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**KETTERING GENERAL HOSPITAL NHS FOUNDATION TRUST (KGH)**

**NORTHAMPTON GENERAL HOSPITAL NHS TRUST (NGH)**

**SCHEMEOF DELEGATION OF AUTHORITY TO EXERCISE THE POWERS, DUTIES, FUNCTIONS AND RESPONSIBILITIES OF THE TRUSTS**

**(INCLUDING SCHEDULE OF MATTERS RESERVED TO THE BOARDS OF DIRECTORS)**

**APRIL 2025 (approved by Boards of Directors)**

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| **Date** | **Summary of changes** |
| January 2025 | First consolidated document for NGH and KGH combining Trust schemes, aligning specific delegation levels, providing consistency of language and reflecting changes to Boards’ and Committee governance approved by the Boards following a review project |
| April 2025 | Revised draft reviews financial authorisation levels |

**CONTENTS**

|  |  |  |
| --- | --- | --- |
| **Section** | **Title** | **Page** |
| 1. | Introduction | 3 |
| 2. | Reservation of Powers | 3 |
| 3. | Decisions and Functions reserved to the Boards | 5 |
| 4. | Decisions and functions delegated by the Boards to committees | 7 |
| 5. | Decisions and functions delegated by the Boards to other internal bodies | 19 |
| 6. | Financial Decisions and functions delegated to Officers | 21 |
| 7. | Non-Financial Decisions and functions delegated to Officers | 25 |

**KGH and NGH Scheme of Reservation and Delegation (‘the scheme”)**

1. **Introduction**

The scheme is subject to agreement by the KGH and NGH Boards of Directors and sets out arrangements where the boards have agreed to delegate the responsibility for exercise of specific powers and functions. The scheme clarifies who is authorised to (and who cannot) make specific decisions.

The scheme sets which functions and powers of the Trusts are:

* reserved to the boards themselves (meeting separately or together), so that only the boards may make those decisions
* delegated to individuals (boards’ members or employees)
* delegated to committees and sub-committees of the organisations that have been established by the boards
* delegated to other statutory bodies using the boards’ legal powers to delegate functions to another organisation or to a joint committee with another organisation
* delegated to the Boards by other bodies e.g. the Northamptonshire Integrated Care Board (NICB, or reserved by those bodies e.g. restrictions on new expenditure which may be imposed by commissioners or regulators from time to time.

**2.1 Reservation of Powers**

Section 4 of the KGH Standing Orders for the Board of Directors, set out in the Trust’s Constitution, states that "The Board may make arrangements for the exercise, on behalf of the Board of any of its functions by a committee, or sub-committee, appointed by virtue of Standing order 4, or by an individual Director, in each case subject to such restrictions and conditions as the Trust thinks fit”.

Section 4 of the NGH Standing Ordersstates that “subject to such directions as may be given by the Secretary of State, the Board may make arrangements for the exercise, on behalf of the Board, of any of its functions:

* by a committee, sub-committee or,
* individuals appointed by virtue of Standing Order 5.1 or 5.2 below or by an officer of the Trust,
* or by another body as defined below,

in each case subject to such restrictions and conditions as the Trust thinks fit.

* Regulations provide for the functions of Trusts to be carried out for the Trust by third parties.
* Where a function is delegated by these regulations to another NHS body, the Trust has responsibility to ensure that the proper delegation is in place. In other situations, i.e. delegation to committees, sub committees or officers, the Trust retains full responsibility.”

The purpose of this document is to detail how the powers are reserved to the Boards of Directors, while at the same time delegating to the appropriate level the detailed application of Trusts’ policies and procedures. The Boards of Directors remain accountable for all of their functions, even those delegated to committees, sub committees, individual directors or officers and would therefore expect to receive information about the exercise of delegated functions when requested, to enable them to maintain a monitoring role.

**2.2 Roles of the Chief Executive and Accounting/Accountable Officer**

All powers of the Trusts, which have not been retained as reserved by the Boards of Directors or delegated to committees or sub-committees, shall be exercised on behalf of the Boards of Directors by the Chief Executive(s); for the purposes of this document, the ‘Chief Executives’ are defined as the Accountable Officer of NGH and the Accounting Officer of KGH. The Trusts may appoint a single individual to hold these roles on a joint basis. The Chief Executive(s) shall prepare Schemes of Delegation identifying which functions they shall perform personally and which functions have been delegated to other directors and officers for operational responsibility.

**Except where reserved by this scheme of delegation, statute, regulation, Accounting and Accountable Officer memoranda or Standing Orders of the Trusts, the Accounting and Accountable Officer(s) delegates all powers, duties and responsibilities to the UHN Chief Executive Officer.**

All powers delegated by the Chief Executives can be re-assumed by them should the need arise.

**2.3 Directors’ ability to delegate their own Delegated Powers**

The Schemes of Delegation show the "top level" of delegation within the Trusts, where further delegations specifying operational responsibilities for specific functions may be agreed locally by the specified individual(s). The scheme also specifies functions which may not be further delegated. The Scheme is to be used in conjunction with the systems of budgetary control and other established procedures within the Trusts, including specific duties, functions, roles and responsibilities set out in Standing Financial Instructions, the terms of reference of formal groups and in approved policies, procedures and operational guidelines. Specific powers delegated to internal groups are set out in Section 5 below. The Directors remain accountable for powers delegated to them by the Boards of Directors.

**2.4 Absence of Directors or Officer to whom powers have been delegated**

In the absence of a director or officer to whom powers have been delegated, those powers shall be exercised by that director or officer's superior unless alternative arrangements have been notified in writing by the director or officer concerned. If the Chief Executive(s) is/are absent, statutory duties reserved to them may be exercised by the Chair(s) or nominated officer acting in their absence after taking appropriate advice from the Chief Finance Officer.

**SECTION 3 - Decisions and Functions reserved to the Boards**

| **Decision and function reserved to the Boards** | **KGH** | **NGH** |
| --- | --- | --- |
| 1. General Enabling Provision: The Boards of Directors may determine any matter, for which they have authority, in full session within the statutory powers of each | **ü** | **ü** |
| 1. Approval of Changes to the Constitution (including KGH Standing Orders for the Board of Directors and Council of Governors) | **ü** | **N/a** |
| 1. Approval of changes to Standing Orders (SOs) | **N/a** | **ü** |
| 1. Approval of a schedule of matters reserved to the Boards of Directors (including schemes of delegation from the Boards to committees and officers) and Standing Financial Instructions for the regulation of its proceedings and business (subject to Audit Committees’ recommendations). | **ü** | **ü** |
| 1. Power to suspend Standing Orders | **ü** | **ü** |
| 1. Ratification of any urgent decisions taken by the Chair and Chief Executive in accordance with Standing Orders | **ü** | **ü** |
| 1. Adoption of overarching organisational structures, processes and procedures to facilitate the discharge of business by the Trusts and to agree modifications thereto. | **ü** | **ü** |
| 1. Receipt of exception reports and recommendations from Committees, including reports required to be submitted to the Boards by regulators or statutory provisions | **ü** | **ü** |
| 1. Approval of arrangements relating to the discharge of the Trust’s responsibilities as a corporate trustee for funds held on trust. | **ü** | **ü** |
| 1. Approval of arrangements relating to the discharge of the Trust’s responsibilities as a bailer for patients' property. | **ü** | **ü** |
| 1. Receive notification of instances of failure to comply with Standing Orders brought to the Chief Executive’s attention in accordance with Standing Orders | **ü** | **ü** |
| 1. The appointment and dismissal of committees that are directly accountable to the Boards of Directors. | **ü** | **ü** |
| 1. Approve Terms of Reference and reporting arrangements of every Committee established by, and directly accountable to, the Boards of Directors. | **ü** | **ü** |
| 1. Approve the appointment of Non-Executive Directors to Committees | **ü** | **ü** |
| 1. Approve the appointment of Associate Non-Executive Directors | **x** | **ü** |
| 1. Approve the appointment of Board Members as representatives on outside bodies | **ü** | **ü** |
| 1. Approve the appointment of Non-Executive Directors to ‘champion’ roles | **ü** | **ü** |
| 1. Approve the strategic aims and objectives of the Trusts | **ü** | **ü** |
| 1. Approve documents comprising the Trusts’ annual budgets (revenue and capital) and operating plans | **ü** | **ü** |
| 1. Approve Significant Transactions within the definition set out within the Annex to the Foundation Trust’s Constitution | **ü** | **x** |
| 1. Approve Business Cases for capital and revenue investment, funded from the Trusts’ own resources or from external sources, over £3m in value | **ü** | **ü** |
| 1. Determine proposals for acquisition, disposal or change of use of land and/or buildings | **ü** | **ü** |
| 1. Approve proposals for action on litigation against or on behalf of the Foundation Trust where the likely financial impact is expected to exceed £250,000 or contentious or novel or likely to lead to extreme adverse publicity, excluding claims covered by the NHS risk pooling schemes. | **ü** | **ü** |
| 1. Approve the appointment of the External Auditor | **x** | **ü** |
| 1. Approve the annual reports, annual accounts and Annual Governance Statements | **ü** | **ü** |
| 1. Appoint the Trust Vice-Chair | **X** | **ü** |

**Section 4 - Decisions and functions delegated by the Boards to committees in accordance with Section 2.1 above**

| **Committee (last approval date)** | **Decision, Function and Responsibility** |
| --- | --- |
| KGH and NGH Audit Committees (June 2024) | It is the responsibility of the Group Chief Finance Officer to ensure an adequate Internal Audit service is provided and the Audit Committees shall be involved in the selection process when/if an Internal Audit service provider is changed. |
| To review the Internal Audit programme, consider the major findings of Internal Audit investigations and the management’s response and ensure coordination between the Internal and External Auditors. |
| To ensure that the Internal Audit function is adequately resourced,  has appropriate standing within the Trust and fulfils its function efficiently and effectively. |
| To make recommendations to the Council of Governors (KGH), and, to the Board of Directors (NGH), regarding the appointment, reappointment, termination of appointment and fees of the External Auditor. |
| To ensure that the External Auditor remains independent in its relationship and dealings with the Trust. |
| To review the annual audit programme and to discuss with the External Auditor, before the annual audit commences, the nature and scope of the audit. |
| To review External Audit reports, including value for money reports and the Annual Governance Statement, together with management response. |
| To consider where the External Auditors might appropriately undertake investigative and advisory work. |
| To assess the quality of External Audit work on an annual basis. |
| To ensure there is a policy on accessing non-audit advice from the External Auditors |
| To receive reports from counter fraud, specifically open fraud case reporting and fraud prevention activities. |
| To receive and agree the annual plan for fraud awareness and review |
| To ensure the organisation has appropriate policies with regard to Fraud, Bribery and Corruption as required by NHS Counter Fraud Authority (NHSCFA) |
| To ensure the Trust is meeting the NHSCFA quality assurance standards |
| The Audit Committees have responsibility for overseeing the Trust’s governance and assurance process and for recommending approval of the Annual Reports including the Annual Accounts and the Annual Governance Statements to the Boards of Directors. |
| The Committees shall independently monitor and review:   1. The internal and external audit services 2. Financial information systems, the integrity of the financial statements and significant financial reporting judgements 3. The establishment and maintenance of an effective system of 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. Treasury management policy 5. Compliance with Standing Orders and Standing Financial Instructions, reviewing decisions to suspend Standing Orders and recommending changes to the Board of Directors. 6. Schedules of losses and compensations 7. Schedules of payroll debt and aged debt 8. Schedules of waivers of purchasing authorities approved each quarter 9. Schedules of maverick transactions made without appropriate authority approved each quarter 10. (KGH only) Issues that should be referred to the Council of Governors, identifying any matters in respect of which it considers that action or improvement is needed and making recommendations as to the steps to be taken. |
| The Committees will review annual reports from Board Committees and escalate items to the Board of Directors as required. |
| Where the Audit Committees consider there is evidence of ultra vires transactions, evidence of improper acts, or if there are other important matters that the Committees wish to raise, the Chair of the Committees should bring the matter to the attention of the Boards of Directors at the next meeting of the Boards. |
| The Committees will review and investigate any matter at the request of the Board of Directors. |
| The Committees will routinely review the effectiveness of Boards and Trust-wide governance, as part of which it will seek assurance around the development, implementation and monitoring of the Integrated Care System (ICS). |
| The committees shall work with the Quality and Safety Committee to ensure the Trusts’ system and processes with regard to Clinical Audit are adequate and reflect the risks in the Trust |
| The Committees shall ensure that the systems and processes the Trusts have in place  enable the Whistle-blowing Policy to be effective and accessible |
| The Audit Committees share ownership of the Board Assurance Framework, and the other Board committees will report updates related to their committees to the Audit Committees. |
| The Committees ensure that the Boards’ Committees have sufficient support to fulfil their rolse |
| The Committees will ensure regular review and challenge regarding the contents of the BAF |
| The Committees will:   * Liaise with the Boards’ Committees to ensure that weaknesses in control exposed by that Committee are investigated. * Recommend approval of the annual financial statements for the Trust’s Final Accounts * Review and approve the Trusts’ accounting policies each year. |
| Review any proposed changes to the Scheme of Delegation, Standing Orders and Standing Financial Instructions for approval by the Boards. |
| The Committees will review the effectiveness of Boards’ and Trust-wide governance, as part of which it will seek assurance around the development, implementation and monitoring of group governance arrangements. In fulfilling this role, the Committees shall assure themselves in respect of the effectiveness of the arrangements as they relate to the delivery of Group objectives whilst maintaining the Trusts’ systems of internal control, and provide assurance to the Boards of Directors as required and requested. |
| In order to ensure an integrated approach and carry out the above duties effectively, the Committees will have effective relationships with all Board committees so that it understands processes and linkages and seeks assurance on their work. |
| The Committees may request specific reports from individual functions within the organisation in pursuance of their duties. |
| Finance and Investment Committee (April 2024) | 1. Develop, making recommendations to Boards for approval as required, review and monitor documents making up the UHN financial strategy, including (but not limited to) UHN contributions to annual Integrated Care Board operating plans, annual and medium term revenue budgets and capital plans, and cost improvement targets. 2. Agree, Review and monitor the following, receiving assurance on the progress against financial plans and where off plan, understand the controls and mitigations in place to manage any risk:  * Cost improvement programmes (or equivalent) * Performance against identified KPIs, reviewing the suite of metrics as required * Financial and investment implications of corporate strategy and annual business plans as they affect UHN  1. Provide oversight and assurance regarding trusts’ financial performance whilst maximising the benefits of group working. 2. Determine revenue and capital business case requests for funding in accordance with values set out in approved schemes of delegation, ensuring the outcomes and benefits are clearly defined, and making recommendations to Boards in respect of cases outside of the committee’s delegated authority to act. 3. To ensure that robust processes are followed to evaluate, scrutinize and monitor investments to confirm benefits realisation arising from collaboration, transformation, efficiency and productivity programmes. 4. To inform the development and delivery of group transformation and efficiency schemes, ensuring that the right resources are available and that the balance between quality and efficiency is maintained. 5. Approve the procurement strategy and ensure delivery and review.      1. Work collaboratively with local health system partners to address any operational or performance issues in the short term, and to support working across the Integrated Care System in respect of longer term transformational aims. 2. Provide a forum for shared learning between the trusts, enabling the identification, review and monitoring of unwarranted financial variation to ensure that they are understood and investigated with any associated analysis and actions 3. The Chairs will liaise with other Board Committees to ensure co-ordinated and comprehensive oversight of cross-cutting issues via the annual work plan 4. The Finance and Investment Committee may establish other working groups or sub-committees which report into it as required. 5. To review and monitor strategic risks to both organisations within the Committee’s area of responsibility, as set out on the Group Board Assurance Framework. |
| Operational Performance Committee (December 2024) | 1.1 Oversee UHN performance against local and national Emergency and Elective Care standards, ensuring that:   * 1. A comprehensive suite of metrics is in place, bringing together key national and local targets to provide oversight of operational performance, as part of the Integrated Governance Report, aligned to relevant metrics set out in the NHS Oversight Framework;   2. Key underlying issues and risks in these areas are known and evidence based.   3. Robust and clear actions, impact and owners are in place and supported to deliver agreed improvement trajectories.   4. Learning mechanisms are in place to ensure areas of strong performance can be sustained and replicated, within and between trusts and the wider health economy.   5. Transformation programmes are aligned with national, system and service priorities and are set to deliver tangible annual and longer term gains.   6. The implementation of action plans is having the right impact and resulting in the intended outcomes.   7. Agree, and ensure implementation of a Performance Management Strategy and Framework for UHN.   1.3 Oversee any other significant operational and performance issues which may arise.  1.4 Ensure quality improvement within clinical pathways drives sustained improvement on operational performance, noting that collaboration on clinical pathways between UHL and UHN is overseen by the Partnership Committee.  1.5 Regularly review the Board Assurance Framework (and linked corporate risks) to ensure that risks pursuant to the Committee’s duties are appropriately captured and monitored.  1.6 Alert the Boards of Directors and inform the Audit Committee where assurance cannot be given or further work or consideration at Board level is recommended.  1.7 Seek assurance that the Trusts are working effectively within the local health system to understand the healthcare needs of the local population and ensure equity of access to healthcare to identify and address local health inequalities.  1.8 Receive appropriate internal audit reports pertinent to the committee’s remit and be assured the necessary actions are in place to address any risks identified.  1.9 Promote a positive focus on working with system partners to address any operational or performance issues in the short term, and to support working across the Integrated Care System in respect of longer term transformational aims.  1.10 Provide a forum for shared learning between the trusts, enabling the identification, review and monitoring of unwarranted variation in quality and performance to ensure that they are understood and investigated with any associated analysis and actions.  1.11 Provide oversight of the development, delivery and review of digital strategy.  1.12 Provide oversight of digital transformation as an enabler of performance improvement.  1.13. Provide oversight of health intelligence as an enabler of the effective monitoring and assurance of operational performance through robust and accurate metrics and dashboards.  1.14 Receive, and make recommendations to the Boards of Directors (where statutorily required) regarding external compliance process including (but not confined to) annual Emergency Planning, Response and Resilience (EPRR) compliance.  1.15 The Chair will liaise with other Board committees to ensure co-ordinated and comprehensive oversight of cross-cutting issues via the annual work plan  1.16 The committee may establish other working groups or sub-committees which report into it as required. |
| Quality and Safety Committee (December 2024) | The Committee’s overarching purpose is to assure the Boards, patients, visitors and staff of the UHN Group that services at Kettering and Northampton General Hospitals are safe and that they conform to, and surpass, the required quality and safety standards required within a culture of learning and continuous improvement.  In fulfilling this purpose, the Committee will   1. Oversee the delivery of strategic priorities covering quality and patient elements as expressed in the Trusts’ strategies and strategic frameworks); 2. Provide a forum for shared learning enabling the identification, review and monitoring of unwarranted variation in quality across both Trusts to ensure that they are understood and investigated with any associated analysis and actions. 3. Enable hospital-level and cross-trust assurance, commissioning sub-group/trust-only working on issues of specific concern/priority and receiving exception reports from sub-groups specified in section 3 below 4. Develop, review and maintain oversight of key metrics providing integrated group reporting by exception 5. Monitor the Trusts’ systems and processes in place in relation to compliance with the CQC and other relevant regulatory compliance standards and external sources of assurance, including the receipt of draft and final reports and recommendations and oversight of action plans and other statutory undertakings, 6. Ensure that there are effective mechanisms for integrated governance, risk management and control for quality, safety, clinical audit and effectiveness within the hospitals and in a group context, receiving the Group Board Assurance Framework and assurance in respect of linked corporate risks within the Committee’s area of responsibility, 7. Oversee the development of robust integrated quality systems for quality planning, quality improvement and quality assurance 8. Evaluate transformational change for agreed acute countywide service provision against agreed key KPI’s and improve clinical outcomes for patients. Ensure that quality and service outcomes are an integral part of the redesigned acute clinical pathway(s). 9. Oversee the safe transition and integration of quality for service provision into a new architecture and transition from individual organisation to enable clinical collaboration across UHN, seeking assurance in respect of quality and safety implications of collaboration and service transformation proposals 10. Oversee the development and delivery of recovery plans to drive overarching quality improvements for acute care provision 11. Enable the sharing of learning and participative discussion in a psychologically safe environment 12. Seek assurance for timely alignment of key enablers (finance, workforce/HR ) for countywide service provision to enable acute clinical service transformation to be progressed with neither organisation becoming compromised during the process. 13. Approve the annual Quality Report (KGH) and Quality Account (NGH) on behalf of Boards of Directors. 14. Receive, and make recommendations to the Boards of Directors (where statutorily required) regarding external compliance processes including (but not confined to) Maternity Safety (CNST) clinical audit and Infection Prevention and Control. |
| People Committee (April 2024) | 1.1 To be assured that people and nursing strategies and supporting policies are effectively implemented and reviewed through the development, agreement and monitoring of delivery plans and associated common performance metrics across the Trusts.  1.2 Monitor people strategy implementation and progress in realising the plans, especially the reductions in the direct cost to the Trust of temporary (agency) workers.  1.3 Seek assurance that the people management processes are in place and are being followed.  1.4 Seek assurance that there are mechanisms in place to deliver effective staff engagement and to regularly review staff feedback, including through, but not limited to, the annual staff survey and quarterly) People Pulse surveys.  1.5 To ensure that the Group values are embedded and demonstrated within the culture of both Trusts.  1.6 Risk assess the organisational development interventions to direct the Committee’s activities and feed into Corporate Risk Registers. Provide any required updates to the UHN Board Assurance Framework, relevant to the work of the Committee.  1.7 Approve the annual Medical Revalidation process on behalf of Boards of Directors.  1.8 Receive reports from both Trusts’ Freedom to Speak Up Guardians and Guardians of Safe Working, and refer key issues and learning arising to the Board of Directors and relevant Board Committees, as required.  1.9 Provide oversight to ensure the delivery of communications strategic frameworks, including performance against associated qualitative and quantitative performance measures.  1.10 Seek assurance that strategies for staff health and wellbeing are aligned to workforce needs and embody the culture and values of the organization.  1.11 Seek assurance that strategies connected to attracting, recruiting and retaining staff are effective.  1.12 Receive safe staffing reports seeking assurance in respect of compliance with national best practice requirements, working with the Clinical Quality, Safety and Performance Committee to identify and respond to issues giving rise to significant risks to patient safety.  1.13 Receive reports in respect of the Trusts’ strategies to promote equality, diversity and inclusion, including annual Workforce Race and Disability Equality Standard (WRES/WDES) reports prior to publication and submission. |
| Remuneration and Appointments Committees (December 2023) | **Appointments to Chief Executive, Executive Director and other roles subject to Very Senior Manager (VSM) Terms and Conditions:**   1. Approve the process for the selection, appointment, termination, compensation and benefits of posts. 2. Approve, subject to the requirements of the Trust’s Constitution, the creation of, and appointment to posts. 3. Maintain oversight of the Executive composition of the Board of Directors, making recommendations to the Board of Directors and Council of Governors in respect of any changes to the Constitution which may be required. 4. (KGH only) Make recommendations to the Council of Governors concerning the appointment of the Chief Executive. |
| Setting remuneration for Chief Executive, Executive Director and VSM postholders, including pension rights and any compensation payments. |
| Establish and keep under review a remuneration policy in respect of Executive Directors. |
| Oversee the development and implementation of effective appraisal processes. |
| Receive a written report from the Trust Chair summarising the performance of the Chief Executive against their agreed objectives, upon which the committee can base its assessment for salary reviews |
| Receive a written report from the Chief Executive summarising Trust and Group postholders’ performance against their agreed objectives, both as a team and individuals, upon which the committee can base its assessment for salary reviews, including proposals for succession planning to ensure the sustainability of the Trust’s executive leadership team; |
| In accordance with all relevant laws, regulations and trust policies, decide and keep under review postholders’ terms and conditions of office, including:   * salary, including any performance-related pay or bonus; * provisions for other benefits, including pensions and cars; * allowances; * payable expenses; and * compensation payments. |
| Establish levels of remuneration which are sufficient to attract, retain and motivate postholders of the quality and with the skills and experience required to lead the Trust successfully, without paying more than is necessary for this purpose, and at a level which is affordable for the Trust, and has regard to pay and employment conditions within it; |
| Use national guidance and market benchmarking analysis in the annual determination of postholders’ remuneration, while ensuring that increases are not made where Trust or individual performance do not justify them; |
| Take appropriate steps to ensure that recruitment and selection processes are designed to take account of equality, diversity and inclusion at each stage of the process, having regard to the objective that the composition of the Board of Directors should reflect that of the Trust’s employees, patients, families and wider communities. |
| Agree and propose severance arrangements to NHS England for any directors and for any non-contractual severance arrangements at any grade. Contractual terminations for non-director staff in excess of £100k also require NHS England approval. |
| Establish sub-committees for the purpose of addressing specific tasks or areas of responsibility. The Committee shall delegate authority to its Chair to determine the size and membership of selection interview panels, having regard to the Group’s ‘Very Senior Manager Recruitment Guidance’, and successor documents. Panel Chairs shall prepare reports and recommendations to the committee in respect of appointments following this process. |
| UHN/UHL Partnership Committee (September 2024) | The Partnership Committee will provide the formal leadership for the collaboration between UHL and UHN.  It will be responsible for setting strategic direction and providing strategic oversight of all joint activities. It will take decisions on a range of delegated matters where a joint decision across UHN and UHL is required.  Its responsibilities are to:  1. Consider recommendations from the trusts’ leadership teams and make decisions where delegated by Boards on:   * The strategic priorities for collaboration across UHL and UHN; and * The objectives of specific projects or programmes across UHN and UHL.  1. Regularly receive updates in order to review and scrutinise progress against the agreed objectives of collaboration. 2. Provide oversight of joint programme risks and ensuring organisational risks arising from the collaboration are identified, reported on and effectively managed. 3. Approve joint revenue and capital business case requests for funding (where funding is being sought from two or more trusts) in accordance with the limits set out in approved schemes of delegation, ensuring the outcomes and benefits are clearly defined. 4. Recommend to the Boards for approval business case requests for funding (where funding is being sought from two or more trusts) that are above the delegated limits set out in the approved schemes of delegation. 5. Provide a mechanism for joint action and joint decision-making across UHN and UHL. 6. Consider and propose to Boards changes in governance or processes that would enable the trusts to collaborate more effectively or efficiently. 7. Review and monitor risks associated with integration across UHN and UHL.  Escalate these risks to the Boards where required. 8. Provide a forum for shared learning, enabling the identification and dissemination of best practice across UHN and UHL.   **Duties**  In carrying out these responsibilities, the Partnership Committee has a duty to:   * Act as leadership role models, demonstrating what can be achieved with strong collaboration across the trusts; * Balance the need to work together at scale, with the development of local partnerships in each Place; * Ensure that risks and unintended consequences from working together are considered and mitigated; * Ensure learning and best practice is identified and shared across the three trusts. |

**SECTION 5 - Powers delegated by the Boards to other internal bodies (subject to paragraph 2.4 above)**

| Body making delegation | Powers delegated |
| --- | --- |
| Capital Committee | 1. Business case determination as set out in Section 6 below, Financial Limits of Delegated Authority 2. Recommend annual and 3-5 year capital plans to ILT 3. Track and monitor progress on scheme delivery 4. Review of business ideas and business cases outside of the sub-committees delegated approval limit, making recommendations to ILT as required. |
| Capital Sub-Committees: Digital, Medical Equipment, Estates | 1. Business case determination as set out in Section 6 below, Financial Limits of Delegated Authority 2. Recommend annual capital plans to Capital Committee 3. Review of business ideas and business cases outside of the sub-committees delegated approval limit, making recommendations to Capital Committee as required. |
| Integrated Leadership Team (ILT) | 1. Ensure timely clinical and strategic decision making in line with the Schemes of Delegation and Standing Financial Instructions (SFIs). (Note: Decisions relating to the collaboration between UHN and UHL should be referred to the Partnership Committee and Joint Executive Team.) 2. Oversee major work and UHN-wide risks set out in the Board Assurance Framework 3. Oversee the delivery of UHN’s objectives and annual plans 4. Development, oversight and delivery of UHN’s Strategy, Priorities and transformation initiatives, ensuring that a joined-up approach is taken across UHN 5. Develop and provide oversight to ensure delivery of the Trusts’ annual integrated business plans, covering quality, finance, people and performance 6. Ensure a UHN-wide approach is taken to performance review and strategy development 7. Be responsible for the achievement of strategic objectives, compliance with statutory duties, performance standards and quality care 8. Promote and embed UHN’s values and reinforce an open and inclusive culture 9. Support individual Executive Directors to deliver their delegated responsibilities by providing a forum for exchange of information, mutual support, and resolution of issues and achievement of agreement. 10. Identify issues for escalation to the appropriate Board committee as appropriate 11. Scrutinise any issues recommended for escalation to the Boards and Committees, to ensure quality and accuracy 12. Identify opportunities for strategic alignment with external partners 13. Determine, or make recommendations, in respect of business cases, proposals and decisions, in line with approved limits set out within the Standing Financial Instructions and Schemes of Delegation and Reservation 14. Receive any escalations from the UHN Policy Ratification Group, regarding any documents which have a significant implication for UHN and are delayed in review 15. Provide a forum for exchanging information and providing mutual support between the trusts, identifying and disseminating good practice and/ or discussing and agreeing corrective actions where performance needs to improve, across UHN 16. Provide a mechanism for effective two-way communication and engagement between the Boards, ILT,  and divisions. |
| Mandatory Learning Oversight Group | * Approve Statutory and Mandatory Training Needs Analyses * Approve the organisation’s annual review, which will summarise the topics, target audiences, frequency for nationally mandated learning and the investment of learner time and ensure this is submitted to NHS England |
| New Medicines Committee | Authorisation of new drugs |
| Procedural Document Ratification Group | Ratification of procedural documents |
| Vacancy Control Panels | Determine requests to recruit to vacant positions within budgets including, if required, the use of bank/agency staff in the intervening period (subject to exclusions specified within Terms of Reference). |

SECTION 6 - Financial Decisions and functions delegated to Officers in accordance with Section 2.1 above

* 1. **Except where specified, authority may not be further delegated below the levels set out below without the written approval of the named Officer holding the delegation, stating the reasons for, and duration and extent of, additional delegations which should be temporary in nature.**
  2. **The approval levels below are subject to, and to be exercised in accordance with, any restrictions and conditions which may be imposed by the Trusts’ commissioners or regulators from time to time.**

|  |  |  |
| --- | --- | --- |
| **Delegated function** | **Level (£)** | **Delegated to** |
| Approval to order and authorization of payments with or without approved requisitions (list of supplies and services not requiring requisitions to be maintained by the Chief Finance Officer) (inclusive of VAT) | Above £1m | Chief Finance Officer with UHN Chief Executive |
| £500,000 to £999,999 | UHN Chief Executive |
| £250,000 to £499,999 | Chief Finance Officer |
| £100,000 to £249,999 | Executive and Divisional Clinical Directors  Deputy Chief Finance Officer  Hospital Director of Finance |
| £50,000 to £99,999 (‘Level 1 officers’) | * Head of Operations * Director of Nursing * Director of Midwifery * Clinical Director (Radiology) * Deputy Medical Directors * Directors of Medical Education, Research and Innovation * Deputy Directors (other corporate functions) * Chief Pharmacist (Pharmaceutical products only) * Head of Pathology |
| £25,000 to £49,999 (‘Level 2 officers’) | * Head of Nursing * Head of Midwifery * Deputy Head of Operations * Operational Business and Performance Lead * Clinical Director * General Manager * Director of AHP * Chief Nursing and Medical Information Officers * Deputy Directors of Nursing * Associate Medical Directors * Deputy Director of Medical Education, Research and Innovation * Heads of corporate departments and specialties. * Lab/Haematology Manager (blood products only) |
| £10,000 to £24,999 (‘level 3 officers’) | Deputy Director of AHP  Deputy Head of Nursing  Assistant Directorate Manager  Associate Director of Operations  Head of Women’s Governance and Quality Improvement  Heads of Corporate Departments and Specialties |
| Up to £9,999 (‘level 4 officers’) | Speciality / Service Managers  Matrons |
| Up to £999 (‘level 5 officers’) | All other budget holders |
| Ex gratia payments for staff and other employment payments | Unlimited | Chief People Officer |
| Ex gratia payments to patients | Unlimited | Chief Nurse |
| Ex gratia payments – other | Unlimited | Chief Finance Officer |
| Payment of financial settlements and, where applicable, insurance excesses | Unlimited | Director of Corporate and Legal Affairs |
| Authorization of payments for legal support | Subject to contractual specifications | Director of Corporate and Legal Affairs |
| Authorization of losses and special payments (all items to be reported to Audit Committees as part of Financial Governance scheduled reports) | Above £50k | Chief Finance Officer |
|  | £10k-£49,000 | Deputy Chief Finance Officer  Hospital Director of Finance |
|  | Up to £9,999 | Finance Heads of Department |
| Products and Services Procurement | £0 to £30,000 inc. VAT (minimum one written quote) | Operational Procurement |
| £30,000 to £ 139,688 inc. VAT: Competitive process, minimum three written quotes, issued on relevant regulated platform. Must comply with current relevant Procurement Regulations. | Procurement Team |
| Over £139,688 inc. VAT: Formal Competitive Tenders tender (competitive process via relevant regulated platform and/or framework). Must comply with current relevant Procurement Regulations.) | Procurement Team |
| Building and Estates Engineering Procurement | £0 to £30,000 inc. VAT (minimum one written quote) | Operational Procurement |
| £30,000 to £ 139,688 inc. VAT: Competitive process, minimum three written quotes, issued on relevant regulated platform. Must comply with current relevant Procurement Regulations. | Procurement Team |
| £139,689 - £5,372,609 inc VAT: Formal competitive tender (competitive process via relevant regulated platform and/or framework). Must comply with current relevant Procurement Regulations. | Procurement Team |
| £5,372,609 inc VAT and above: UK FTS as per PCR15 and/or Procurement Act 2023. Formal Competitive Tender via relevant regulated platform or further competition via accredited framework | Procurement Team |
| Healthcare Services Contracts | Must comply with Provider Selection Regime regulations and processes regardless of value | Commissioning & Contracts Team  Procurement Team (where a competitive process is required) |
| Waivers | £30,000 to £139,688 inc VAT for goods and services  £30,000 to £5,372,609 inc VAT for works  £139,688 inc VAT and over for goods and services  £5,372,609 inc VAT and over for works  Any contract in scope of PSR regulations regardless of value. | Chief Finance Officer  Chief Finance Officer  Chief Executive  Chief Executive  Chief Executive |
| Contract awards | Up to £139,688 inc VAT | Category Managers |
| Pharmaceutical products up to £249,999 | Chief Pharmacists |
| £139,688 inc VAT to £499,999 | Head of Procurement - UHN |
| £500,000 and above | Chief Finance Officer |
| Healthcare Services Contracts | Chief Finance Officer |
| Approval of revenue business cases for new expenditure from internal or external sources of funding | Where the scheme relates fully or in part to KGH and constitutes a Significant Transaction as defined within the Foundation Trust Constitution | KGH Board of Directors and Council of Governors |
| Over £3 million | Board(s) of Directors |
| £1,000,000 to £2,999,999 | Finance and Investment Committee |
| Up to £999,999 | Integrated Leadership Team (ILT) |
| Up to £250,000 (urgent items only) | Chief Finance Officer |
| Approval of capital business cases for new expenditure from internal or external sources of funding | Where the scheme relates fully or in part to KGH and constitutes a Significant Transaction as defined within the Foundation Trust Constitution | KGH Board of Directors and KGH Council of Governors |
| Over £3,000,000 | Boards of Directors |
| £1,000,000 to £2,999,999 | Finance and Investment Committee |
| £500,000 to £999,999 | Integrated Leadership Team |
| £250,000 to £499,999 | Capital Committee |
| Up to £249,999 | Capital Sub-Committees: Digital, Medical Equipment, Estates |
| Approval of orders and payments for capital expenditure | Within approved allocations and business cases (subject to variance provisions below) | Capital Committee Chair  Capital Sub-Committee Chairs  Programme Senior Responsible Owners (SRO) |
| Approval of capital variance (underspends and overspends) compared to original business case value | Below 5% | Project or Programme Board or Capital Sub-Committee |
| 5-20% | Capital Committee |
| 20% to 50% | Integrated Leadership Team |
| Over 50% | Finance and Investment Committee |
| Asset disposals – Net Book Value for Asset Register Items including accelerated depreciation | Land and Buildings – any value | Board of Directors (for the Trust disposing of the asset) |
| All other assets: above £10,000 | Chief Finance Officer |
| Disposal of X-ray films up to £9,999 | Radiology Manager |
| Disposal of mechanical and engineering plant up to £9,999 | Director of Estates, Facilities and Sustainability |
| Disposal of other equipment up to £9,999 | Head of Procurement |

**Section 7 - Decisions and functions delegated to Officers in accordance with Section 2 above**

Individuals with delegated authority may make operational arrangements for the business exercise of specific functions within approved budget and policy framework, whilst remaining, and being held to account by the Board of Directors, for the exercise of such functions.

**NOTE: items marked \* may not be further delegated except with the written approval of the named Officer holding the delegation, stating the reasons for, and duration and extent of, additional delegations which should be temporary in nature.**

| **Subject** | **Delegated function** | **Delegated to** |
| --- | --- | --- |
| General enabling provision (i) as per paragraph 2.2 above | All functions not reserved to the Boards of Directors, Committees or other bodies within this scheme of delegation | Chief Executive and Accounting/Accountable Officer |
| General enabling provision (ii) as per paragraph 2.2 above | Except where reserved by this scheme of delegation, statute, regulation, Accounting and Accountable Officer memoranda or Standing Orders of the Trusts, the Accounting and Accountable Officer(s) delegates all powers, duties and responsibilities to the UHN Chief Executive Officer. | UHN Chief Executive |
| Clinical Trials and Research Projects | Authorisation of Clinical Trials and Research Projects | Medical Director |
| Bank accounts | Approval of banking arrangements | Chief Finance Officer |
| Managing banking arrangements and operation of bank accounts | Chief Finance Officer |
| Authorisation of transfers between Foundation Trust bank accounts | Chief Finance Officer |
| Approve and apply arrangements for the electronic transfer of funds | Chief Finance Officer |
| Authorisation of:  - GBS cheque schedules                  - CHAPS transfer  - BACS schedules  - Automated cheque schedules   * Manual cheques | Chief Finance Officer |
| Investment of surplus funds in accordance with the Foundation Trust’s Treasury Policy | Chief Finance Officer |
| Capital Investment | Ensure that there is adequate appraisal and approval process for determining capital expenditure priorities and the effect that each has on business plans | Chief Finance Officer |
|  | Selection of architects, quantity surveyors, consultant engineer and other professional advisors | Director of Estates, Facilities and Sustainability\* |
| Clinical audit | Approval and implementation of clinical audit arrangements | Medical Director |
| Commissioning | Negotiating contracts with commissioners for the provision of services to patients | UHN Chief Executive |
| Complaints and feedback | Overseeing systems for recording, investigating, responding and learning from complaints, including the development and review of policy and allocation of duties within it | Chief Nurse |
| Data Protection and Freedom of Information | Review of the Trusts’ compliance with the Caldicott report on protecting patients’ confidentiality in the NHS | Medical Director |
| Ensure compliance with the Freedom of Information Act | Director of Corporate and Legal Affairs (Chief Digital Information Officer from 1 June 2025) |
| Ensure compliance with the Data Protection Act | Director of Corporate and Legal Affairs (Chief Digital Information Officer from 1 June 2025) |
| Make arrangements for the security of digital records | Director of Corporate and Legal Affairs (as Senior Information Risk Owner) (Chief Digital Information Officer from 1 June 2025) |
| Make arrangements for the security of staff records | Chief People Officer |
| Make arrangements for the security of medical records | Medical Director (as Caldicott Guardian) |
| Declaration of Interest | Maintenance and publication of Registers of Interests | Company Secretary |
| Digital Clinical Risk Management | Responsibility for Digital Clinical Risk Management | Chief Digital Information Officer |
| Environmental Regulations | Review of compliance with environmental regulations, for example those relating to clean air and waste disposal | Director of Estates, Facilities and Sustainability |
| External borrowing | a) Advise Boards of Directors of the requirements to repay / draw down Public Dividend Capital.  b) Application for draw down of Public Dividend Capital and other forms of foundation trust funding.  c) Application for draw down of overdrafts and other forms of external borrowing.  d) Preparation of procedural instructions  e) Ensure that the Trust is compliant with all terms and conditions applicable to both revenue and capital loans | Chief Finance Officer |
| Financial Planning / Budgetary Responsibility: setting | Submit annual business plan to Committees and Boards of Directors | Chief Executive |
| Submit capital and revenue budgets to Committees to Boards of Directors | Chief Finance Officer |
| Submit strategic financial estimates and forecasts to Committees and Boards of Directors | Chief Finance Officer |
| Financial Planning / Budgetary Responsibility: Monitoring | Monitor Trusts’ financial performance against annual plan, submitting reports to Committees and Boards | Chief Finance Officer |
| Allocate annual budgets to budget holders | Chief Finance Officer |
| Budget management | Budget holders\* |
| Ensuring adequate training is delivered to budget holders to facilitate their management of the allocated resources. | Chief Finance Officer |
| Submit returns in accordance with NHS England’s requirements financial monitoring returns | Chief Finance Officer |
| Devise and maintain systems of budgetary control | Chief Finance Officer |
| Identify and implement cost improvements and income generation activities in line with approved plans | All budget holders |
| Annual reports and Accounts | Preparation of annual accounts for Boards’ approval | Chief Finance Officer |
| Preparation of annual reports and Annual Governance Statements for Boards’ approval | Company Secretary |
| Preparation of Quality Account (NGH) and Quality Report (KGH) | Chief Nurse |
| Financial Procedures and Systems | Maintain and update Financial Procedures | Chief Finance Officer |
| Submission of financial governance reports to Audit Committees | Chief Finance Officer |
| Responsibilities:   * Implement financial policies and co-ordinate corrective action * Ensure that adequate records are maintained to explain transactions and financial position * Providing financial advice to Boards of Directors and staff * Ensure that appropriate statutory records are maintained * Designing and maintaining compliance with all financial systems | Chief Finance Officer |
| Fire Precautions | Ensure that the Fire Precautions and prevention policies and procedures are adequate and that fire safety and integrity of the estate is intact | Director of Estates, Facilities and Sustainability |
| Fixed Assets | Maintenance of asset register including asset identification and monitoring | Chief Finance Officer |
| Ensuring arrangements for financial control and financial audit of building and engineering contracts and property transactions comply with appropriate regulations and guidance. | Director of Estates and Facilities |
| Calculate and pay capital charges in accordance with the requirements of the Independent Regulator | Chief Finance Officer |
| Responsibility for security of Foundation Trust’s assets including notifying discrepancies to the Chief Finance Officer and reporting losses in accordance with Foundation Trust’s procedures | All staff |
| Health and Safety | Review of all statutory compliance with relevant legislation and Health and Safety requirements falling within the Terms of Reference of the Health and Safety Committee. | Director of Corporate and Legal Affairs |
| Review of Medicines Inspectorate Regulations | Chief Pharmacist |
| Gifts and Hospitality | Maintain Register of Gifts and Hospitality | Company Secretary |
| Infectious diseases and notifiable outbreaks | Consultant microbiologist – notification to relevant authorities | Chief Nurse |
| Information management and technology systems: | * Developing systems in accordance with the Foundation Trusts’ digital strategy * Implementing new systems ensuring that they are developed in a controlled manner and thoroughly tested * Seeking third party assurances regarding financial systems operated externally * Ensuring that contracts for digital services for applications define responsibility re security, privacy, accuracy, completeness and timeliness of data during processing and storage | Chief Digital Information Officer |
| Land | 1. Preparation and signature of all tenancy agreements/licences for all staff and others subject to policies on accommodation for staff. 2. Preparation and signature of all other tenancy agreements/licenses (including those through which the Trust is obtaining an interest on the premises of other organisations) 3. Amendments (including extensions and terminations) to existing leases 4. Letting of premises to outside organisations 5. Approval of rent based on professional assessment 6. Approval of concessionary leases or rents | Chief Finance Officer and Directors of Estates, Facilities and Sustainability |
| Legal Proceedings | 1. Instructing the Trusts’ solicitors 2. Approve and sign all documents which may be required in legal proceedings 3. Sign on behalf of the Trusts any agreement or document not requested to be executed as a deed | 1. Director of Corporate and Legal Affairs\* 2. Executive Directors\* 3. Executive Directors\* |
| Losses and Special Payments | Prepare procedures for recording and accounting for losses and special payments including preparation of a Fraud Response Plan and informing Counter Fraud Management Services of frauds | Chief Finance Officer |
| Meetings | Calling Boards’ Meetings | Trust Chair |
| Chair Boards’ meetings and undertake associated responsibilities described in Constitution and Standing Orders | Trust Chair |
| Medical | Arrangements for clinical governance | Medical Director |
| Arrangements for medical leadership | Medical Director |
| Programmes of medical education | Medical Director |
| Clinical staffing plans | Chief Operating Officer |
| Matters involving individual professional competence of medical staff | Medical Director |
| Medical research | Medical Director |
| Procurement | Maintenance of a list of managers authorised to place requisitions/orders, accept goods and sign formal legal contract documentation in accordance with **Financial limits above** | Chief Finance Officer |
| Obtain value for money when requisitioning goods and services | Budget holders\* |
| Develop systems for the payment of accounts | Chief Finance Officer |
| Prompt payment of accounts | Chief Finance Officer |
| Review of financial limits for ordering and requisitioning goods and services, making recommendations to Audit Committees and Boards as required | Chief Finance Officer |
| Nursing | 1. Compliance with statutory and regulatory arrangements relating to professional nursing and midwifery practice 2. Matters involving individual professional competence of nursing staff 3. Compliance with professional training and development of nursing staff 4. Quality assurance of nursing processes | Chief Nurse |
| Patient Services Agreements | 1. Negotiation of Trust Contract and Non-Commercial Contracts 2. Approval of contracts and non-commercial contracts and agreements. | Chief Finance Officer |
| Quantifying and monitoring non contracted activity | Chief Finance Officer |
| Reporting actual and forecast income | Chief Finance Officer |
| Costing Trust Contract and Non-Commercial Contracts | Chief Finance Officer |
| Reference costing / Payment by Results | Chief Finance Officer |
| Ad hoc costing relating to changes in activity, developments, business cases and bids for funding | Chief Finance Officer |
| Patients’ Property | 1. Ensuring patients and guardians are informed about patients’ monies and property procedures on admission. 2. Prepare detailed written instructions for the administration of patients’ property 3. Informing staff of their duties in respect of patients’ property 4. Repayment of cash / release of property held for safe keeping | 1. Chief Operating Officer 2. Chief Finance Officer 3. Chief Finance Officer 4. Chief Finance Officer |
| Personnel | Develop Human resource and training policies and strategies for approval, ensuring their effective implementation and review | Chief People Officer |
|  | Undertaking specific duties and responsibilities within HR/OD policies | Please refer to individual policies |
|  | Recruitment of permanent staff | Budget holders\* Subject to approval to recruit by Vacancy Control Panels and associated funding/business case approval |
|  | Granting additional increments to staff | Chief People Officer and Chief Finance Officer\* |
|  | Determining requests for regrading | Please refer to Trusts’ policies and procedures |
| Pay and contracts | Presentation of proposals to the People Committee for the setting of remuneration and conditions of service for those staff not covered by the Remuneration and Appointments Committees or national terms and conditions | Chief People Officer |
|  | Ensure that all employees are issued with a Contract of employment in a form approved by the Boards of Directors and which complies with employment legislation (including honorary contracts) | Chief People Officer |
|  | Authority to complete employment contract variations forms | Recruitment Services |
|  | Authority to complete standing data forms effecting pay, variations and leavers excluding starter forms | Budget holders and HR Business Partners\* |
|  | Authority to complete new starter forms | Budget holders\* |
|  | Authority to authorise overtime within pay budgets | Chief People Officer |
|  | Approval of completed variable pay claim forms (time sheets) | Budget holders\* |
|  | Approval of travel and subsistence expenses (all staff) | Budget holders\* |
|  | Approval of travel and subsistence expenses (Non-Executive Directors) | Company Secretary |
| Personnel: Leave and allowances | Approve annual leave | Line manager\* |
|  | Approval of carry forward of annual leave up to a maximum of five days in exceptional circumstances | Executive Director\* |
|  | Approve requests for compassionate, paternity, carers or adoption leave | Line manager\* |
|  | Approve requests for Special Leave in accordance with Trusts’ policies | Line manager\* |
|  | Approve requests for unpaid leave and time off in lieu, including Leave of Absence for Medical Staff | Line manager\* |
|  | Approval of Maternity Leave, paid and unpaid | Line manager\* |
|  | Extension of sick leave on pay or return to work part-time on full pay to assist recovery | Executive Director\* |
|  | Decision to pursue retirement on the grounds of ill-health following advice from the Occupational Health Department | Chief People Officer\* |
|  | Approve requests for study leave (medical) | Chiefs of Division\* |
|  | Approve requests for study leave (non-medical) | Executive Directors\* |
|  | Approval to pay Removal Expenses, Excess Rent and House Purchases in accordance with Trust Relocation policy | Chief Finance Officer |
|  | Lease car approval | Executive Directors\* |
|  | Authorization of Mobile ‘phone users | Chiefs of Division / Executive Directors\* |
|  | Waiting List Payments: Approval of Rates of Pay | Chief People Officer\* |
|  | Issue of contracts of employment, including honorary contracts | Chief People Officer |
| Personnel: engagement of staff not on the establishment using agencies on the contract register maintained by the Head of Procurement | Nursing | Heads of Nursing\*\* |
| Medical | Chief of Division / Medical Workforce Service Managers\* |
| Other | Heads of Nursing / Rostering Managers\* |
| Engagement of bank and agency staff above approved rates | Chief People Officer\* |
|  | Approval to use an agency which is not on the contracts register (‘off framework’) | Chief Executive\* |
| Quotation, Tendering and Contract Procedures | Ensure best value for money is demonstrated for all services provided under contract or in-house | Chief Finance Officer |
| Nominate officers to oversee and manage contracts on behalf of the Foundation Trust. | Chief Finance Officer |
| Receipt and custody of tenders prior to opening (non-electronic) | Head of Group Procurement |
| Opening tenders (non-electronic) | Head of Group Procurement |
| Determine requests to consider late tenders | Head of Group Procurement\* |
| Approval of tender waiver or quote requests | See financial table above |
| Contract Variations relating to the suspension or cessation of a commissioned service. | Chief Finance Officer\* |
| Records | Review Trusts’ compliance with statutory provisions governing the Retention of Records and Records Management | Director of Corporate and Legal Affairs (Chief Digital Information Officer from 1 June 2025) |
|  | Ensuring the form and adequacy of the financial records of all departments | Chief Finance Officer |
| Reporting of incidents to the Police | Where a criminal offence is suspected | All staff |
| Where a fraud is involved (reporting to the Directorate of Counter Fraud Services) | Chief Finance Officer\* |
| Risk Management | Ensuring the Foundation Trust has a Risk Management Strategy and a programme of risk management | Director of Corporate and Legal Affairs |
| Developing systems for the management of risk | Director of Corporate and Legal Affairs |
| Developing incident and accident reporting systems | Director of Corporate and Legal Affairs |
| Compliance with the reporting of incidents and accidents | Chief Nurse |
| Compliance with statutory safeguarding children and young people requirements | Chief Nurse |
| Safeguarding | Designated Safeguarding Senior Officer | Chief Nurse\* |
| Trusts’ Seals | 1. The keeping of a register of seal and safekeeping of the seal ` 2. Approval of documents for sealing 3. Attestation of seal in accordance with Standing Orders 4. Report annually to the Boards of Directors 5. Property transactions and any other legal requirement for the use of the seal. | 1. Company Secretary\* 2. Executive Directors\* 3. Executive Directors and Company Secretary\* 4. Company Secretary\* 5. Executive Directors\* |
| Setting of Fees and Charges (income) | 1. Private Patient, Overseas Visitors, Income Generation and other patient related services. 2. Non patient care income 3. Informing the Chief Finance Officer of monies due to the Trusts 4. Recovery of debt 5. Security of cash and other negotiable instruments | 1. Chief Finance Officer 2. Chief Finance Officer 3. All staff 4. Chief Finance Officer 5. Chief Finance Officer |
| Stores and receipt of goods | 1. Responsibility for systems of control over stores and receipt of goods, issues and returns 2. Stocktaking arrangements | 1. Head of Group Procurement 2. Chief Finance Officer |
| Media enquiries | Response to media enquiries | Director of Communications and Engagement |
| Facilities for staff not employed by the Trust to gain practical experience | Professional recognition, honorary contracts and insurance of medical staff | Medical Director |
| Work experience students | Chief People Officer |