.3.2 c</p> <p>SFI 8.2.2</p> <p>SFI 8.3.1</p>
	Variations to establishments etc.	As above	All staff not on Agenda for Change or any recognised national pay structure, the approval of the Remuneration and Terms of Service Committee is required		
6.3	Remuneration of Chief Executive, Executive Directors	Remuneration Committee of the Board		3.2 3.4.1	
	Advice to Board of Directors on pay and conditions	Remuneration and Terms of Service Committee	Advised by Director of HR&OD		SFI 8.1.1/ 8.1.2
	Decisions on pay and conditions	RATS			SFI 8.1.3
6.4	Appointment of Staff				
	Appointment of Chief Executive				

CLAUSE NO	DELEGATED MATTER	DELEGATED TO	NOTES	SD REF	SO/SFI REF
	– Recruitment and selection process	Chair and Non Executive Directors	Assisted by Associate Director of HR &OD		Constitution
	– Short listing and appointment	Chair and Non-Executive Directors	Subject to approval by Council of Governors		
	Appointment of Executive Directors of Board of Directors				
	– Recruitment and selection process	Chair, Chief Executive, Non-Executive Directors	Assisted by Director of HR &OD		
	– Short listing and appointment	Chair, Chief Executive, Non-Executive Directors	Plus preferably one external assessor		
	Appointment of other Directors				
	– Recruitment and selection process	Chief Executive	Assisted by Director of HR &OD		
	– Short listing and appointment	Chief Executive	The CEO may also invite up to two Non Executive Directors on to the panel, one of whom may be the Chair. Plus one external assessor		
	Appointment of Consultants	Chief Executive	Medical Director, Chief Executive and two others, one of whom should be either the Chair or Non Executive Director. Plus one external assessor where available and/or specified.		

CLAUSE NO	DELEGATED MATTER	DELEGATED TO	NOTES	SD REF	SO/SFI REF
	Approval of Post of New Posts	Finance & Performance	CBU Business Case Presented to Executive Team		
	Approval of Replacements	Director of Nursing & Quality , Director of Operations, Director of Human Resources (Vacancy control panel)	Advised by Clinical Directors and Medical Director		
	– Recruitment and selection process	Chair , Chief Executive, Clinical Director and Medical Staffing Representative	Advised by Clinical Directors and Medical Director		
	– Short listing and appointment	Chair , Chief Executive, Clinical Director and Medical Staffing Representative	Advised by Clinical Directors and Medical Director		
	Appointment of all other staff excluding Medical staff	N.B. A list of authorised appointing officers is available from HR Department. This will usually be the Budget Holder for the position within the organisation structure.			
	– Approval to proceed to fill vacancy – up to funded establishment notified in monthly budget statement	Director of Nursing & Quality , Director of Operations, Director of Human Resources (Vacancy control panel)			

CLAUSE NO	DELEGATED MATTER	DELEGATED TO	NOTES	SD REF	SO/SFI REF
	– Approval to proceed to fill vacancy – Outside funded establishment	Director of Nursing & Quality , Director of Operations, Director of Human Resources (Vacancy Control Panel)	Advised by Department of HR and the Professional Head where appropriate, e.g. for Nursing/Midwifery posts		
	– Formulation of job description, employee specification and a draft copy of advertisement	Budget Holder for post	Assisted by the HR Department		
	– Placement of advertisement	HR Department	On behalf of Budget Holder for post		
	– Handling of recruitment response	HR Department	On behalf of budget holder		
	– Short listing and selection	Relevant member of Clinical Business Unit teams plus a minimum of one other, with advice from Department of HR	the responsibility for short listing/selection decisions to more junior managers who have attended the BHNFT equal opportunities training programme (the composition of short listing and selection panels is described in detail in the Trust's Recruitment & Selection Policy N.B. for certain posts there is a requirement for a professional assessor(s). Advice on this will be given by the Department of HR.		

CLAUSE NO	DELEGATED MATTER	DELEGATED TO	NOTES	SD REF	SO/SFI REF
	– Contractual arrangements – Formal offer letter	Department of HR	On behalf Budget holder / head of department		
	– Contractual Arrangements – Written statement of details of employment	Department of HR	Budget holder/ head of department		
	Appointment of medical and dental staff	Medical Director	Supported by Medical Staffing		
	– recruitment and selection of consultant medical and dental staff	<i>Advisory Appointments Committee in accordance with statutory requirements</i>			
	– recruitment and selection all other grade of medical staff, including locum medical staff		N.B. the regulations and level of approval relating to the appointment of medical staff vary according to the grade of the post and are not therefore specified in detail in this document		
	Appointment of agency/bank staff	Medical director/ Director of Nursing & Quality			
	Appointment of voluntary workers	<i>Voluntary Services Manager</i>	Supported by HR		
	Appointment of work experience placements	Departmental Head/Line Manager in liaison with the Education and Development Team			
6.5	Dismissal of Staff				
	– Misconduct	Deputy Directors and members of the Executive Team			

CLAUSE NO	DELEGATED MATTER	DELEGATED TO	NOTES	SD REF	SO/SFI REF
	– Capability	Deputy Directors and members of the Executive Team			
	– Capability due to ill health	Clinical Director/General Manager/ Head of Nursing or equivalent			
	– Redundancy	Deputy Directors and members of the Executive Team		2.6.8	
	– Legal Prohibition	Deputy Directors and members of the Executive Team			
	– Other substantial reason	Deputy Directors and members of the Executive Team			
	Decision to dismiss				
	- Dismissal of Chief Executive	<i>RATS</i>			
	– dismissal of Executive Directors of Board of Directors	Chair	<i>Advised by Non-Executive Directors and the Chief Executive. Also advised by Associate Director HR&OD</i>		
	– dismissal of other Directors	<i>Chief Executive</i>	<i>Advised by Associate Director of HR &OD</i>		
	– Dismissal of consultant medical and dental staff	<i>Chief Executive</i>	<i>Advised by the Medical Director</i>		

CLAUSE NO	DELEGATED MATTER	DELEGATED TO	NOTES	SD REF	SO/SFI REF
	– dismissal of other staff		Advised by Director of HR and OD and the Professional Head of Service or Medical Director, where appropriate.		SFI 8.5.1
	Formal correspondence leading to or relating to actual dismissal	Chief Executive	N.B. Wherever possible, the decision to terminate an employment contract should be taken by a post holder who does not have immediate line management responsibility for the person concerned, i.e. the 'grandparent principle' should apply supported by Director of Human Resources		SFI 8.5.1
6.6	Disciplinary Procedure			2.2.5-6	
	All staff				
	*Decision to take disciplinary action				
	– recorded verbal warning	<i>Line Manager / Service manager</i>			
	– Written warning	<i>Service Manager / Matron</i>			
	– Final warning	<i>General Manager/ Clinical Director/ Heads of Nursing</i>			

CLAUSE NO	DELEGATED MATTER	DELEGATED TO	NOTES	SD REF	SO/SFI REF
	– Dismissal	Deputy Directors and Executive Team Members	<p>The advice of the Department of HR is required for all the above stages leading to potential disciplinary action.</p> <p>In all hearings involving registered professional employees concerning matters of professional conduct or practice, a senior manager with an appropriate professional background must sit on the panel to provide professional advice.</p>		SFI 8.5.1
	Formal correspondence leading to potential or actual disciplinary action	HR Department	On behalf of Line manager		
	Appeals – Recorded verbal warning – Written warning – Final warning	<i>Service Managers / Matrons</i> <i>General Managers/ Heads of Nursing/ Clinical Directors</i> <i>Three Directors of the Trust at least one of whom will be a NED.</i>	<p>The advice of the HR Department required at all stages of the appeal process.</p>		

CLAUSE NO	DELEGATED MATTER	DELEGATED TO	NOTES	SD REF	SO/SFI REF
	– Dismissal	<i>Sub-Committee of the Board comprising</i> <ul style="list-style-type: none"> - One NED - One Management Side Member - Executive Team Member - One Staff Side Member 			
6.7	Suspension				
	*Suspension from duty (N.B. suspension does not form part of the Disciplinary Procedure)	Relevant Director or designated Deputy	With advice from the Director of HR and Organisational Development, Clinical and professional advice where appropriate.		SFI 8.5.1
	*Exclusion from Duty in relation to Medical Staff	Chief Executive/Medical Director/Director of HR&OD Clinical Directors for practitioners below the level of consultant.			
6.8	Grievance and Disputes Procedure				
	Grievance Procedure	Levels of accountability are specified in the Grievance procedure as follows.			
	– Stage 1 (Informal)	Line Manager	The advice of the Department of HR is available to advise at all		
	– Stage 2 (formal)	<i>Service Manager/ Matron</i>			

CLAUSE NO	DELEGATED MATTER	DELEGATED TO	NOTES	SD REF	SO/SFI REF
	– Stage 3	<i>An appeal panel will be arranged comprising : Clinical Director/General Manager/Heads of Nursing with one Non Executive Director</i>	stages of this procedure. Professional advice is required for situations where the grievance relates to professional practice.		
	Disputes	Levels of accountability are specified in the			
	– Stage 1	<i>Director of HR & OD</i>	The advice of the Department of HR is available at all stages. Professional advice is required for situations where the grievance relates to professional practice.		
	– Stage 2	<i>Sub-panel of the Board of Directors comprising 1 NED, one Management side member – Trust Director one staff side member</i>			
	– Stage 3	ACAS			
6.9	Approval of leave arrangements				
	Annual leave booking – timing of annual leave	Line Manager			
	Carry forward of annual leave – up to 5 days in exceptional circumstances	Line Manager	Advised by HR		

CLAUSE NO	DELEGATED MATTER	DELEGATED TO	NOTES	SD REF	SO/SFI REF
			<p>The current policy on the Trust Intranet/Policy Warehouse should be consulted in respect of these policies, and guidance sought from the HR Department where necessary.</p> <p>Right to carry over any leave suspended to March 2017, subject to review</p>		
	Consultant Medical Staff				
	Maternity Leave	Line Manager			
	Paternity Leave	Line Manager			
	Adoption Leave	Line Manager			
	Parental Leave	Line Manager			
	Special Leave for personal and emergency reasons involving a dependent	Line Manager			
	Carer Leave (where eligible)				
	- 3 days paid (in rolling 18 months)	Line Manager			
	- Further 7 days unpaid in same period	Line Manager			
	Bereavement leave in the case of the death of a dependent	Line Manager			
	- up to 2 days paid leave	Line Manager			
	- Up to further 4 days paid leave	CBU lead	Advice can be sought from HR and relevant Directors		
	- Further leave beyond 6 days	Executive team			

CLAUSE NO	DELEGATED MATTER	DELEGATED TO	NOTES	SD REF	SO/SFI REF
	Urgent domestic emergencies				
	– up to a maximum of 1 day's paid leave	Line Manager			
	– up to a further 3 days unpaid leave	CBU management lead			
	<i>The combined total for urgent domestic, carer, specialist emergency/dependent leave must not exceed 5 days paid in any 18 months rolling period.</i>				
	Leave for candidates for appointment (with or without pay)	Line Manager			
	Leave for Jury Service	<i>Department Line Manager</i>			
	Leave for attendance at court as a witness	<i>Line Manager Deputy Director of Nursing/ Director of Operations</i>			
	Leave for magisterial duties	<i>D /Line Manager</i>			
	– permission to seek election	<i>Line Manager Deputy Director of Nursing/ Director of Operations</i>	Advice from Human Resources Department		
	– time off up to 18 days per annum	<i>Line Manager Deputy Director of Nursing/ Director of Operations</i>	Advice from Human Resources Department		
	Leave for training with auxiliary armed forces and national hospital service reserve	<i>Line Manager Deputy Director of Nursing/ Director of Operations</i>	Advice from Human Resources Department		
	– consent to volunteer	<i>Line Manager Deputy Director of Nursing/ Director of Operations</i>			
	– leave	<i>Line Manager Deputy Director of Nursing/ Director of Operations</i>			
	Study leave				

CLAUSE NO	DELEGATED MATTER	DELEGATED TO	NOTES	SD REF	SO/SFI REF
	– medical staff below consultant grade (postgraduate medical education)	Director of Post Graduate Medical Education			
	– consultant medical staff (continuing medical education)	Director of Post Graduate Medical Education			
	– all other staff – leave	Line Manager			
	– all other staff – Expenses	Executive Team			
6.10	Interpretation and exercise of discretion of terms and conditions of service				
	Application/interpretation of employment conditions	<i>HR Department</i>			SFI 8.5.1
	minor variation of existing employment conditions which apply to specified individuals and/or for a time limited period without establishing a wider precedent	<i>Director of HR and Organisational Development</i>			SFI 8.5.1
	Extension of sick pay	<i>Director of Operations / Director of Nursing & Quality assisted by Director of HR and OD</i>			
	Acting Allowances	Director of Nursing/ Director of Operations	<i>Director of HR and Organisational Development & Deputy Director of Finance to be notified</i>		
	Authorisation of mobile phone users	<i>Departmental Head in conjunction with Deputy Director of Finance</i>			
	Authorisation of and provision of lease cars for work	Line Manager			

CLAUSE NO	DELEGATED MATTER	DELEGATED TO	NOTES	SD REF	SO/SFI REF
	Authorisation of car users	Head of Department/ Deputy Director			
	Removal expenses – approval of removal	Clinical Director	Supported by Director of Finance		
	Expenses	Director of Finance			

*N.B. A professional Head of Service can instigate disciplinary action or take action to suspend where they consider professional standards are at risk

N.B. Where it is the responsibility of a third person to ensure cover, the person with authority to approve leave must consult that third person in the event that shortages are likely to occur

Detailed Scheme of Delegation – Budgetary Delegation and Control

CLAUSE NO	DELEGATED MATTER	DELEGATED TO	NOTES	SD REF	SO/SFI REF
7.1	Preparation/Approval of annual budgets			3.6.4	
	Preparation of annual budgets	Director of Finance			
	Approval of annual budgets	Board of Directors			
7.2	Budgetary Delegation				
	Overall responsibility for keeping total budget	Board of Directors and Chief Executive	Advised by Director of Finance		
	Responsibility for balanced budgets at Clinical Business Unit/ Departmental level	Relevant Director	Advised by Directorate accountant		
	Responsibility for balanced budgets at CBU/ Department level	Budget Holders and Budget Managers	Advised by the dedicated CBU Finance support		
	Responsibility for balanced budget at department level	Budget Holders and Budget Managers	Advised by Support Account		
7.3	Monthly Budget Reporting	Director of Finance	Finance & Performance Committee	2.7 3.3.21 3.6.6	
7.4	Budgetary Control		Finance & Performance Committee	3.6.4	
7.5	Approval of Budget virements			3.5.3	
	Non-recurrent virements:				
	– within a division/department budget	Budget Holders and Budget Managers			
	– from one department to another	Line Director	With notification to nominated Accountant		
	– If less than £25,000				
	– from one /department to another	Director of Finance			

CLAUSE NO	DELEGATED MATTER	DELEGATED TO	NOTES	SD REF	SO/SFI REF
	<ul style="list-style-type: none"> – If £25,001 to £100,000 – from one CBU/department to another – If more than £100,000 	<i>Director of Finance</i>			
	Recurrent virements:				
	– within a CBU department budget	Budget Holders and Budget Managers			
	– from one CBU department to another	<i>Line Director</i>	<i>With notification to nominated Accountant</i>		
	– if less than £25,000				
	– from one CBU /department to another	<i>Director of Finance</i>			
	– if £25,001 to £100,000				
	– from one CBU /department to another	<i>Director of Finance</i>			
	– if more than £100,000				
7.6	Bad debts write off				
	Unlimited	Board of Directors			
	<£100,000	Director of Finance or Chief Executive			
	<£50,000	Deputy Director of Finance			

Note –

Budget Holder – Ultimate responsibility for delivering the given service within the set budget.

Budget Manager – Takes day to day spending decisions as delegated by the Budget Holder.