

The Newcastle upon Tyne Hospitals NHS Foundation Trust

Standing Orders and Scheme of Delegation and Reservation of Powers

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Section A

1. Interpretation and Definitions for Standing Orders

- 1.1 Save as otherwise permitted by law, at any meeting the Chairman of the Trust shall be the final authority on the interpretation of Standing Orders (on which they should be advised by the Chief Executive or Trust Secretary).
- 1.2 Any expression to which a meaning is given in the National Health Service Act 1977, National Health Service and Community Care Act 1990, National Health Service Act 2006, and other Acts relating to the National Health Service or in the Financial Regulations made under the Acts shall have the same meaning in these Standing Orders and Standing Financial Instructions and in addition:
- 1.2.1 "**Accountable Officer**" means the NHS Officer responsible and accountable for funds entrusted to the Trust. The officer shall be responsible for ensuring the proper stewardship of public funds and assets. For this Trust it shall be the Chief Executive.
- 1.2.2 "**Trust**" means The Newcastle upon Tyne Hospitals NHS Foundation Trust.
- 1.2.3 "**Board**" means the Chairman, Executive Directors and Non-Executive Directors of the Trust collectively as a body.
- 1.2.4 "**Budget**" means a resource, expressed in financial terms, proposed by the Board for the purpose of carrying out, for a specific period, any or all of the functions of the Trust.
- 1.2.5 "**Budget holder**" means the director of employee with delegated authority to manage finances (Income and Expenditure) for a specific area of the organisation.
- 1.2.6 "**Chairman of the Board (or Trust)**" is the person appointed by the Council of Governors to lead the Board and to ensure that it successfully discharges its overall responsibility for the Trust as a whole. The expression "the Chairman of the Trust" shall be deemed to include the Vice-Chairman of the Trust if the Chairman is absent from the meeting or is otherwise unavailable.
- 1.2.7 "**Chief Executive**" means the Chief Officer of the Trust.
- 1.2.8 "**Clinical Governance Committee**" means a committee whose functions are concerned with the arrangements for the purpose of monitoring and improving the quality of healthcare for which the Trust has responsibility.
- 1.2.9 "**Commissioning**" means the process for determining the need for and for obtaining the supply of healthcare and related services by the Trust within available resources.

- 1.2.10 "**Committee**" means a committee or sub-committee created and appointed by the Trust.
- 1.2.11 "**Committee members**" means persons formally appointed by the Board to sit on or to chair specific committees.
- 1.2.12 "**Constitution**" means the Constitution set out in Schedule 1 of the Terms of Authorisation dated 1st June 2006 and issued by Monitor.
- 1.2.13 "**Contracting and procuring**" means the systems for obtaining the supply of goods, materials, manufactured items, services, building and engineering services, works of construction and maintenance and for disposal of surplus and obsolete assets.
- 1.2.14 "**Finance Director**" means the Chief Financial Officer of the Trust.
- 1.2.15 "**Funds held on trust**" shall mean those funds which the Trust holds on date of incorporation, receives on distribution by statutory instrument or chooses subsequently to accept under powers derived under S.90 of the NHS Act 1977, as amended. Such funds may or may not be charitable.
- 1.2.16 "**Member**" means Executive Director or Non-Executive Director of the Board as the context permits. Member in relation to the Board does not include its Chairman.
- 1.2.17 "**Associate Member**" means a person appointed to perform specific statutory and non-statutory duties which have been delegated by the Board for them to perform and these duties have been recorded in an appropriate Board minute or other suitable record.
- 1.2.18 "**Membership, Procedure and Administration Arrangements Regulations**" means NHS Membership and Procedure Regulations (SI 1990/2024) and subsequent amendments.
- 1.2.19 "**Monitor**" means the independent regulator for NHS Foundation Trusts.
- 1.2.20 "**Nominated officer**" means an officer charged with the responsibility for discharging specific tasks within Standing Orders and Standing Financial Instructions.
- 1.2.21 "**Non-officer member**" means a member of the Trust who is not an officer of the Trust and is not to be treated as an officer by virtue of regulation 1(3) of the Membership, Procedure and Administration Arrangements Regulations.
- 1.2.22 "**Officer**" means employee of the Trust or any other person holding a paid appointment or office with the Trust.
- 1.2.23 "**Officer member**" means a member of the Trust who is either an officer of the Trust or is to be treated as an officer by virtue of regulation 1(3) (i.e.

the Chairman of the Trust or any person nominated by such a Committee for appointment as a Trust member).

- 1.2.24 "**Trust Secretary**" means a person appointed to act independently of the Board to provide advice on corporate governance issues to the Board and the Chairman and monitor the Trust's compliance with the law, Standing Orders, and Department of Health and Monitor guidance.
- 1.2.25 "**SFIs**" means Standing Financial Instructions.
- 1.2.26 "**SOs**" means Standing Orders.
- 1.2.27 "**Vice-Chairman**" means the Non-Executive Director appointed by the Board to take on the Chairman's duties if the Chairman is absent for any reason.

Section B – Standing Orders

1. Introduction

1.1 Statutory Framework

The Newcastle upon Tyne Hospitals NHS Foundation Trust (the Trust) is a statutory body which originally came into existence on 1st April 1998 under The Newcastle upon Tyne Hospitals NHS Trust (Establishment) Order 1999 No. 827, (the Establishment Order); and was licensed as a NHS Foundation Trust on 1st June 2006.

- (1) The principal place of business of the Trust is Freeman Hospital, High Heaton, Newcastle upon Tyne NE7 7DN.
- (2) NHS Foundation Trusts are governed by Act of Parliament, mainly the National Health Service Act 1977 (NHS Act 1977), the National Health Service and Community Care Act 1990 (NHS & CC Act 1990) as amended by the Health Authorities Act 1995 and the Health Act 1999, and the Health and Social Care (Community Health and Standards) Act 2003, as amended by the National Health Service Act 2006.
- (3) The functions of the Trust are conferred by this legislation.
- (4) As a statutory body, the Trust has specified powers to contract in its own name and to act as a corporate trustee. In the latter role it is accountable to the Charity Commission for those funds deemed to be charitable as well as to Monitor.
- (5) The Trust also has statutory powers under Section 28A of the NHS Act 1977, as amended by the Health Act 1999, to fund projects jointly planned with local authorities, voluntary organisations and other bodies.
- (6) The Code of Accountability requires the Trust to adopt Standing Orders for the regulation of its proceedings and business. The Trust must also adopt Standing Financial Instructions (SFIs) as an integral part of Standing Orders setting out the responsibilities of individuals.
- (7) The Trust will also be bound by such other statutes and legal provisions which govern the conduct of its affairs.

1.2 NHS Framework

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

- (2) The Code of Accountability requires that, inter alia, Boards draw up a schedule of decisions reserved to the Board, and ensure that management arrangements are in place to enable responsibility to be clearly delegated to senior executives (a Scheme of Delegation). The code also requires the establishment of audit and remuneration committees with formally agreed terms of reference. The Codes of Conduct makes various requirements concerning possible conflicts of interest of Board members.
- (3) The Code of Practice on Openness in the NHS sets out the requirements for public access to information on the NHS.

1.3 Delegation of Powers

The Trust has powers to delegate and make arrangements for delegation. The Standing Orders set out the detail of these arrangements. Under the Standing Order relating to the Arrangements for the Exercise of Functions (SO 5) the Trust is given powers to "make arrangements for the exercise, on behalf of the Trust of any of their functions by a committee, sub-committee or joint committee appointed by virtue of Standing Order 4 or by an officer of the Trust, in each case subject to such restrictions and conditions as the Trust thinks fit or as Monitor may direct". This document has effect as if incorporated into the Standing Orders. Delegated Powers are covered in a separate document entitled – 'Schedule of Matters reserved to the Board and Scheme of Delegation' and have effect as if incorporated into the Standing Orders and Standing Financial Instructions.

1.4 Integrated Governance

The Trust seeks to further develop integrated governance that will lead to improved governance and to ensure that decision-making is informed by intelligent information covering the full range of corporate, financial, clinical, information and research governance. Integrated governance will better enable the Board to take a holistic view of the organisation and its capacity to meet its legal and statutory requirements and clinical, quality and financial objectives.

2. The Board: Composition of Membership, Tenure and Role of Members

2.1 Composition of the Membership of the Board

In accordance with the Membership, Procedure and Administration Arrangements regulations as amended by the Constitution the composition of the Board shall be:

- (1) The Chairman of the Trust (appointed by the Council of Governors);
- (2) Up to seven Non-Executive Directors (appointed by the Council of Governors);

(3) Up to six Executive Directors, including:

- the Chief Executive;
- the Director of Finance.

The Board shall have not more than 14 members (unless otherwise determined by Monitor).

2.2 Appointment of Chairman and Directors of the Trust

(1) Appointment of the Chairman and Directors of the Trust shall be in compliance with the requirements and directions of the Constitution, as enshrined in the Terms of Authorisation issued by Monitor and dated 1st June 2006, or as subsequently amended.

2.3 Terms of Office of the Chairman and Directors

(1) The regulations setting out the period of tenure of office of the Chairman and Directors and for the termination or suspension of office of the Chairman and Directors are contained in Section 8 of the Constitution.

2.4 Appointment and Powers of Vice-Chairman

(1) Subject to Standing Order 2.4 (2) below, the Chairman and Directors of the Trust may appoint one of their number, who is not an Executive Director, to be Vice-Chairman, for such period, not exceeding the remainder of his term as a Director of the Trust, as they may specify on appointing him.

(2) Any Director so appointed may at any time resign from the office of Vice-Chairman by giving notice in writing to the Chairman. The Chairman and Directors may thereupon appoint another Director as Vice-Chairman in accordance with the provisions of Standing Order 2.4 (1) above.

(3) Where the Chairman of the Trust has died or has ceased to hold office, or where they have been unable to perform their duties as Chairman owing to illness or any other cause, the Vice-Chairman (or another Non-Executive Director agreed by the Board as a whole) shall act as Chairman until a new Chairman is appointed or the existing Chairman resumes their duties, as the case may be; and references to the Chairman in these Standing Orders shall, so long as there is no Chairman able to perform those duties, be taken to include references to the Vice-Chairman.

2.5 Role of Directors

The Board will function as a corporate decision-making body. Executive and Non-Executive Directors will be full and equal members. Their role as members of the Board of Directors will be to consider the key strategic

and managerial issues facing the Trust in carrying out its statutory and other functions.

(1) **Executive Directors**

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

(2) **Chief Executive**

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

(3) **Finance Director**

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

(4) **Non-Executive Directors**

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

(5) **Chairman**

The Chairman shall be responsible for the operation of the Board and chair all Board meetings when present. The Chairman has certain delegated executive powers. The Chairman must comply with the terms of appointment and with these Standing Orders.

The Chairman shall liaise with the Council of Governors over the appointment of Non-Executive Directors and once appointed shall take responsibility either directly or indirectly for their induction, their portfolios of interests and assignments, and their performance.

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

2.8 Corporate role of the Board

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

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

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

2.10 Lead Roles for Board Directors

The Chairman will ensure that the designation of Lead roles or appointments of Board Directors as required by the Department of Health or Monitor or as set out in any statutory or other guidance will be made in accordance with that guidance or statutory requirement (e.g. appointing a Lead Board Director with responsibilities for Infection Control or Child Protection Services etc.). These roles are set out in the Scheme of Delegation.

3. Meetings of the Trust

3.1 Calling meetings

- (1) Ordinary meetings of the Board shall be held at regular intervals at such times and places as the Board may determine.
- (2) Meetings of the Board may exclude members of the press and public in accordance with the Health and Social Care (Community Care and Standards) Act 2003 (Schedule 1 Section 13(2)) (as amended) and in view of publicity being prejudicial to the public interest.
- (3) The Chairman of the Trust may call a meeting of the Board at any time.
- (4) One third or more members of the Board may requisition a meeting in writing. If the Chairman refuses, or fails, to call a meeting within

seven days of a requisition being presented, the members signing the requisition may forthwith call a meeting.

3.2 Notice of Meetings and the Business to be transacted

- (1) Before each meeting of the Board a written notice specifying the business proposed to be transacted shall be delivered to every member, or sent by post to the usual place of residence of each member, so as to be available to members at least five clear days before the meeting. The notice shall be signed by the Chairman or by an officer authorised by the Chairman to sign on their behalf. Want of service of such a notice on any member shall not affect the validity of a meeting.
- (2) In the case of a meeting called by members in default of the Chairman calling the meeting, the notice shall be signed by those members.
- (3) No business shall be transacted at the meeting other than that specified on the agenda, or emergency motions allowed under Standing Order 3.6.
- (4) A member desiring a matter to be included on an agenda shall make his/her request in writing to the Chairman at least 10 clear days before the meeting. The request should state whether the item of business is proposed to be transacted in the presence of the public and should include appropriate supporting information. Requests made less than 10 days before a meeting may be included on the agenda at the discretion of the Chairman.

3.3 Agenda and Supporting Papers

The Agenda will be sent to members five days before the meeting and supporting papers, whenever possible, shall accompany the agenda, but shall otherwise be despatched no later than three clear days before the meeting, save in emergency.

3.4 Petitions

Where a petition has been received by the Trust the Chairman shall include the petition as an item for the agenda of the next meeting.

3.5 Notice of Motion

- (1) Subject to the provision of Standing Orders 3.7 'Motions: Procedure at and during a meeting' and 3.8 'Motions to rescind a resolution', a member of the Board wishing to move a motion shall send a written notice to the Chief Executive who will ensure that it is brought to the immediate attention of the Chairman.
- (2) The notice shall be delivered at least 10 clear days before the meeting. The Chief Executive shall include in the agenda for the

meeting all notices so received that are in order and permissible under governing regulations. This Standing Order shall not prevent any motion being withdrawn or moved without notice on any business mentioned on the agenda for the meeting.

3.6 Emergency Motions

Subject to the agreement of the Chairman, and subject also to the provision of Standing Order 3.7 'Motions: Procedure at and during a meeting', a member of the Board may give written notice of an emergency motion after the issue of the notice of meeting and agenda, up to one hour before the time fixed for the meeting. The notice shall state the grounds of urgency. If in order, it shall be declared to the Board at the commencement of the business of the meeting as an additional item included in the agenda. The Chairman's decision to include the item shall be final.

3.7 Motions: Procedure at and during a meeting

i) **Who may propose**

A motion may be proposed by the Chairman of the meeting or any member present. It must also be seconded by another member.

ii) **Contents of motions**

The Chairman may exclude from the debate at their discretion any such motion of which notice was not given on the notice summoning the meeting other than a motion relating to:

- the receipt of a report;
- consideration of any item of business before the Board;
- the accuracy of minutes;
- that the Board proceed to next business;
- that the Board adjourn;
- that the question be now put.

iii) **Amendments to motions**

A motion for amendment shall not be discussed unless it has been proposed and seconded.

Amendments to motions shall be moved relevant to the motion, and shall not have the effect of negating the motion before the Board.

If there is a number of amendments, they shall be considered one at a time. When a motion has been amended, the amended motion shall become the substantive motion before the meeting, upon which any further amendment may be moved.

iv) **Rights of reply to motions**

a) Amendments

The mover of an amendment may reply to the debate on their amendment immediately prior to the mover of the original motion, who shall have the right of reply at the close of debate on the amendment, but may not otherwise speak on it.

b) Substantive/original motion

The member who proposed the substantive motion shall have a right of reply at the close of any debate on the motion.

v) **Withdrawing a motion**

A motion, or an amendment to a motion, may be withdrawn.

vi) **Motions once under debate**

When a motion is under debate, no motion may be moved other than:

- an amendment to the motion;
- the adjournment of the discussion, or the meeting;
- that the meeting proceed to the next business;
- that the question should be now put;
- the appointment of an 'ad hoc' committee to deal with a specific item of business;
- that a member/director be not further heard.

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

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

3.8 Motion to Rescind a Resolution

- (1) Notice of motion to rescind any resolution (or the general substance of any resolution) which has been passed within the preceding six calendar months shall bear the signature of the member who gives it and also the signature of three other members, and before considering any such motion of which notice shall have been given, the Board may refer the matter to any appropriate Committee or the Chief Executive for recommendation.
- (2) When any such motion has been dealt with by the Board it shall not be competent for any director/member other than the Chairman to

propose a motion to the same effect within six months. This Standing Order shall not apply to motions moved in pursuance of a report or recommendations of a Committee or the Chief Executive.

3.9 Chairman of meeting

- (1) At any meeting of the Board the Chairman, if present, shall preside. If the Chairman is absent from the meeting, the Vice-Chairman or Acting Chairman (if the Board has appointed one), if present, shall preside.
- (2) If the Chairman and Vice-Chairman or Acting Chairman are absent, such member (who is not also an Executive Director of the Trust) as the members present shall choose shall preside.

3.10 Chairman's ruling

The decision of the Chairman of the meeting on questions of order, relevancy and regularity (including procedure on handling motions) and his/her interpretation of the Standing Orders and Standing Financial Instructions, at the meeting, shall be final.

3.11 Quorum

- (i) No business shall be transacted at a meeting unless at least one-third of the whole number of the Chairman and members (including at least one member who is also an Executive Director of the Trust and one member who is not) is present.
- (ii) An Officer in attendance for an Executive Director (Officer Member) but without formal acting up status may not count towards the quorum.
- (iii) If the Chairman or member has been disqualified from participating in the discussion on any matter and/or from voting on any resolution by reason of a declaration of a conflict of interest (see SO No.7) that person shall no longer count towards the quorum. If a quorum is then not available for the discussion and/or the passing of a resolution on any matter, that matter may not be discussed further or voted upon at that meeting. Such a position shall be recorded in the minutes of the meeting. The meeting must then proceed to the next business.

3.12 Voting

- (i) Save as provided in Standing Orders 3.13 - Suspension of Standing Orders and 3.14 - Variation and Amendment of Standing Orders, every question put to a vote at a meeting shall be determined by a majority of the votes of members present and voting on the question. In the case of an equal vote, the person presiding (ie: the Chairman of the meeting) shall have a second, and casting vote.

- (ii) At the discretion of the Chairman all questions put to the vote shall be determined by oral expression or by a show of hands, unless the Chairman directs otherwise, or it is proposed, seconded and carried that a vote be taken by paper ballot.
- (iii) If at least one third of the members present so request, the voting on any question may be recorded so as to show how each member present voted or did not vote (except when conducted by paper ballot).
- (iv) If a member so requests, their vote shall be recorded by name.
- (v) In no circumstances may an absent member vote by proxy. Absence is defined as being absent at the time of the vote.
- (vi) A manager who has been formally appointed to act up for an Executive Director during a period of incapacity or temporarily to fill an Executive Director vacancy shall be entitled to exercise the voting rights of the Officer Member.
- (vii) A manager attending the Board meeting to represent an Executive Director during a period of incapacity or temporary absence without formal acting up status may not exercise the voting rights of the Executive Director. An Officer's status when attending a meeting shall be recorded in the minutes.

3.13 Suspension of Standing Orders

- (i) Except where this would contravene any statutory provision or any direction made by the Secretary of State, Monitor, or the rules relating to the Quorum (SO 3.11), any one or more of the Standing Orders may be suspended at any meeting, provided that at least two-thirds of the whole number of the members of the Board are present (including at least one member who is an Executive Director of the Trust and one member who is not) and that at least two-thirds of those members present signify their agreement to such suspension. The reason for the suspension shall be recorded in the Board's minutes.
- (ii) A separate record of matters discussed during the suspension of Standing Orders shall be made and shall be available to the Chairman and members of the Board.
- (iii) No formal business may be transacted while Standing Orders are suspended.
- (iv) The Audit Committee shall review every decision to suspend Standing Orders.

3.14 Variation and amendment of Standing Orders

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

- upon a notice of motion under Standing Order 3.5;
- upon a recommendation of the Chairman or Chief Executive included on the agenda for the meeting;
- that two thirds of the Board members are present at the meeting where the variation or amendment is being discussed, and that at least half of the Trust's Non-Executive Directors vote in favour of the amendment;
- providing that any variation or amendment does not contravene a statutory provision or direction made by the Secretary of State or Monitor.

3.15 Record of Attendance

The names of the Chairman and Directors present at the meeting shall be recorded.

3.16 Minutes

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

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

3.17 Admission of public and the press

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

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

- members of the press and public in accordance with the Health and Social Care (Community Care and Standards) Act 2003 (Schedule 1 Section 13(2)) (as amended) and in view of publicity being prejudicial to the public interest.

(ii) **General disturbances**

The Chairman (or Vice-Chairman if one has been appointed) or the person presiding over the meeting shall give such directions as he thinks fit with regard to the arrangements for meetings and accommodation of the public and representatives of the press such as to ensure that the Trust's business shall be conducted without interruption and disruption and, without prejudice to the power to

exclude on grounds of the confidential nature of the business to be transacted, the public will be required to withdraw upon the Board resolving as follows:

- `That in the interests of public order the meeting adjourn for (the period to be specified) to enable the Board to complete its business without the presence of the public'. Section 13(2) of the Health and Social Care (Community Care and Standards) Act 2003.

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

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

Members and Officers or any employee of the Trust in attendance shall not reveal or disclose the contents of papers or minutes outside of the Trust, without the express permission of the Chairman or Chief Executive. This prohibition shall apply equally to the content of any discussion during the Board meeting which may take place on such reports or papers.

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

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

3.18 Observers at Trust meetings

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

4. Appointment of Committees and Sub-Committees

4.1 Appointment of Committees

Subject to such directions as may be given by the Secretary of State for Health or Monitor, the Board may appoint committees of the Trust.

The Trust shall determine the membership and terms of reference of committees and sub-committees and shall if it requires to, receive and consider reports of such committees.

4.2 Joint Committees

- (i) Joint committees may be appointed by the Trust by joining together with one or more other Strategic Health Authorities, or other Trusts consisting of, wholly or partly of the Chairman and members of the Trust or other health service bodies, or wholly of persons who are not members of the Trust or other health bodies in question.
- (ii) Any committee or joint committee appointed under this Standing Order may, subject to such directions as may be given by the Secretary of State, Monitor, or the Trust or other health bodies in question, appoint sub-committees consisting wholly or partly of members of the committees or joint committee (whether or not they are members of the Trust or health bodies in question) or wholly of persons who are not members of the Trust or health bodies in question or the committee of the Trust or health bodies in question.

4.3 Applicability of Standing Orders and Standing Financial Instructions to Committees

The Standing Orders and Standing Financial Instructions of the Trust, as far as they are applicable, shall as appropriate apply to meetings and any committees established by the Trust. In which case the term "Chairman" is to be read as a reference to the Chairman of other committee as the context permits, and the term "member" is to be read as a reference to a member of other committee also as the context permits. (There is no requirement to hold meetings of committees established by the Trust in public.)

4.4 Terms of Reference

Each such committee shall have such terms of reference and powers and be subject to such conditions (as to reporting back to the Board), as the Board shall decide and shall be in accordance with any legislation and regulation or direction issued by the Secretary of State or Monitor. Such terms of reference shall have effect as if incorporated into the Standing Orders.

4.5 Delegation of powers by Committees to Sub-Committees

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

4.6 Approval of Appointments to Committees

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

4.7 Appointments for Statutory functions

Where the Board is required to appoint persons to a committee and/or to undertake statutory functions as required by the Secretary of State or Monitor, and where such appointments are to operate independently of the Board such appointment shall be made in accordance with the regulations and directions made by the Secretary of State or Monitor.

4.8 Committees established by the Board

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

4.8.1 Audit Committee

In line with the requirements of Monitor's Compliance Framework and Audit Code for NHS Foundation Trusts, the NHS Audit Committee Handbook, NHS Codes of Conduct and Accountability, and the Higgs report, an Audit Committee will be established and constituted to provide the Board with an independent and objective review on its financial systems, financial information and compliance with laws, guidance, and regulations governing the NHS. The Terms of Reference will be approved by the Board and reviewed on a periodic basis.

The Higgs report recommends a minimum of three Non-Executive Directors be appointed, unless the Board decides otherwise, of which one must have significant, recent and relevant financial experience.

4.8.2 Remuneration and Terms of Service Committee

In line with the requirements of the NHS Codes of Conduct and Accountability, and the Higgs report, a Terms of Service and Remuneration Committee will be established and constituted.

The Higgs report recommends the committee be comprised exclusively of Non-Executive Directors, a minimum of three, who are independent of management. The purpose of the Committee will be to advise the Board about appropriate remuneration and terms of service for the Chief Executive and other Executive Directors including:

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

4.8.3 Trust and Charitable Funds Committee

In line with its role as a corporate trustee for any funds held in trust, either as charitable or non charitable funds, the Board will establish a Trust and Charitable Funds Committee to administer those funds in accordance with any statutory or other legal requirements or best practice required by the Charities Commission.

The provisions of this Standing Order must be read in conjunction with Standing Order 2.8 and Standing Financial Instruction 20.

4.8.4 Other Committees

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

5. Arrangements For The Exercise Of Trust Functions By Delegation

5.1 Delegation of Functions to Committees, Officers or other bodies

5.1.1 Subject to such directions as may be given by the Secretary of State or Monitor, the Board may make arrangements for the exercise, on behalf of the Board, of any of its functions by a committee, sub-committee appointed by virtue of Standing Order 4, or by an officer of the Trust, or by another body as defined in Standing Order 5.1.2 below, in each case subject to such restrictions and conditions as the Trust thinks fit.

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

- (i) by another Trust;

- (ii) jointly with any one or more of the following: NHS Trusts or NHS Foundation Trusts, Strategic Health Authorities or PCTs;
- (iii) by arrangement with the appropriate Trust or PCT, by a joint committee or joint sub-committee of the Trust and one or more other health service bodies;
- (iv) in relation to arrangements made under S63(1) of the Health Services and Public Health Act 1968, jointly with one or more Strategic Health Authorities, NHS Trusts, NHS Foundation Trusts or PCT.

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

5.2 Emergency Powers and urgent decisions

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

5.3 Delegation to Committees

5.3.1 The Board shall agree from time to time to the delegation of executive powers to be exercised by other committees, or sub-committees, or joint-committees, which it has formally constituted **in accordance with directions issued by the Secretary of State or Monitor**. The constitution and terms of reference of these committees, or sub-committees, or joint committees, and their specific executive powers shall be approved by the Board in respect of its sub-committees.

5.4 Delegation to Officers

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

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

propose amendment to the Scheme of Delegation which shall be considered and approved by the Board.

5.4.3 Nothing in the Scheme of Delegation shall impair the discharge of the direct accountability to the Board of the Finance Director to provide information and advise the Board in accordance with statutory or Department of Health or Monitor requirements. Outside these statutory requirements the role of the Finance Director shall be accountable to the Chief Executive for operational matters.

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

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

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

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

6. Overlap with Other Trust Policy Statements / Procedures, Regulations and Standing Financial Instructions

6.1 Policy statements: general principles

The Board will from time to time agree and approve policy statements/ procedures which will apply to all or specific groups of staff employed by The Newcastle upon Tyne Hospitals NHS Foundation Trust. The decisions to approve such policies and procedures will be recorded in an appropriate Board minute and will be deemed where appropriate to be an integral part of the Trust's Standing Orders and Standing Financial Instructions.

6.2 Specific Policy statements

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

- the Standards of Business Conduct and Conflicts of Interest Policy for Trust staff;
- the staff Disciplinary and Appeals Procedures adopted by the Trust, both of which shall have effect as if incorporated in these Standing Orders.

6.3 Standing Financial Instructions

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

6.4 Specific guidance

Notwithstanding the application of SO 6.1 above, these Standing Orders and Standing Financial Instructions must be read in conjunction with the following guidance and any other issued by the Secretary of State for Health:

- Caldicott Guardian 1997;
- Human Rights Act 1998;
- Freedom of Information Act 2000.

7. Duties and Obligations of Board Members/Directors and Senior Managers under These Standing Orders

7.1 Declaration of Interests

7.1.1 Requirements for Declaring Interests and applicability to Board Members

- i) The NHS Code of Accountability and Monitor's Compliance Framework require Board Members to declare interests which are relevant and material to the Board of which they are a member. All existing Board members should declare such interests. Any Board members appointed subsequently should do so on appointment.

7.1.2 Interests which are relevant and material

- (i) Interests which should be regarded as "relevant and material"

Are

- a) Directorships, including Non-Executive Directorships held in private companies or PLCs (with the exception of those of dormant companies);
 - b) Ownership or part-ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS;
 - c) Majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS;
 - d) A position of Authority in a charity or voluntary organisation in the field of health and social care;
 - e) Any connection with a voluntary or other organisation contracting for NHS services;
 - f) Research funding/grants that may be received by an individual or their department;
 - g) Interests in pooled funds that are under separate management.
- (ii) Any member of the Board who comes to know that the Trust has entered into or proposes to enter into a contract in which he/she or any person connected with him/her (as defined in Standing Order 7.3 below and elsewhere) has any pecuniary interest, direct or indirect, shall declare his/her interest by giving notice in writing of such fact to the Trust Secretary as soon as practicable.

7.1.3 Advice on Interests

If Board members have any doubt about the relevance of an interest, this should be discussed with the Chairman of the Trust or with the Trust Secretary.

Financial Reporting Standard No 8 (issued by the Accounting Standards Board) specifies that influence rather than the immediacy of the relationship is more important in assessing the relevance of an interest. The interests of partners in professional partnerships including general practitioners should also be considered.

7.1.4 Recording of Interests in Board minutes

At the time Board members' interests are declared, they should be recorded in the Board minutes.

Any changes in interests should be declared at the next Board meeting following the change occurring and recorded in the minutes of that meeting.

7.1.5 Publication of declared interests in Annual Report

Board members' directorships of companies likely or possibly seeking to do business with the NHS should be published in the Trust's annual report. The information should be kept up to date for inclusion in succeeding annual reports.

7.1.6 Conflicts of interest which arise during the course of a meeting

During the course of a Board meeting, if a conflict of interest is established, the Board member concerned should withdraw from the meeting and play no part in the relevant discussion or decision. (See overlap with SO 7.3)

7.2 Register of Interests

7.2.1 The Chief Executive will ensure that a Register of Interests is established to record formally declarations of interests of Board or Committee members. In particular the Register will include details of all directorships and other relevant and material interests (as defined in SO 7.1.2) which have been declared by both executive and non-executive Board members.

7.2.2. These details will be kept up to date by means of an annual review of the Register in which any changes to interests declared during the preceding twelve months will be incorporated.

7.2.3 The Register will be available to the public and the Chief Executive will take reasonable steps to bring the existence of the Register to the attention of the public and to publicise arrangements for viewing it.

7.3 Exclusion of Chairman and Members in proceedings on account of pecuniary interest

7.3.1 Definition of terms used in interpreting 'Pecuniary' interest

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

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

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

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

iv) Exception to Pecuniary interests

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

- a) neither he/she or any person connected with him/her has any beneficial interest in the securities of a company of which he/she or such person appears as a member, or
- b) any interest that he/she or any person connected with him/her may have in the contract is so remote or insignificant that it cannot reasonably be regarded as likely to influence him/her in relation to considering or voting on that contract, or
- c) those securities of any company in which he/she (or any person connected with him/her) has a beneficial interest do not exceed £5,000 in nominal value or one per cent of the total issued share capital of the company or of the relevant class of such capital, whichever is the less.

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

7.3.2 Exclusion in proceedings of the Board

- (i) Subject to the following provisions of this Standing Order, if the Chairman or a member of the Board has any pecuniary interest, direct or indirect, in any contract, proposed contract or other matter and is present at a meeting of the Board at which the contract or other matter is the subject of consideration, they shall at the meeting and as soon as practicable after its commencement disclose the fact and shall not take part in the consideration or discussion of the contract or other matter or vote on any question with respect to it.
- (ii) The Secretary of State or Monitor may, subject to such conditions as he/she may think fit to impose, remove any disability imposed by this Standing Order in any case in which it appears to him/her in the interests of the National Health Service that the disability should be removed. (See SO 7.3.3 on the 'Waiver' which has been approved by the Secretary of State for Health).
- (iii) The Board may exclude the Chairman or a member of the Board from a meeting of the Board while any contract, proposed contract or other matter in which he/she has a pecuniary interest is under consideration.
- (iv) Any remuneration, compensation or allowance payable to the Chairman or a Member by virtue of paragraph 11 of Schedule 5A to the National Health Service Act 1977 (pay and allowances) shall not be treated as a pecuniary interest for the purpose of this Standing Order.
- (v) This Standing Order applies to a committee or sub-committee and to a joint committee or sub-committee as it applies to the Trust and applies to a member of any such committee or sub-committee (whether or not he/she is also a member of the Trust) as it applies to a member of the Trust.

7.3.3 Waiver of Standing Orders made by the Secretary of State for Health

(1) Power of the Secretary of State to make waivers

Under regulation 11(2) of the NHS (Membership and Procedure Regulations SI 1999/2024 ("the Regulations"), there is a power for the Secretary of State to issue waivers if it appears to the Secretary of State in the interests of the health service that the disability in regulation 11 (which prevents a chairman or a member from taking part in the consideration or discussion of, or voting on any question with respect to, a matter in which he has a pecuniary interest) is removed. A waiver has been agreed in line with sub-sections (2) to (4) below.

(2) Definition of 'Chairman' for the purpose of interpreting this waiver

For the purposes of paragraph 7.3.3.(3) (below), the “relevant chairman” is

- (a) at a meeting of the Trust, the Chairman of that Trust;
- (b) at a meeting of a Committee –
 - (i) in a case where the member in question is the Chairman of that Committee, the Chairman of the Trust;
 - (ii) in the case of any other member, the Chairman of that Committee.

(3) Application of waiver

A waiver will apply in relation to the disability to participate in the proceedings of the Trust on account of a pecuniary interest.

It will apply to:

- (i) A member of The Newcastle upon Tyne Hospitals NHS Foundation Trust (“the Trust”), who is a healthcare professional, within the meaning of regulation 5(5) of the Regulations, and who is providing or performing, or assisting in the provision or performance, of –
 - (a) services under the National Health Service Act 1977; or
 - (b) services in connection with a pilot scheme under the National Health Service Act 1997;

for the benefit of persons for whom the Trust is responsible.

- (ii) Where the ‘pecuniary interest’ of the member in the matter which is the subject of consideration at a meeting at which he is present:-
 - (a) arises by reason only of the member’s role as such a professional providing or performing, or assisting in the provision or performance of, those services to those persons;
 - (b) has been declared by the relevant chairman as an interest which cannot reasonably be regarded as an interest more substantial than that of the majority of other persons who:–
 - (i) are members of the same profession as the member in question,

- (ii) are providing or performing, or assisting in the provision or performance of, such of those services as he provides or performs, or assists in the provision or performance of, for the benefit of persons for whom the Trust is responsible.
- (4) Conditions which apply to the waiver and the removal of having a pecuniary interest

The removal is subject to the following conditions:

- (a) the member must disclose his/her interest as soon as practicable after the commencement of the meeting and this must be recorded in the minutes;
- (b) the relevant chairman must consult the Chief Executive before making a declaration in relation to the member in question pursuant to paragraph 7.3.3 (2) (b) above, except where that member is the Chief Executive;
- (c) in the case of a meeting of the Trust:
 - (i) the member may take part in the consideration or discussion of the matter which must be subjected to a vote and the outcome recorded;
 - (ii) may not vote on any question with respect to it.
- (d) in the case of a meeting of the Committee:
 - (i) the member may take part in the consideration or discussion of the matter which must be subjected to a vote and the outcome recorded;
 - (ii) may vote on any question with respect to it; but
 - (iii) the resolution which is subject to the vote must comprise a recommendation to, and be referred for approval by, the Board.

7.4 Standards of Business Conduct

7.4.1 Trust Policy and National Guidance

Trust's Policy on Standards of Business Conduct and the national guidance contained in HSG(93)5 on 'Standards of Business Conduct for NHS staff' (see SO 6.2).

7.4.2 Interest of Officers in Contracts

- i) Any officer or employee of the Trust who comes to know that the Trust has entered into or proposes to enter into a contract in which he/she or any person connected with him/her (as defined in SO 7.3) has any pecuniary interest, direct or indirect, the Officer shall declare their interest by giving notice in writing of such fact to the Chief Executive or Trust Secretary as soon as practicable.
- ii) An Officer should also declare to the Chief Executive any other employment or business or other relationship of his/her, or of a cohabiting spouse, that conflicts, or might reasonably be predicted could conflict, with the interests of the Trust.
- iii) The Trust will require interests, employment or relationships so declared to be entered in a register of interests of staff.

7.4.3 Canvassing of and Recommendations by Members in Relation to Appointments

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

7.4.4 Relatives of Members or Officers

- i) Candidates for any staff appointment under the Trust shall, when making an application, disclose in writing to the Trust whether they are related to any member or the holder of any office under the Trust. Failure to disclose such a relationship shall disqualify a candidate and, if appointed, render him/her liable to instant dismissal.
- ii) The Chairman and every member and officer of the Trust shall disclose to the Board any relationship between himself and a candidate of whose candidature that member or officer is aware. It shall be the duty of the Chief Executive to report to the Board any such disclosure made.
- iii) On appointment, members (and prior to acceptance of an appointment in the case of Executive Directors) should disclose

to the Trust whether they are related to any other member or holder of any office under the Trust.

- iv) Where the relationship to a member of the Trust is disclosed, the Standing Order headed 'Disability of Chairman and members in proceedings on account of pecuniary interest' (SO 7) shall apply.

8. Custody of Seal, Sealing of Documents and Signature of Documents

8.1 Custody of Seal

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

8.2 Sealing of Documents

Where it is necessary that a document shall be sealed, the seal shall be affixed in the presence of two Executive Directors, one of whom must be the Chief Executive or Finance Director, and not also from the originating department, and shall be attested by them.

8.3 Register of Sealing

The Chief Executive shall keep a register in which he/she, or another manager of the Authority authorised by him/her, shall enter a record of the sealing of every document.

8.4 Signature of documents

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

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

9. Miscellaneous (see overlap with SFI No. 12)

9.1 Joint Finance Arrangements

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

NHS services, using its powers under Section 28A of the NHS Act 1977, as amended by section 29 of the Health Act 1999. See overlap with Standing Financial Instruction No. 21.3.

**SECTION C - RESERVATION OF POWERS TO THE BOARD OF DIRECTORS AND DELEGATION OF POWERS
(UPDATED JANUARY 2011)**

REF	THE BOARD	DECISIONS RESERVED TO THE BOARD
NA	THE BOARD	<p>General Enabling Provision</p> <p>The Board may determine any matter, for which it has delegated or statutory authority, it wishes in full session within its statutory powers.</p>
NA	THE BOARD	<p><i>Regulations and Control</i></p> <ol style="list-style-type: none"> 1. Approve Standing Orders (SOs), a schedule of matters reserved to the Board and Standing Financial Instructions for the regulation of its proceedings and business. 2. Suspend Standing Orders. 3. Vary or amend the Standing Orders. 4. Ratify any urgent decisions taken by the Chairman and Chief Executive in accordance with SO 5.2 5. Approve a scheme of delegation of powers from the Board to committees. 6. Require and receive the declaration of Board members' interests that may conflict with those of the Trust and determining the extent to which that member may remain involved with the matter under consideration. 7. Require and receive the declaration of officers' interests that may conflict with those of the Trust. 8. Approve arrangements for dealing with complaints. 9. Adopt the organisation structures, processes and procedures to facilitate the discharge of business by the Trust and to agree modifications thereto. 10. Receive reports from committees including those that the Trust is required by the Secretary of State, Monitor or other regulation to establish and to take appropriate action on. 11. Confirm the recommendations of the Trust's committees where the committees do not have executive powers. 12. Approve arrangements relating to the discharge of the Trust's responsibilities as a corporate trustee for funds held on trust. 13. Establish terms of reference and reporting arrangements of all committees and sub-committees that are established by the Board. 14. Approve arrangements relating to the discharge of the Trust's responsibilities as a bailer for patients' property.

REF	THE BOARD	DECISIONS RESERVED TO THE BOARD
		15. Authorise use of the seal. 16. Ratify or otherwise instances of failure to comply with Standing Orders brought to the Chief Executive's attention in accordance with SO 5.6. 17. Discipline members of the Board or employees who are in breach of statutory requirements or SOs.

NA	THE BOARD	<p>Appointments/ Dismissal</p> <ol style="list-style-type: none"> 1. Appoint the Vice Chairman of the Board. 2. Appoint and dismiss committees (and individual members) that are directly accountable to the Board. 3. Appoint, appraise, discipline and dismiss Executive Directors (subject to SO 2.2). 4. Confirm appointment of members of any committee of the Trust as representatives on outside bodies. 5. Appoint, appraise, discipline and dismiss the Secretary (if the appointment of a Secretary is required under Standing Orders). 6. Approve proposals of the Remuneration Committee regarding directors and senior employees and those of the Chief Executive for staff not covered by the Remuneration Committee.
NA	THE BOARD	<p><i>Strategy, Plans and Budgets</i></p> <ol style="list-style-type: none"> 1. Define the strategic aims and objectives of the Trust, taking into account the view of Members Council. 2. Approve proposals for ensuring quality and developing clinical governance in services provided by the Trust, having regard to any guidance issued by the Secretary of State or Monitor. 3. Approve the Trust's policies and procedures for the management of risk. 4. Approve Outline and Final Business Cases for Capital Investment. 5. Approve budgets. 6. Approve annually the Trust's proposed organisational development proposals. 7. Ratify proposals for acquisition, disposal or change of use of land and/or buildings. 8. Approve PFI proposals. 9. Approve the opening of bank accounts. 10. Approve proposals on individual contracts (other than NHS contracts) of a capital or revenue nature amounting to, or likely to amount to over £1,000,000 over a 3 year period or the period of the contract if longer. 11. Approve proposals in individual cases for the write off of losses or making of special payments above the limits of delegation to the Chief Executive and Finance Director (for losses and special payments) previously approved by the Board. 12. Approve individual compensation payments. 13. Approve proposals for action on litigation against or on behalf of the Trust. 9. Review use of NHSLA risk pooling schemes (LPST/CNST/RPST).

	THE BOARD	<p>Policy Determination</p> <p>1. Approve management policies including personnel policies incorporating the arrangements for the appointment, appraisal, discipline and removal and remuneration of staff.</p> <p>Policies so adopted shall be listed and appended to this document by the Trust Secretary.</p>
	THE BOARD	<p>Audit</p> <p>1. Approval of external auditors' arrangements for the separate audit of funds held on trust, and the submission of reports to the Audit Committee meetings who will take appropriate action.</p> <p>2. Receive the annual management letter from the external auditor and agreement of proposed action, taking account of the advice, where appropriate, of the Audit Committee.</p> <p>3. Receive an annual report from the Internal Auditor and agree action on recommendations where appropriate of the Audit Committee.</p>
NA	THE BOARD	<p>Annual Reports and Accounts</p> <p>1. Receipt and approval of the Trust's Annual Report and Annual Accounts.</p> <p>2. Receipt and approval of the Annual Report and Accounts for funds held on trust.</p>
NA	THE BOARD	<p>Monitoring</p> <p>1. Receive such reports as the Board sees fit from committees in respect of their exercise of powers delegated.</p> <p>2. Continuous appraisal of the affairs of the Trust by means of the provision to the Board of reports as the Board may require from directors, committees, and officers of the Trust as set out in management policy statements. All monitoring returns required by the Department of Health, Monitor, and the Charity Commission shall be reported, at least in summary, to the Board.</p> <p>3. Receive reports from the Finance Director on financial performance against budget,</p>

		annual plan and Local Delivery Plan. 4. Receive reports from the Finance Director on actual and forecast income.
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DECISIONS/DUTIES DELEGATED BY THE BOARD TO COMMITTEES

REF	COMMITTEE	DECISIONS/DUTIES DELEGATED BY THE BOARD TO COMMITTEES
SFI 11.1.1	AUDIT COMMITTEE	<p>The Committee will:</p> <ol style="list-style-type: none"> 1. Advise Members Council on the process for appointing external audit services. 2. Advise the Board on internal audit services. 3. The Committee shall review the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the organisation's activities (both clinical and non-clinical), that supports the achievement of the organisation's objectives; 4. Monitor compliance with Standing Orders and Standing Financial Instructions; 5. Review schedules of losses and compensations and making recommendations to the Board. 6. Review schedules of debtor/creditor balances >£20,000, >6 months 7. Review the annual financial statements prior to submission to the Board. <p>[This will vary according to the terms of reference and the role of the Audit Committee relative to that of the Corporate Governance Committee.]</p>
SFI 20.1.2	REMUNERATION AND TERMS OF SERVICE COMMITTEE	<p>The Committee will:</p> <ol style="list-style-type: none"> 1. Advise the Board about appropriate remuneration and terms of service for the Chief Executive, other Executive Directors and other senior employees including: 2. All aspects of salary (including any performance-related elements/bonuses); 3. Provisions for other benefits, including pensions and cars; 4. Arrangements for termination of employment and other contractual terms; 5. Make recommendations to the Board on the remuneration and terms of service of executive directors and senior employees to ensure they are fairly rewarded for their individual contribution to the Trust - having proper regard to the Trust's circumstances and performance and to the provisions of any national arrangements for such staff; 6. Proper calculation and scrutiny of termination payments taking account of such national guidance as is appropriate; 7. Advise on and oversee appropriate contractual arrangements for such staff; 8. The Committee shall report in writing to the Board the basis for its recommendations.
HSC	CLINICAL	The Committee will ensure that:

REF	COMMITTEE	DECISIONS/DUTIES DELEGATED BY THE BOARD TO COMMITTEES
1999/065	GOVERNANCE COMMITTEE	<ol style="list-style-type: none"> 1. quality improvement processes are developed and integrated with the quality programme for the organisation as a whole. 2. leadership skills are in place and improved upon at clinical directorate, specialty and sub-specialty levels. 3. evidence based practice is supported and applied routinely in everyday practice. 4. good practice, ideas and innovations (which are evidence based) are systematically disseminated within and outside the organisation. 5. clinical risk reduction programmes of a high standard are in place. 6. effective procedures are in place to ensure that adverse incidents and events are detected, openly investigated, and any lessons learned promptly applied and appropriately disseminated in the best interests of the organisation. 7. lessons for clinical practice are systematically understood and implemented from the reports of the Complaints Review. 8. problems of poor clinical performance are systematically recognised at an early stage and reporting pathways are developed to enable issues to be dealt with accordingly. 9. all professional development programmes adequately and consistently reflect the principles of Clinical Governance. 10. review the quality of clinical record keeping and the data required to monitor clinical care and treatment outcomes and to recommend change in practice where improvement is called for. 11. encourage and support all of the professionals involved in developing Clinical Governance. 12. facilitate support and monitor the effectiveness of continued professional development for all disciplines in the workplace. 13. promote individual self-assessment processes that generate an awareness in terms of quality, outcome and risk. 14. provide regular reports to the Board on the quality of clinical care provided. 15. provide regular reports to the board on the quality and provision of clinical care. 16. draw together and publish annual report. 17. promote clinical appraisal skills and encourage practice through integrated care pathways and guidelines. 18. monitor Research Governance and ensure there is ongoing compliance in accordance with local and national guidelines. 19. review the NCEPOD recommendations and ensure implementation within the

REF	COMMITTEE	DECISIONS/DUTIES DELEGATED BY THE BOARD TO COMMITTEES
		Trust.
	CHARITABLE FUNDS COMMITTEE	<p>The Committee functions are:</p> <ol style="list-style-type: none"> 1. to manage on behalf of the Trust Board all charitable funds under the control of the Trust 2. to ensure the requirements of the Charity Commission are acted upon. 3. To ensure that there is a robust system of control in place 4. To authorise expenditure 5. To ensure prudent management of charitable funds 6. To put in place and review periodically an Investment strategy 7. To put in place and review periodically a Reserves Policy 8. To ensure there is a robust Risk Management Strategy for the charitable funds 9. To liaise with the Joint Research Executive Scientific Committee with regard to application of funds for research 10. To secure the preparation of Annual Accounts in accordance with Charity Commission requirements 11. To take oversight of the Charlie Bear for Cancer Care Fund
	SUPPLIES AND SERVICES PROCUREMENT COMMITTEE	<p>The Committee functions are:</p> <ol style="list-style-type: none"> 1. To receive reports on tenders from the Purchasing & Supply Manager, the Director of Estates & Facilities and the Director of Pharmacy and to determine the awards of contract. 2. To receive and agree or otherwise, reports from the Purchasing & Supply Manager, the Director of Estates & Facilities and the Director of Pharmacy, seeking approval to waive Standing Orders in respect of competitive tendering. 3. To ensure compliance with the Trust's Standing Financial Instructions and legal obligations in respect of Tendering and Contract Procedure (SFIs para 17 refers) 4. To review strategy, in the light of guidance received and good practice, in respect of the Trust's procurement and supply arrangements. 5. To report to and advise the Trust Board on matters relating to procurement of services and the purchase of supplies and equipment. <p>Note: Receipt and consideration of reports on tenders and waiver requests, in respect</p>

REF	COMMITTEE	DECISIONS/DUTIES DELEGATED BY THE BOARD TO COMMITTEES
		of contract awards valued in excess of £1,000,000 will be specifically reserved to the Board (SFIs, para 17.8 refers).
	COMMITTEE FOR THE APPOINTMENT OF EXECUTIVE DIRECTORS	<p>The Committee will carry out the following tasks:</p> <ul style="list-style-type: none"> (i) To devise an appropriate job description and person specification for any Executive Director post which falls vacant or which, following due process, is approved by Monitor and included in the Constitution of the Trust. (ii) To determine appropriate methods of recruitment, including the placing of adverts and use of executive search. (iii) To review applications and draw up a shortlist of potential candidates for interview. (iv) To agree appropriate selection methods, including use of psychometric tools. (v) To interview candidates and, where appropriate, make a recommendation to the Board of Directors for the appointment of a suitable candidate.
	INVESTMENT COMMITTEE	<p>The Terms of Reference of the Committee are as follows:</p> <ul style="list-style-type: none"> (i) To approve best practice principles in making investments, including a written investment policy. (ii) To evaluate all major investments and to monitor the implementation process. (iii) To ensure proper safeguards are in place for security of the NHS foundation trust's funds. (iv) To monitor compliance with treasury policies and procedures. (v) To approve proposals for acquisition and disposal of assets above a de minimis amount. (vi) To review performance against agreed benchmarks. (vii) To approve external funding arrangements within their delegated authority.
	INFORMATION GOVERNANCE COMMITTEE	<p>The Terms of Reference of the Committee are as follows:</p> <ul style="list-style-type: none"> (i) To review policy, procedures and adherence to Information Governance Standards, in response to the requirements set out by the NHS Chief Executive. (ii) To oversee implementation of the actions required by the Data Handling Review. (iii) To oversee Trust-wide implementation of the Data Protection and Freedom of Information Acts and associated legislation, Information Security, Records

REF	COMMITTEE	DECISIONS/DUTIES DELEGATED BY THE BOARD TO COMMITTEES
		<p>Management and the NHS Information Governance Toolkit.</p> <p>(iv) To produce two reports for the Board. The first (in March each year) shall set out a review of the year, including achievement of NHS standards, together with an action plan for the coming year. The second report (in September each year) will present a review of progress against the previously agreed plan and any additional mandated requirements.</p>
	<p>CORPORATE GOVERNANCE COMMITTEE</p>	<p>The Terms of Reference of the Committee are as follows:</p> <p>(i) To undertake and maintain an ongoing assessment of risk management that is sensitive to both local and nationally determined priorities, strengths and requirements, presenting to the Board an annual statement highlighting the strategic direction that should be adopted and followed by the Trust in future years.</p> <p>(ii) To consider and determine the relative priorities for risk management programmes and projects, ensuring transparency in the determination of organisational and development priorities.</p> <p>(iii) To monitor the progress of existing risk management programmes/projects and to secure evaluation of the benefit of programmes/projects on completion.</p> <p>(iv) To ensure that obligations under the Civil Contingencies Act are met with regard to Emergency Preparedness and, in parallel, that appropriate and robust mechanisms are in place to secure a functional and effective Business Continuity Plan.</p> <p>(v) To advise the Board of Directors as appropriate on further integration of governance functions across the Trust.</p> <p>(vi) To ensure that the Trust-wide risk register is both maintained and updated and regularly reviewed and reported to the Audit Committee and Board of Directors, in order to provide the Board of Directors with early identification of key risks, along with appropriate mitigation measures.</p> <p>(vii) To oversee the process of implementation of the requirements of the Care Quality Framework and all that entails and to receive regular reports on the state of readiness for inspection and accreditation by relevant regulatory bodies. These shall include inter alia the Annual Health Check (or its successor) and NHSLA Risk Management Standards. To monitor any deficiencies identified and review consequent action plans to ensure implementation.</p>

REF	COMMITTEE	DECISIONS/DUTIES DELEGATED BY THE BOARD TO COMMITTEES
		<p>(viii) To foster and improve the quality of risk management across the Trust.</p> <p>(ix) To undertake and maintain an ongoing assessment of the risk management framework and its effectiveness, in support of the Committee's remit and ensuring that the framework meets local and nationally determined priorities and requirements.</p> <p>(x) To ensure that the Clinical Governance and Risk Department (CGARD) and associated functions provides an efficient and effective infrastructure to support and manage risk management in the Trust.</p> <p>(xi) To receive regular reports on Serious Untoward Incidents and Safety Alert Bulletins and to identify any trends within departments, Directorates, or functions.</p> <p>(xii) To review risk management-related policies (whether existing or new) and make recommendations to the Board of Directors for their adoption or enhancement, ensuring that mechanisms are in place for effective communication of such policies across the Trust.</p> <p>(xiii) To secure the production of any risk management reports required by regulatory or inspection or accrediting bodies.</p> <p>(xiv) To self-assess the performance of the Group at least annually.</p> <p>(xv) To review the Constitution and Terms of Reference at least every two years.</p>
	<p>E RECORD DELEGATED SUB COMMITTEE</p>	<p>The Committee purposes are:</p> <ol style="list-style-type: none"> 1. To issue reports and recommendations on IM&T matters to the Board and the Executive Team. 2. To present a report to the Trust Board on a bi-annual basis highlighting progress against business case objectives. 3. To receive any issues that require action by IM&T from the following committees: Clinical Informatics; Medical Records; Caldicott Group; TNH 4. To commission reviews (Programme Benefit Reviews) to formally assess the achievement of the projects and the benefits realised from the investment. 5. To ensure that the aims of the IM&T Strategy and programme continue to be aligned with the Trust's evolving business needs through the implementation of EPR Phase I programme. 6. To produce bi annual statements describing achievement and reinforcing the strategic direction of the change programme. 7. To receive and examine monthly reports from the Director of Information

REF	COMMITTEE	DECISIONS/DUTIES DELEGATED BY THE BOARD TO COMMITTEES
		<p>Technology incorporating progress against business case objectives</p> <ol style="list-style-type: none"> 8. Monitor and review the investment profile for the IM&T programme. Where appropriate support the Director of IT and IM&T panel in securing and protecting investment. 9. To review the 3 year Investment Plan and confirm this is consistent with the Service Development Strategy; more detailed annual budget; known contracts; impact of approved Business Cases and other identified material issues which require to be incorporated. 10. To address and determine follow up action in respect of EPR Phase I programme risk arising from the perspective of business continuity; trading and competence status; income and operating surpluses; and losses. 11. To collaborate with the Corporate Governance Committee on issues that impact on the integrity of the business. 12. The Committee is authorised by the Board to investigate any action within its terms of reference. 13. The Committee may request the attendance of any Clinical Director, Directorate Manager, or Head of Department/Service, or programme board member, to facilitate its function. 14. The Committee shall make whatever recommendations to the Board are deemed appropriate on any area within the prescribed remit. 15. The Committee shall, at least once a year, review its own performance as well as the Constitution and Terms of Reference to ensure that it is operating at maximum effectiveness and to recommend any changes deemed appropriate for consideration and adoption by the Board.
	<p>INFORMATION SYSTEMS STRATEGY BOARD</p>	<ol style="list-style-type: none"> 1. In conjunction with the Trust Executive, to guide and communicate the Trust's IT strategy. 2. To support the Trust in achieving the Trust's IT Strategy. 3. To continually re-evaluate and re-prioritise IT related projects in line with the Trust's business needs. 4. To supervise the appropriate resourcing of programmes and projects, in line with strategic priorities. 5. To co-ordinate and monitor the support, progress and project management of all IT-related projects within the Trust in line with the Trust's overall strategic needs. 6. To set Specific Objectives for each calendar year to act as Key Performance

REF	COMMITTEE	DECISIONS/DUTIES DELEGATED BY THE BOARD TO COMMITTEES
		<p>Indicators.</p> <ol style="list-style-type: none"> 7. To report progress against General and Specific Objectives to the Trust Executive. 8. To supervise the effective management of risk relating to Trust IT projects. 9. To facilitate effective communication between the Trust Executive, ISS departments, clinical committees, and clinical users.

SCHEME OF DELEGATION DERIVED FROM THE ACCOUNTABLE OFFICER MEMORANDUM

REF	DELEGATED TO	DUTIES DELEGATED
7	CHIEF EXECUTIVE (CE)	Accountable through NHS Accounting Officer to Parliament for stewardship of Trust resources
9	CE AND FINANCE DIRECTOR (FD)	Ensure the accounts of the Trust are prepared under principles and in a format directed by Monitor. Accounts must disclose a true and fair view of the Trust's income and expenditure and its state of affairs. Sign the accounts on behalf of the Board.
10	CHIEF EXECUTIVE	Sign a statement in the accounts outlining responsibilities as the Accountable Officer. Sign a statement in the accounts outlining responsibilities in respect of Internal Control.
12 & 13	CHIEF EXECUTIVE	Ensure effective management systems that safeguard public funds and assist the Trust Chairman to implement requirements of corporate governance including ensuring managers: <ul style="list-style-type: none"> • “have a clear view of their objectives and the means to assess achievements in relation to those objectives • be assigned well defined responsibilities for making best use of resources • have the information, training and access to the expert advice they need to exercise their responsibilities effectively.”
12	CHAIRMAN	Implement requirements of corporate governance.
13	CHIEF EXECUTIVE	Achieve value for money from the resources available to the Trust and avoid waste and extravagance in the organisation's activities. Follow through the implementation of any recommendations affecting good practice as set out on reports from such bodies as the Audit Commission and the National Audit Office (NAO).
15	FD	Operational responsibility for effective and sound financial management and information.
15	CHIEF EXECUTIVE	Primary duty to see that FD discharges this function.

REF	DELEGATED TO	DUTIES DELEGATED
16	CHIEF EXECUTIVE	Ensuring that expenditure by the Trust complies with Parliamentary and regulatory requirements.
18	CE and FD	Chief Executive, supported by Finance Director, to ensure appropriate advice is given to the Board on all matters of probity, regularity, prudent and economical administration, efficiency and effectiveness.
19	CHIEF EXECUTIVE	If CE considers the Board or Chairman is doing something that might infringe probity or regularity, he should set this out in writing to the Chairman and the Board. If the matter is unresolved, he/she should ask the Audit Committee to inquire and if necessary Monitor and Department of Health.
21	CHIEF EXECUTIVE	If the Board is contemplating a course of action that raises an issue not of formal propriety or regularity but affects the CE's responsibility for value for money, the CE should draw the relevant factors to the attention of the Board. If the outcome is that the CE is overruled it is normally sufficient to ensure that his/her advice and the overruling of it are clearly apparent from the papers. Exceptionally, the CE should inform Monitor and the Department of Health. In such cases, and in those described in paragraph 24, the CE should as a member of the Board vote against the course of action rather than merely abstain from voting.

SCHEME OF DELEGATION DERIVED FROM THE CODES OF CONDUCT AND ACCOUNTABILITY

REF	DELEGATED TO	AUTHORITIES/DUTIES DELEGATED
1.3.1.7	BOARD	Approve procedure for declaration of hospitality and sponsorship.
1.3.1.8	BOARD	Ensure proper and widely publicised procedures for voicing complaints, concerns about misadministration, breaches of Code of Conduct, and other ethical concerns.
1.3.1.9 & 1.3.2.2	ALL BOARD MEMBERS	Subscribe to Code of Conduct.
1.3.2.4	BOARD	Board members share corporate responsibility for all decisions of the Board.
1.3.2.4	CHAIR AND NON EXECUTIVE/OFFICE R MEMBERS	Chair and Non-Executive members are responsible for monitoring the executive management of the organisation and are responsible to Members Council and Monitor for the discharge of those responsibilities.
1.3.2.4	BOARD	<p>The Board has six key functions for which it is held accountable by the Department of Health on behalf of the Secretary of State:</p> <ol style="list-style-type: none"> 1. to ensure effective financial stewardship through value for money, financial control and financial planning and strategy; 2. to ensure that high standards of corporate governance and personal behaviour are maintained in the conduct of the business of the whole organisation; 3. to appoint, appraise and remunerate senior executives; 4. to ratify the strategic direction of the organisation within the overall policies and priorities of the Government and the NHS, define its annual and longer term objectives and agree plans to achieve them; 5. to oversee the delivery of planned results by monitoring performance against objectives and ensuring corrective action is taken when necessary; 6. to ensure effective dialogue between the organisation and the local community on its plans and performance and that these are responsive to the community's needs.
1.3.24	BOARD	<p>It is the Board's duty to:</p> <ol style="list-style-type: none"> 1. act within statutory financial and other constraints; 2. be clear what decisions and information are appropriate to the Board and draw up

REF	DELEGATED TO	AUTHORITIES/DUTIES DELEGATED
		<p>Standing Orders, a schedule of decisions reserved to the Board and Standing Financial Instructions to reflect these;</p> <ol style="list-style-type: none"> 3. ensure that management arrangements are in place to enable responsibility to be clearly delegated to senior executives for the main programmes of action and for performance against programmes to be monitored and senior executives held to account; 4. establish performance and quality measures that maintain the effective use of resources and provide value for money; 5. specify its requirements in organising and presenting financial and other information succinctly and efficiently to ensure the Board can fully undertake its responsibilities; 6. establish Audit and Remuneration Committees on the basis of formally agreed terms of reference that set out the membership of the sub-committee, the limit to their powers, and the arrangements for reporting back to the main Board.
1.3.2.5	CHAIRMAN	<p>It is the Chairman's role to:</p> <ol style="list-style-type: none"> 1. provide leadership to the Board; 2. enable all Board members to make a full contribution to the Board's affairs and ensure that the Board acts as a team; 3. ensure that key and appropriate issues are discussed by the Board in a timely manner, 4. ensure the Board has adequate support and is provided efficiently with all the necessary data on which to base informed decisions; 5. lead Non-Executive Board members through a formally-appointed Remuneration Committee of the main Board on the appointment, appraisal and remuneration of the Chief Executive and (with the latter) other Executive Board members; 6. appoint Non-Executive Board members to an Audit Committee of the main Board.
1.3.2.5	CHIEF EXECUTIVE	<p>The Chief Executive is accountable to the Chairman and Non-Executive members of the Board for ensuring that its decisions are implemented, that the organisation works effectively, in accordance with Government policy and public service values and for the maintenance of proper financial stewardship.</p> <p>The Chief Executive should be allowed full scope, within clearly defined delegated powers, for action in fulfilling the decisions of the Board.</p>

REF	DELEGATED TO	AUTHORITIES/DUTIES DELEGATED
		The other duties of the Chief Executive as Accountable Officer are laid out in the Accountable Officer Memorandum.
1.3.2.6	NON EXECUTIVE DIRECTORS	Non-Executive Directors are appointed by Members Council to bring independent judgement to bear on issues of strategy, performance, key appointments and accountability through the Department of Health to Ministers and to the local community.

1.3.2.8	CHAIR AND DIRECTORS	Declaration of conflicts of interests.
1.3.2.9	BOARD	NHS Boards must comply with legislation and guidance issued by the Department of Health on behalf of the Secretary of State, respect agreements entered into by themselves or in on their behalf and establish terms and conditions of service that are fair to the staff and represent good value for taxpayers' money.
2.10	NURSING & PATIENT SERVICES DIRECTOR	Responsibility for Child Protection Services
2.10	CHIEF OPERATING OFFICER	Responsibility for Fire Safety; Executive responsibility for Data Quality (supported by the Head of Clinical Informatics, Head of Information Services, and Director – Quality & Effectiveness)
2.10	CHIEF OPERATING OFFICER	Performance Management of the following departments : Operational Services, Estates, Human Resources, Supplies, IM&T and Information Services
2.10	NURSING & PATIENT SERVICES DIRECTOR	Responsibility for the Cleanliness of the Hospital Environment

THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST – DETAILED SCHEME OF DELEGATION

Delegated matters in respect of decisions which may have a far reaching effect must be reported to the Chief Executive. **The delegation shown below is the lowest level to which authority is delegated.** Delegation to lower levels is only permitted with written approval of the Chief Executive who will, before authorising such delegation, consult with other Senior Officers as appropriate. All items concerning Finance must be carried out in accordance with Standing Financial Instructions and Standing Orders.

The levels of delegated authority are identified in Annex 1 “Management of Budgets, Non-Pay Expenditure Authorisation and Other Delegated Responsibilities”.

The levels range from Level 7, the highest level, down to Level 0. Where appropriate, these levels are shown within the “Authority Delegated to” column throughout this document.

DELEGATED MATTER	AUTHORITY DELEGATED TO	REFERENCE DOCUMENTS
1. Management of Budgets Responsibility for keeping expenditure within budgets (pay & non-pay): a) Individual cost centre level b) Directorate level c) For all other areas	Level 2 Level 3 Level 6 or nominated manager	SFIs Section 15 FPN No. 1 (Financial Reporting & Budgetary Control)

DELEGATED MATTER	AUTHORITY DELEGATED TO	REFERENCE DOCUMENTS
<p>2. Business Case Requirements</p> <p>Business case requirements differ for capital and revenue expenditure.</p> <p>a) Business Case Requirements: Schemes including Capital and Revenue</p> <p>Schemes less than £50,000</p> <p>Schemes for £50,000 to £500,000</p> <p>Schemes £500,000 to £1,000,000</p> <p>Schemes over £1,000,000</p>	<p>No Business Case Required</p> <p>Short business case to be prepared by sponsoring dept/budget holder and attached to requisition. To be reviewed by AFD Financial Services and submitted to Capital Management Group (CMG). Revenue costs to be approved by AFD Business & Planning.</p> <p>Full detailed business case to be reviewed by CMG and approved by Investment Committee, Investment Committee minute to be quoted on requisition</p> <p>Detailed business case to be prepared, to be reviewed by CMG and Investment Committee and approved by Trust Board. Trust Board minute to be quoted on requisition</p>	<p>FPN 9 (Capital Asset Accounting) and SFI's Sections 15 and 24</p> <p>Business case guidance can be provided by Finance Department</p>

DELEGATED MATTER	AUTHORITY DELEGATED TO	REFERENCE DOCUMENTS

<p>b) Business Case Requirements: Revenue Only</p> <p>Business case thresholds are applied to both non recurrent and recurrent values.</p> <p>Schemes more than £50,000</p> <p>Schemes more than £500,000</p> <p>Schemes more than £1,000,000</p>	<p>Short business case to be approved by the Executive Team.</p> <p>Full Business case to be approved by the Investment Committee</p> <p>Full business case to be approved by the Trust Board</p>	<p>FPN7 (Non-Pay Expenditure) and SFI 21 Business Case Guidance can be provided by Finance Department</p>
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DELEGATED MATTER	AUTHORITY DELEGATED TO	REFERENCE DOCUMENTS
<p>3. Authorisation of Non-Pay Revenue and Capital Expenditure – Requisitioning, Ordering and Payment of Goods & Services</p> <p>Note: The following limits apply in each instance that a requisition for goods or services is raised. The limits are also applicable for ‘standalone’ invoices, i.e, invoices where no official written Trust order has been placed. Standalone invoices should only be used where a contract negotiated by a Spending Officer is in place, unless the setting of such a contract is not possible, for example, out of area emergency patient transport costs.</p> <p>a) Stock/Non-stock requisitions within budget (except as noted in 2b to 2h, below):</p> <p>Requisitions <£1,000 Requisitions from £1,000 to <£15,000 Requisitions from £15,000 to <£50,000 Requisitions from £50,000 to <£100,000 Requisitions from £100,000 to <£250,000 Requisitions from £250,000 to <£500,000 Requisitions of £500,000 and over</p> <p>b) Pharmacy orders:</p> <p>Pharmacy orders <£100,000 Pharmacy orders from £100,000 to <£500,000 Pharmacy orders of £500,000 and over</p>	<p>Level 1 or nominated deputy (Level 0) Level 2 Level 3 [Level 3] and [either Level 4 or 5] Two Level 3’s and [either Level 4 or 5] Level 5 and Level 6 Level 7</p> <p>Pharmacy Manager [Level 3] or nominated deputy Pharmacy Manager [Level 3] and [either Level 5 or 6] Level 7</p>	<p>SFIs Section 15, 17, 21, 24 & 25 FPN No. 1 (Financial Reporting & Budgetary Control)</p>

DELEGATED MATTER	AUTHORITY DELEGATED TO	REFERENCE DOCUMENTS
<p>c) Non-Pay Expenditure for which no specific budget has been set and which is not subject to funding under delegated powers of virement:</p> <p style="padding-left: 40px;">Under £1,000 From £1,000 to <£10,000 From £10,000 to <£100,000 From £100,000 to <£250,000 Of £250,000 and over</p> <p>d) Approving expenditure in excess of tender prices:</p> <p style="padding-left: 40px;">Approving expenditure > tender price, up to £5,000 more than tender price Approving expenditure > tender price, up to 10% or £25,000, whichever is the higher Approving expenditure > tender price, greater than 10% or £25,000</p> <p>e) NHS Bought-in Services (agreeing annual contract value):</p> <p style="padding-left: 40px;">Under £500,000</p> <p style="padding-left: 40px;">Of £500,000 and over</p> <p>f) Private Finance</p>	<p>Level 3 Level 3 and [either Level 4 or 5] Two Level 3's and [either Level 4 or 5] Level 5 and Level 6 Level 7</p> <p>Level 3 Level 6 Level 7</p> <p>Level 3 Level 7</p> <p>Level 7</p>	

DELEGATED MATTER	AUTHORITY DELEGATED TO	REFERENCE DOCUMENTS
<p>g) Major Revenue:</p> <p>Single purchase of equipment valued between £1,000 and £,4,999; and maintenance building works (which are not capitalised) exceeding £4,999 All requisitions <£15,000 All requisitions from £15,000 to <£100,000</p> <p>All requisitions from £100,000 to <£250,000 All requisitions from £250,000 to <£500,000 All requisitions of £500,000 and over</p> <p>h) Capital Expenditure:</p> <p>Capital Requisition Approval</p> <p>i) Within Capital Programme:</p> <p>All requisitions <£50,000</p> <p>All requisitions from £50,000 to <£500,000</p>	<p>Authorisation by a Director/Head of Department, then forward to IT Manager [Level 2] or Estates Manager [Level 3] as appropriate</p> <p>Budget Holder either Level 3 or Level 2. [Estates Manager [Level 3] or IT Manager [Level 2] as appropriate and either [Level 4 or 5 Two Level 3's and either Level 4 or 5. Level 5 and Level 6 Level 7</p> <p>Estates Manager [Level 3] or IT Manager [Level 2] or Assistant Director Business Development [Level 2] as appropriate and AFD Financial Services [Level 2]</p> <p>Estates Manager [Level 3] or IT Manager [Level 2] or Assistant Director Business Development as appropriate, AFD Financial Services [Level 2], Chief Operating Officer [Level 3] and Deputy Director of Finance [Level 4].</p>	<p>FPN9 Capital Asset Accounting and SFI 24</p>

All requisitions of £500,000 and over	Estates Manager [Level 3] or IT Manager [Level 2] or Assistant Director Business Development [Level 2] as appropriate, AFD Financial Services [Level 2], Finance Director [Level 5] and Chief Executive [Level 6]	
DELEGATED MATTER	AUTHORITY DELEGATED TO	REFERENCE DOCUMENTS

<p>All Requisitions over £1,000,000</p> <p>ii) Outside Capital Programme:</p> <p>All requisitions</p> <p>All requisitions £50,000 to £500,000</p> <p>All requisitions of £500,000 and over</p>	<p>Estates Manager [Level 3] or IT Manager [Level 2] or Assistant Director Business Development as appropriate, AFD Financial Services [Level 2], Trust Board (Level 7)</p> <p>Chief Operating Officer [Level 3] and AFD Financial Services (Level 2)</p> <p>Level 5 and Level 6</p> <p>Level 7</p>	<p>FPN9(Capital Asset Accounting)</p>
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DELEGATED MATTER	AUTHORITY DELEGATED TO	REFERENCE DOCUMENTS
<p>4. Capital Schemes</p> <p>a) Selection from standing list of architects, quantity surveyors, consultant engineer and other professional advisors within EU regulations</p> <p>b) Financial monitoring and reporting on all capital scheme expenditure</p> <p>c) Granting and termination of leases with annual rent <£100k</p> <p>d) Granting and termination of leases of £100k and over</p>	<p>Level 6 or Estates Manager [Level 3]</p> <p>[Either Level 5 or nominated deputy] and Estates Manager [Level 3]</p> <p>Level 5 and Estates Manager [Level 3]</p> <p>Either Level 6 or Level 5 and non Exec Director [Level 3]</p>	<p>SFIs Section 17 & 24</p>
<p>5. Setting of Fees and Charges</p> <p>a) Private Patient, Overseas Visitors, NHS Trusts and other patient related services</p> <p>b) Trading Agencies and Other Income Generation</p> <p>c) NHS Service Level Agreements for healthcare services</p>	<p>Business Director [Level 3]</p> <p>Relevant Exec Team Member [Level 3]</p> <p>Business Director [Level 3]</p>	<p>SFIs Section 16</p> <p>SFIs Section 18 & 19</p>

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DELEGATED MATTER	AUTHORITY DELEGATED TO	REFERENCE DOCUMENTS
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<p>6. Quotation, Tendering & Contract Procedures</p> <p>a) Obtaining and approving competitive quotations for goods/ services from £10,000 to <£50,000</p> <p>b) Obtaining competitive tenders for goods/services, £50,000 and above</p> <p>c) Approving contract awards for goods/services, following competitive tender, in all cases except where exceptional circumstances exist or where value is less than £1,000,000.</p> <p>d) Approving contract awards for goods/services, following competitive tender, where exceptional circumstances exist or where value is > £1,000,000</p> <p>e) Waiving of the requirement to obtain competitive quotations for goods/services, from £10,000 to <£50,000</p> <p>f) Waiving of the requirement to obtain competitive</p>	<p>Either Level 6 or Supply and Purchasing Manager</p> <p>Either Level 6 or Supply and Purchasing Manager</p> <p>Supplies & Services Procurement Committee</p> <p>Level 7</p> <p>Either Level 6 or Supply and Purchasing Manager</p> <p>Supplies & Services Procurement Committee</p>	<p>SFIs Section 17 & 21</p> <p>SFI 17, para 17.8</p>
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<p>tenders for goods/services</p> <p>g) Approving use of Measured Term Contracts for engagement of works where there is insufficient time to tender and where value is greater than £50,000.</p> <p>h) Opening competitive quotations</p> <p>i) Opening competitive tenders</p>	<p>Two Level 3s and either Level 4 or Level 5.</p> <p>Originating department</p> <p>Level 3 and either Level 2 or Level 1 designated by Chief Executive and not from originating department</p>	
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DELEGATED MATTER	AUTHORITY DELEGATED TO	REFERENCE DOCUMENTS
<p>7. Engagement of Consultancy, Legal, Agency and Bank Staff <u>not</u> on the Establishment (Within Available Funds)</p> <p>a) Non Medical Consultancy Staff:</p> <p>Aggregate commitment in any one year (or total commitment) of <£20,000</p> <p>Aggregate commitment in any one year from £20,000 to <£100,000</p> <p>Aggregate commitment in any one year from £100,000 to <£500,000</p> <p>Aggregate commitment in any one year of £500,000 or over</p> <p>b) Engagement of Trust's Solicitors:</p> <ul style="list-style-type: none"> Clinical Negligence issues Personal Injury issues Private Finance Estates Personnel & Employment issues Debt Recovery Other <p>NB: Chief Executive is authorised to engage Trust's solicitors for all matters</p>	<p>Either [Level 2 or Level 3] and Human Resources Manager [Level 3]</p> <p>Level 5</p> <p>Level 5 and Level 6</p> <p>Level 7</p> <p>Nursing & Patient Services Director or Operational Services Mgr</p> <p>Nursing & Patient Services Director or Operational Services Mgr</p> <p>Finance Director or Estates Manager</p> <p>Estates Manager</p> <p>Human Resources Manager</p> <p>Finance Director</p> <p>Chief Executive or nominated deputy</p>	<p>Procedures for the Engagement of Trust's Solicitors</p>

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DELEGATED MATTER	AUTHORITY DELEGATED TO	REFERENCE DOCUMENTS
<p>c) (i) <i>Bought-in Agency Services and Booking of Bank and MATCH/NHS Staff (External):</i></p> <p>Medical Locums and medical staff training grades</p> <p>Nursing & Clerical</p> <p>Catering, Portering and Domestic staff</p> <p>(ii) <i>Booking of Trust employed Nurse Bank Staff</i></p>	<p>[Either Level 2 or Level 3] and Human Resources Manager [Level 3]</p> <p>Nursing & Clerical staff should be referred through the Trust's Recruitment Control Panel</p> <p>Operational Services Manager [Level 3]</p> <p>As per Procedures</p>	<p>Procedures for the use of Agency Staff & Locums</p> <p>Procedures for the use of Nurse Bank</p>

DELEGATED MATTER	AUTHORITY DELEGATED TO	REFERENCE DOCUMENTS
<p>8. Expenditure of Charitable Funds</p> <p>a) Revenue Expenditure:</p> <ul style="list-style-type: none"> i) Staffing (fixed term contracts only) ii) Non-pay spend < £1,000 iii) Non-pay spend from £1,000 to <£5,000 iv) Non-pay spend of £5,000 and over <p>b) Expenditure of a capital nature</p> <p>c) Joint Research Executive Scientific Committee (JRESC)</p> <p>Individual research grants subject to funds set aside by Charitable Funds Committee</p> <p>NB: All expenditure subject to individual fund balances</p>	<p>Level 6 and Chair of Charitable Funds Committee Financial Accountant Trust Funds and Rechargeables Level 6 Level 6 and Chair of Charitable Funds Committee</p> <p>Level 6 and Chair of Charitable Funds Committee</p> <p>Level 6 and Chair of Charitable Funds Committee</p>	<p>SFIs Section 29</p>

DELEGATED MATTER	AUTHORITY DELEGATED TO	REFERENCE DOCUMENTS
<p>9. Maintenance / Operation of Bank Accounts</p> <p>Responsibility</p>	<p>Level 5</p>	<p>SFIs Section 12</p>
<p>10. Agreements/Licences</p> <p>a) Preparation and signature of all tenancy agreements/ licences for all staff subject to Trust Policy on accommodation for staff</p> <p>b) Extensions to existing leases</p> <p>c) Letting of premises to outside organisations</p> <p>d) Approval of rent based on professional assessment</p>	<p>[Either Level 4 or Level 5] and Estates Manager [Level 3]</p> <p>[Either Level 4 or Level 5] and Estates Manager [Level 3]</p> <p>[Either Level 4 or Level 5] and Estates Manager [Level 3]</p> <p>[Either Level 4 or Level 5] and Estates Manager [Level 3]</p>	<p>SFIs Section 21</p>

DELEGATED MATTER	AUTHORITY DELEGATED TO	REFERENCE DOCUMENTS
<p>11. Condemning & Disposal</p> <p>a) Items obsolete, redundant, irreparable or cannot be repaired cost effectively and with written down value within asset register of less than £10,000 (excluding Land & Buildings and items returned for replacement):</p> <ul style="list-style-type: none"> i) Items not covered by (v) and (vi) below, with a current / estimated purchase price up to £250 ii) Items not covered by (v) and (vi) below, with a current purchase new price >£250 iii) Disposal of x-ray films (subject to estimated income of up to £2,500 per sale) iv) Disposal of x-ray films (subject to estimated income exceeding £2,500 per sale) v) Disposal of mechanical and engineering plant (subject to estimated income of up to £10,000 per sale or part exchange) vi) Disposal of mechanical and engineering plant (subject to estimated income exceeding £10,000 per sale or part exchange) <p>NB: All disposals require the relevant Condemning Officer to liaise with the Supplies Manager or nominated deputy who will co-ordinate the disposal and ensure value for money</p>	<p>Level 2</p> <p>Relevant Condemning Officer or nominated deputy (*)</p> <p>Radiology Manager [Level 2]</p> <p>Radiology Manager [level 2] and Operational Services Manager [Level 3]</p> <p>Estates Manager [Level 3] and Level 4</p> <p>Estates Manager (Level 3) and Level 5</p> <p>(*) Engineering, Building, EME – Estates Manager (L3) Furniture, Goods, Stock – Supplies Manager</p>	<p>SFIs Section 26</p>

	(L3) Pharmacy Stock – Pharmacy Manager (L3)	
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DELEGATED MATTER	AUTHORITY DELEGATED TO	REFERENCE DOCUMENTS
<p>b) <i>Items with written down value within asset register in excess of £10,000 (excluding Land & Buildings and items returned for replacement)</i></p>	<p>As (a) plus Chief Executive</p>	
<p>c) Disposals of Land and Buildings (including demolitions)</p>	<p>Level 7</p>	<p>Estates Strategy / SFIs Section 26</p>
<p>d) Items returned for replacement: Under £100,000 Over £100,000</p>	<p>Either Level 2 or Level 3 Either [Level 2 or Level 3] and Level 6</p>	
<p>12. Losses, Write-off & Compensation</p>		<p>SFIs Section 26</p>
<p>a) Losses and Cash due to theft, fraud, overpayment of salaries, wages, fees, and allowances & other causes: Under £5,000 From £5,000 to <£10,000 Over £10,000</p>	<p>Level 4 Level 5 and Level 6 Level 7</p>	
<p>b) Fruitless Payments (including abandoned Capital Schemes): Under £50,000 Over £50,000</p>	<p>Level 5 and Level 6 Level 7</p>	
<p>c) NHS and Non-NHS Bad Debts and Claims Abandoned. Private Patients, Overseas Visitors & all other: Under £100 From £100 to <£500 From £500 to <£1,000 From £1000 to <£5,000 From £5,000 to <£10,000 Over £10,000</p>	<p>Sales Ledger Team Leader [Level 0] Financial Services Manager [Level 1A] AFD (Financial Services) [Level 2] Level 4 Level 5 and 6 Level 7</p>	

DELEGATED MATTER	AUTHORITY DELEGATED TO	REFERENCE DOCUMENTS
<p>d) Damage to buildings, fittings and furniture and equipment and loss of equipment and property in stores and in use to culpable causes (e.g. fraud, theft, arson or sabotage) or other:</p> <p style="padding-left: 40px;">Under £5,000 From £5,000 to <£10,000 Over £10,000</p> <p>e) Compensation payments made under legal obligation:</p> <p style="padding-left: 40px;">Under £5,000 From £5,000 to <£10,000 Over £10,000</p> <p>f) Extra contractual payments to contractors:</p> <p style="padding-left: 40px;">Under £5,000 From £5,000 to <£10,000 Over £10,000</p> <p>g) Ex Gratia Payments - Patients and staff for loss of personal effects:</p> <p style="padding-left: 40px;">Under £50 related to Travel</p> <p style="padding-left: 40px;">Under £250</p> <p style="padding-left: 40px;">From £250 to <£1,000</p>	<p>Level 5 Level 5 and Level 6 Level 7</p> <p>Level 5 Level 5 and Level 6 Level 7</p> <p>Level 5 Level 5 and Level 6 Level 7</p> <p>Directorate Manager</p> <p>Operational Services Manager [Level 3] or Human Resources Manager [Level 3] Nursing & Patient Services Director [Level 3] or Level 6 Level 5 and Level 6 Level 7</p>	

From £1,000 to <£10,000
Over £10,000

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DELEGATED MATTER	AUTHORITY DELEGATED TO	REFERENCE DOCUMENTS
<p>h) The Trust pays an annual premium to the NHS Litigation Authority to cover clinical negligence claims. Whilst the NHSLA is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust.</p> <p>For clinical negligence (including legal fees), negotiated settlements following legal advice and plaintiff's costs:</p> <p style="padding-left: 40px;">Under £10,000 Over £10,000</p> <p>i) For personal injury claims involving negligence where legal advice has been obtained and guidance applied</p> <p>j) Other, except cases of maladministration where there was no financial loss by claimant:</p> <p style="padding-left: 40px;">Under £10,000 Over £10,000</p>	<p>One Exec Director [Level 3] and either Level 5 or Level 6 Level 7</p> <p>As per (h)</p> <p>Level 5 and Level 6 Level 7</p>	

DELEGATED MATTER	AUTHORITY DELEGATED TO	REFERENCE DOCUMENTS
<p>k) Raising of Credit Notes and Cancellation of NHS & Non-NHS Debtors (in any one case)</p> <p>Under £100 From £100 to <£500 From £500 to <£2,500 From £2,500 to <£10,000 From £10,000 to <£20,000 Over £20,000</p>	<p>Sales Ledger Team Leader [Level 0] Financial Services Manager [Level 1A] AFD (Financial Services) [Level 2] Level 4 Level 5 Level 5 and one other Exec Director [Level 3]</p>	
<p>13. Reporting of Incidents to the Police</p> <p>a) Where a criminal offence is suspected</p> <p> i) criminal offence of a violent nature</p> <p> ii) other</p> <p>b) Where a fraud is involved</p>	<p>Head of Porter & Security Services or On-call Officer Head of Porter & Security Services or On-call Officer</p> <p>Level 5 or nominated deputy (including Internal Audit)</p>	<p>SFIs Section 11 & 26</p> <p>Incident Management Policy</p>
<p>14.. Petty Cash Disbursements (not applicable to central Cashiers Office)</p> <p>a) Expenditure up to £25 per item</p> <p>b) Reimbursement of patient monies</p>	<p>Petty cash holder</p> <p>Financial Services Manager (L1A) or nominated deputy</p>	<p>SFIs Section 21</p>
<p>15. Receiving Gifts and Hospitality</p>		

<p>Applies to both individual and collective gifts and hospitality receipt items. In excess of £50 in value per item received.</p>	<p>Declaration required in Trust's Register of Gifts & Hospitality</p>	<p>Standards of Business Conduct for Staff</p>
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DELEGATED MATTER	AUTHORITY DELEGATED TO	REFERENCE DOCUMENTS
16. Implementation of Internal and External Audit Recommendations	Audit Committee in conjunction with relevant Senior Manager	SFIs Section 11
17. Maintenance & Update on Trust Financial Procedures	Level 5	SFIs Section 10
18. Investment of Funds a) Exchequer b) Charitable & Endowment	Level 5 Trust Funds Committee	SFIs Section 13 & SFIs Section 29
19. Borrowings a) Short term- Up to one year duration and under £1million b) Short term- Up to one year and over £1million b) Long term- Over one year and all values	Investment Committee Level 7 Level 7	SFIs Section 22
20. Personnel & Pay a) Authority to fill funded post(s) on the establishments with permanent staff b) Authority to appoint staff to post <u>not</u> on the formal establishment c) <u>Additional Increments</u> The granting of additional increments to staff within budget	Human Resources Manager [Level 3] Either Level 6 or nominated deputy or Level 5 Human Resources Manager [Level 3]	Recruitment Control Panel Terms of Reference Workforce Panel Terms of Reference

d) <u>Upgrading & Regrading</u> All requests for upgrading/regrading shall be dealt with in accordance with Trust procedure	Human Resources Manager [Level 3]	
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DELEGATED MATTER	AUTHORITY DELEGATED TO	REFERENCE DOCUMENTS
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e) <u>Establishments</u> <ul style="list-style-type: none"> i) Additional staff to the agreed establishment with specifically allocated finance ii) Additional staff to the agreed establishment without specifically allocated finance f) <u>Pay</u> <ul style="list-style-type: none"> i) Authority to complete standing data forms affecting pay, new starters, variations and leave ii) Authority to authorise overtime – claim forms iii) Authority to authorise overtime – batch headers and timesheets iv) Authority to authorise travel & subsistence expenses: <ul style="list-style-type: none"> • Non-Medical Staff • Medical Staff 	Human Resources Manager [Level 3] and Level 5 Level 6 and Level 5 Human Resources Manager [Level 3] or nominated deputy Department Manager [Level 1] Level 2 or nominated deputy [Level 1A] Level 2 or nominated deputy [Level 1A] Clinical Director, Medical Director or Human Resources Manager [Level 3] (or nominated deputies)	Procedure for the Establishment and Appointment to Non-Trust (Non-Exchequer) Funded Posts Workforce Panel
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<p>iv) Approval of Performance Related Pay Assessment:</p> <ul style="list-style-type: none">• Executive Directors• Other Staff	<p>Remuneration Committee</p> <p>Level 6 and Human Resources Manager {Level 3}, in conjunction with any recommendations from members of the Executive Team</p>	
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Annex 1: Management of Budgets, Non-Pay Expenditure Authorisation and Other Delegated Responsibilities

The table shown below identifies the levels of delegated authority:

	Level
Signatory – Deputy/Other Departmental Manager/Supervisor	0
Department Manager	1
Department Manager (with extra responsibility)	1A
Directorate Manager/Head of Department	2
Clinical Director/ Executive Team Member	3
Deputy Finance Director	4
Finance Director	5
Chief Executive/Non-Executive Director	6
Reserved Power for Board of Directors	7

- Level 0 relates to sub-departmental management/supervisory staff.
- Levels 1, 1A, 2 and 3 identify line management responsibilities.
- Level 1A identifies a specifically nominated manager or ward sister with authorisation to sign payroll batch headers / timesheets in the absence of a Level 2 manager.
- Level 3 includes the Operational Services Manager, Human Resources Manager, Estates Manager IT Manager and Pharmacy Manager.
- Where two level 3's and a level 4 or level 5 is specified this in practice means that approval is required from an Executive Team meeting.
- Levels 4, 5, 6 and 7 are incorporated for line management responsibilities and control purposes.

Authority for new Level 0, 1 and 1A signatories can only be given by a Level 2 manager or above. A maximum of two Level 2 managers is allowed for any one cost centre.

All departments within the Trust have defined posts and named individuals to fit within this structure. The AFD (Financial Management) or nominated deputy will maintain a list of authorised signatories and this process will be supported by the Human Resources Manager.

It is important that all managers liaise in a timely manner with the AFD (Financial Management) or nominated deputy to update authorisation schedules when appropriate. The Human Resources Manager is required to notify the AFD (Financial Management) of all leavers and starters to ensure that the necessary amendments are made to the authorisation schedules.

The Finance Department and the Human Resources Department operate an integrated authorised signatory database.

THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST
IMPACT ASSESSMENT – SCREENING FORM A

This form must be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

Policy Title:	Standing Orders and Scheme of Delegation and Reservation of Powers	Policy Author:	Steven reed
		Yes/No?	You must provide evidence to support your response:
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of the following: (* denotes protected characteristics under the Equality Act 2010)	No	This guideline is equally applicable to all with no discrimination between age, gender, race or sexual orientation.
	• Race *	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender *	No	
	• Culture	No	
	• Religion or belief *	No	
	• Sexual orientation including lesbian, gay and bisexual people *	No	
	• Age *	No	
	• Disability – learning difficulties, physical disability, sensory impairment and mental health problems *	No	
	• Gender reassignment *	No	
	• Marriage and civil partnership *	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination which can include associative discrimination i.e. direct discrimination against someone because they associate with another person who possesses a protected characteristic, are any exceptions valid, legal and/or justifiable?	No	
4(a).	Is the impact of the policy/guidance likely to be negative? <i>(If "yes", please answer sections 4(b) to 4(d)).</i>	No	
4(b).	If so can the impact be avoided?	No	
4(c).	What alternatives are there to achieving the policy/guidance without the impact?	No	
4(d).	Can we reduce the impact by taking different action?	No	

Comments:	Action Plan due (or Not Applicable):
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Name and Designation of Person responsible for completion of this form: Steven Reed

Date: 02nd February 2011

Names & Designations of those involved in the impact assessment screening process: Trust Secretary

(If any reader of this procedural document identifies a potential discriminatory impact that has not been identified on this form, please refer to the Policy Author identified above, together with any suggestions for the actions required to avoid/reduce this impact.)