

Boards in Common Paper E6

Meeting title:	Boards of Directors of Kettering General Hospital NHS Foundation Trust (KGH), Northampton General Hospital NHS Trust (NGH) (University Hospitals of Northamptonshire NHS Group - UHN) and the University Hospitals of Leicester NHS Trust (UHL) Meeting together				
Date of the meeting:	8 May 2026				
Title:	Escalation Report: Extraordinary Audit Committees – 22 April 2026 & 24 April 2026				
Report presented by:	David Moon, Audit Committee, Non-Executive Director, Chair				
Report written by:	Matthew Reeves, Corporate and Committee Services Officer				
Action – this paper is for:	Decision/Approval		Assurance	x	Update
Which Group Priorities does this link to	Transform patient care		Strengthen our culture		Deliver our financial plan
Where this report has been discussed previously					

To your knowledge, does the report provide assurance or mitigate any significant risks? If yes, please detail which
N/A

Impact assessment
N/A

Purpose of the Report

To provide assurance to the Trust Board on the work of the Audit Committee and escalate any issues as required.

Recommendation

To receive the escalation report, and to note recommendations for the Trust Board to approve items 2.1 - 2.2, which are appended to this escalation report.

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST AND UNIVERSITY HOSPITALS OF NORTHAMPTONSHIRE GROUP

BOARD OF DIRECTORS 8 MAY 2026

1. **Summary**

- 1.1 The Audit Committee met on 22 and 24 April 2026. The meetings were quorate and considered the following reports.

2. **Recommended Items – Meeting on 22 April 2026**

2.1 **Procurement Proposed Changes to Trust Standing Orders, Standing Financial Instructions and Scheme of Delegation**

The Committee considered a report which proposed a number of legal, technical and administrative changes to the Trust Standing Orders, Standing Financial Instructions and Scheme of Delegation and ensuring that the Procurement Act 2023 was fully reflected. Specific changes to waiver justifications, waiver approval levels and personnel were highlighted. The Committee supported the changes.

It was noted that work was ongoing to review the SOs, SFIs and SoD in light of the UHL / UHN Group collaboration, and further work to ensure that relevant reference to modern slavery had been addressed.

The Procurement Proposed Changes to Trust Standing Orders, Standing Financial Instructions and Scheme of Delegation is recommended for UHL Trust Board approval. The associated report is appended to this escalation report.

2.2 **Audit Committee Terms of Reference – Review**

An updated Audit Committee Terms of Reference was presented for approval with only one minor terminology amendment noted. A further amendment to references of 'public sector internal audit standards' with 'global internal audit standards' was also requested.

The amended Audit Committee Terms of Reference are recommended for UHL Trust Board approval. The amended Terms of Reference are appended to this escalation report.

3. **Discussion Items – Meeting on 22 April 2026**

3.1 **2025/26 Annual Report and Annual Governance Statement**

The Committee noted the considerable work which had been undertaken to prepare a well-developed Annual Report and Annual Governance Statement in time for the committee, and commended those involved in its preparation.

It was agreed to provide further clarity in the report to explain the differing terminology of Head of Internal Audit opinion for the two most recent years due to the change of service provider.

The report would also be amended to make further reference to UHL / UHN Group collaboration, noting planning and direction of travel during 2025/26.

The Committee supported the submission of the draft 2025/26 Annual Report and Annual Governance Statement to External Audit colleagues by 27 April 2026.

The discussion regarding the 2025/26 Annual Report and Annual Governance Statement is highlighted for the Boards in Common meeting's awareness.

3.2 **Declarations of Interest – Update**

It was noted that the end of year compliance rate of 97% had been achieved, up from 84% at the last meeting. It was recommended that for individuals who did not make the relevant declarations, the matter be discussed in their annual appraisal.

The discussion regarding the suggestion that non-declarations be raised in annual appraisals is highlighted for the Boards in Common meeting's awareness

3.3 **Internal Audit Strategy 2025/26 – 2029/30 including the Internal Audit Plan for 2026/27**

It was noted that there had been considerable engagement and discussion in order to develop the Internal Audit Plan for 2026/27 and the proposed plan was considered to be a broad reflection of the Trust's activities and addressed areas of known challenge.

3 areas which weren't included in the plan, were highlighted: the development of UHL / UHN governance; digital Business Continuity Planning and EPR benefits tracking and realisation.

Assurance was provided that the actions arising from the previous Accounts Payable audit review would be actively followed up in the current year and it was proposed that a further Accounts Payable review be included in the 2027/28 Internal Audit Plan.

The 2026/27 Internal Audit plan was approved.

The approval of the 2026/27 Internal Audit plan is highlighted for the Boards in Common meeting's awareness.

3.4 **Internal Audit – actions from historic 360 Assurance reports**

The Committee received an update on progress of closing any historic 360 Assurance audit actions. It was noted that only 9 actions remained open. The Chief Financial Officer provided assurance that the 6 outstanding actions regarding finance would be closed by the next Audit Committee.

The progress in closing 360 Assurance audit actions is highlighted for the Boards in Common meeting's awareness.

4. Discussion Item – Meeting on 24 April 2026

4.1 2025/26 Draft Annual Accounts Submission

The Committee considered the draft 2025/26 Annual Accounts Submission. It was noted that the end of year position was in line with NHSE agreement, with a deficit of £85m minus any deficit support funding.

It was confirmed that the accounts had been prepared on the basis of the 2025/26 Modern Equivalent Asset revaluation which had a material impact on the final deficit position.

The deficit position between 2024/25 to 2025/26, had improved by £15m.

Noting the challenge to deliver the Cost Improvement Plan, and by extension the deficit target in 2026/27, it was stated that it was the intention for this to be robustly monitored in detail at the Finance and Investment Committee going forward.

Further clarity was requested regarding consultancy expenditure in 2025/26 in the final accounts.

The Committee approved the 2025/26 draft accounts for submission to NHSE and External Audit. The Deputy Director of Finance and his team were commended on the preparation of the accounts to this point.

Meeting title:	Audit Committee <i>(Amended for Board in Common meeting)</i>				
Date of the meeting:	22/04/2026				
Title:	Procurement Proposed Changes to Trust Standing Order's, Standing Financial Instructions and Scheme of Delegation				
Report presented by:	David Streets, Assistant Director of Procurement and Supplies Sarah Holliehead, Head of Procurement				
Report written by:	Sarah Holliehead, Head of Procurement				
Action – this paper is for:	Decision/Approval	<input checked="" type="checkbox"/>	Assurance	<input type="checkbox"/>	Update <input type="checkbox"/>

To your knowledge, does the report provide assurance or mitigate any significant risks? If yes, please detail which
Amending the Trust's Standing Orders and Standing Financial Instructions to reflect the Procurement Act 2023 strengthens legal and governance compliance by aligning Trust procedures with the new statutory objectives (including value for money, integrity, transparency and equal treatment), NPPS duties and specific rules for above- and below-threshold procurement, direct awards, contract modifications, conflicts of interest and exclusion/debarment. This reduces the likelihood of running unlawful or outdated PCR-style processes, mitigates the risk of challenge, judicial review or Procurement Review Unit (PRU) scrutiny, and supports clear accountability through updated schemes of delegation and committee responsibilities. Embedding the Act's requirements on transparency, 30-day payment terms, KPIs, performance reporting and notice publication improves financial control, protects supply chain resilience and demonstrates to NHSE, auditors and the public that the Trust is managing procurement risk robustly while appropriately incorporating social value and net zero considerations.

Impact assessment
Amending the Trust's Standing Orders and Standing Financial Instructions to incorporate the Procurement Act 2023 will have a positive impact on legal compliance, governance and financial control, with minimal operational disruption if implemented alongside updated procedures and training. The changes will strengthen assurance by aligning decision-making with the new statutory objectives, NPPS duties, transparency requirements, and exclusion/debarment provisions, thereby reducing the risk of unlawful procurement, regulatory challenge, or adverse audit findings. There may be a short-term resource impact for procurement, finance and clinical teams as documentation, templates and workflows are updated, but this is offset by clearer roles, reduced ambiguity and improved defensibility of procurement decisions.

Summary

Since the introduction of the Procurement Act 2023, the Procurement Regulations 2024 and the Health Care Services (Provider Selection Regime) Regulations 2023, the Trust's Standing Orders (SO'S), Standing Financial Instructions (SFI's) and Scheme of Delegation (SoD) have required a review in order to ensure that they reference the correct legislation and align with the procurement Act. This work has now been undertaken, and the amended documents are attached as appendices and all changes summarised and explained within this report.

Recommendation

The Audit Committee are asked to approve the suggested amendments to the SO's, SFI's and SoD as detailed within this report.

Report Detail

This document details all changes made with a rationale and explanation for each change in the pre-ceding table. Most amendments are fairly minor admin changes, but material changes made are summarised as follows:

- All references to the Procurement Contract Regulations 2015 have been replaced with the Procurement Act 2023, Procurement Regulations 2024 and The Health Care Services (Provider Selection Regime) Regulations 2023 (PSR) but recognising that the PCR15 is still relevant in some cases, a generic term of “relevant Public Procurement Regulations” has been inserted.
- The procurement waiver reasons have been changed to align with the Procurement Regulations 2023 direct award justifications. (See table 9.5.3 of this paper)
- The procurement waiver values have been amended to increase CFO approval limits to £1m and remove the requirement for Senior Category Manager approval.

Page No	Section	Current Version	Reason for Change	New Version
STANDING FINANCIAL INSTRUCTIONS (SFI's)				
20-21	5.6 NHS Service Agreements for Provision of Services	Provider Selection Regime (PSR)	Alignment and formatting corrections. Correction of terminology for the PSR Regulations	The Health Care Services (Provider Selection Regime) Regulations 2023 (PSR)
27	5.8.2 Requisitioning	In so doing, the advice of the Trust's Head of Procurement shall...	Insertion of correct senior procurement leader job titles	In so doing, the advice of the Trust's Assistant Director of Procurement and Supplies or Head of Procurement shall...
29	5.8.2 Official Orders		Insertion of an extra line to support the Trust's No PO No Pay policy that is explicit in ensuring PO's are raised for all spend.	Official Orders must: (a) be raised for all non-pay orders that are for goods and services that are not included in the PO exemption list and
29	5.8.2 Duties of Managers and Officers	(b) contracts above specified thresholds are advertised and awarded in accordance with EU and Government Agreement on Tariffs and Trade (GATT) Legislation or World Trade Organisation (WTO) and or Statutory Instruments and / or The Public Contract Regulations 2015 as outlined in Trust Standing Orders Section 9.	Removal of old redundant legislation and insertion of general terminology relating to current relevant rules and regulations. All references to procurement regulations have been replaced with "relevant Public Procurement Regulations" and have only been detailed in full in SO's section 9.	(b) contracts above specified thresholds are advertised and awarded in accordance with the relevant Public Procurement Regulations as outlined in Trust Standing Orders Section 9.
30	5.8.2 Duties of Managers and Officers	(i) goods are not taken on trial or loan in circumstances that could commit the Trust to a future uncompetitive purchase.	Insertion of the words "software, systems and services" to accommodate for all eventualities of loans or trials (e.g. AI software, consultancy services which are becoming more commonplace and lack compliance and control)	(i) goods, software, systems or services are not taken on trial or loan in circumstances that could commit the Trust to a future uncompetitive purchase.
31	5.8.2 Responsibilities of all employees	(b) follow the Trust's procedures when obtaining goods, works and services (e.g. Tendering for Goods and Services Procedure) and obtain best value for money.	Removal of reference to incorrect procedure document and insertion of reference to "The Procurement Manual"	(b) follow the Trust's procedures when obtaining goods, works and services (e.g. The Procurement Manual) and obtain best value for money.

31	5.8.2 Responsibilities of all employees	e) all non-stock orders (ie orders to be satisfied by means other than NHS Supply Chain orders) must be placed via Procurement “self-service” and passed to Supplies.	Correction and clarification of this point.	(e) all non-stock orders must be placed via NHS Supply Chain or via the Trust’s e-catalogue on a “self-serve” basis.
31	5.8.2 Responsibilities of all employees	(f) ensure that “stock” requisition items (ie those obtained via NHS Supply Chain) are used wherever possible.	Insertion of the reference to Trust’s e-catalogue as well as NHSSC.	(f) ensure that “stock” requisition items (i.e. those obtained via NHS Supply Chain or the Trust’s e-catalogue) are used wherever possible.
31	5.8.2 Responsibilities of all employees	(i) not take goods on trial or loan where this commits the Trust to a future purchase.	Insertion of the words “software, systems and services” to accommodate for all eventualities of loans or trials (e.g. AI software, consultancy services)	(i) not take goods, software, systems or services on trial or loan where this commits the Trust to a future purchase.
31	5.8.2 Responsibilities of all employees	(k) only place orders via eProcurement. Telephone and direct orders to suppliers are not permitted unless specific arrangements have been agreed in advance with the Head of Procurement or Chief Financial Officer.	Insertion of correct senior procurement leader job titles.	(k) only place orders via eProcurement. Telephone and direct orders to suppliers are not permitted unless specific arrangements have been agreed in advance with the Assistant Director of Procurement and Supplies, Head of Procurement or Chief Financial Officer.
31	5.8.2 Supplies	Supplies The Trust Supplies department team will a) only process properly authorised requisitions and ensure that competition is (or has been) appropriately taken in accordance with the Trust’s Procurement Manual. b) liaise with the Chief Financial Officer on issues regarding the systems for ordering, receipt and payment; and c) place sequentially numbered Purchase Orders incorporating the Trust’s terms and conditions of trade.	Removal of reference to incorrect procedure document and insertion of reference to “The Procurement Manual” Correction from Supplies to Support Buying because the supplies team do not undertake requisition processing.	Support Buying The Trust Support Buying team will: a) only process properly authorised requisitions and ensure that competition is (or has been) appropriately taken in accordance with the Trust’s Procurement Manual. b) liaise with the Chief Financial Officer on issues regarding the systems for ordering, receipt and payment; and c) place sequentially numbered Purchase Orders incorporating the Trust’s terms and conditions of trade.
33	5.9.1 Capital Investment	Contract framework agreements (including ProCure route schemes) should always be considered for all	Insertion of reference to NHSE approved frameworks and hosts that are the only frameworks permitted for use. Procure is	Contract framework agreements (approved frameworks and approved framework hosts only) should always be considered for all

		<p>construction projects between the value of £5,000 and £1 million, except for works of a very specialist nature for which the Trust's quotation or competitive tendering procedures will apply.</p> <p>The management of contracts awarded under the ProCure route Framework Agreement shall follow the guidelines issued by the Department of Health P21+ Systems and Procedures documentation which includes: the selection and appointment of the Principal Supply Chain Partner, approval of the design and Guaranteed Maximum Price, risk management procedures, partnering arrangements, cost verification, change management, monitoring and reporting requirements and audit arrangements.</p> <p>The Trust shall carry out benchmarking exercises for selected ProCure capital schemes using the ProCure specific toolkits developed by NHS Estates. All data and information shall be submitted to NHS Estates to enable appropriate benchmarking and measurement of the ProCure process.</p>	<p>one of those, but there are many others that are utilised by the estates and capital teams.</p>	<p>construction projects between the value of £5,000 and £1 million, except for works of a very specialist nature for which the Trust's quotation or competitive tendering procedures will apply.</p> <p>The management of contracts awarded via these approved and compliant frameworks shall follow the guidelines issued by the Department of Health and Social Care or relevant Framework's Systems and Procedures documentation which may include: the selection and appointment of the Principal Supply Chain Partner, approval of the design and Guaranteed Maximum Price, risk management procedures, partnering arrangements, cost verification, change management, monitoring and reporting requirements and audit arrangements.</p> <p>The Trust shall carry out benchmarking exercises for selected framework capital schemes using the framework specific toolkits developed by NHS Estates. All data and information shall be submitted to NHS Estates to enable appropriate benchmarking and measurement of the framework process.</p>
SCHEME OF DELEGATION (SoD)				
50	9. NHS Contracts for clinical services and medical staffing	Clinical service contracts where UHL is the commissioner including commissioning from another NHS organisation refer to section 11.	Insertion of correct section. Should be section 12, not section 11.	Clinical service contracts where UHL is the commissioner including commissioning from another NHS organisation refer to section 12.
52	12. Approvals for Tenders, Frameworks, Contracts,		Insertion of committee approval levels for contracts, tenders etc. This was missing	Tenders, Frameworks, Contracts, Quotes and Price Agreements must be approved via the

	Quotes, and price agreements		from this relevant section and provides clarity around contract approvals.	following committees (values are exclusive of VAT): <ul style="list-style-type: none"> • Over £5,000,000 – Trust Board • £2,000,000 to £4,999,999 - FIC • £1,000,000 to £1,999,999 - TLT • £250,000 - £999,999 - PCC • Less than £250,000 – No committee approval
52	12. Approvals for Tenders, Frameworks, Contracts, Quotes, and price agreements	Procurement Waiver levels: <ul style="list-style-type: none"> • Over £250,000 – Chief Executive • PCR to £249,999 – Chief Financial Officer • £75,000 to PCR – Head of Procurement Supplies / Deputy Head of Procurement • Up to £74,999 – Senior Category Managers 	Insertion of correct regulations and procurement job titles. Removal of Senior Category Manager waiver approval Increase of CFO and CEO approval limits (as requested by Lee Bond)	Procurement Waivers must be approved at the following levels (values are exclusive of VAT): <ul style="list-style-type: none"> • Over £1,000,000 – Chief Executive • Procurement Regulations Threshold to £999,999 – Chief Financial Officer • Up to Procurement Regulations Threshold – Assistant Director of Procurement and Supplies / Head of Procurement <p>Refer to the table at the top of this Scheme of Delegation for contract delegated authority levels.</p>
STANDING ORDERS				
10	Interpretation	“Public Services Contract” means a Services Contract where the estimated value of consideration which the Trust expects to give under the contract (net of VAT) is equivalent to or greater than the limits set by the Public Contract Regulations 2015.	Insertion of correct regulations	“Public Services Contract” means a Services Contract where the estimated value of consideration which the Trust expects to give under the contract (net of VAT) is equivalent to or greater than the limits set by the relevant Public Procurement Regulations as outlined in Section 9.
10	Interpretation	“Public Supply Contract” means a Supplies Contract where the estimated value of consideration which the Trust expects to give under the contract (net of VAT) [DS1.1]is equivalent to or greater than the limits set by the Public Contracts Regulations 2015[.	Insertion of correct regulations	

10	Interpretation	“Procurement Team” means the team that is headed up by the Head of Procurement and Supplies	Insertion of correct job title	“Procurement Team” means the team that is headed up by the Assistant Director of Procurement and Supplies
10	Interpretation	“Public Works Contract” means a contract for, or under which the Trust engages a person to procure by any means to specified requirements, building and engineering works of construction and maintenance of the types listed in Schedule 1 of the Public Works Contracts Regulations 2015 where the estimated value of the consideration which the Trust expects to give under the contract (net of VAT) is equivalent to or greater than the limits set by the Public Contracts Regulations 2015.	Insertion of correct regulations	“Public Works Contract” means a contract for, or under which the Trust engages a person to procure by any means to specified requirements, building and engineering works of construction and maintenance of the types listed in the correct Schedule of the relevant Public Procurement Regulations where the estimated value of the consideration which the Trust expects to give under the contract (net of VAT) is equivalent to or greater than the limits set by the relevant Public Procurement Regulations as outlined in Section 9.
25	9.1.2	All of the Trust’s procurement of services, supplies and works is to be based on value for money, having due regard to propriety and regularity. All procurements should be undertaken on the basis that the correct procurement process has been followed and on a sound legal basis. Further guidance can be obtained by contacting the Procurement Department. The procedures for placing orders and executing contracts shall take account of any notice or declaration pursuant to Standing Order 8.2 and/or 8.3 Trust’s, the Trust’s Register of Officers’ Interests and the necessity to avoid any possibility of collusion or allegations of collusion between contractors and suppliers and staff of the Trust.	Insertion of the Procurement Act 2023 objectives	<p>When procuring services, supplies and works, the Trust will:</p> <ul style="list-style-type: none"> • deliver value for money • maximise public benefit • ensure transparency to suppliers to allow the understanding of Trust procurement policies and decisions • act, and be seen to act, with integrity, and treat suppliers the same unless a justified difference applies. <p>All procurements should be undertaken on the basis that the correct procurement process has been followed and on a sound legal basis. Further guidance can be obtained by contacting the Procurement Department. The procedures for placing orders and executing contracts shall take account of any notice or declaration pursuant to Standing Order 8.2</p>

				and/or 8.3 Trust's, the Trust's Register of Officers' Interests and the necessity to avoid any possibility of collusion or allegations of collusion between contractors and suppliers and staff of the Trust.
26	9.1.5	The Trust shall comply as far as is practicable with any guidance that may be issued from the Department of Health specific areas such as Capital, Management Consultancy and Agency workers. If healthcare services are being procured by the Trust, the Trust shall, where practicable and provided it protects the Trust's position adequately, seek to procure that contract terms shall reflect the most up to date and relevant model Standard Conditions that are provided by the Department of Health (with such amendments as may be required to develop bespoke contracts).	Correction from Department of Health to Department of Health and Social Care	The Trust shall comply as far as is practicable with any guidance that may be issued from the Department of Health and Social Care on specific areas such as Capital, Management Consultancy and Agency workers. If healthcare services are being procured by the Trust, the Trust shall, where practicable and provided it protects the Trust's position adequately, seek to procure that contract terms shall reflect the most up to date and relevant model Standard Conditions that are provided by the Department of Health and Social Care (with such amendments as may be required to develop bespoke contracts).
27	9.1.11	Contracts – Subject to Standing Order 3.31, the Trust may only enter into contracts within the statutory powers and shall comply with:- a) these Standing Orders, b) The Trust's SFIs, c) The Trust Scheme of Delegation and your approved budget authority levels d) Public Contracts Regulations 2015 (any reference in these Standing Orders to the Public Contracts Regulations 2015 shall include a reference to the Public Contract (Amendments) Regulations 2022 and any other amendment regulations / replacement legislation) and other statutory provisions,	Insertion of correct reference to procurement regulations Correction from Department of Health to Department of Health and Social Care Grammatical corrections	Contracts – Subject to Standing Order 3.31, the Trust may only enter into contracts within the statutory powers and shall comply with: a) these Standing Orders b) the Trust's SFIs, c) the Trust Scheme of Delegation and your approved budget authority levels d) the Procurement Act 2023 e) the Procurement Regulations 2024 f) The Health Care Services (Provider Selection Regime) Regulations 2023 (PSR) g) The Procurement Contract Regulations 2015 or any other pre-ceding regulations as still applicable. h) any relevant guidance issued by the Department of Health and Social Care from time to time, such as the NHS

		e) (e) Any relevant guidance issued by the Department of Health from time to time Such as the NHS Standard Contract Conditions as are applicable in the circumstances.		Standard Contract Conditions as are applicable in the circumstances.
27	9.1.14	All tenders issued by the Trust shall be issued via an e-tendering portal and be advertised in line with Public Contract Regulations 2015 and national guidance. This will be subject to the controls built into the system regarding the receipt and safe-keeping of tenders and all records.	Insertion of correct reference to procurement regulations	All tenders issued by the Trust shall be issued via an e-tendering portal and be advertised in line with the relevant Procurement Regulations and national guidance. This will be subject to the controls built into the system regarding the receipt and safe-keeping of tenders and all records.
27	9.1.15	The Head of Procurement and Supplies / Deputy Head of Procurement shall ensure that Procurement procedural guidance is kept up to date. The guidance will include the rules requirements and records to be maintained for each key stage of the tendering process.	Correction of senior procurement leader job titles	The Assistant Director of Procurement and Supplies / Head of Procurement shall ensure that Procurement procedural guidance is kept up to date. The guidance will include the rules requirements and records to be maintained for each key stage of the tendering process.
28	9.1.16	Where National or local frameworks subject to the Public Contract Regulations 2015 are used, call off purchases must be in accordance with the Public Contract Regulations 2015 and the guidance outlined in the Framework. Where a Direct Award is made in accordance of the guidance outlined in the Framework provision of this Clause 9 insofar as competitive tendering exercises are concerned, are not applicable Where mini competitions are sought these should be carried out by procurement or facilities staff and by way of the e-tendering portal.	<p>Insertion of reference to approved frameworks as only these are permitted for use</p> <p>Insertion of correct reference to procurement regulations</p> <p>Note that the reference to PCR 2015 is still referenced with regards to frameworks because there are still live frameworks that have been awarded against PCR15</p> <p>Insertion of detail on the work that facilities staff can do – i.e. only below threshold works.</p> <p>Grammatical corrections</p>	Where approved National or local frameworks, subject to the relevant Procurement Regulations are used, call off purchases must be in accordance with the relevant legislation by which the framework was awarded, and the guidance outlined in the Framework. Where a Direct Award is made in accordance with the guidance outlined in the Framework provision of this Clause 9 insofar as competitive tendering exercises are concerned, are not applicable Where mini competitions are sought these should be carried out by procurement (or facilities staff for below threshold works) and by way of the e-tendering portal.

28	9.1.17	Where Frameworks are used that are not subject to Public Contract Regulations 2015, call off purchases must comply with the rules outlined in the Framework guidance. Where a Direct Award is made in accordance of the guidance outlined in the Framework the provision of this Clause 9 insofar as competitive tendering exercises are concerned, are not applicable	Reference to compliant NHSE approved frameworks inserted. Insertion of correct reference to procurement regulations Grammatical corrections	Compliant, approved Frameworks and Framework hosts are to be used at all times. Where Frameworks are used that are not subject to any of the relevant Procurement Regulations, call off purchases must comply with the rules outlined in the Framework guidance. Where a Direct Award is made in accordance with the guidance outlined in the Framework the provision of this Clause 9 insofar as competitive tendering exercises are concerned, are not applicable.
28-33	9.3.1 Thresholds Table	Various changes made. Final table for insertion into the Standing Orders is in a separate table with this paper at 9.3.1. NOTE: Change to lowest threshold from £25,000 to £30,000 to align with the procurement regulations and UHN.		
33	9.3.1 Placing an Order	<p>Placing an order with a value up to £25,000</p> <p>Where the estimated expenditure does not, or is not reasonably expected to, exceed £25,000 the responsible budget holder shall assure themselves that the Trust is receiving value for money and shall consider the adoption of one of the following procurement methods:-</p> <ul style="list-style-type: none"> a) Competitive quotation, or b) Negotiation, or c) Seeking more than one electronic quotation <p>Whichever method of procurement is used, Officers of the Trust shall comply with the procedures issued by the Chief Finance Officer nominated representative(s) on placing orders with a value of up to £25,000</p>	<p>Insertion of (excluding VAT) in order to align with the Procurement Act 2023 thresholds. This also aligns with UHN Standing Orders.</p> <p>Grammatical corrections</p>	<p>Placing an order with a value up to £25,000 (excluding VAT)</p> <p>Where the estimated expenditure does not, or is not reasonably expected to, exceed £25,000 (excluding VAT), the responsible budget holder shall assure themselves that the Trust is receiving value for money and shall consider the adoption of one of the following procurement methods:</p> <ul style="list-style-type: none"> a) Competitive quotation, or b) Negotiation, or c) Seeking more than one electronic quotation <p>Whichever method of procurement is used, Officers of the Trust shall comply with the procedures issued by the Chief Finance Officer nominated representative(s) on placing orders with a value of up to £25,000 (excluding VAT)</p> <p>This Clause shall apply where the value or the aggregated value of the order or any call-off</p>

		This Clause shall apply where the value or the aggregated value of the order or any call-off orders will not or are not anticipated to exceed £25,000.		orders will not or are not anticipated to exceed £30,000 (excluding VAT)
33-34	9.3.2 Placing and order	<p>Placing orders with a value of between £25,000 and Public Contract Regulations 2015 thresholds. Where the estimated expenditure or income is between £25,000 and the Public Contract Regulations 2015 thresholds. Officers of the Trust shall always seek guidance from Procurement. As a minimum, competitive quotations shall be sought from at least three suppliers' quotations (acting through Procurement.) for supply of goods, services and design services.</p> <p>Placing orders with a value of between £25,000 and £100,000. Where the estimated expenditure or income is between £25,000 and £100,000 for Works contracts. Officers of the Trust shall always seek guidance from Procurement. As a minimum, competitive quotations shall be sought from at least three suppliers' quotations.</p> <p>Placing orders with a value of between £100,001 and Public Contract Regulations thresholds for Works. Where the estimated expenditure or income is between £100,001 and the Public Contracts Regulations 2015 for Works contracts. Officers of the Trust shall always seek guidance from Procurement. As a minimum, a competitive formal tender shall be sought from at least three suppliers.</p>	<p>Insertion of (excluding VAT) in order to align with the Procurement Act 2023 thresholds. This also aligns with UHN Standing Orders.</p> <p>Correct references to legislation amended</p> <p>Grammatical corrections</p>	<p>Placing orders with a value of between £25,000 (excluding VAT) and the Procurement Act 2023 (PA23) threshold. Where the estimated expenditure or income is between £25,000 (excluding VAT) and the PA23 thresholds, officers of the Trust shall always seek guidance from Procurement. As a minimum, competitive quotations shall be sought from at least three suppliers' (acting through Procurement) for supply of goods and services.</p> <p>Placing Works orders with a value of between £25,000 (excluding VAT) and the PA23 goods and services threshold. Where the estimated expenditure or income for Works is between £25,000 (excluding VAT) and the PA23 threshold for goods and services, officers of the Trust shall always seek guidance from Procurement. As a minimum, competitive quotations shall be sought from at least three suppliers.</p> <p>Placing Works orders with a value between the PA23 Goods and Services threshold and the PA23 Works threshold. Where the estimated expenditure or income for Works is between the PA23 goods and services threshold and the PA23 works threshold, officers of the Trust shall always seek guidance from Procurement. As a minimum, a competitive formal tender shall be sought from at least three suppliers.</p>

		<p>Where Procurement or Facilities carry out a competitive quotation on a budget holders' behalf this should be by way of the e-tendering portal, using the quotation template and, if advertised, by including the link to Contracts Finder</p> <p>This Standing Order shall apply where the aggregated value of the order or any call-off orders will not or are not anticipated to rise above the relevant Public Contract Regulations 2015 threshold. Aggregation will be determined on the same or similar products / services using the principles set out with the Public Contracts Regulations 2015</p> <p>The provisions of this Standing Order shall not apply to call off orders placed for goods or services for contracts already placed following and pursuant to a previous tendering exercise or where a Direct Award is made in accordance with the guidance outlined in Framework Agreement then the provision of this Clause 9 insofar as competitive tendering exercises are concerned, are not applicable</p> <p>Approval to proceed shall be subject to the Scheme of Delegation.</p> <p>Exceptions to these procedures are detailed in Standing Order 9.5 (Case of Need)</p>		<p>Where Procurement or Facilities carry out a competitive quotation on a budget holders' behalf this should be by way of the e-tendering portal, using the quotation template and, if advertised, by including the link to Find a Tender Service (FTS).</p> <p>This Standing Order shall apply where the aggregated value of the order or any call-off orders will not or are not anticipated to rise above the relevant Procurement Act 2023 threshold. Aggregation will be determined on the same or similar products / services using the principles set out with the Procurement Regulations (i.e. expenditure across the whole of the Trust and calculated over an average 4-year period).</p> <p>The provisions of this Standing Order shall not apply to call off orders placed for goods or services for contracts already placed following and pursuant to a previous tendering exercise or where a Direct Award is made in accordance with the guidance outlined in Framework Agreement then the provision of this Clause 9 insofar as competitive tendering exercises are concerned, are not applicable</p> <p>Approval to proceed shall be subject to the Scheme of Delegation.</p> <p>Exceptions to these procedures are detailed in Standing Order 9.5 (Procurement Waiver)</p>
33-34	9.3.3	Tenders over the Public Contract Regulations 2015 thresholds will be	Correct references to legislation amended	Tenders over the Procurement Regulations thresholds will be carried out in accordance

		carried out in accordance with the appropriate Public Contract Regulations 2015 threshold and must be by way of the e-tendering portal, and advertised on the government Find a Tender Service,	Grammatical corrections	with the appropriate procurement regulations and must be by way of the e-tendering portal and advertised on the government Find a Tender Service (FTS).
35	9.4.1	Contracts shall be awarded on the basis of the offer which is: The most economically advantageous to the Trust.	MAT replaces MEAT in PA23 to allow for assessment of wider social, economic and environmental benefits where related to the subject-matter and proportionate	Contracts shall be awarded on the basis of the offer which is: The most advantageous to the Trust.
35	9.4.3	Approval of individual tender awards including call-offs from Frameworks (other than NHS contracts) amounting to or likely to amount to, £1,000,000 or more shall be reserved to the Trust Board for decision and further approval may be required by external bodies depending on values and circumstances.	Value changed to £5m for Board approval in 2025, so this value has been changed accordingly. Removal of “other than NHS Contract” because these are subject to PSR now and need to go through the Trust’s contract governance route.	Approval of individual tender awards including call-offs from Frameworks amounting to or likely to amount to £5,000,000 (excluding VAT) or more shall be reserved to the Trust Board for decision and further approval may be required by external bodies depending on values and circumstances.
36	9.4.4	Where it is deemed appropriate, contracts of a lower value than £1,000,000 should be reserved to the Trust Board for decision.	Value changed to £5m for Board approval in 2025, so this value has been changed accordingly.	Where it is deemed appropriate, contracts of a lower value than £5,000,000 (excluding VAT) should be reserved to the Trust Board for decision.
36	9.4.6	For the avoidance of doubt, officers within the Procurement function, may, under the authority of the Head of Procurement and Supplies, complete and issue documentation which, in itself, constitutes the Trust entering into a binding contract with an external supplier. However, such documentation will be based upon the prior authorisation of the relevant Budget Holder and Committee (in line with the Scheme of Delegation) and is therefore an administrative action undertaken with the Budget Holder’s due authority. The same principle applies to officers acting	Correction of senior procurement leader job titles	For the avoidance of doubt, officers within the Procurement function, may, under the authority of the Assistant Director of Procurement and Supplies / Head of Procurement, complete and issue documentation which, in itself, constitutes the Trust entering into a binding contract with an external supplier. However, such documentation will be based upon the prior authorisation of the relevant Budget Holder and Committee (in line with the Scheme of Delegation) and is therefore an administrative action undertaken with the Budget Holder’s due authority. The same principle applies to officers acting under the

		under the authority of the Director of Estates and Facilities		authority of the Director of Estates and Facilities
36	9.4.6	9.4.6 Final signed copies of all contracts over the PCR 2015 thresholds shall be kept by either Procurement or Facilities (electronically or in hard copy as required).	Numbering corrected Correct references to legislation amended Correction to ALL contracts being held by the procurement team	9.4.7 Final signed copies of all contracts (under and over the Procurement Regulation thresholds) shall be kept by Procurement (and Facilities if required) (electronically or in hard copy as required).
36	9.4.7	9.4.7 All contracts awarded by Officers of the Trust must include their awarded contract information on the Trust electronic Contract Register. The Head of Procurement and Supplies shall be responsible for maintaining the Contract Register.	Numbering corrected Correction of senior procurement leader job titles	9.4.8 All contracts awarded by Officers of the Trust must include their awarded contract information on the Trust electronic Contract Register. The Assistant Director of Procurement and Supplies / Head of Procurement shall be responsible for maintaining the Contract Register.
36	9.4.8	Officers of the Trust involved in any contract procurement process subject to the Public Contract Regulations 2015 shall retain full details on file of the contracts awarded, the original tender documents, the tender submissions and offers (including pricing schedules) records of all procurement meetings, negotiation meetings, record of any evaluation and scoring process (and moderation exercise), discussions and all correspondence between the Trust and the suppliers, contractors and / or consultants up to acceptance of the offer for the particular contract / commission. This can be implemented and delivered through the procurement Electronic Tender Portal.	Correct references to legislation amended Grammatical corrections	Officers of the Trust involved in any contract procurement process subject to Procurement Regulations shall retain full details on file of the contracts awarded, the original tender documents, the tender submissions and offers (including pricing schedules) records of all procurement meetings, negotiation meetings, record of any evaluation and scoring process (and moderation exercise), discussions and all correspondence between the Trust and the suppliers, contractors and / or consultants up to acceptance of the offer for the particular contract / commission. This can be implemented and delivered through the procurement Electronic Tender Portal.
36-37	9.4.9	All contracts awarded by Officers of the Trust and which are over the financial thresholds in the Public Contract Regulations 2015 shall not be entered	Correct references to legislation amended Correction to standstill periods under PA23, but still maintaining reference to	All contracts awarded by Officers of the Trust and which are over the financial thresholds in the relevant Procurement Regulations shall not be entered into until (a) the Trust has sent

		<p>into until (a) the Trust has sent award notification letters to the successful and unsuccessful bidders and (b) the 10 day standstill period has expired. The letters to the successful and unsuccessful tenderers to notify them of their success or failure to win the tender process and to provide de-briefing information on the reasons they were unsuccessful (the characteristics and relative advantages of the winning bidder). Where letters are to be sent to unsuccessful bidders, Trust Officers shall obtain guidance by contacting the Procurement Department prior to sending the letters. Where the Public Contract Regulations 2015 applies, no contract shall be executed prior to the expiry of the 10 day standstill period applicable. The standstill period is ten days with the first day being the day following the despatch of all (or the last of) the award notification letters to successful and unsuccessful bidder. The last day of the ten days is the day before the contract is entered into and must be a working day in the UK.</p>	<p>PCR2015 standstills due to existing frameworks in existence that were awarded against the old regulations.</p> <p>Grammatical corrections</p>	<p>award notification letters to the successful and unsuccessful bidders and (b) the 8 working day standstill period (or 10-day standstill period) has expired. The letters to the successful and unsuccessful tenderers to notify them of their success or failure to win the tender process and to provide de-briefing information on the reasons they were unsuccessful (the characteristics and relative advantages of the winning bidder). Where letters are to be sent to unsuccessful bidders, Trust Officers shall obtain guidance by contacting the Procurement Department prior to sending the letters. Where the procurement regulations apply, no contract shall be executed prior to the expiry of the correct standstill period applicable. Under PA23, the standstill period is eight working days, (via PCR 2015, the standstill period is ten days) with the first day being the day following the despatch of all (or the last of) the award notification letters to successful and unsuccessful bidder. The last day of the eight days is the day before the contract is entered into and must be a working day in the UK.</p>
37	9.5	Case of Need Process	Change of terminology from “Case of Need” to “Procurement Waiver” to maintain consistency.	Procurement Waiver Process
37	9.5.1	Officers of the Trust not wishing to either obtain three quotations (for purchases up to the Public Contract Regulations 2015) or, carry out a formal tender (for purchases above the Public Contract Regulations 2015) shall prepare in writing a Procurement Waiver explaining their reasons and submit their request to the Chief Financial Officer or his nominated representative. Where the	<p>Correct references to legislation amended</p> <p>Terminology amended</p> <p>Threshold for Chief Executive approval amended as requested by the CFO and reflected in the SoD</p>	Officers of the Trust not able to either obtain three quotations (for purchases up to the Procurement Regulations thresholds) or carry out a formal tender (for purchases above the Procurement Regulations thresholds) shall prepare in writing a Procurement Waiver application explaining their reasons and submit their request to the Chief Financial Officer or his nominated representative. Where the anticipated value

		anticipated value exceeds £250,000 the Case of Need shall be considered by the Chief Executive following submission to the Chief Financial Officer.		exceeds £1,000,000 the procurement waiver application shall be considered by the Chief Executive following submission to the Chief Financial Officer.
37-38	9.5.3	Various changes made to align the waiver reasons with the new procurement regulations. See table 9.5.3 within this paper to view the new waiver reasons.		

9.3.1 The thresholds for quotes and tenders are set out below:

Category	Estimated Contract Value From	Estimated Contract Value To	Procurement Process
CLINICAL SERVICES	£0	Unlimited	Work with the procurement team to undertake a compliant Health Care Services (Provider Selection Regime) Regulations 2023 procurement process
GOODS AND SERVICES	£0	£30,000 (including VAT) or £25,000 (excluding VAT)	<p>The responsible budget holder shall assure themselves that the Trust is receiving value for money and shall consider the adoption of one of the following procurement methods:</p> <ul style="list-style-type: none"> • Competitive quotation, or • Negotiation, or • Seeking more than one electronic quotation
	£30,000 (including VAT) or £25,000 (excluding VAT)	<p>Procurement Act 2023 Threshold for the supply of goods, services and works.</p> <p><i>From January 2026 this threshold is £135,018 (including VAT) or £112,515 (excluding VAT)</i></p>	<p>As a minimum, competitive quotations shall be sought from at least three suppliers, (acting through the Procurement Team). The Assistant Director of Procurement & Supplies / Head of Procurement may, in the interests of obtaining value for money or transparency, determine that a formal tendering process is required.</p> <p>The Procurement Act 2023 and Procurement Regulations 2024 require the Trust to publish contract award notices on Find a Tender Service (FTS) for below threshold contracts over £30,000.</p>
	<p>Procurement Act 2023 Threshold for the supply of goods, services and works.</p> <p><i>From January 2026 this threshold is £135,018 (including VAT) or £112,515 (excluding VAT)</i></p> <p><i>From January 2026, the threshold for light touch contracts that do not fall within PSR23 is £663,540 (including VAT) or £552,950 (excluding VAT)</i></p>	Unlimited	Work with the procurement team to undertake a compliant Procurement Act 2023 and Procurement Regulations 2024 procurement process

WORKS	£30,000 (including VAT) or £25,000 (excluding VAT)	<p>Procurement Act 2023 Threshold for the supply of goods, services and works.</p> <p><i>From January 2026 this threshold is £135,018 (including VAT) or £112,515 (excluding VAT)</i></p>	<p>As a minimum, competitive quotations shall be sought from at least three suppliers, (acting through the Estates team). The Assistant Director of Procurement & Supplies / Head of Procurement may, in the interest of obtaining value for money or transparency, determine that a formal tendering process is required.</p> <p>The Procurement Act 2023 and Procurement Regulations 2024 require the Trust to publish contract award notices on Find a Tender (FTS) for below threshold contracts over £30,000.</p>
	<p>Procurement Act 2023 Threshold for the supply of goods, services and works.</p> <p><i>From January 2026 this threshold is £135,018 (including VAT) or £112,515 (excluding VAT)</i></p>	<p>Procurement Act 2023 threshold for Works Contracts</p> <p><i>From January 2026 this threshold is £5,193,000 (including VAT) or £4,327,500 (excluding VAT)</i></p>	<p>Formal Tender process with a minimum of 3 bidders with sealed bids (are submitted via an electronic tendering system).</p> <p>The Procurement Act 2023 and Procurement Regulations 2024 require the Trust to publish contract award notices on Find a Tender (FTS) for below threshold contracts over £30,000.</p>
	<p>Procurement Act 2023 threshold for Works Contracts</p> <p><i>From January 2026 this threshold is £5,193,000 (including VAT) or £4,327,500 (excluding VAT)</i></p>	<p>Unlimited</p>	<p>Work with the procurement team to undertake a compliant Procurement Act 2023 and Procurement Regulations 2024 procurement process</p>

9.5.3 Waiver Justifications – Old Versus New

Old Waiver Justification	New Waiver Justification
(a) where urgent services, supplies or works are necessary either for the protection of life or property or to maintain the provision of a service for which the Trust is responsible,	1.The contract concerns the production of a prototype, or supply of other novel goods or services (designed or developed at the request of the contracting authority)
(b) where the services, supplies or works consist of routine servicing of, maintenance of, repairs to, or parts for, existing equipment, or extensions thereto, which for technical reasons must be of the same source or obtained from the same manufacturer or supplier	2.The supplier has intellectual property rights or other exclusive rights that mean they are the only supplier that can supply the goods, services or works, or due to an absence of competition for technical reasons, only a particular supplier can supply the goods, services or works required . There are no reasonable alternatives to the goods, services or works.
(c) where there are less than three suppliers and no reasonably satisfactory alternatives	3.The contract concerns the supply of goods, services or works by the existing supplier which are intended as an extension to, or partial replacement of, existing goods, services or works in circumstances where a change in supplier would result in the contracting authority receiving goods, services or works that are different from, or incompatible with, the existing goods, services or works, and the difference or incompatibility would result in disproportionate technical difficulties in operation or maintenance.
(d) where, taking into account of all the circumstances and in particular end-user needs, and/or market conditions, it is desirable to extend the scope of an existing contract without affecting the nature and intent of the existing contract, or other National Frameworks	4.The public contract concerns the supply of goods, services or works by the existing supplier that are similar to existing goods, services or works where the existing goods, services or works were supplied under a contract that was awarded in accordance with a competitive tendering procedure within the period of five years ending with the day on which the transparency notice is published, and the tender notice or any tender document in respect of that earlier contract set out the contracting authority's intention to carry out a subsequent procurement of similar goods, services or works in reliance on this direct award justification, and any other information specified in regulations under section 95.
(e) where a marked financial advantage will accrue to the Trust from making spot purchases or products subject to quickly changing market conditions	5.The contract concerns goods purchased on a commodity market (e.g. Energy)

<p>(f) where, taking account of all circumstances, competition by way of competitive tender be impossible, impractical or unbeneficial to the Trust</p>	<p>6.The award of the contract to a particular supplier will ensure terms particularly advantageous to the contracting authority due to the fact that a supplier, whether or not the one to whom the contract is to be awarded, is undergoing insolvency proceedings.</p>
<p>(g) where, following advice received from the Trust’s legal advisers, the provision of professional or other services is required in connection with any litigation or contentious matter</p>	<p>7.The goods, services or works to be supplied under the contract are strictly necessary for reasons of extreme and unavoidable urgency, and as a result the contract cannot be awarded on the basis of a competitive tendering procedure. Urgency is unavoidable if it is not attributable to any act or omission of the contracting authority and could not have been foreseen by the contracting authority.</p>
<p>(h) where the officers of the Trust wish to seek formal Trust competitive tenders or quotations from fewer than three companies. Approval would permit offers to be invited from one or two bidders</p>	<p>8.The contract is for the supply of user choice services that are of a kind specified as light touch contracts); or are supplied for the benefit of a particular individual; or are in respect of which a contracting authority would, in awarding a contract for their supply, be required under an enactment to have regard to the views of the individual, or a person providing care to the individual (their “carer”), in relation to who should supply the services.</p>
<p>(i) where it is desirable, in the interests of the Trust, to extend the duration of an existing agreement/contract which exceeds any previously approved contract term</p>	
<p>(j) Orders may be placed with more than one tenderer where, in the opinion of the Trust Officer, it is considered advisable or essential for strategic reasons to avoid a monopoly supply situation</p>	

Supporting Information

APPENDIX ONE - SFI’s and Scheme of Delegation – Procurement Review Feb 2026

APPENDIX TWO - Standing Orders 2024 – Procurement Review Feb 2026

STANDING FINANCIAL INSTRUCTIONS AND SCHEME OF DELEGATION

Approved By:	Trust Board
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Trust Reference:	A1/2022
Version:	5
Supersedes:	4 – June 2024 Trust Board
Author / Originator(s):	Simon Linthwaite – Deputy Director of Finance Becky Cassidy – Director of Corporate and Legal Affairs
Name of Responsible Committee/Individual:	Chief Financial Officer (Deputy Director of Finance)
Latest Review Date	13 February 2025 – Trust Board
Next Review Date:	February 2026

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REVIEW DATES AND DETAILS OF CHANGES MADE DURING THE REVIEW

Department of Health and Social Care Policy has been included in this Policy

April 2024 – amendment of the scheme of delegation process for sign off in excess of £1m outside Trust Board in relation to the New Hospital Programme (NHP)

June 2024 – updates to reflect procurement and recruitment process changes, and to update terminology

February 2025 – amendment to delegated approval limits in the scheme of delegation

KEY WORDS

SFIs

1 INTRODUCTION AND OVERVIEW

These Standing Financial Instructions (SFIs) are issued in accordance with the Financial Directions issued by the Secretary of State for Health under the provisions of Section 99 (3), 97 (A) (4) and (7) and 97 (AA) of the National Health Service Act 1977 for the regulation of the conduct of the Trust in relation to all financial matters. The Code of Accountability requires that the Trust shall give, and may vary or revoke Standing Financial Instructions for the regulation of the conduct of its members and officers in relation to all financial matters with which they are concerned. These Standing Financial Instructions (SFIs) are issued in accordance with the Code.

These Standing Financial Instructions together with the Standing Orders, Scheme of Delegation, Conflicts of Interest Policy and Fraud, Bribery and Corruption Policy provide a comprehensive regulatory and business framework for the Trust. They shall have effect as if incorporated in the Standing Orders (SOs).

All directors and all members of staff should be aware of the existence of these documents and be familiar with all relevant provisions. These rules fulfil the dual role of protecting the Trust's interests and protecting the staff from any possible accusation that they have acted improperly.

Where national guidance is introduced, or changes, this will be followed alongside these Standing Financial Instructions and Scheme of Delegation, enabling the organisation to continue to act in line with its agreed arrangements and meeting national guidance,

2 POLICY SCOPE

Standing Financial Instructions are designed to ensure that the Trust's financial transactions are carried out in accordance with the law and Government policy in order to achieve probity, accuracy, economy, efficiency and effectiveness. They identify the financial responsibilities that apply to everyone working for the Trust. The user of these Standing Financial Instructions should also be familiar with and comply with the Trust's Standing Orders.

Should any difficulties arise regarding the interpretation or application of any of the Standing Financial Instructions, the advice of the Chief Financial Officer must be sought before acting.

The Trust will regard the failure to comply with these Standing Financial Instructions as a disciplinary matter, which could result in dismissal.

If for any reason these Standing Financial Instructions are not complied with, full details of the non-compliance and any justification for non-compliance shall be reported to the next formal meeting of the Audit Committee for referring action or ratification. All directors of the Board, and all staff, have a duty to disclose any non-compliance with these Standing Financial Instructions to the Chief Financial Officer as soon as possible. Non-compliance may also constitute a criminal offence in which case the matter will be reported to the Trust's Counter Fraud Specialist and/or the

Police for action to be taken which may result in referral for prosecution. Civil action may also result to recover the Trust's losses and costs.

3 DEFINITIONS

Any expression to which a meaning is given in the National Health Service Act 1977, National Health Service and Community Care Act 1990, the NHS Act 2006, Health and Social Care Act 2012 and other Acts relating to the National Health Service or in the Financial Regulations made under the Acts shall have the same meaning in this interpretation and in addition:

"Accountable Officer" means the NHS Officer responsible and accountable for funds entrusted to the Trust. He shall be responsible for ensuring the proper stewardship of public funds and assets. For this Trust it shall be the Chief Executive.

"Associate Member" means a person, who is not a director or officer of the Trust, appointed to sit on a Committee, Sub-Committee, Officer Group or Working Party appointed by the Trust.

"Audit Committee" means the committee of the Board whose responsibility is to provide assurance to the Board that effective risk management, internal control and governance processes are maintained and that the Trust's activities comply with the law, guidance and codes of conduct governing the NHS. To provide a formal independent mechanism for ensuring a co-ordinated approach for achieving sound financial and managerial control.

"Board" means the Trust Chair, executive and non-executive directors of the Trust collectively as a body.

"Budget" means a resource, expressed in financial terms, proposed by the Trust for the purpose of carrying out, for a specific period, any or all of the functions of the Trust.

"Budget Holder" is an executive director, or other officer, with delegated authority to manage finances (income and expenditure) for a specific area of the organisation.

"Chair of the Board (or Trust)" is the person appointed by the Secretary of State for Health as advised by the NHSE to lead the Board and to ensure that it successfully discharges its overall responsibility for the Trust as a whole. The expression "the Trust Chair of the Trust" shall be deemed to include the vice-chair of the Trust if the Trust Chair is absent or is otherwise unavailable.

"Chief Executive" means the chief officer of the Trust.

"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.

"Committee" means a committee appointed by the Trust.

"Committee members" means people formally appointed by the Board to sit on and /or chair specific committees.

"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.

"DHSC" means Department of Health and Social Care and/or Secretary of State for Health

"Chief Financial Officer" means the Chief Financial Officer of the Trust.

"Establishment Order" shall mean the University Hospitals of Leicester National Health Service Trust (Establishment) Order.

"Executive Director" means the Chief Executive and directors who are appointed in accordance with the 1990 National Health Service Trusts (Membership and Procedure) Regulations.

"Funds held on Trust" means those charitable funds which are administered by independent trustees who are accountable to the Charity Commission.

"Legal Adviser" is a properly qualified person (not necessarily an employee) appointed by the Trust to provide legal advice.

"Officers":

- **"Level 1 Officer"** } Refer to
- **"Level 2 Officer"** } Scheme of
- **"Level 3 Officer"** } Delegation 'List of
- **"Level 4 Officer"** } Officers'

"Membership, Procedure and Administration Arrangements Regulations" means NHS Membership and Procedure Regulations (SI 1990/2024) and subsequent amendments.

"Nominated officer" means an officer charged with the responsibility for discharging specific tasks within Standing Orders and Standing Financial Instructions.

"Non-Executive Director" means a director 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 and Procedure Regulations

"Officer" means an employee of the Trust or any other person holding a paid appointment or office with the Trust.

"The Trust Secretary" - a person appointed to act independently of the Board to provide advice on corporate governance issues to the Board and the Trust Chair and monitor the Trust's compliance with the law, Standing Orders, and Department of Health guidance.

"SFIs" means Standing Financial Instructions.

"SOs" means Standing Orders.

"Trust" means University Hospitals of Leicester NHS Trust

"Tendering and Contract Procedures" means the procedures within Section 9 of the Trust's Standing Orders.

"Vice-Chair" means the non-executive director appointed by the Board to take on the Trust Chair's duties if he/she is absent for any reason.

All references in this document expressed in the masculine shall be deemed to also include the feminine.

Wherever the title Chief Executive, Chief Financial Officer, or other nominated officer is used in these instructions, it shall be deemed to include such other directors or employees who have been duly authorised to represent them.

Wherever the term "employee" is used and where the context permits it shall be deemed to include employees of third parties contracted to the Trust when acting on behalf of the Trust.

4 ROLES- WHO DOES WHAT

4.1 The Trust Board

The Board exercises financial supervision and control by:

- (a) formulating the financial strategy.
- (b) requiring the submission and approval of budgets within approved allocations/overall income.
- (c) defining and approving essential features in respect of important procedures and financial systems (including the need to obtain value for money); and
- (d) defining specific responsibilities placed on members of the Board and employees as indicated in the Scheme of Delegation and Reservation document.

The Board has determined that certain powers and decisions may only be exercised by the Board in formal session. These are set out in the Trust's Scheme of Delegation.

The Board will delegate responsibility for the performance of its functions in accordance with the Trust's Scheme of Delegation.

4.2 The Chief Executive and Chief Financial Officer

Within the Standing Financial Instructions, it is acknowledged that the Chief Executive is ultimately accountable to the Board, and as Accountable Officer, to the Secretary of State for Health, for ensuring that the Board meets its obligation to perform its functions within the available financial resources. The Chief Executive has overall executive

responsibility for the Trust's activities; is responsible to the Trust Chair and the Board for ensuring that its financial obligations and targets are met and has overall responsibility for the Trust's system of internal control.

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

It is a duty of the Chief Executive to ensure that existing members of the Board and employees and all new appointees are put in a position to understand their responsibilities within these Instructions.

4.3 Chief Financial Officer

The Chief Financial Officer is responsible for:

- (a) implementing the Trust's financial policies and for co-ordinating any corrective action necessary to further these policies.
- (b) maintaining an effective system of internal financial control including ensuring that detailed financial procedures and systems incorporating the principles of separation of duties and internal checks are prepared, documented and maintained to supplement these instructions.
- (c) ensuring that sufficient records are maintained to show and explain the Trust's transactions, in order to disclose, with reasonable accuracy, the financial position of the Trust at any time, and, without prejudice to any other functions of the Trust, and employees of the Trust, the duties of the Chief Financial Officer include:
 - (d) the provision of financial advice to other members of the Board and employees.
 - (e) the design, implementation and supervision of systems of internal financial control; and
 - (f) the preparation and maintenance of such accounts, certificates, estimates, records and reports as the Trust may require for the purpose of carrying out its statutory duties.

4.4 Board members and employees

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

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

4.5 Contractors and their employees

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

For all members of the Board and employees who carry out a financial function, the form in which financial records are kept and the manner in which members of the Board

and employees discharge their duties must be to the satisfaction of the Chief Financial Officer.

Financial systems shall not be designed, implemented or changed without the prior approval of the Chief Financial Officer.

4.6 Budget Holders

Budget Holders shall be responsible for:

- (a) spending against approved budgets.
- (b) establishing and where applicable, collecting debts.
- (c) the budgetary performance of the services under their control.

Budget Holders shall:

- (a) appoint and control the staff for the performance of their services.
- (b) control the use, and ensure the safe custody, of all cash, goods and assets entrusted to them for the performance of their services; and
- (c) maintain systems which are secure and provide for the promotion of value for money.

Within the arrangements for devolved financial management, the Chief Financial Officer may nominate a Head of Finance who shall work closely with a Clinical Management Group (CMG)/Corporate Directorate and who shall be responsible to the Chief Financial Officer for:

- (a) ensuring that proper financial controls and practices are adhered to within the CMG/Directorate.
- (b) undertaking a full financial analysis of proposals and that due account is taken of SFIs.
- (c) the provision of financial advice to the CMG/Directorate.
- (d) the provision of budget monitoring and financial policy information about the CMG/Directorate.

5 POLICY STATEMENTS, STANDARDS*, PROCESSES*, PROCEDURES* AND ASSOCIATED DOCUMENTS

5.1 Audit

5.1.1 Audit Committee

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

- a) overseeing Internal Audit (including Counter Fraud) and External Audit services.
- b) reviewing financial and information systems and monitoring the integrity of the financial statements and reviewing significant financial reporting judgments;

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.

- c) monitoring compliance of Standing Orders and Standing Financial Instruction.
- d) approve schedules of losses and compensations.
- e) act as the Trust's Auditor Panel to advise the Trust Board on the appointment and removal of external auditors.
- f) reviewing the arrangements in place to support the Assurance Framework process prepared on behalf of the Board and advising the Board accordingly.
- g) the Audit Committee will periodically (as defined in its Terms of Reference) review the Waiver Register.
- h) Performing its functions as detailed in its Terms of Reference.

Where the Audit Committee considers there is evidence of ultra vires transactions, evidence of improper acts, or if there are other important matters that the Committee wishes to raise, the Chair of the Audit Committee should raise the matter at a full meeting of the Board. Exceptionally, the matter may need to be referred to the Department of Health and Social Care.

The Minutes of Audit Committee meetings shall be formally recorded and submitted to the Board.

5.1.2 Chief Financial Officer

It is the responsibility of the Chief Financial Officer to ensure an adequate internal audit service is provided and the Audit Committee shall be involved in the selection process when/if an internal audit service provider is changed.

The Chief Financial Officer is also responsible for:

- (a) ensuring there are arrangements to review, evaluate and report on the effectiveness of internal financial control including the establishment of an effective internal audit function.
- (b) ensuring that the internal audit is adequate and meets the NHS mandatory audit standards.
- (c) deciding at what stage to involve the police in cases of misappropriation and other irregularities not involving fraud or corruption.
- (d) ensuring that an annual internal audit report is prepared by the Internal Audit service provider for the consideration of the Audit Committee and the Board. The report must cover:
 - (i) major internal financial control weaknesses discovered
 - (ii) progress on the implementation of internal audit recommendations.
 - (iii) progress against plan over the previous year.
- (e) a clear opinion on the effectiveness of internal control in accordance with current guidance issued by the Department of Health including for example compliance with control criteria and standards.

- (iv) strategic audit plan covering the coming three years.
- (v) a detailed plan for the coming year.

The Chief Financial Officer, designated internal auditors and Local Counter Fraud Specialist are entitled (without necessarily giving prior notice) to require and receive:

- (a) access to all records, documents, correspondence and data owned or controlled by the Trust, relating to any financial or other relevant matter under investigation or review, including documents of a confidential nature.
- (b) access at all reasonable times to the Trust Chair, any Executive or Non-Executive Director, Officer, land or premises of the Trust.
- (c) the production of any cash, stores or other property of the Trust under the control of the Trust Chair any Executive or Non-Executive Director or Officer of the Trust; and
- (d) explanations concerning any matter under investigation or review.

The Trust's Chief Executive and Chief Financial Officer are responsible for ensuring that access rights are given to NHS Protect where necessary for the prevention, detection and investigation of cases of fraud and corruption, in accordance with Secretary of State Directions.

5.1.3 Role of Internal Audit

Internal Audit will review, appraise and report upon:

- (a) the extent of compliance with, and the financial effect of, relevant established policies, plans and procedures.
- (b) the adequacy and application of financial and other related management controls.
- (c) the suitability of financial and other related management data.
- (d) the extent to which the Trust's assets and interests are accounted for and safeguarded from loss of any kind, arising from:
 - (i) fraud and other offences.
 - (ii) waste, extravagance, inefficient administration.
 - (iii) poor value for money or other causes.
- (e) Internal Audit shall also independently verify the Assurance Framework and the Statement of Internal Control in accordance with Department of Health and Social Care guidance.
- (f) Detailed guidance on the powers and responsibilities of Internal Audit and Counter Fraud are set out in the Terms of Reference of the Audit Committee.

Whenever any matter arises which involves, or is thought to involve, fraud and corruption, the matter must be reported to the Local Counter Fraud Specialist, in accordance with the Trust's Counter Fraud and Corruption Policy and Prevention of Bribery Policy. All other irregularities, or suspected irregularities, concerning cash, stores, or other property of the Trust, or the exercise of any function of a pecuniary

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

The Head of Internal Audit and the Local Counter Fraud Specialist shall be entitled to attend any Audit Committee meetings and has a right of access to all Audit Committee members, the Chair and Chief Executive of the Trust.

The Head of the Internal Audit Service shall be accountable to the Chief Financial Officer in accordance with the Service Level Agreement / Contract. The reporting system for internal audit shall be agreed between the Chief Financial Officer, the Audit Committee and the Head of the Internal Audit Service. The agreement shall be in writing and shall comply with the guidance on reporting contained in the NHS Internal Audit Standards. The reporting system shall be reviewed at least every three years.

Internal Audit terms of reference shall have effect as if incorporated within these Standing Financial Instructions. The terms of reference cover the scope of internal audit work, authority and independence, management responsibilities, co-ordination of assurance work, reporting and key outputs and the operational responsibilities. Where, in exceptional circumstances, the use of normal reporting channels could be seen as a possible limitation of the objectivity of the audit, the Director of Audit shall seek advice of the Board Chair or Chair of the Audit Committee.

The designated officers must carry out agreed audit recommendations within the timescale for action agreed with the Director of Internal Audit. Failure to do so shall be reported to the Chief Executive who shall take necessary action to ensure compliance with such recommendations.

The appointment and termination of the Head of Internal Audit and/or the Internal Audit Service must be approved by the Audit Committee.

5.1.4 External Audit

Under the Local Audit and Accountability Act 2014, the External Auditor is appointed, and paid for, by the Trust.

The Local Audit and Accountability Act 2014 requires that Trusts establish Auditor Panels with responsibility for appointment, contract arrangements and relationship management. The Auditor Panel must ensure a cost-efficient service and ensure that if there are any problems relating to the service provided by the External Auditor, that this is addressed and resolved.

5.1.5 Fraud, Bribery and Corruption

In line with their responsibilities as set out in NHS Counter Fraud Authority (NHSCFA), the Chief Executive and Chief Financial Officer shall monitor and ensure compliance with Directions issued by the Secretary of State for Health on fraud, bribery and corruption.

The Trust shall nominate a suitable person to carry out the duties of the Local Counter Fraud Specialist (LCFS) as specified by the Counter Fraud Manual for NHS Trusts and associated guidance as specified by NHSCFA.

The LCFS shall report to the Chief Financial Officer and shall work with NHSCFA and staff in the NHS Counter Fraud Authority in accordance with Secretary of State Directions and the Counter Fraud Manual for NHS Trusts. The LCFS will normally attend Audit Committee meetings and has a right of access to all Audit Committee members, the Chair and Chief Executive of the Trust.

5.1.6 Security Management

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

The Trust shall nominate a suitable person to carry out duties of the Local Security Management Specialist as specified by the Secretary of State for Health guidance on NHS security management.

The Trust shall nominate a Non-Executive Director to be responsible to the Board for NHS security management.

The Chief Executive has overall responsibility for controlling and coordinating security. However, key tasks are delegated to the Director of Estates and Facilities, to whom the Local Security Management Specialist reports.

5.2 Business Planning, Budgets, Budgetary Control, Capital Expenditure and Monitoring

5.2.1 Preparation and Approval of Business Plans and Budgets

The Chief Executive will compile and submit to the Board an annual business plan which takes into account financial targets and forecast limits of available resources. The annual business plan will contain:

- (a) a statement of the significant assumptions on which the plan is based; and
- (b) details of major changes in workload, delivery of services or resources required to achieve the plan.

Prior to the start of the financial year the Chief Financial Officer will, on behalf of the Chief Executive, prepare and submit budgets for approval by the Board. Such budgets will:

- (a) be in accordance with the aims and objectives set out in the Trust's Integrated Business Plan and Medium Term Financial Strategy.
- (b) accord with activity and manpower plans.
- (c) be produced following discussion with appropriate budget holders.
- (d) be prepared within the limits of available funds.
- (e) identify potential risks.

The Chief Financial Officer shall monitor financial performance against budget and the business plan, periodically review them, and report to the Board.

All budget holders must provide information as required by the Chief Financial Officer to enable budgets to be compiled and financial performance against budgets to be monitored.

All budget holders are required to sign up to, and agree, their budgets for the year at the commencement of each financial year. Budget holders also sign to confirm that in managing their budget they will comply with the procedures specified within the Trust's Standing Orders, Scheme of Delegation and Standing Financial Instructions.

The Chief Financial Officer has a responsibility to ensure that adequate training is delivered on an on-going basis to budget holders to help them manage successfully.

5.2.2 Budgetary Delegation

The Chief Executive may delegate the management of a budget to permit the performance of a defined range of activities. This delegation must be in writing and be accompanied by a clear definition of:

- (a) the amount of the budget.
- (b) the purpose(s) of each budget heading.
- (c) individual and group responsibilities.
- (d) authority to exercise virement.
- (e) achievement of planned levels of service.
- (f) the provision of regular reports.

The Chief Executive and delegated budget holders must not exceed the budgetary total or virement limits set by the Board.

Any budgeted funds not required for their designated purpose(s) revert to the immediate control of the Chief Executive, subject to any authorised use of virement.

Non-recurring expenditure budgets or income should not be used to finance recurring expenditure without the authority in writing of the Chief Executive.

5.2.3 Budgetary Control and Reporting

The Chief Financial Officer will devise and maintain systems of budgetary control. These will include:

- (a) Monthly financial reports to the Board in a form approved by the Board containing:
 - (i) income and expenditure to date showing trends and forecast year-end position.
 - (ii) movements in working capital.
 - (iii) capital project spend and projected outturn against plan.
 - (iv) explanations of any material variances from plan.
 - (v) details of any corrective action where necessary and the Chief Executive's and/or Chief Financial Officer's view of whether such actions are sufficient to correct the situation.
- (b) the issue of timely, accurate and comprehensible advice and financial reports to each budget holder, covering the areas for which they are responsible.
- (c) investigation and reporting of variances from financial, activity and manpower budgets.
- (d) monitoring of management action to correct variances; and
- (e) arrangements for the authorisation of budget transfers.

Each Budget Holder is responsible for ensuring that:

- (a) any likely overspending or reduction of income that cannot be met by virement is not incurred without the prior consent of the Board except where authority has been given under 5.2.2 above.
- (b) the amount provided in the approved budget is not used in whole or in part for any purpose other than that specifically authorised subject to the rules of virement and budget transfer.
- (c) with the exception of Medical and Dental Consultants, no permanent employees are appointed without the approval in writing of the Chief Executive other than those provided for within the available resources and manpower establishment as approved by the Board.
- (d) new and replacement Medical and Dental Consultant posts are identified and agreed to in accordance with the "Consultant Recruitment and Selection Policy".
- (e) identifying and implementing cost improvements, cost savings and income generation initiatives to achieve a balanced budget.
- (f) effective systems exist within the directorate to ensure that all expenditure is authorised in advance of commitment (via the Trust's Purchase Order system) and that the individuals incurring expenditure fully understand their budgetary control responsibilities.
- (g) The Staff nominal roll listing all staff under the budget holder's responsibility are reviewed monthly and the Finance business partner informed promptly of any discrepancies, to avoid overpayment of salary in particular.

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

5.2.5 Capital Expenditure

The general rules applying to delegation and reporting shall also apply to capital expenditure. All capital procurement shall be carried out in accordance with the Tendering and Contract Procedures. (The particular applications relating to capital investment and financing are contained in Section 5.9 of these Standing Financial Instructions.)

5.2.5 Monitoring Returns

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

5.2.6 Revenue Investment Process

The Chief Executive Officer shall ensure that there is an adequate appraisal and approval process in place for evaluating changes to operational arrangements, particularly those involving changes to income and/or expenditure profiles. This process should be closely related to the capital investment process and consider the financial and non-financial impact of any proposed changes and their impact on business plans. This process should be in line with DHSC / HMT guidance and be tailored to be proportionate for the size of the case.

The Chief Financial Officer has certified professionally to the costs and revenue consequences detailed in the business case and involved appropriate Trust personnel and external agencies in the process.

5.3 Annual Accounts, Summarisation Schedules and Reports

5.3.1 The Chief Financial Officer

The Chief Financial Officer, on behalf of the Trust, will:

- (a) prepare financial returns in accordance with the accounting policies and guidance given by the Department of Health and Social Care and the Treasury, the Trust's accounting policies, and International Financial Reporting Standards (IFRS).
- (b) prepare and submit annual financial statements to the Department of Health certified in accordance with current guidelines.
- (c) submit financial returns on a monthly, quarterly and annual basis to the Department of Health in accordance with the timetable prescribed by the Department of Health.
- (d) responsible for the issue of full guidance and timetables relating to the preparation of the financial returns and annual report to all finance and non-finance staff identified as stakeholders in the process.
- (e) ensure that an adequate audit trail exists for the financial returns.
- (f) liaise with the Trust's Corporate and Committee Services to ensure that the financial returns are examined by the Audit Committee and considered by and adopted by the Trust Board in accordance with the timetable.

5.3.2 Appointment of Auditors

The Trust's annual accounts must be audited by an auditor appointed by Trust's Auditor Panel. The Trust's audited annual accounts and statements must be presented to a public meeting and made available to the public.

5.3.3 Annual Report

The Trust will publish an annual report, in accordance with guidelines on local accountability, and present it at a public meeting. The document will comply with the relevant Department of Health guidance including that contained in the Department of Health Group Accounting Manual.

5.4 Banking Arrangements

5.4.1 General

The Chief Financial Officer is responsible for managing the Trust's banking arrangements and for advising the Trust on the provision of banking services and operation of accounts. This advice will take into account Department of Health and Social Care guidance/directions.

The Board shall approve the banking arrangements as specified by the Department of Health.

5.4.2 Bank Accounts

The Chief Financial Officer is responsible for:

- (a) bank accounts and Government Banking Service (GBS) accounts.
- (b) establishing separate bank accounts for the Trust's non-exchequer funds.
- (c) ensuring payments made from bank or GBS accounts do not exceed the amount credited to the account except where arrangements have been made.
- (d) reporting to the Board all arrangements made with the Trust's bankers for accounts to be overdrawn.
- (e) monitoring compliance with DHSC guidance on the level of cleared funds.
- (f) all funds shall be held in accounts in the name of the Trust. No officer other than the Chief Financial Officer shall open any bank account in the name of the Trust.

5.4.3 Banking Procedures

The Chief Financial Officer will prepare detailed instructions on the operation of all Trust bank accounts that must include:

- (a) the conditions under which any bank account shall be operated, including the limit to be applied to any overdraft; and
- (b) those authorised to process bank transfers and sign cheques drawn on the Trust's accounts.

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

No-one but the Chief Financial Officer shall be able to open a bank account in the name of the Trust.

5.4.4 Tendering and Review

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

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

5.4.5 Debit/Credit Cards Receipting

All arrangements to utilise collection of monies using debit/credit cards shall be approved by the Chief Financial Officer

Debit/credit card machines shall only be operated by suitably trained and authorised persons who will comply with the Payment Card Industry Data Security Standard (PCI DSS) rules and procedures.

5.4.6 Public Dividend Capital (PDC) and Borrowing

The Chief Financial Officer will advise the Board concerning the Trust's ability to pay dividend on and repay Public Dividend Capital (PDC) and any proposed new borrowing, within the limits set by the Department of Health. The Chief Financial Officer is also responsible for reporting periodically to the Board concerning the PDC balances and all loans, financing facilities, and overdrafts.

Any application for a PDC capital or revenue support, borrowing (including finance leases), financing facility or overdraft will only be made by the Chief Financial Officer or by an employee so delegated by him. The Board will agree the list of employees (including specimens of their signatures) who are authorised to submit PDC drawdown requests and short term borrowings on behalf of the Trust. This must contain the Chief Executive and the Chief Financial Officer.

The Chief Financial Officer must prepare detailed procedural instructions concerning applications for PDC funding, loans, finance leases, financing facilities and overdrafts.

- Provider revenue PDC support is available for cash distressed providers for necessary and essential expenditure only to protect the continuity of services. The Trust must demonstrate their revenue cash requirements to NHSE, with applications submitted in line with a prescribed timetable. To make a request, a The Trust must be in cumulative deficit in the year and the request cannot exceed the value of this deficit. An application for deficit support must be submitted quarterly in advance.
- Any PDC revenue support application or Capital PDC Funding utilisation must be with the authority of two members of an authorised panel, one of which must be the Chief Executive or the Chief Financial Officer. The Board must approve all Revenue support PDC request, prior to submission.
- All long-term borrowing, including finance leases, must be consistent with the plans outlined in the current financial plan as reported to the Department of Health and be approved by the Trust Board.
- All loans, or changes to loans, including finance leases must be approved by the Chief Financial Officer or Finance and Investment Committee.

The Chief Financial Officer will include any key balance sheet changes in the finance report prepared for the Trust Board. This will include changes to public dividend capital and other borrowings.

5.4.7 Investments

Temporary cash surpluses must be held only in such public or private sector investments as notified by the Secretary of State and authorised by the Board.

The Chief Financial Officer is responsible for advising the Board on investments and shall report periodically to the Board concerning the performance of investments held.

The Chief Financial Officer will prepare detailed procedural instructions on the operation of investment accounts and on the records to be maintained.

5.5 Income, Fees and Charges and Security of Cash, Cheques and other Negotiable Instruments

5.5.1 Income Systems

The Chief Financial Officer is responsible for designing, maintaining and ensuring compliance with systems for the proper recording, invoicing, collection and coding of all monies due.

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

5.5.2 Fees and Charges

The Trust shall follow the Department of Health's advice in setting prices for NHS service agreements.

The Chief Financial Officer is responsible for approving and regularly reviewing the level of all fees and charges other than those determined by the Department of Health or by Statute. Independent professional advice on matters of valuation shall be taken as necessary. Where sponsorship income (including items in kind such as subsidised goods or loans of equipment) is considered the Department of Health's guidance shall be followed. Compare to below

The Medical Director and Director of Research and Development are responsible for approving and regularly reviewing the level of all fees and charges other than those determined by the Department of Health and Social Care or by statute. Independent professional advice on matters of valuation shall be taken as necessary. Where sponsorship income (including items in kind such as subsidised goods or loans of equipment) is considered the guidance in the Department of Health and Social Care's Commercial Sponsorship – Ethical standards in the NHS shall be followed.

All employees must inform the Chief Financial Officer promptly of money due arising from transactions which they initiate/deal with, including all contracts, leases, tenancy agreements, private patient undertakings and other transactions.

Under no circumstances will the Trust accept cash payments in any currency in excess of £15,000 in respect of any single transaction or series of transactions which appear to be linked. Any attempts by an individual to effect payment above this amount should be notified immediately to the Chief Financial Officer or the designated money laundering officer.

An advanced deposit must be obtained for all self-pay elective activity equivalent to the estimated cost of the treatment in advance of any treatment being provided.

No officer of the Trust, except within the boundaries of any delegated authority, is allowed to confirm or agree with a third party (whether NHS or Non-NHS), any reduction to or waiver of the Trusts normal charges, without the prior express authority of the Chief Financial Officer if less than £100,000, the Board if over £100,000.

5.5.3 Debt Recovery

The Chief Financial Officer is responsible for the appropriate recovery action on all outstanding debts.

Income not received should be dealt with in accordance with losses procedures (see section 5.11.2).

The Chief Financial Officer is responsible for ensuring that systems are in place to prevent overpayments. Overpayments should be detected (or preferably prevented) and recovery initiated. Any phasing of agreed overpayment must be authorised by the Chief Financial Officer.

5.5.4 Security of Cash, Cheques and other Negotiable Instruments

The Chief Financial Officer is responsible for:

- (a) approving the form of all receipt books, agreement forms, or other means of officially acknowledging or recording monies received or receivable.
- (b) ordering and securely controlling any such stationery.
- (c) the provision of adequate facilities and systems for employees whose duties include collecting and holding cash, including the provision of safes or lockable cash boxes, the procedures for keys, and for coin operated machines; and
- (d) prescribing systems and procedures for handling cash and negotiable securities on behalf of the Trust.

Official money shall not under any circumstances be used for the encashment of private cheques, or for the granting of personal loans of any kind.

All cheques, cash etc., shall be banked intact. Disbursements shall not be made from cash received, except under arrangements approved by the Chief Financial Officer.

The holders of safe keys shall not accept unofficial funds for depositing in their safes unless such deposits are in special sealed envelopes or locked containers. It shall be made clear to the depositors that the Trust is not to be held liable for any loss, and written indemnities must be obtained from the organisation or individuals absolving the Trust from responsibility for any loss.

Managers and Officers required to manage and handle cash must ensure that;

- a) cash is recorded upon receipt, and that there is secure storage available for that cash until it is transferred to the Cashiers Office for banking.
- b) where practically possible all transactions are adequately witnessed and that amounts received are identical to those deposited in Finance.
- c) staff are not put at unnecessary risk while handling or transporting cash.
- d) adhere at all times to the guidance set out in the "Cash Handling" procedure.

5.5.5 Free of Charge/Donated Goods/Services

Free of charge or donated goods or equipment from any supplier or would be supplier to the Trust must not be used for the purposes of avoiding the procurement regulations.

A Level 2 or 3 Officer must approve in writing the acceptance of such goods or services prior to delivery. If the goods are to be donated or accepted on loan, whether for service provision or testing, before such approval may be given:

- (a) an official order number must be allocated if the acquisition by this method is part of a procurement process by the Trust
- (b) the owner must provide a written indemnity to the Trust, in a form approved by the Trust Secretary, which will be signed, if necessary, on the Trust's behalf by the Chief Executive or an Officer authorised by the Chief Executive.
- (c) responsibility for maintenance and other revenue consequences must be agreed in writing and must be approved in accordance with these Standing Financial Instructions.

The acceptance of any such goods or services must be confirmed in writing to the donor/owner and, except in the case of charitable donations, such confirmation shall include a notice that the acceptance does not amount to an express or implied obligation on the Trust to continue to use the goods/services or to purchase any other goods/services.

The donation of clinical equipment shall undergo the same rigour as applied to an NHS funded purchase.

Where there are revenue consequences arising out of the donation of any asset then the donation shall not be accepted or put into use until a budget has been agreed in respect of the revenue consequences.

5.5.6 Payment in Kind to the Trust

A Level 2 or 3 Officer may authorise the provision by the Trust of services to third parties in return for payments in kind provided:

- (a) the value received is reasonably commensurate with the value given.
- (b) the arrangement is confirmed in writing to the third party under the signature of a Level 2 or 3 Officer and a copy retained.
- (c) the confirmation includes a notice that the Trust reserves the right to joint ownership on terms to be agreed or fixed by arbitration of any intellectual property arising from the collaboration between the Trust and the third party.
- (d) the confirmation includes a notice that the arrangement does not bind the Trust to continue any collaboration on the terms agreed nor to purchase/use the benefits of any collaboration.

5.6 NHS Service Agreements for Provision of Services

PROCUREMENT OF HEALTH CARE SERVICES

Legislation Governing Procurement of Health Care Services

- (a) The Trust shall comply with the Health and Care Act 2022 and The Health Care Services (Provider Selection Regime) Regulations 2023. The Procurement Legislation as from time to time amended shall have effect as if incorporated in these Standing Orders and Standing Financial Instructions.

- (b) The Trust should consider obtaining support from any suitably qualified professional advisor (including where appropriate legal advisors to ensure compliance with Procurement Legislation when engaging in tendering procedures.
- (c) The Trust shall consider the application of any applicable duty to consult or engage the public or any relevant Overview and Scrutiny Committee of a Local Authority prior to commencing any procurement process for a contract opportunity.

The Health Care Services (Provider Selection Regime) Regulations 2023 (PSR)

The PSR applies to the arrangement of health care and public health services arranged by relevant authorities and irrespective of who the provider is (i.e., whether the service is provided by NHS providers, other public sector bodies, local authorities, or providers within the voluntary, community, social enterprise (VCSE) and independent sectors). The PSR will not apply to goods and non-health care services (such as medicines, medical equipment, cleaning, catering, business consultancy services and social care), unless arranged as part of mixed procurement.

The Trust can follow three different provider selection processes to award contracts for health care services under the PSR:

1. direct award processes (direct award process A, direct award process B and direct award process C)
2. most suitable provider process
3. competitive process.

The Chief Executive, as the accountable officer, is responsible for ensuring the Trust enters into suitable contracts or Service Level Agreements (SLAs) with service commissioners for the provision of NHS services. All contracts and SLAs should aim to implement the agreed priorities contained within the Integrated Business Plan and wherever possible, be based upon integrated care pathways to reflect expected patient experience. In discharging this responsibility, the Chief Executive should take into account:

- (a) The standards of service quality expected.
- (b) The relevant national service framework (if any).
- (c) The provision of reliable information on cost and volume of services.
- (d) The Department of Health's Operating Framework for the NHS, as expressed via the NHSE Accountability Framework.
- (e) That all agreements build where appropriate on existing partnership arrangements; and
- (f) that SLAs are based on integrated care pathways.

- **Involving Partners and jointly managing risk**

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

The Chief Executive, as the accountable officer, will ensure that regular reports are provided to the Board detailing actual and forecast income from the service agreements.

- **Reports to the Board on Agreements**

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

5.7 Terms of Service, Allowances and Payment of Members of the Board and Employees

5.7.1 Board Directors (Trust Chair and Non-Executive Directors)

The Trust will pay allowances to the Trust Chair and Non-Executive Directors of the Board in accordance with instructions issued by the Secretary of State for Health.

5.7.2 Remuneration and Terms of Service (Executive Directors and Staff)

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

The Committee shall have delegated authority from the Trust Board to determine the broad remuneration policy and performance management framework and to decide the remuneration, allowances and other terms and conditions of office for the Trust's senior managers; to monitor and evaluate the performance of individual officer members (and other senior employees); and to oversee appropriate contractual arrangements for such staff including the proper calculation and scrutiny of termination payments taking account of such national guidance as is appropriate.

The Remuneration Committee Chair shall report orally to the Board after each of its meetings.

The Remuneration Committee will receive reports detailing all Trust employees who have been made redundant or taken early retirement. These reports will include the cost of the redundancy or early retirement.

The Trust will pay allowances to the Trust Chair and Non-Executive Directors of the Board in accordance with instructions issued by the Secretary of State for Health.

5.7.3 Funded Establishment

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

The funded establishment of any department may not be varied without the approval of the Chief Executive or his delegated Officer.

5.7.4 Staff Appointments

All new and replacement Medical and Dental Consultant posts must be approved in line with the Trust's "Consultant Recruitment and Selection Policy". Exceptionally the relevant Trust committee may approve business cases to grant funding for a new post in year. Replacement consultant posts will require the completion of a Case of Need and authorisation from CMG Clinical Director and CMG Head of Finance prior to being approved by the Trust's Medical Director and Chief Nurse. New consultant posts require a business case, case of need and approval from the Chief Financial Officer, Medical Director and Chief Nurse.

No Executive Director or employee may engage, re-engage, or re-grade employees, either on a permanent or temporary nature, or hire agency staff, or agree to changes in any aspect of remuneration unless:

- (a) they are authorised to do so by the Chief Executive or his delegated Officer.
- (b) it is within the limit of their approved budget and funded establishment; and
- (c) due process has been followed in line with the Trust's business decision making process.

No officer or employee of the Trust may commit the Trust to any redundancy, early retirement, or negotiated employment termination settlement without the approval in advance of the Chief Financial Officer and Chief People Officer subject to prevailing Treasury approval requirements.

Approve, non-contractual payments and compromise agreements.

- (a) Total package less than £100,000:

- Chief People Officer and Chief Financial Officer

- (b) Total package exceeding £100,000:

- Remuneration Committee

All redundancy payments will be presented to Remuneration Committee as required under the relevant national guidance.

The Board will approve procedures presented by the Chief Executive or the Chief People Officer for the determination of commencing pay rates, condition of service, etc, for employees.

5.7.5 Contracts of Employment

The Board shall delegate responsibility to the Chief People Officer for:

- (a) ensuring that all employees are issued with a Contract of Employment in a form which complies with employment legislation.
- (b) dealing with variations to, or termination of, contracts of employment in accordance with the requirements of Standing Orders, Standing Financial Instructions, Financial Procedures and the Scheme of Delegation.
- (c) exercising economy and efficiency in the use of human resources.
- (d) advising Officers of the need to conform to the requirements of Standing Orders, Standing Financial Instructions, Financial Procedures and the Scheme of Delegation and Reservation.

5.7.6 Processing Payroll

The Chief People Officer is responsible for:

- (a) specifying timetables for submission of properly authorised time records and other notifications.
- (b) the final determination of pay and allowances.
- (c) making payment on agreed dates.
- (d) agreeing method of payment.

The Chief People Officer will issue instructions regarding:

- (a) verification and documentation of data.
- (b) the timetable for receipt and preparation of payroll data and the payment of employees and allowances.
- (c) maintenance of subsidiary records for superannuation, income tax, social security and other authorised deductions from pay.
- (d) security and confidentiality of payroll information.
- (e) checks to be applied to completed payroll before and after payment.
- (f) authority to release payroll data under the provisions of the Data Protection Act.
- (g) methods of payment available to various categories of officer.
- (h) procedures for payment by cheque, bank direct credit (including BACS), or cash to employees and officers.
- (i) procedures for the recall of bank direct credits including BACS) and stopping of cheques.
- (j) pay advances and their recovery.
- (k) maintenance of regular and independent reconciliation of pay control accounts.
- (l) separation of duties of preparing records and handling cash.
- (m) a system to ensure the recovery from leavers of sums of money and property due from them to the Trust.

Appropriately nominated managers have delegated responsibility for:

- (a) submitting time records and other notifications in accordance with agreed timetables.

- (b) submitting appointment forms and change forms in the prescribed form, immediately upon knowing the effective date of an employee's appointment or change in circumstances.
- (c) completing time records and other notifications in accordance with the Chief People Officer instructions and in the form prescribed by the Chief People Officer.
- (d) submitting termination forms in the prescribed form immediately upon knowing the effective date of an employee's or officer's resignation, termination or retirement. Where an employee fails to report for duty or to fulfil obligations in circumstances that suggest they have left without notice, the Chief People Officer must be informed immediately.

Regardless of the arrangements for providing the payroll service, the Chief People Officer shall ensure that the chosen method is supported by appropriate and adequate procedures with internal controls and audit review and that suitable arrangements are made for the collection of payroll deductions and payment of these to appropriate bodies.

The dates on which the payments of salaries and wages are to be made, including special circumstances (e.g. bank holidays), will be in accordance with agreed timetables, having regard to the general rule that it is undesirable to make payments in advance. Payment to an individual shall not be made in advance of the normal pay day, except as authorised by the Chief Financial Officer to meet special circumstances and limited to the net pay due at the time of payment.

5.7.7 Off Payroll Workers including Agency, Self-employed or Third-Party Contractors

Where exceptional circumstances exist within a department and agency, self-employed workers or workers supplied via a third party are to be retained then:

- (a) the contract may only be entered into by a budget holder having sufficient resources within the limit of his budget who is authorised for that purpose by the Chief Executive or his delegated officer;
- (b) the Chief Financial Officer or delegated officer, shall be consulted if the contractor is not on the current list of authorised suppliers;
- (c) contractual provisions shall be put in place which allow the Trust to seek assurance regarding the income tax and national insurance contribution obligations of the person engaged and the ability to terminate the contract if that assurance is not provided; and
- (d) their employment status shall be reviewed by the delegated officer of the Chief Financial Officer in consultation with People Services prior to the commencement of their engagement to ensure that income tax deductions and national insurance contributions for both the Trust and worker are properly made and paid to HM Revenue & Customs in line with current legal and regulatory requirements.

The UHL off payroll engagement policy shall be followed, with oversight reporting through the governance arrangements in place. If there is any doubt as to the correct taxation treatment or the engagement is potentially novel or contentious then the

agreement of the Chief Financial Officer and the Chief People Officer shall be obtained before entering into such an arrangement.

5.7.8 Ex-Gratia Payments

Ex-gratia payments can only be made after approval has been obtained in accordance with section 5.11.2.

5.7.9 Managers' Responsibilities

Managers are responsible for:

- (a) following the procedures and guidance relating to the completion and submission of payroll documentation.
- (b) submission of termination forms submitted to payroll as soon as an employee within their establishment resigns, is terminated or gives notice of retirement; and
- (c) ensuring that there are appropriate systems of internal check and control in place within their directorate etc, to ensure that time records, expense claims etc are capable of meaningful certification.

5.8 Non-Pay Expenditure

5.8.1 Delegation of Authority

The Board will approve the level of non-pay expenditure on an annual basis and the Chief Executive will determine the level of delegation to budget managers and the following types of approval.

- (a) Budgetary approval for capital and revenue expenditure; and
- (b) Commercial approval for tenders, frameworks, mini competitions, contracts, quick quotes and price agreements.

The Chief Executive will set out:

- (a) the list of managers who are authorised to place requisitions for the supply of goods and services; and
- (b) the maximum level of each requisition, the system for authorisation above that level and the process for raising and approving official orders by procurement and supplies, following receipt of an authorised requisition.

The Chief Executive shall set out procedures on the seeking of professional advice regarding the supply of goods and services and this shall be followed when entering into any agreement. Contract terms and conditions used in contracts shall only be those approved by the Trust.

Where consultants are to be engaged on any project with a contracted cost exceeding £50,000 the permission of NHSI must be obtained through the submission of a business case, setting out the requirement, before entering into the contract.

Any agreement for the supply of workers shall only be entered into after fully considering and ensuring compliance with any relevant provisions contained in section 5.7.7 of these instructions and where necessary obtaining advice from the Chief Financial Officer and the Chief People Officer.

Before entering into contracts for the supply of goods and services or works contracts and especially overseas contracts, taxation advice (including where appropriate customs advice) shall be obtained from the Chief Financial Officer. Agreement of the Chief Financial Officer and also where relevant the Director of Estates and Facilities shall be obtained before entering into any potentially novel or contentious arrangement with a supplier or contractor.

5.8.2 Choice, Requisitioning, Ordering, Receipt and Payment for Goods and Services

• Requisitioning

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

• System of Payment and Payment Verification

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

The Chief Financial Officer will:

- (a) advise the Board regarding the setting of thresholds above which quotations (competitive or otherwise) or formal tenders must be obtained; and, once approved, the thresholds should be incorporated in standing orders and regularly reviewed.
- (b) prepare procedural instructions on the obtaining of goods, works and services incorporating the thresholds.
- (c) be responsible for the prompt payment of all properly authorised accounts and claims.
- (d) be responsible for designing and maintaining a system of verification, recording and payment of all amounts payable.

The system shall provide for:

- (a) A list of Board members/employees (including specimens of their signatures) authorised to certify invoices.
- (b) certification which shall confirm that:
 - goods have been duly received, examined and are in accordance with specification and the prices are correct.

- work done or services rendered have been satisfactorily carried out in accordance with the order, and, where applicable, the materials used are of the requisite standard and the charges are correct.
 - in the case of contracts based on the measurement of time, materials or expenses, the time charged is in accordance with the time sheets, the rates of labour are in accordance with the appropriate rates, the materials have been checked as regards quantity, quality and price, and the charges for the use of vehicles, plant and machinery have been examined.
 - where appropriate, the expenditure is in accordance with regulations and all necessary authorisations have been obtained.
 - the account is arithmetically correct, with discounts having been taken where appropriate.
 - VAT has been correctly accounted for, and
 - the account is in order for payment.
- (c) a timetable and system for submission to the Chief Financial Officer of accounts for payment; provision shall be made for the early submission of accounts subject to cash discounts or otherwise requiring early payment.
- (d) instructions to employees regarding the handling and payment of accounts within the Finance Department; and
- (e) be responsible for ensuring that payment for goods and services is only made once the goods and services are received (except as below).

- **Prepayments**

Prepayments are only permitted where exceptional circumstances apply as they place the organisation at financial risk of not receiving goods or services already paid for, particularly in the event that the supplier ceases to trade. However, it is recognised that in exceptional circumstances that the Trust may need to pay upfront for specialised, niche or bespoke goods or services, where there is no other option to buy up front in order to secure the supply of an essential service requirement. In such instances:

- (a) Prepayments are only permitted where the financial and operational and performance benefits outweigh the disadvantages.
- (b) The appropriate Executive Director must provide, in the form of a brief written report, a case setting out all relevant circumstances of the purchase. The report must set out the effects on the Trust if the supplier is at some time during the course of the prepayment agreement unable to meet his commitments.
- (c) The Chief Financial Officer will need to be satisfied with the proposed arrangements before contractual arrangements proceed (taking into account the EU public procurement rules where the contract is above a stipulated financial threshold); and
- (d) The budget holder is responsible for ensuring that all items due under a prepayment contract are received and he must immediately inform the appropriate Director or Chief Executive if problems are encountered.

- **Official orders**

All official orders must be generated from the Trust financial system, except Pharmacy orders, which must be generated from the Pharmacy system, and temporary staffing orders, known as BRNs (Booking Reference Number), which must be generated from the Temporary Staffing booking system.

Official Orders must:

- (a) be raised for all non-pay orders that are for goods and services that are not included in the PO exemption list and
- (b) be consecutively numbered.
- (c) be in a form approved by the Chief Financial Officer.
- (d) state the Trust's terms and conditions of trade.
- (e) only be issued to, and used by, those duly authorised by the Chief Executive.

- **Duties of Managers and Officers**

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

- (a) all contracts (other than for simple purchases permitted within the Scheme of Delegation), leases, tenancy agreements and other commitments which may result in a liability are notified to the Chief Financial Officer and Director of Estates and Facilities in advance of any commitment being made.
- (b) contracts above specified thresholds are advertised and awarded in accordance with the relevant Public Procurement Regulations as outlined in Trust Standing Orders Section 9.
- (c) where consultancy advice is being obtained, the procurement of such advice must be in accordance with guidance issued by the Department of Health.
- (d) no order shall be issued for any item or items to any firm which has made an offer of gifts, reward or benefit to directors or employees, other than:
 - (i) isolated gifts of a trivial character or inexpensive seasonal gifts, such as calendars.
 - (ii) conventional hospitality, such as lunches in the course of working visits.

This provision needs to be read in conjunction with Standing Order No. 6 and the principles outlined in the national guidance contained in HSG 93(5) Standards of Business Conduct for NHS Staff, the Code of Conduct for NHS Managers 2002 and the ABPI Code of Professional Conduct relating to hospitality/gifts from pharmaceutical/external industry.

- (e) no requisition/order is placed for any item or items for which there is no budget provision unless authorised by the Chief Financial Officer on behalf of the Chief Executive.
- (f) all goods, services, or works must be ordered via an official electronic order. For clarification the Chief Financial Officer will determine the nature of expenditure which does not require control through an official purchase order and review this on an annual basis and maintain a list of such items, such as:

- (i) Purchases from Petty Cash.
 - (ii) Items bought using purchasing cards.
- (g) verbal orders must only be issued very exceptionally - by an employee designated by the Chief Executive and only in cases of emergency or urgent necessity. These must be confirmed by an official order and clearly marked "Confirmation Order."
 - (h) orders are not split or otherwise placed in a manner devised so as to avoid the financial thresholds or rules on aggregation.
 - (i) goods, systems, software, or services are not taken on trial or loan in circumstances that could commit the Trust to a future uncompetitive purchase.
 - (j) changes to the list of directors, employees and officers authorised to certify invoices are notified to the Chief Financial Officer.
 - (k) purchases from petty cash are restricted in value and by type of purchase in accordance with instructions issued by the Chief Financial Officer.
 - (l) petty cash records are maintained in a form as determined by the Chief Financial Officer.
 - (m) petty cash records are maintained in a form as determined by the Chief Financial Officer.
 - (n) no officer shall place any order with an individual to whom the officer is related or with any firm in which the officer has a financial interest.

- **Receipting of goods and services**

All departments must have arrangements in place to ensure that:

- a) goods and services ordered are received and checked for quality and acceptability against the order specification; and
- b) that goods are receipted on the e-Financials electronic finance and procurement system.

The Chief Executive and Chief Financial Officer shall ensure that the arrangements for financial control and financial audit of building and engineering contracts and property transactions comply with the guidance issued by the Department of Health and Social Care. The technical audit of these contracts shall be the responsibility of the relevant Director.

The Chief Financial Officer is responsible for maintaining and updating a register of financial authorities.

- **Joint Finance Arrangements with Local Authorities and Voluntary Bodies**

Payments to local authorities and voluntary organisations made under the powers of section 256 and 257 of the National Health Service Act 2006 as amended (formerly section 28A of the NHS Act) shall comply with procedures laid down by the Chief Financial Officer which shall be in accordance with this Act.

- **Responsibilities of All Employees**

All employees must:

- a) prior to raising or authorising any requisition ensure that adequate budgetary provision exists against the budget code they are using, or they have made

appropriate arrangements for virement or reporting the expected over commitment. If these checks have not been undertaken or budgetary provision does not exist, they should draw this to the attention of the signatory / line manager.

- b) follow the Trust's procedures when obtaining goods, works and services (e.g. The Procurement Manual) and obtain best value for money.
- c) follow the Trust's procedures on certifying receipt of goods, works and services to enable invoices to be paid (relevant management procedures).
- d) prepayments are permitted only in exceptional circumstances and must be approved in advance by the Chief Financial Officer.
- e) all non-stock orders must be placed via NHS Supply Chain or via the Trust's e-catalogue on a "self-serve" basis.
- f) ensure that "stock" requisition items (i.e. those obtained via NHS Supply Chain or the Trust's e-catalogue) are used wherever possible.
- g) ensure that budgetary provision exists.
- h) not seek to place orders with firms who have made offers of gifts; rewards or benefits (see Standards of Business Conduct).
- i) not take goods, software, systems or services on trial or loan where this commits the Trust to a future purchase.
- j) not split requisitions to avoid financial thresholds, enter contracts, including rental and leasing agreements, that are for items of a capital nature without the express approval of the Chief Executive and Chief Financial Officer; and
- k) only place orders via eProcurement. Telephone and direct orders to suppliers are not permitted unless specific arrangements have been agreed in advance with the Assistant Director of Procurement and Supplies, Head of Procurement or Chief Financial Officer.

• **Support Buying**

The Trust Support Buying team will:

- a) only process properly authorised requisitions and ensure that competition is (or has been) appropriately taken in accordance with the Trust's Procurement Manual.
- b) liaise with the Chief Financial Officer on issues regarding the systems for ordering, receipt and payment; and
- c) place sequentially numbered Purchase Orders incorporating the Trust's terms and conditions of trade.

• **Petty Cash**

Purchases that will be reimbursed from petty cash are restricted in type and must be supported by receipt(s) and certified by an authorised signatory.

The Chief Financial Officer will determine record-keeping and other instructions relating to petty cash.

5.8.3 Financial Framework

The Chief Financial Officer should ensure that members of the Trust are aware of the Government's Accountability Framework with NHS England and NHS Improvement including 'The government's 2020 to 2021 mandate to NHS England and NHS Improvement' and the '2020 to 2021 financial directions to NHS England' documents.

This framework contains directions to the NHS regarding service priorities and the funding regime. The Chief Financial Officer should also ensure that the direction and guidance in the framework is followed by the Trust.

5.9 Capital Investment, Private Financing, Borrowings, Leases, Asset Registers and Security of Assets

5.9.1 Capital Investment

The Chief Executive:

- (a) shall ensure that there is an adequate appraisal and approval process in place for determining capital expenditure priorities and the effect of each proposal upon business plans.
- (b) is responsible for the management of all stages of capital schemes and for ensuring that schemes are delivered on time and to cost
- (c) shall ensure the availability of resources to finance all revenue consequences, including capital charges.

For every capital expenditure proposal, the Chief Executive shall ensure:

- (a) that a business case in line with the guidance contained within the NHSE Accountability Framework is produced setting out:
 - (i) an option appraisal of potential benefits compared with known costs to determine the option with the highest ratio of benefits to costs.
 - (ii) appropriate project management and control arrangements.
 - (iii) the involvement of appropriate Trust personnel and external agencies.
- (b) that the Chief Financial Officer has certified professionally to the costs and revenue consequences detailed in the business case; and
- (c) where the sum involved exceeds delegated limits, the business case must be referred to the NHSE and/or Department of Health in line with current guidelines.

For capital schemes where the contracts stipulate stage payments, the Chief Executive will issue procedures for their management, incorporating the recommendations of CONCODE, acting via the Director of Estates and Facilities.

The Chief Financial Officer shall assess on an annual basis the requirement for the operation of the construction industry tax deduction scheme in accordance with HM Revenue & Customs guidance.

The Chief Financial Officer shall issue procedures for the regular reporting of expenditure and commitment against authorised expenditure, which as a minimum shall include reporting to the Board on:

- (a) an individual scheme/project.
- (b) the source and level of funding.
- (c) the expenditure incurred against the annual profile.

The approval of a capital programme shall not constitute approval for the initiation of expenditure on any individual scheme, because it is also necessary to undertake the mandatory procurement processes of the Trust. The Chief Executive will issue a scheme of delegation for capital investment management in accordance with ESTATECODE guidance and the Trust's Standing Orders.

The Chief Financial Officer shall issue procedures governing the financial management, including variations to contract, of capital investment projects and valuation for accounting purposes. These procedures shall fully take into account the latest delegated limits for capital schemes as notified by the Department of Health. Contract framework agreements (approved frameworks and approved framework hosts only) should always be considered for all construction projects between the value of £5,000 and £1 million, except for works of a very specialist nature for which the Trust's quotation or competitive tendering procedures will apply.

The management of contracts awarded via these approved and compliant frameworks shall follow the guidelines issued by the Department of Health and Social Care or relevant framework provider's Systems and Procedures documentation which may include: the selection and appointment of the Principal Supply Chain Partner, approval of the design and Guaranteed Maximum Price, risk management procedures, partnering arrangements, cost verification, change management, monitoring and reporting requirements and audit arrangements.

The Trust shall carry out benchmarking exercises for selected framework capital schemes using the framework specific toolkits developed by NHS Estates. All data and information shall be submitted to NHS Estates to enable appropriate benchmarking and measurement of the framework process.

All orders and contracts agreed under the Contract Framework Agreement shall be priced.

The Contract Framework Agreement should be reviewed at regular intervals, usually annually, to ensure anticipated benefits are being realised and that cost improvement and value for money objectives are achieved.

The Contract Framework Agreement shall be subject to formal tender procedures and shall comply with the EU directives governing public procurement.

The Chief Financial Officer shall issue procedure notes governing the control, management, reporting and audit arrangements of the Contract Framework Agreement.

The Committee overseeing the capital programme shall receive regular reports on the performance of the Contract Framework Agreement and detailed project progress reports on all ongoing schemes.

Any capital monies spent should be in accordance with the requirements laid down in the Manual for Accounts as issued by the Department of Health.

In relation to capital investment, due process shall be followed in line with the Trust's business decision making process, including the approval of the Capital Monitoring and Investment Committee.

5.9.2 Private and External Finance

PFI financing

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

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

Other financing

When the Trust proposes to finance capital investment other than through internally generated cash, the following procedures shall apply:

- (a) the instructions contained in the Tendering and Contract Procedures relating to Private Finance shall be followed.
- (b) the Chief Financial Officer shall demonstrate that the use of external finance to support capital investment is secured under the Department of Health's borrowing procedures; and
- (c) where leasing arrangements are proposed these should be authorised by signature by the Chief Financial Officer (see section 11.4)

5.9.3 Leases

Where it is proposed that leasing shall be considered in preference to capital procurement then the following should apply:

- (a) the selection of a contract/finance company shall be on the basis of competitive tendering and quotations sought via the Procurement Department.
- (b) all proposals to enter into a leasing agreement shall be referred to the Chief Financial Officer before acceptance of any offer.
- (c) the Chief Financial Officer shall ensure that the proposal demonstrates best value for money.
- (d) there must be a formal review against relevant accounting standards (IAS17, IFRIC 4, IFRIC 12, IFRS 16).
- (e) due to the potential capital nature of leases all new lease proposals should be approved by the Capital Monitoring and Investment Committee; and
- (f) the proposal shall be agreed in writing by the Chief Financial Officer prior to acceptance of any offer to the lease.

5.9.4 Asset Registers

The Chief Executive is responsible for the maintenance of registers of assets, taking account of the advice of the Chief Financial Officer concerning the form of any register and the method of updating, and arranging for a physical check of assets against the asset register to be conducted once a year. Medical and IM&T Equipment will be identified and managed by the Medical Equipment Executive and IM&T departments respectively.

The Trust shall maintain an asset register recording fixed assets. The minimum data set to be held within these registers shall be as specified in the Manual for Accounts as issued by the Department of Health.

The minimum data set to be held within these registers shall be as specified under International Financial Reporting Standards (IFRS), the DHSC Group Accounting Manual and other guidance as issued by the Department of Health and Social Care.

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

- (a) properly authorised and approved agreements, architects' certificates, suppliers' invoices and other documentary evidence in respect of purchases from third parties.
- (b) stores, requisitions and wages records for own materials and labour including appropriate overheads.
- (c) lease agreements in respect of assets held under a finance lease and capitalised.

Where capital assets are sold, scrapped, lost or otherwise disposed of, their value must be removed from the accounting records and each disposal must be validated by reference to authorisation documents and invoices (where appropriate).

The Chief Financial Officer shall approve procedures for reconciling balances on fixed assets accounts in ledgers against balances on fixed asset registers.

The Chief Financial Officer will ensure that an appropriate revaluation of the Trust's assets is undertaken on a regular basis by a qualified valuer in accordance with methods specified in the Manual for Accounts issued by the Department of Health.

The value of each asset shall be depreciated using methods and rates as specified in the Manual for Accounts issued by the Department of Health.

The Chief Financial Officer shall calculate and pay capital charges as specified in the Manual of Accounts issued by the Department of Health.

5.9.5 Security of Assets

The overall control of fixed assets is the responsibility of the Chief Executive.

Asset control procedures (including fixed assets, cash, cheques & negotiable instruments, and donated assets) must be approved by the Chief Financial Officer. This procedure shall make provision for:

- (a) recording managerial responsibility for each asset.
- (b) identification of additions and disposals.
- (c) identification of all repairs and maintenance expenses.
- (d) physical security of assets.
- (e) periodic verification of the existence of, condition of, and title to, assets recorded;
- (f) identification and reporting of all costs associated with the retention of an asset.
- (g) reporting, recording and safekeeping of cash, cheques, and negotiable instruments.

All discrepancies revealed by verification of physical assets to the fixed asset register shall be notified to the Chief Financial Officer.

Each employee has a responsibility for the security of the property of the Trust and for ensuring that any borrowing or private use of Trust equipment, goods, services and facilities is authorised by their line manager or head of department. It is the responsibility of Board members and senior employees in all disciplines to apply appropriate routine security checks and practices in relation to Trust and NHS property as may be determined by the Board. Any breach of agreed security practices must be reported in accordance with these Standing Financial Instructions and the Trust's Fraud and Corruption Policy and Prevention of Bribery Policy.

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

Where practical, assets should be marked as Trust property.

All land and property transactions shall follow the guidance provided in NHS guidance, particularly the guidance outlined in ESTATECODE.

5.10 Stores and Receipt of Goods

5.10.1 General position

A controlled store is one which is subject to formal control over access to stocks and detailed records are kept of stock, issues and receipts. Stock is subject to an annual stocktake and subject to formal valuation at the lower of cost and net realisable value. Transactions are only charged to departmental budgets when stock is issued from the store.

Departmental stores are unlikely to have the same level of control as controlled stores and transactions are charged to departmental budgets on receipt of goods. Stock should be subject to periodic stocktake and material differences between year-end figures notified to the Chief Finance Officer.

A number of principles apply to the operation of all stores. Managers of stores and stock are responsible for ensuring that:

- a) stocks are kept to a minimum commensurate with delivery and cost
- b) effective purchasing.
- c) stocks are subjected to annual stock take, which complies with Year End procedures and timetable issued by the Finance Department.
- d) stocks are valued at the lower of cost or net realisable value; and
- e) losses and the disposal of obsolete stock are reported to the Chief Financial Officer (and Local Counter Fraud Officer / Risk Management where there is loss due to theft, criminal damage or other untoward incident).

5.10.2 Control of Stores, Stocktaking, Condemnations and Disposal

Subject to the responsibility of the Chief Financial Officer for the systems of control, overall responsibility for the control of stores shall be delegated to an employee by the Chief Executive. The day-to-day responsibility may be delegated by him to departmental

employees and stores managers / keepers, subject to such delegation being entered in a record available to the Chief Financial Officer.

The control of any Pharmaceutical stocks shall be the responsibility of a designated Pharmaceutical Officer; the control of any fuel oil and coal of a designated estates manager.

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

The Chief Financial Officer shall set out procedures and systems to regulate the stores including records for receipt of goods, issues, and returns to stores, and losses.

Stocktaking arrangements shall be agreed with the Chief Financial Officer and there shall be a physical check covering all items in store at least once a year.

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

The designated manager/ Chief Pharmacist shall be responsible for a system approved by the Chief Financial Officer for a review of slow moving and obsolete items and for condemnation, disposal, and replacement of all unserviceable articles. The designated officer shall report to the Chief Financial Officer any evidence of significant overstocking and of any negligence or malpractice (see also section 13, Disposals and Condemnations, Losses and Special Payments). Procedures for the disposal of obsolete stock shall follow the procedures set out for disposal of all surplus and obsolete goods.

5.10.3 Goods supplied by NHS Supply Chain

For goods supplied via NHS Supply Chain, the Chief Executive shall identify those authorised to requisition and accept goods via this route. The authorised person shall check receipt against the delivery note and report discrepancies to the Chief Financial Officer to avoid overpayment where such discrepancies cannot be resolved via the Procurement Team.

5.11 Disposals and Condemnations, Losses and Special Payments

5.11.1 Disposals and Condemnations

- **Procedures**

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

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

All unserviceable articles shall be:

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

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

Sales to third parties must be accompanied by an indemnity in accordance with Trust Disposal Procedures.

5.11.2 Losses and Special Payments

- **Procedures**

The Chief Financial Officer must prepare a Losses and Special Payments Policy and procedural instructions on the recording of and accounting for losses, and special payments.

Any employee or officer of the Trust discovering or suspecting a loss of any kind must immediately notify their supervisor, line manager or head of department, except where fraud or corruption is suspected in which case the officer should take action in accordance with the Trust's Counter Fraud and Corruption Policy and Prevention of Bribery Policy.

The Chief Financial Officer must notify the NHS Counter Fraud Specialist who will advise NHS Protect via the Fraud Information Reporting System Toolkit ("FIRST").

For losses apparently caused by theft, arson, neglect of duty or gross carelessness, except if trivial, the Chief Financial Officer must immediately notify:

- (a) the Board; and
- (b) the External Auditor. In those cases where theft or criminal damage is involved, the Chief Financial Officer must also inform the Police and the Trust's security officer.

Novel, contentious or repercussive losses and special payments must be referred to the Department of Health.

The Chief Financial Officer shall be authorised to take any necessary steps to safeguard the Trust's interests in bankruptcies and company liquidations.

For any loss, the Chief Financial Officer should consider whether any insurance claim could be made.

The Chief Financial Officer shall maintain a Losses and Special Payments Register in which write-off action is recorded.

All losses and special payments must be reported to the Audit Committee.

5.12 Information Technology

The Chief Financial Officer, who is responsible for the accuracy and security of the computerised financial data of the Trust, shall (in liaison with the Chief Information Officer):

- (a) devise and implement any necessary procedures to ensure adequate (reasonable) protection of the Trust's data, programs and computer hardware for which he is responsible from accidental or intentional disclosure to unauthorised persons, deletion or modification, theft or damage, having due regard for the Data Protection Act 1998.
- (b) ensure that adequate (reasonable) controls exist over data entry, processing, storage, transmission and output to ensure security, privacy, accuracy, completeness, and timeliness of the data, as well as the efficient and effective operation of the system.
- (c) ensure that adequate controls exist such that the computer operation is separated from development, maintenance and amendment.
- (d) ensure that an adequate management (audit) trail exists through the computerised system and that such computer audit reviews as he may consider necessary are being carried out.

The Chief Financial Officer shall satisfy himself that new financial systems and amendments to current financial systems are developed in a controlled manner and thoroughly tested prior to implementation. Where this is undertaken by another organisation, assurances of adequacy must be obtained from them prior to implementation.

In the case of computer systems which are proposed (i.e. including those applications which the majority of NHS bodies in the locality wish to sponsor jointly) all responsible Executive Directors and Officers will send to the Chief Financial Officer:

- (a) details of the outline design of the system; and
- (b) in the case of packages acquired either from a commercial organisation, from the NHS, or from another public sector organisation, the operational requirement.

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

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

Where computer systems have an impact on corporate financial systems the Chief Financial Officer shall satisfy himself that:

- (a) systems acquisition, development and maintenance are in line with corporate policies such as an Information Technology Strategy.
- (b) data assembled for processing by financial systems is adequate, accurate, complete and timely, and that a management (audit) trail exists.
- (c) Chief Financial Officer staff have access to such data; and

(d) such computer audit reviews are being carried out as are considered necessary.

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

5.13 Patients' Property

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

The Chief Executive is responsible for ensuring that patients or their guardians, as appropriate, are informed before or at admission by:

- (a) the notices and information booklets.
- (b) hospital admission documentation and property records.
- (c) oral advice of administrative and nursing staff responsible for admissions, that the Trust will not accept responsibility or liability for patients' property brought into the Trust's premises, unless it is handed in for safe custody and a copy of an official patients' property record is obtained as a receipt.

The Chief Nurse must provide detailed written instructions on the collection, custody, investment, recording, safekeeping, and disposal of patients' property (including instructions on the disposal of the property of deceased patients and of patients transferred to other premises) for all staff whose duty is to administer, in any way, the property of patients.

Where Department of Health instructions require the opening of separate accounts for patients' monies, these shall be opened and operated under arrangements agreed by the Chief Financial Officer. Due care should be exercised in the management of a patient's money in order to maximise the benefits to the patient.

In all cases where property of a deceased patient is of a total value in excess of £5,000 (or such other amount as may be prescribed by any amendment to the Administration of Estates (Small Payments) Act 1965), the production of probate or letters of administration shall be required before any of the property is released. Where the total value of property is £5,000 or less, forms of indemnity shall be obtained.

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

Where patients' property or income is received for specific purposes and held for safekeeping the property or income shall be used only for that purpose, unless any variation is approved by the donor or patient in writing.

5.14 Funds held on Trust

The corporate trustee (the UHL Trust Board) is accountable to the Charities Commission for funds held on trust.

Employees handling funds held on trust must comply with the Charity's Financial Procedures, in conjunction with those of the Trust. Where no different/specific instructions have been approved by the Trustees, the Trust's Standing Financial Instructions shall be applied wherever possible.

All donations received by the Trust must be passed to the Charity promptly, for banking and administration.

No separate bank accounts should be opened or maintained other than those authorised by the Charity Trustee.

Where staff are aware of patients or groups who wish to set up a charity, they are advised in the first instance to contact Leicester Hospital's Charity to find appropriate designated Leicester Hospital's Charity funds.

5.15 Acceptance of Gifts by Staff

The Chief Executive shall ensure that all officers are made aware of the Trust's Standards of Business Conduct Policy, which deals with the acceptance of gifts and other benefits in kind by staff. This policy follows the guidance contained in the Department of Health Standards of Business Conduct for NHS Staff.

5.16 Retention of Records

The Chief Executive shall be responsible for maintaining archives for all documents required to be retained in accordance with Department of Health guidelines.

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

Records held in accordance with Department of Health guidance shall only be destroyed at the express instigation of the Chief Executive. Detail shall be maintained of records so destroyed. Reference shall be made to the Trust's Policy on the retention and disposal of records.

5.17 Risk Management

The Chief Executive shall ensure that the Trust has a programme of risk management, in accordance with current Department of Health requirements, which must be approved and monitored by the Board.

The programme of risk management shall include:

- (a) a process for identifying and quantifying risks and potential liabilities.

- (b) engendering among all levels of staff a positive attitude towards the control of risks.
- (c) management processes to ensure all significant risks and potential liabilities are addressed including effective systems of internal control, cost effective insurance cover, and decisions on the acceptable level of retained risk.
- (d) contingency plans to offset the impact of adverse events.
- (e) audit arrangements including internal audit, clinical audit, health and safety review.
- (f) decision on which risks shall be insured.
- (g) arrangements to review the risk management programme.
- (h) appropriate levels of external accreditation.

The existence, integration and evaluation of the above elements will assist in providing a basis to make an Annual Governance Statement within the Annual Report and Accounts as required by current Department of Health guidance.

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

With four exceptions the Trust may not enter into insurance arrangements with commercial insurers. The exceptions are:

- (a) insuring motor vehicles owned by the Trust including third party liability arising from their use.
- (b) where the Trust is involved with a consortium in a Private Finance Initiative contract and the other consortium members require that commercial insurance arrangements are entered into.
- (c) where income generation activities take place. Income generation activities should normally be insured against all risks using commercial insurance. If the income generation activity is also an activity normally carried out by the Trust for a NHS purpose the activity may be covered in the risk pool. Confirmation of coverage in the risk pool must be obtained from NHSR.
- (d) where it is necessary to ensure that the Trust is able to continue providing a service where adequate levels of insurance are not available under any of the schemes administered by NHSR, the Trust arranges a policy in the name of “the employees of the Trust” or “members, for the time being, of a specific team”. In such cases, the premium must be:

- (i) Paid by the use of charitable funds, providing the Trust establishes through the Charity Commission, or other relevant regulatory body, whether this is an appropriate use of funds, or
- (ii) Paid by members of the team and then reimbursed by the Trust, or
- (iii) Paid by the Trust, provided this is with the recognition, and approval, of the Chief Financial Officer and/or Internal Audit.

In any case of doubt concerning a Trust's powers to enter into commercial insurance arrangements the Chief Financial Officer should first consult NHSR.

Where the Board decides to use the schemes administered by NHSR, the Chief Financial Officer shall ensure that the arrangements entered into are appropriate and complementary to the risk management programme. The Chief Financial Officer shall ensure that documented procedures cover these arrangements.

Where the Board decides not to use the schemes administered by NHSR for one or other of the risks covered by the schemes, the Chief Financial Officer shall ensure that the Board is informed of the nature and extent of the risks that are self-insured as a result of this decision. The Chief Financial Officer will draw up formal documented procedures for the management of any claims arising from third parties and payments in respect of losses that will not be reimbursed.

NHSR schemes may require members to make some contribution to the settlement of claims (the 'deductible element'). The Chief Financial Officer should ensure documented procedures also cover the management of claims and payments below the deductible element in each case.

- **Arrangements to be followed by the Board in agreeing Insurance cover**

Where the Board decides to use the risk pooling schemes administered by NHS Resolution, the Chief Financial Officer, Chief Medical Officer and Chief Nurse shall ensure that the arrangements entered into are appropriate and complementary to the risk management programme. The Chief Financial Officer shall ensure that documented procedures cover these arrangements.

Where the Board decides not to use the risk pooling schemes administered by NHS Resolution for one or other of the risks covered by the schemes, the Chief Financial Officer shall ensure that the Board is informed of the nature and extent of the risks that are self-insured as a result of this decision. The Chief Financial Officer, Chief Medical Officer and Chief Nurse will draw up formal documented procedures for the management of any claims arising from third parties and payments in respect of losses which will not be reimbursed.

All the risk pooling schemes require Scheme members to make some contribution to the settlement of claims (the 'deductible'). The Chief Financial Officer should ensure documented procedures also cover the management of claims and payments below the deductible in each case.

5.18 Partnership Arrangements

The Trust shall ensure, through the Chief Executive, that there are processes in place for establishing and reviewing the effectiveness of all partnership arrangements and that these are appropriate for the local circumstances.

5.19 International Financial Reporting Standards (IFRS)

The Trust is required to report all its financial transactions in compliance with IFRS subject to amendments issued by the Department of Health through the NHS Manual for Accounts. It is important that the reporting requirements of IFRS are anticipated and provided for when making decisions which have an impact on the Trust's financial position. This is particularly the case in respect of capital investment, leasing, use of external private finance and contractual relationships with other parties. The Chief Financial Officer and his team should be consulted for advice in such instances.

Scheme of Delegation

Delegated Authority Level	Who can sign
Level 1 (over £1,000,000)	Chief Executive or Chief Financial Officer
Level 2 (£500,000 to £999,999)	Executive Team member
Level 3 (£250,000 to £499,999)	CMG Clinical Director/Deputy Director/
Level 4 (£100,000 to £249,999)	Other Corporate Deputy/Assistant Directors/Head of Operations/ Head of Corporate Departments/Specialists
Level 5 (£50,000 to £99,999)	Deputy Head of Operations or Head of Nursing
Level 6 (£25,000 to £49,999)	General Managers or Deputy Head of Nursing
Level 7 (up to £24,999)	Service Manager or Matron

Delegated Matter	Authority Delegated to	Reference Documents
<p>1. <u>Management of financial plans and budgets</u></p> <p>(Responsibility for keeping pay and non pay expenditure within approved budgets)</p> <p>1. Approval of Trust financial plan and budgets 2. Delegation by the budget holder 3. Approval to spend 4. Monitoring of financial performance</p>	<p>Trust Board, approval of overall resources Budget Managers Budget Managers Chief Financial Officer</p>	<p>SFI 4.6 SFI 4.6</p>
<p>2. <u>Maintenance/operation of Bank Accounts</u></p> <p>Opening of new Bank Account Notification of change to the banking arrangements</p>	<p>Chief Financial Officer Chief Financial Officer</p>	<p>SFI 5.4.2</p>
<p>3. <u>Non pay revenue within budgets and financial plans/requisitioning/ordering/payment of Goods and Services</u></p>		<p>SFI 5.8.1</p>

<p>Annual non-pay expenditure approval Delegated limits for regulated funds (all values are inclusive of VAT irrespective of whether this is reclaimable or not)</p> <ul style="list-style-type: none"> • Over £5,000,000 • £2,000,000 to £4,999,999 • £1,000,000 to £1,999,999 • £250,000 - £999,999 • Less than £250,000 <p>Refer to table at the top of the document for contract sign off levels</p> <p>Approval over £5,000,000 outside of the Trust Board</p>	<p>Trust Board Finance and Investment Committee Trust Leadership Team Procurement Contracts Committee (PCC) No Committee Approval Needed</p> <p>Approval must be sought from the Chair of Finance and Investment Committee, Chair of Audit Committee and Chair of the Trust. This must only be exercised in exceptional circumstances</p>	
<p>4. <u>Non pay expenditure outside of budget and financial plans</u></p> <p>For any new expenditure (recurrent or non-recurrent) which can be found through slippage refer to delegations above.</p> <p>For any new expenditure (recurrent or non-recurrent) review of the risk to not spending. If risk is low, do not spend. If risk remains high, business case be submitted to Executive Board.</p> <ul style="list-style-type: none"> • Over £5,000,000 • £2,000,000 - £4,999,999 • Up to £1,999,999 <p>Approval over £5,000,000 outside of the Trust Board</p>	<p>Trust Board Finance and Investment Committee Trust Leadership Team (Chief Financial Officer or deputy in attendance)</p> <p>Approval must be sought from the Chair of the Finance and Investment Committee, Chair of Audit Committee and Chair of the Trust. This must only be exercised in exceptional circumstances. Where the sign off is in relation to the New Hospital Programme (NHP), and in excess of £5m, it should be scrutinised through the Our Future Hospitals and Transformation Committee (OFH&TC) and the Finance and</p>	

	<p>Investment Committee (FIC) and then it requires the following to sign it off via email:</p> <ul style="list-style-type: none"> • Chair of the OFH&TC • Exec lead for NHP • Chief Financial Officer • Chair of FIC • Chair of Audit Committee • Trust Chair 	
<p>5. <u>Pay expenditure</u></p> <p>Substantive (recurrent) Pay As per the updated process in place from 27 May 2024, recruitment will take place in line with the financial envelope for the service area or CMG. For any recruitment proposed which is outside the financial envelope there needs to be a clear plan to outline how this will be funded.</p> <p>Recruitment to new posts must be related to an approved business case*, or there needs to be a clear outline in place of what the new post will replace. For recruitment to replacement posts, the service area or CMG must evidence the ongoing need for the post. Unless a clinical need can be evidenced, posts which have been vacant for more than 3 months should not be recruited to without a clear mitigation.</p> <p>Following appropriate consideration at team and CMG/corporate-level, in order to be progressed then all recruitment requests must be submitted with a case of need** to the weekly Executive Recruitment Panel for approval. Consideration will be given to the overall Trust financial and workforce position and the impact of any decisions made from an organisational context. No post will be recruited to unless supported by the Executive Recruitment Panel.</p>		

<ul style="list-style-type: none"> • £2,000,000 to £4,999,999 • £1,000,000 to £1,999,999 • Up to £999,999 <p>Where there is a request for capital investment which is outside of the capital plan, this should be presented to CMIC for review and then a recommendation to Executive Board. Approvals are required as follows:</p> <ul style="list-style-type: none"> • Over £5,000,000 • £2,000,000 to £4,999,999 • Up to £1,999,999 <p>Approval over £5,000,000 outside of the Trust Board</p>	<p>Finance and Investment Committee Trust Leadership Team Relevant CMIC sub group</p> <p>Trust Board (Via FIC) Finance and Investment Committee Trust Leadership Team</p> <p>Approval must be sought from the Chair of the Finance and Investment Committee, Chair of Audit Committee and Chair of the Trust. This must only be exercised in exceptional circumstances. Where the sign off is in relation to the New Hospital Programme (NHP), and in excess of £5m, it should be scrutinised through the Our Future Hospitals and Transformation Committee (OFH&TC) and the Finance and Investment Committee (FIC) and then it requires the following to sign it off via email:</p> <ul style="list-style-type: none"> • Chair of the OFH&TC • Exec lead for NHP • Chief Financial Officer • Chair of FIC • Chair of Audit Committee • Trust Chair 	
<p>7. <u>Authorisation of capital requisitions and invoice approval</u></p> <ul style="list-style-type: none"> • Over £1,000,000 • £500,000 to £999,999 • £250,000 to £499,999 • £100,000 to £249,999 • £50,000 to £99,999 	<p>Level 1 Level 2 Level 3 Level 4 Level 5</p>	<p>SFI 5.2</p>

<ul style="list-style-type: none"> • £25,000 to £49,999 • Up to £24,999 	Level 6 Level 7	
<p>8. <u>One off investment</u></p> <p>One off investments/payment up to £100,000 can be approved outside of Committee schedule. Signed and agreed by both delegates or their deputies</p>	Chief Executive and Chief Financial Officer (or deputies)	
<p>9. <u>NHS Contracts for clinical services and medical staffing</u></p> <p>Clinical service contracts where UHL is the commissioner including commissioning from another NHS organisation refer to section 12.</p> <p>Clinical service contracts where UHL is the provider. Or Medical staffing agreements where UHL is the commissioner/provider.</p> <p>10. Over £1,000,000 11. £250,000 to £999,999 12. Up to £249,999</p> <p>NHS patient care income contracts with commissioners e.g., NHS England or an Integrated Care Board. 13. Over £1,000,000 14. Up to £999,999</p>	Chief Executive or Chief Financial Officer Deputy Director of Finance Head of Operations Chief Executive or Chief Financial Officer Deputy Director of Finance	
<p>10. <u>Losses, Write-offs and Compensations</u></p> <p>Safeguard the Trust's interests in bankruptcies and company liquidations Maintenance of losses and special payments register (including write off actions). Report to Audit Committee.</p>	Chief Financial Officer Chief Financial Officer	SFI 5.11.2

<p>Cash and other losses due to theft, fraud, overpayments and other causes</p> <ul style="list-style-type: none"> • Over £5,000 • From £1,000 to £4,999 • Up to £999 <p>Fruitless payments (including abandoned Capital Schemes)</p> <ul style="list-style-type: none"> • Over £50,000 • Up to £49,999 <p>Bad debts, claims abandoned and write off private patient, overseas visitor and other debts</p> <ul style="list-style-type: none"> • Individual debts over £50,000 • Individual debts from £5,000 to £49,999 • Individual debts up to £4,999 <p>Ex Gratia Payments</p> <p>Damage to buildings, fittings, furniture and equipment and loss of equipment and property in stores and in use due to culpable causes (e.g fraud, theft, arson) or other</p> <ul style="list-style-type: none"> • Over £50,000 • From £5,000 to £49,999 • Up to £4,999 <p>To patients for loss of or damage to personal effects</p> <ul style="list-style-type: none"> • Over £10,000 • From £1,000 to £9,999 	<p>Trust Board (via Audit Committee) Audit Committee (reported to Trust Board) Chief Financial Officer (reported to Audit Committee)</p> <p>Trust Board (via Audit Committee) Audit Committee (reported to Trust Board)</p> <p>Trust Board (via Audit Committee) Audit Committee (reported to Trust Board) Chief Financial Officer (reported to Audit Committee)</p> <p>Trust Board (via Audit Committee) Audit Committee Chief Financial Officer</p> <p>Trust Board Chief Executive</p>	
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<ul style="list-style-type: none"> Up to £999 <p>Cancellation of NHS debtors</p> <ul style="list-style-type: none"> Over £250,000 Up to £249,999 	<p>Chief Financial Officer</p> <p>Chief Financial Officer Audit Committee</p>	
<p>11. <u>Fees and Charges</u></p> <ul style="list-style-type: none"> ➤ Approving and reviewing the level of all fees and charges (other than those determined by the Department of Health) ➤ No officer of the Trust, except within delegated authority, to agree reduction to or waiver of the Trusts normal charges, without the prior express authority for the following: <ul style="list-style-type: none"> Over £10,000 Up to £9,999 	<p>Chief Financial Officer</p> <p>Trust Board Chief Financial Officer</p>	<p>SFI 5.5.2</p>
<p><u>12. Approvals for Tenders, Frameworks, Contracts, Quotes, and price agreements</u></p> <p><u>Tenders, Frameworks, Contracts, Quotes and Price Agreements must be approved via the following committees (values are exclusive of VAT):</u></p> <ul style="list-style-type: none"> <u>Over £5,000,000</u> <u>£2,000,000 to £4,999,999</u> <u>£1,000,000 to £1,999,999</u> <u>£250,000 - £999,999</u> <u>Less than £250,000</u> 	<p>Trust Board Finance and Investment Committee Trust Leadership Team Procurement Contracts Committee (PCC) No Committee Approval Needed</p>	

<p>Procurement Waivers must be approved at the following levels (values are exclusive of VAT):</p> <ul style="list-style-type: none"> • Over £1,000,000 • Procurement Regulations Threshold to £999,999 • Up to Procurement Regulations Threshold <p><u>Refer to the table at the top of this Scheme of Delegation for contract delegated authority levels.</u></p>	<p>Chief Executive Chief Financial Officer</p> <p>Assistant Director of Procurement and Supplies / Head of Procurement</p>	
<p>13. <u>Funds held on Trust</u></p> <ul style="list-style-type: none"> • Over £50,000 • £10,000 to £50,000 • Up to £10,000 	<p>Corporate Trustee (via Charitable Funds Committee) Charitable Funds Committee Charity Officer</p>	<p>SFI 5.14</p>
<p>14. <u>Consultancy and Agency Spend</u></p> <ul style="list-style-type: none"> ➤ Consultancy spend where the lifetime contract expenditure, including any extensions, equals or exceeds £50,000 ➤ Very Senior Manager (VSM) expenditure above £750 per day ➤ Any non-clinical agency expenditure 	<p>NHSE/I – completion of business case via Trust Leadership Team</p> <p>NHSE/I – completion of business case via Trust Leadership Team</p> <p>Prospectively signed off by NHSE/I</p>	
<p>15. <u>The Seal</u></p> <ul style="list-style-type: none"> ➤ Keeping of a register of seal and safekeeping of the Seal ➤ Approval of Documents for sealing ➤ Use of seal in accordance with Standing Orders ➤ Report to the Trust Board quarterly ➤ Property transactions and any other legal requirement for use of the seal 	<p>Chief Executive/Director of Corporate and Legal Affairs</p> <p>Chief Executive/Director of Corporate and Legal Affairs Trust Chair/Chief Executive Director of Corporate and Legal Affairs Trust Chair/Chief Executive</p>	

<p>16. <u>Patient Property</u></p> <ul style="list-style-type: none"> ➤ Ensuring patients and guardians are informed about Patient Property procedures ➤ Prepare detailed written instructions for the administration of patients' property ➤ Informing staff of their duties in respect of patients' property ➤ Opening and managing of separate accounts for patient monies 	<p>Chief Executive</p> <p>Chief Nurse</p> <p>Chief Nurse</p> <p>Chief Financial Officer</p>	<p>SFI 5.13</p>
<p>17. <u>Redundancy payments, non-contractual payments and compromise agreements</u></p> <ul style="list-style-type: none"> • Total package exceeding £100,000 • Total package less than £100,000 	<p>Remuneration Committee</p> <p>Chief Financial Officer and Chief People Officer</p>	

6 EDUCATION AND TRAINING REQUIREMENTS

Managers and staff may seek advice from the Deputy Director of Finance or Assistant Director of Finance in the case of a query. This Policy will be included in the Trust Policy Document Library for reference by staff as appropriate. There are no formal training requirements in relation to this Policy.

7 PROCESS FOR MONITORING COMPLIANCE

An annual review will be undertaken by the Deputy Director of Finance to ensure they reflect the latest regulations and remain fit for purpose, with revised and updated SFIs approved by Trust Board.

8 EQUALITY IMPACT ASSESSMENT

The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.

As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

9 SUPPORTING REFERENCES, EVIDENCE BASE AND RELATED POLICIES

9.1 Legislation

- Criminal Procedure and Investigation Act, 1996 Government Resources and Accounts Act, 2000 Proceeds of Crime Act, 2002
- National Health Service Act 2006 Fraud Act 2006
- Bribery Act 2010
- Health and Social Care Act, 2012
- The Government Resources and Accounts Act 2000 (Estimates and Accounts) Order, 2016
- Finance Act, 2017
- Criminal Finances Act, 2017
- The Money Laundering, Terrorist Financing and Transfer of Funds Information on the Payer) Regulations 2017

9.2 National Guidance

- Model Standing Financial Instructions - Department of Health HSG 93/5 – Standards of Business Conduct for NHS Staff The Code of Conduct for NHS Managers (October 2002)
- The Green Book – HM Treasury (2003) Code of Accountability in the NHS (2004)
- Managing Public Money – HM Treasury (2013 with amendments in 2018) Monthly Financial Monitoring Guidance for NHS Trusts - NHS Improvement Department of Health Group Accounting Manual, 2016-17.

- Department of Health NHS Finance Manual

9.3 Associated UHL Policy Documents

- Trust Standing Orders
- Counter Fraud, Bribery and Corruption Policy Trust Tendering and Contract Procedure
- Secure Management of Patient's and Found Property Policy

10 PROCESS FOR VERSION CONTROL, DOCUMENT ARCHIVING AND REVIEW

This document will be uploaded onto SharePoint and available for access by Staff through INsite. It will be stored and archived through this system.

This policy will be formally reviewed annually years or in the light of any legislative or organisational changes.

POLICY MONITORING TABLE

Element to be monitored	Lead	Tool	Frequency	Reporting arrangements	Lead(s) for acting on recommendations	Change in practice and lessons to be shared
Compliance with Requirements	Deputy Director of Finance – Financial Services	Internal and external audit	Formal review annually	Annual review by the Deputy Director of Finance to ensure reflect latest regulations and remain fit for purpose, with revised and updated SFIs approved by Trust Board. Instances of non-compliance reported to the Audit Committee	Chief Financial Officer (delegated to Deputy Director of Finance – Financial Services).	Required changes will be identified by the Deputy Director of Finance, based on internal and external environmental scanning.

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST
STANDING ORDERS

June 2024

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UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

STANDING ORDERS

FOREWORD

The Trust's Standing Orders set out the formal structure of the Trust and the overall regulatory framework for the conduct of its business. They are an essential part of the framework of controls which the Trust Board has put in place to ensure that all activities are carried out in accordance with the law and the Seven Principles of Public Life (the 'Nolan Principles') which underpin the work of the NHS.

Accountability - Everything done by staff who work in the Trust must be able to stand the test of Parliamentary scrutiny, public judgements on propriety and professional codes of conduct.

Honesty - There must be an absolute standard of honesty in dealing with the assets of the Trust: integrity should be the hallmark of all personal conduct in decisions affecting patients, colleagues and suppliers, and in the use of information acquired in the course of Trust duties.

Openness - There must be sufficient transparency about the business of the Trust to promote confidence between the Trust and its staff, patients and the public.

Selflessness: Holders of public office should act solely in the terms of the public interest. They should not do so in order to gain financial or other benefits for themselves, their family or their friends.

Integrity: Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties.

Objectivity: In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.

Leadership: Holders of public office should promote and support these principles by leadership and example

The Trust Board has also approved Standing Financial Instructions which set out the financial rules adopted by the Trust, and Reservation of Powers to the Board and Delegation of Powers, which set out arrangements for the exercise of the Trust's functions. The Trust's Standing Orders should be read in conjunction with the Standing Financial Instructions and Reservation of Powers to the Board and Delegation of Powers.

The Standing Orders, Standing Financial Instructions and Reservations of Powers to the Board and Delegation of Powers provide a comprehensive business framework. They fulfil the dual role of protecting the Trust's interests and protecting staff from any possible accusation that they have acted less than properly. All Executive and Non-Executive Directors, and all members of staff, should be aware of the existence of these documents and, where necessary, be familiar with the detailed provisions.

The Standing Orders incorporate provisions of the National Health Service Trusts (Membership and Procedure) Regulations 1990 SI(1990)2024 as amended: such provisions are indicated in italics and are not subject to suspension under SO 3.31.

If difficulty arises regarding the interpretation or application of any of these Standing Orders, advice should be sought from the Director of Corporate and Legal Affairs, **BEFORE** any action is taken.

FAILURE BY A MEMBER OF STAFF TO COMPLY WITH STANDING ORDERS IS POTENTIALLY A DISCIPLINARY OFFENCE WHICH COULD RESULT IN DISMISSAL IN CASES OF GROSS MISCONDUCT.

All senior staff to whom these Standing Orders are issued are responsible for ensuring that their staff are informed of the provisions of the Standing Orders and of any amendments, as and when issued.

INTRODUCTION

Statutory Framework

University Hospitals of Leicester NHS Trust (the Trust) is a body corporate which was established under University Hospitals of Leicester National Health Service Trust (Establishment) Order 1999 (SI (1999) No 2921) (the Establishment Order) as varied by the University Hospitals of Leicester National Health Service Trust (Establishment) Amendment Order 2003.

The principal places of business of the Trust are:-

Glenfield Hospital, Groby Road, Leicester, LE3 9QP,
Leicester General Hospital, Gwendolen Road, Leicester, LE5 4PW, and
Leicester Royal Infirmary, Infirmary Square, Leicester, LE1 5WW,

NHS Trusts are governed by statute, mainly the National Health Service Act 2006 and the National Health Service Act 1977 (NHS Act 1977). Health and Social Care Act 2012

The statutory functions conferred on the Trust are set out in the National Health Service Act and in the Trust's Establishment Order.

As a body corporate the Trust has specific 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. The Trust also has a common law duty as a bailee for patients' property held by the Trust on behalf of patients.

The Membership and Procedure Regulations 1990 (SI(1990)2024) as amended require the Trust to adopt Standing Orders (SOs) for the regulation of its proceedings and business.

NHS Framework

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

Included in the Manual are the Codes of Conduct and Accountability for NHS Boards. 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 an Audit Committee and a Remuneration Committee with formally agreed terms of reference. The Code of Conduct stipulates various requirements concerning possible conflicts of interest of Board Directors.

The Code of Practice on Openness in the NHS sets out the requirements for public access to information on the NHS.

Delegation of Powers

Under the Standing Orders relating to the Arrangements for the Exercise of Functions (SO 4), the Board exercises its powers to make arrangements for the exercise, on behalf of the Trust, of any of its functions by a Committee or Sub-Committee appointed by virtue of SO 5 or by an Officer of the Trust, in each case subject to such restrictions and conditions as the Board thinks fit or as the Secretary of State may direct. Delegated powers are covered in a separate document, Reservation of Powers to the Board and Delegation of Powers. That document has effect as if incorporated into the Standing Orders.

1. INTERPRETATION

- 1.1 Save as permitted by law, at any meeting the Chair of the Trust shall be the final authority on the interpretation of Standing Orders (on which he shall be advised by the Director of Corporate and Legal Affairs).
- 1.2 Any expression to which a meaning is given in the Health Service Acts or in the Regulations or Orders made under the Acts shall have the same meaning in this interpretation and in addition:

“Accountable Officer” shall be the Officer responsible and accountable for funds entrusted to the Trust. He shall be responsible for ensuring the proper stewardship of public funds and assets. For this Trust it shall be the Chief Executive.

“Board” shall mean the Chair and Non-Executive Directors, appointed by the Secretary of State/Appointments Commission, and the Executive Directors appointed by the relevant committee of the Trust.

“Budget” shall mean 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.

“Budget Holder” shall mean the Director (excluding Non-Executive Directors), Divisional Director, Clinical Management Group (CMG) Manager or such employee as they may authorise with delegated authority to manage finances (income and expenditure) for a specific area of the organisation.

“Call off order” is an order that is called off from a purchase agreement or Framework where specific volumes and times to be purchased are not fully defined, but pricing is contractually agreed for a specific period of time. This agreement/framework will have been constructed to enable a total volume of business to be called off as and when required, with each call off constituting individual contracts.

“Chair” is the person appointed on behalf of the Secretary of State for Health by the Appointments Commission to lead the Board and to ensure that it successfully discharges its overall responsibility for the Trust as a whole. The expression “The Chair of the Trust” shall be deemed to include the Vice-Chair of the Trust if the Chair is absent from the meeting or is otherwise unavailable.

“Chief Executive” shall mean the Chief Officer of the Trust.

“Commercial Approval” means, the invitation of tenders, quotes, mini-competitions and pricing agreements. The recommendation of contract awards and the issuing of documentation as described at paragraph 9.4.6.

“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.

“Committee” shall mean a Committee appointed by the Trust.

“Committee Members” shall be persons formally appointed as the membership by the Trust to sit on or to chair specific Committees.

“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.

“Contract Register” means the electronic register of contract information

“Direct Award” is an award of a contract or Order from a Framework

“Director” shall mean a person appointed as a Director in accordance with the Membership and Procedure Regulations and includes the Chair.

“Chief Finance Officer” shall mean the Chief Financial Officer of the Trust.

“Establishment Order” shall mean The University Hospitals of Leicester National Health Service Trust (Establishment) Order (SI (1999) No 2921) as varied by the University Hospitals of Leicester National Health Service Trust (Establishment) Amendment Order 2003.

“Funds Held on Trust” shall mean those funds which the Trust holds at its date of incorporation, receives on distribution by statutory instrument, or chooses subsequently to accept under powers derived under the National Health Service Act 2006. Such funds may or may not be charitable.

“Health Service Body” shall have the meaning assigned under Part 2 of the National Health Service Act 2006.

“Membership and Procedure Regulations” shall mean the National Health Service Trusts (Membership and Procedure) Regulations 1990 (SI (1990) 2024) (as amended).

“Motion” means a formal proposition to be discussed and voted on during the course of a meeting.

“NHS Contract” shall have the meaning assigned by the National Health Service Act 2006.

“Nominated Officer” means an Officer charged with the responsibility for discharging specific tasks within SOs and SFIs.

“Officer” means an employee of the Trust or any other person holding a paid appointment or office with the Trust.

“Procurement Manual” means the manual which provides information and guidance on the procurement rules and processes in place within the Trust

“Public Services Contract” means a Services Contract where the estimated value of consideration which the Trust expects to give under the contract (net of VAT) is equivalent to or greater than the limits set by the relevant Public Procurement Regulations as outlined in Section 9.

“Public Supply Contract” means a Supplies Contract where the estimated value of consideration which the Trust expects to give under the contract (net of VAT) is equivalent to or greater than the limits set by the relevant Public Procurement Regulations as outlined in Section 9.

“Procurement Team” means the team that is headed up by the Assistant Director of Procurement and Supplies

“Public Works Contract” means a contract for, or under which the Trust engages a person to procure by any means to specified requirements, building and engineering works of construction and maintenance of the types listed in the correct Schedule of the relevant Public Procurement Regulations where the estimated value of the consideration which the Trust expects to give under the contract (net of VAT) is equivalent to or greater than the limits set by the relevant Public Procurement Regulations as outlined in Section 9.

“Framework Agreement” means an agreement between one or more contracting authorities and one or more economic operators, the purpose of which is to establish the terms governing contracts to be awarded during a given period, in particular with regard to price and, where appropriate, the quantity envisaged.

“Secretary” means a person appointed by the Trust to act independently of the Board to provide advice on corporate governance issues to the Chair and Trust Board and monitor the Trust's compliance with the law, SOs, and observance of Department of Health guidance. For this Trust it shall be the Director of Corporate and Legal Affairs.

“Services Contract” means a contract for the provision of professional or other services other than under an NHS Contract,

“SFIs” means Standing Financial Instructions.

“SOs” means Standing Orders.

“Sub-Committee” shall mean a Sub-Committee appointed by the Trust.

“Sub-Committee Members” shall be persons formally appointed as the membership by the Trust to sit on or to chair specific Sub-Committees.

“Supplies Contract” means a contract for the purchase or hire of goods including any siting or installation other than under an NHS Contract.

“Trust” means University Hospitals of Leicester NHS Trust.

“Vice-Chair” means the Non-Executive Director appointed by the Trust to take on the Chair's duties if the Chair is absent for any reason.

“Works Contract” means a contract for building and engineering works of construction and maintenance including a public works contract other than an NHS Contract.

1.3 All references to the masculine gender shall read as equally applicable to the feminine gender.

2. THE TRUST

2.1 All business shall be conducted in the name of the Trust.

2.2 All funds received in trust shall be in the name of the Trust as corporate trustee. In relation to funds held on trust, powers exercised by the Trust as corporate trustee shall be exercised separately and distinctly from those powers exercised as a Trust.

2.3 The Trust has the functions conferred on it by Schedule 4 NHS Trusts Established Under Section 25 Chapter 3 of the National Health Service Act 2006 and by its Establishment Order.

2.4 Directors acting on behalf of the Trust as corporate trustee are acting as quasi-trustees. Accountability for charitable funds held on trust is to the Charity Commission.

2.5 The Trust has resolved that certain powers and decisions may only be exercised or made by the Board in formal session. These powers and decisions are set out in the document Reservation of Powers to the Board and Delegation of Powers and have effect as if incorporated into the Standing Orders.

2.6 **Composition of the Trust** - In accordance with the Establishment Order and Membership and Procedure Regulations the composition of the Board of the Trust shall be:

The Chair of the Trust,

7 Non-Executive Directors, including a nominee of the University of Leicester as the Trust is to be regarded as having a significant teaching commitment within the meaning of paragraph 5 (1) (D) of Schedule 4 to the National Health Service Act 2006, as amended

5 Executive Directors, namely:

- the Chief Executive (the Chief Officer),
- the Chief Financial Officer (the Chief Finance Officer),
- the Medical Director (a medical or dental practitioner),
- the Chief Operating Officer
- the Chief Nurse (a registered nurse or midwife)

2.7 **Appointment of the Chair and Directors** - The Chair and Non-Executive Directors are appointed by the Secretary of State/Appointments Commission. The Trust shall appoint a Committee whose members shall be the Chair and (at least two of) the Non-Executive Directors of the Trust whose function will be to appoint the Chief Officer as a Director of the Trust. The Trust shall appoint a Committee whose members shall be the Chair, (at least two of) the Non-Executive Directors and the Chief Officer whose function will be to appoint the Executive Directors of the Trust other than the Chief Officer.

2.8 **Terms of Office of the Chair and Directors** - The rules governing the period of tenure of office of the Chair and Directors and the termination or suspension of office of the Chair and Directors are contained in the Membership and Procedure Regulations.

2.9 **Appointment of Vice-Chair** - For the purpose of enabling the proceedings of the Trust to be conducted in the absence of the Chair, the Directors of the Trust may appoint a Non-Executive Director from amongst them to be Vice-Chair for such a period, not exceeding the remainder of his term as Non-Executive Director of the Trust, as they may specify on appointing him.

2.10

11

Any Non-Executive Director - So elected may at any time resign from the office of Vice-Chair by giving notice in writing to the Chair and the Directors of the Trust may thereupon appoint another Non-Executive Director as Vice-Chair in accordance with paragraph 2.9.

2.11 Powers of Vice-Chair - Where the Chair of an NHS Trust has died or has otherwise ceased to hold office or where he has been unable to perform his/her duties as Chair owing to illness, absence from England and Wales or any other cause, references to the Chair shall, so long as there is no Chair able to perform his/her duties, be taken to include references to the Vice-Chair.

2.12 Joint Directors - Where more than one person is appointed jointly to a post in the Trust which qualifies the holder for Executive Directorship or in relation to which an Executive Director is to be appointed, those persons shall become appointed as an Executive Director jointly, and shall count for the purpose of Standing Order 2.6 as one person.

3. MEETINGS OF THE TRUST

3.1 Admission of the Public and Press - the public and representatives of the press shall be afforded facilities to attend all formal meetings of the Board but shall be required to withdraw upon the Board resolving as follows:

“That pursuant to the Public Bodies (Admission to Meetings) Act 1960 the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest”. (Section 1 (2) Public Bodies (Admission to Meetings) Act 1960).

3.2 The Chair (or Vice-Chair) shall give such directions as they see fit in regard to the arrangements for meetings and accommodation of the public and representatives of the press such as to ensure that the Board’s business shall be conducted without interruption and disruption and, without prejudice to the power to exclude on grounds of the confidential nature of the business to be transacted, the public will be required to withdraw upon the 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 business without the presence of the public” (Section 1(8) Public Bodies (Admission to Meetings) Act 1960).

3.3 Nothing in these Standing Orders shall require the Board to allow members of the public or representatives of the press to record proceedings in any manner whatsoever, other than writing, or to make any oral report of proceedings as they take place without the prior agreement of the Board.

3.4 Calling Meetings - Ordinary meetings of the Trust shall be held at such times and places as the Board may determine.

- 3.5** The Chair may call a meeting of the Trust at any time. If the Chair refuses to call a meeting after a requisition for that purpose, signed by at least one-third of the whole number of Directors, has been presented to them, or if, without so refusing, the Chair does not call a meeting within seven days after such requisition has been presented to them, such one third or more Directors may forthwith call a meeting.
- 3.6** **Notice of Meetings** - Before each meeting of the Trust, a notice of the meeting, specifying the business proposed to be transacted at it, and signed by the Chair or by an Officer of the Trust authorised by the Chair to sign on his behalf shall be delivered to every Director, or sent by post to the usual place of residence of such Director, so as to be available to him at least three clear days before the meeting.
- 3.7** Subject to Standing Order 3.9, lack of service of the notice on any Director shall not affect the validity of a meeting.
- 3.8** In the case of a meeting called by Directors in default of the Chair, the notice shall be signed by those Directors, and no business shall be transacted at the meeting other than that specified in the notice.
- 3.9** Failure to serve such a notice on more than three Directors will invalidate the meeting. A notice shall be presumed to have been served at the time at which the notice would be delivered in the ordinary course of the post.
- 3.10** **Setting the Agenda** - The Board may determine that certain matters shall appear on every agenda for a meeting of the Board and, if the Board so decides, these shall be addressed prior to any other business being conducted. (Such matters may be identified within these SOs or following subsequent resolution listed in an Appendix to the SOs).
- 3.11** A Director desiring a matter to be included on an agenda shall make his request in writing to the Chair at least 10 clear days before the meeting, subject to SO 3.6. Requests made less than 10 days before a meeting may be included on the agenda at the discretion of the Chair.
- 3.12** **Chair of Meeting** - At any meeting of the Trust, the Chair, if present, shall preside. If the Chair is absent from the meeting the Vice-Chair, if there is one and they are present, shall preside. If the Chair and Vice-Chair are absent such Non-Executive Director as the Directors present shall choose shall preside.
- 3.13** If the Chair is absent from a meeting temporarily on the grounds of a declared conflict of interest the Vice-Chair, if present, shall preside. If the Chair and Vice-Chair are absent, or are disqualified from participating, such Non-Executive Director as the Directors present shall choose shall preside.
- 3.14** **Annual Public Meeting** - The Trust will publicise and hold an Annual Public Meeting in accordance with the NHS Trusts (Public Meetings) Regulations 1991 (SI(1991)482).

- 3.15 Notices of Motion** - A Director of the Trust desiring to move or amend a motion shall send a written notice thereof at least 10 clear days before the meeting to the Chair, who shall insert in the agenda for the meeting all notices so received subject to the notice being permissible under the appropriate regulations. This paragraph shall not prevent any motion being moved during the meeting without notice on any business mentioned on the agenda subject to SO 3.8.
- 3.16 Withdrawal of Motion or Amendments** - A motion or amendment once moved and seconded may be withdrawn by the proposer with the concurrence of the seconder and the consent of the Chair.
- 3.17 Motion to Rescind a Resolution** - Notice of motion to amend or rescind any resolution (or the general substance of any resolution) which has been passed within the preceding 6 calendar months shall bear the signature of the Director who gives it and also the signatures of 4 other Directors. When any such motion has been disposed of by the Trust, it shall not be competent for any Director other than the Chair to propose a motion to the same effect within 6 months; however, the Chair may do so if he considers it appropriate.
- 3.18 Motions** - The mover of a motion shall have a right of reply at the close of any discussion on the motion or any amendment thereto.
- 3.19** When a motion is under discussion or immediately prior to discussion it shall be open to a Director to move:
- an amendment to the motion,
 - the adjournment of the discussion or the meeting,
 - that the meeting proceed to the next business (*),
 - the appointment of an ad hoc Committee to deal with a specific item of business,
 - that the motion be now put (*),
 - a motion under Section 1 (2) of the Public Bodies (Admission to Meetings) Act 1960 resolving to exclude the public.
- * In the case of the sub-paragraphs denoted by (*) above, to ensure objectivity, such motions may only be put by a Director who has not previously taken part in the debate.
- No amendment to the motion shall be admitted if, in the opinion of the Chair of the meeting, the amendment negates the substance of the motion.
- 3.20 Chair's Ruling** - Statements of Directors made at meetings of the Trust shall be relevant to the matter under discussion at the material time and the decision of the Chair of the meeting on questions of order, relevancy, regularity and any other matters shall be observed at the meeting.
- 3.21 Voting** – Agreement of issues under debate shall normally be reached by consensus. Any member present may however ask for a vote to be taken. In such cases each question shall be determined by a majority of the votes of the Directors

present and voting on the question and, in the case of any equality of votes, the person presiding shall have a second or casting vote.

- 3.22** All questions put to the vote shall, at the discretion of the Chair of the meeting, be determined by oral expression or by a show of hands. A paper ballot may also be used if a majority of the Directors present so request.
- 3.23** If at least one-third of the Directors present so request, the voting (other than by paper ballot) on any question may be recorded to show how each Director present voted or abstained.
- 3.24** If a Director so requests, his vote shall be recorded by name upon any vote (other than by paper ballot).
- 3.25** In no circumstances may an absent Director vote by proxy. Absence is defined as being absent at the time of the vote.
- 3.26** An Officer who has been appointed formally by the Board 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 Executive Director. An Officer attending the Board 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.
- 3.27** **Minutes** - The Minutes of the proceedings of a meeting shall be drawn up and submitted for agreement at the next ensuing meeting where they will be signed by the person presiding at it.
- 3.28** No discussion shall take place upon the Minutes except upon their accuracy or where the Chair considers discussion appropriate. Any amendment to the Minutes shall be agreed and confirmed at the next meeting.
- 3.29** Minutes shall be circulated in accordance with the Board's wishes. Where providing a record of a public meeting the Minutes shall be made available to the public (as required by the Code of Practice on Openness in the NHS).
- 3.30** **Joint Directors** - Where a post of Executive Director is shared by more than one person:
- (a) both persons shall be entitled to attend meetings of the Trust,
 - (b) either of those persons shall be eligible to vote in the case of agreement between them,
 - (c) in the case of disagreement between them no vote should be cast, and
 - (d) the presence of either or both of those persons shall count as one person for the purposes of SO 3.37 (Quorum).

- 3.31 Suspension of Standing Orders** - Except where this would contravene any statutory provision or any direction made by the Secretary of State, any one or more of the Standing Orders may be suspended at any meeting, provided that at least one-third of the Board are present, including one Executive Director and one Non-Executive Director, and that a majority of those present vote in favour of suspension.
- 3.32** A decision to suspend SOs shall be recorded in the Minutes of the meeting.
- 3.33** A record of matters discussed during the suspension of SOs shall be made and shall be available to the Board.
- 3.34** The Audit Committee shall review every decision to suspend SOs.
- 3.35 Variation and Amendment of Standing Orders** - These Standing Orders shall be amended only if:
- no fewer than half the total of the Trust's Non-Executive Directors vote in favour of amendment; and
 - at least two-thirds of the Directors are present; and
 - the variation proposed does not contravene a statutory provision or direction made by the Secretary of State.
- 3.36 Record of Attendance** - The names of the Directors present at the meeting shall be recorded in the Minutes.
- 3.37 Quorum** - No business shall be transacted at a meeting of the Trust unless at least one-third of the whole number of the Directors are present including on or after the operational date at least one Executive Director and one Non-Executive Director.
- 3.38** An Officer in attendance for an Executive Director but without formal acting up status may not count towards the quorum.
- 3.39** If a Director has been disqualified from participating in the discussion on any matter and/or from voting on any resolution by reason of the declaration of a conflict of interest (see SO 6 or SO 7) he 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. The above requirement for at least one Executive Director to form part of the quorum shall not apply where the Executive Directors are excluded from a meeting (for example when the Board considers recommendations of the Remuneration Committee).

4. ARRANGEMENTS FOR THE EXERCISE OF FUNCTIONS BY DELEGATION

- 4.1** Subject to SO 2.7 and such directions as may be given by the Secretary of State, the Board may make arrangements for the exercise, on behalf of the Trust, of any of its functions by a Committee or Sub-Committee, appointed by virtue of SO 5.1 or SO 5.2 below or by a Director or an Officer of the Trust, in each case subject to such restrictions and conditions as the Board thinks fit.
- 4.2** **Emergency Powers** - The powers which the Board has retained to itself within these Standing Orders (SO 2.5) may in emergency be exercised by the Chief Executive and the Chair after having consulted at least two Non-Executive Directors. The exercise of such powers by the Chief Executive and the Chair shall be reported to the next formal meeting of the Board for ratification.
- 4.3** **Delegation to Committees and Sub-Committees** - The Board shall agree from time to time to the delegation of executive powers to be exercised by Committees or Sub-Committees, which it has formally constituted. The constitution and terms of reference of these Committees, or Sub-Committees, and their specific executive powers shall be approved by the Board.
- 4.4** **Delegation to Officers** - Those functions of the Trust which have not been retained as reserved by the Board or delegated to an executive Committee or Sub-Committee shall be exercised on behalf of the Board by the Chief Executive. The Chief Executive shall determine which functions he will perform personally and shall nominate Officers to undertake the remaining functions for which he will still retain accountability to the Board.
- 4.5** The Chief Executive shall prepare a Scheme of Delegation identifying his proposals which shall be considered and approved by the Board, subject to any amendment agreed during the discussion. The Chief Executive may periodically propose amendment to the Scheme of Delegation which shall be considered and approved by the Board as indicated above.
- 4.6** Nothing in the Scheme of Delegation shall impair the discharge of the direct accountability to the Board of the Chief Finance Officer or other Executive Director to provide information and advise the Board in accordance with any statutory requirements.
- 4.7** The arrangements made by the Board as set out in the document entitled "Reservation of Powers to the Board and Delegation of Powers" shall have effect as if incorporated in these Standing Orders.

5. COMMITTEES AND SUB-COMMITTEES

- 5.1** **Appointment** - Subject to SO 2.7 and such directions as may be given by the Secretary of State, the Trust may and, if directed by him, shall appoint Committees of the Trust, consisting wholly or partly of Directors of the Trust or wholly of persons who are not Directors of the Trust.

5.2

A Committee appointed under SO 5.1 may, subject to such directions as may be given by the Secretary of State or the Trust, appoint Sub-Committees consisting wholly or partly of members of the Committee (whether or not they include Directors of the Trust) or wholly of persons who are not members of the Trust Committee (whether or not they include Directors of the Trust).

- 5.3** The Standing Orders of the Trust, as far as they are applicable, shall apply with appropriate alteration to meetings of any Committees or Sub-Committees established by the Trust.
- 5.4** Each such Committee or Sub-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. Such terms of reference shall have effect as if incorporated into these Standing Orders.
- 5.5** Committees may not delegate their executive powers to a Sub-Committee unless expressly authorised by the Board.
- 5.6** The Board shall approve appointments to each of the Committees which it has formally constituted. Where the Board determines that persons, who are neither Directors nor Officers, shall be appointed to a Committee, the terms of such appointment shall be determined by the Board subject to the payment of travelling and other allowances being in accordance with such sum as may be determined by the Secretary of State with the approval of the Treasury.
- 5.7** Where the Trust is required to appoint persons to a Committee and/or to undertake statutory functions as required by the Secretary of State, and where such appointments are to operate independently of the Trust, such appointment shall be made in accordance with the regulations laid down by the Secretary of State.
- 5.8** **Confidentiality** - A member of a Committee shall not disclose a matter dealt with by, or brought before, the Committee without its permission until the Committee shall have reported to the Board or shall otherwise have concluded on that matter.
- 5.9** A Director of the Trust or a member of a Committee shall not disclose any matter reported to the Board or otherwise dealt with by the Committee, notwithstanding that the matter has been reported or action has been concluded, if the Board or Committee shall resolve that it is confidential.

6. DECLARATIONS OF INTERESTS AND REGISTER OF INTERESTS

- 6.1** **Declaration of Interests** - The Code of Accountability requires Board Directors to declare interests which are relevant and material to the NHS Board of which they are a Director. All existing Board Directors shall declare such interests. Any Board Directors appointed subsequently shall do so on appointment.
- 6.2** 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 shareholdings 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, and
 - (e) any connection with a voluntary or other organisation contracting for NHS services.
- 6.3** If Board Directors have any doubt about the relevance of an interest, this should be discussed with the Chair.
- 6.4** At the time Board Directors' interests are declared, they shall be recorded in the Board Minutes. Any changes in interests shall be declared at the next Board meeting following the change occurring.
- 6.5** Board Directors' Directorships of companies likely or possibly seeking to do business with the NHS shall be published in the Board's annual report. The information should be kept up to date for inclusion in succeeding annual reports.
- 6.6** During the course of a Board meeting, if a conflict of interest is established, the Board Director concerned shall declare their interest, and where deemed appropriate will withdraw from the meeting room and play no part in the relevant discussion or decision. The declaration of interest shall be recorded in the Minutes of the meeting.
- 6.7** There is no requirement for the interests of Board Directors' spouses or partners to be declared. (Note, however, that SO 7, which is based on the Membership and Procedure Regulations, requires that the interest of Directors' spouses, if living together, in contracts should be declared).
- 6.8** **Register of Interests** - The Director of Corporate and Legal Affairs shall ensure that a Register of Interests is established to record formal declarations of interests of Directors. In particular, the Register will include details of all Directorships and other relevant and material interests which have been declared by both Executive and Non-Executive Board Directors, as defined in SO 6.2.
- 6.9** 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.
- 6.10** The Register will be available to the public and the Director of Corporate and Legal Affairs shall take reasonable steps to bring the existence of the Register to the attention of the local population and to publicise arrangements for viewing it.

7. DISABILITY OF DIRECTORS IN PROCEEDINGS ON ACCOUNT OF PECUNIARY INTEREST

The entire text of this section is based on the Membership and Procedure Regulations.

- 7.1** Subject to the following provisions of this Standing Order, if a Director of the Trust has any pecuniary interest, direct or indirect, in any contract, proposed contract or other matter and is present at a meeting of the Trust at which the contract or other matter is the subject of consideration, he shall at the meeting and as soon as practicable after its commencement disclose the fact and shall not take part in the consideration and discussion of the contract or other matter or vote on any question with respect to it.
- 7.2** The Secretary of State may, subject to such conditions as they may think fit to impose, remove any disability imposed by this Standing Order in any case in which it appears to him in the interests of the National Health Service that the disability shall be removed.
- 7.3** The Trust shall exclude a Director from a meeting of the Trust while any contract, proposed contract or other matter in which they have a pecuniary interest, direct or indirect, is under consideration. (Under Regulation 20 (2) of the Membership and Procedure Regulations Trusts may provide for such exclusion).
- 7.4** Any remuneration, compensation or allowances payable to the Chair or a Non-Executive Director by virtue of paragraph 11 of Schedule 4 to the National Health Service Act 2006 shall not be treated as a pecuniary interest for the purpose of this Standing Order.
- 7.5** For the purpose of this Standing Order, the Chair or a Director shall be treated, subject to SO 7.2 and SO 7.6, as having indirectly a pecuniary interest in a contract, proposed contract or other matter, if:
- (a) he, or a nominee of his, is a Director of a company or other body, not being a public body, with which the contract was made or is proposed to be made, or which has a direct pecuniary interest in the other matter under consideration; or
 - (b) he is a partner of, or is in the employment of, a person with whom the contract was made or is proposed to be made or who has a direct pecuniary interest in the other matter under consideration,

and in the case of married persons living together the interest of one spouse shall be deemed for the purpose of this Standing Order to be also an interest of the other.

- 7.6** A Director shall not be treated as having a pecuniary interest in any contract, proposed contract or other matter by reason only:-

- (a) of his membership of a company or other body, if he has no beneficial interest in any securities of that company or other body,
- (b) of an interest in any company, body or person with which he is connected as mentioned in SO 7.5 above which is so remote or insignificant that it cannot reasonably be regarded as likely to influence a Director in the consideration or discussion of or in voting on, any question with respect to that contract or matter.

7.7 Where a Director:

- (a) has an indirect pecuniary interest in a contract, proposed contract or other matter by reason only of a beneficial interest in securities of a company or other body; and
- (b) the total nominal value of those securities does not exceed £5,000 or one-hundredth of the total nominal value of the issued share capital of the company or body, whichever is the less; and
- (c) if the share capital is of more than one class, the total nominal value of shares of any one class in which he has a beneficial interest does not exceed one-hundredth of the total issued share capital of that class,

this Standing Order shall not prohibit him from taking part in the consideration or discussion of the contract or other matter or from voting on any question with respect to it without prejudice however to his duty to disclose his interest.

7.8 Standing Order 7 applies to a Committee or Sub-Committee of the Trust as it applies to the Trust and applies to any member of any such Committee or Sub-Committee (whether or not he is also a Director of the Trust) as it applies to a Director of the Trust.

8. STANDARDS OF BUSINESS CONDUCT

8.1 **Policy** – Staff (including Directors) must comply with guidance issued by NHS England on Managing Conflicts of Interest and the local UHL policy “*Managing Conflicts of Interest*”.

8.2 **Interest of Officers in Contracts** - If it comes to the knowledge of a Director or an Officer of the Trust that a contract in which they have any pecuniary interest, has been, or is proposed to be, entered into by the Trust they shall, at once, give notice in writing to the Director of Corporate and Legal Affairs of the fact that they are interested therein. The Director of Corporate and Legal Affairs shall enter details in the Register of Officers’ Interests kept by them for the purpose. In the case of married persons or persons living together as partners, the interest of one partner shall, if known to the other, be deemed to be also the interest of that partner.

8.3

An Officer must also declare in writing to the Director of Corporate and Legal Affairs any other employment or business or other relationship of his, or of a partner, that conflicts, or might reasonably be predicted could conflict with the interests of the Trust.

- 8.4 Canvassing of, and Recommendations by, Directors in Relation to Appointments** - Canvassing of Directors of the Trust or members 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 this Standing Order shall be included in application forms or otherwise brought to the attention of candidates.
- 8.5** A Director 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 Director from giving written testimonial of a candidate's ability, experience or character for submission to the Trust.
- 8.6** Informal discussions outside appointments panels or Committees, whether solicited or unsolicited, should be declared to the panel or Committee.
- 8.7 Relatives of Directors or Officers** - Candidates for any staff appointment shall when making application disclose in writing whether they are related to any Director 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.
- 8.8** The Directors and every Officer of the Trust shall disclose in writing to the Director of Corporate and Legal Affairs any relationship with a candidate of whose candidature that Director or Officer is aware.
- 8.9** On appointment, Directors (and prior to acceptance of an appointment in the case of Executive Directors) shall disclose to the Trust whether they are related to any other Director or holder of any office under the Trust.
- 8.10** Where the relationship of an Officer or another Director to a Director of the Trust is disclosed, the Standing Order headed 'Disability of Directors in proceedings on account of pecuniary interest' (SO 7) shall apply.
- 8.11 Gifts** - Each Officer of the Trust shall adhere to the Trust's policy "*Managing Conflicts of Interest*" for Trust staff in respect of the offer/acceptance/rejection of any gifts in accordance with the Code and shall notify the Director of Corporate and Legal Affairs in writing of the offer/acceptance/rejection of gifts in accordance with the Code.
- 8.12 Hospitality** - Each Officer of the Trust shall adhere to the Trust's "*Managing Conflicts of Interest*" policy for Trust staff in respect of the offer/acceptance/rejection of hospitality and shall register this through the electronic portal

8.13

Registers – The Director of Corporate and Legal Affairs shall ensure that Registers are established to record formally declarations of interests in contracts, employment or relationships, gifts and hospitality under SOs 8.2, 8.3, 8.8, 8.11 and 8.12. The Registers will be available for inspection by any Board Director.

9. BUYING GOODS AND SERVICES (Including Healthcare Services)

9.1 Introduction

9.1.1 Duty to Comply with Standing Orders - The procedure for (i) placing orders by or on behalf of the Trust or (ii) executing contracts by or on behalf of the Trust involving (a) revenue, capital and/or charitable funds, (b) works, services or concessions and (c) whether subject to purchase, lease or managed equipment services shall comply with the procedures and requirements of these Standing Orders (except where Standing Order (SOs) 3.31 (Suspension of SOs) is applied). Subject to the following provisions of these Standing Orders, the standard method of procurement by the Trust shall be by way of competitive quotation or tender.

9.1.2 When procuring services, supplies and works, the Trust will:

- deliver value for money
- maximise public benefit
- ensure transparency to suppliers to allow the understanding of Trust procurement policies and decisions
- act, and be seen to act, with integrity, and treat suppliers the same unless a justified difference applies.

All procurements should be undertaken on the basis that the correct procurement process has been followed and, on a sound legal basis. Further guidance can be obtained by contacting the Procurement Department. The procedures for placing orders and executing contracts shall take account of any notice or declaration pursuant to Standing Order 8.2 and/or 8.3 Trust's, the Trust's Register of Officers' Interests and the necessity to avoid any possibility of collusion or allegations of collusion between contractors and suppliers and staff of the Trust.

9.1.3 The Trust shall comply with all UK procurement legislation when undertaking any contract procurement activity (where a procurement is over the relevant procurement financial threshold).

9.1.4 Legislation Governing Procurement of Health Care Services

(a) The Trust shall comply with the Health and Care Act 2022 and The Health Care Services (Provider Selection Regime) Regulations 2023. The Procurement Legislation as from time to time amended shall have effect as if incorporated in these Standing Orders and Standing Financial Instructions

- (b) The Trust should consider obtaining support from any suitably qualified professional advisor (including where appropriate legal advisors to ensure compliance with Procurement Legislation when engaging in tendering procedures.
- (c) The Trust shall consider the application of any applicable duty to consult or engage the public or any relevant Overview and Scrutiny Committee of a Local Authority prior to commencing any procurement process for a contract opportunity.
- 9.1.5** The Trust shall comply as far as is practicable with any guidance that may be issued from the Department of Health and Social Care on specific areas such as Capital, Management Consultancy and Agency workers. If healthcare services are being procured by the Trust, the Trust shall, where practicable and provided it protects the Trust's position adequately, seek to procure that contract terms shall reflect the most up to date and relevant model Standard Conditions that are provided by the Department of Health and Social Care (with such amendments as may be required to develop bespoke contracts).
- 9.1.6** Where there exists a Trust requirement or works, services or a concession arrangement which can be ordered under pre-existing contracts (including frameworks and/or call-off contracts) arranged by the Trust, National and Regional bodies authorised to act on behalf of the Trust (or which the Trust is able to access as a permitted contracting authority beneficiary) then the provision of this Clause 9 insofar as competitive tendering exercises are concerned, are not applicable. Where the Trust uses such a pre-existing framework arrangement to order or commission works, services or concession arrangements, the Trust shall comply with Standing Order 9.16.
- 9.1.7** Officers of the Trust shall ensure that any information provided to any prospective party invited to quote/tender under SO 9, shall be provided, where appropriate, to all prospective parties invited to quote/tender so as to ensure fair and adequate competition. Formal quotation/tender documents shall at all times be treated as strictly confidential subject to statutory provision.
- 9.1.8** These Standing Orders establish financial values that apply Trust-wide to all procurements: Officers of the Trust shall not seek to circumvent or avoid having to comply with these Standing Orders by disaggregating the financial values that apply in respect of any proposed procurement.
- 9.1.9** Where formal Trust competitive quotations and formal Trust competitive tenders are required to be invited, they shall be sought from a sufficient number of firms to provide fair and adequate competition, being a **minimum of three** suppliers in each case. If invitations are sought in accordance with this Standing Order 9.1.8 but less than three tenders are received, the Trust is deemed to have complied with this Standing Order 9.1.8.
- 9.1.10** The Chief Executive shall be responsible for ensuring that best value for money can be demonstrated for all services provided under contract or in house. The

Trust Board may also determine from time to time that in-house services should be market tested by competitive tendering.

9.1.11 Contracts – Subject to Standing Order 3.31, the Trust may only enter into contracts within the statutory powers and shall comply with:

- (a) these Standing Orders,
- (b) the Trust's SFIs,
- (c) the Trust Scheme of Delegation and your approved budget authority levels
- (d) the Procurement Act 2023
- (e) the Procurement Regulations 2024
- (f) The Health Care Services (Provider Selection Regime) Regulations 2023 (PSR)
- (g) The Procurement Contract Regulations 2015 or any other preceding regulations as still applicable.
- (h) any relevant guidance issued by the Department of Health and Social Care from time to time, such as the NHS Standard Contract Conditions as are applicable in the circumstances.

Formal contract documentation shall substantially be in or embody the same terms and conditions of contract as was the basis on which tenders or quotations were invited.

9.1.12 In all contracts made, the Trust shall endeavour to obtain best value for money. **All values outlined in the Standing Orders are excluding Value Added Tax (unless stated otherwise).**

9.1.13 In such Contracts involving charitable funds shall comply with the requirements of the Charities Act. For funds held, the Trust shall relate to a specifically named fund.

9.1.14 All tenders issued by the Trust shall be issued via an e-tendering portal and be advertised in line with the relevant Procurement Regulations and national guidance. This will be subject to the controls built into the system regarding the receipt and safe keeping of tenders and all records.

9.1.15 The Assistant Director of Procurement and Supplies / Head of Procurement shall ensure that Procurement procedural guidance is kept up to date. The guidance will include the rules requirements and records to be maintained for each key stage of the tendering process.

9.1.16 Where approved National or local frameworks, subject to the relevant Procurement Regulations are used, call off purchases must be in accordance with the relevant legislation by which the framework was awarded, and the guidance outlined in the Framework. Where a Direct Award is made in accordance with the guidance outlined in the Framework provision of this Clause 9 insofar as competitive tendering exercises are concerned, are not applicable. Where mini competitions are sought these should be carried out by procurement (or facilities staff for below threshold works) and by way of the e-tendering portal.

9.1.17 Compliant, approved Frameworks and Framework hosts are to be used at all times. Where Frameworks are used that are not subject to any of the relevant procurement regulations, call off purchases must comply with the rules outlined in the Framework guidance. Where a Direct Award is made in accordance with the guidance outlined in the Framework the provision of this Clause 9 insofar as competitive tendering exercises are concerned, are not applicable.

9.2 Approval to proceed

9.2.1 Prior to any procurement, officers of the Trust must ensure that provision within agreed budgets has been made for the goods and / or services required.

9.2.2 The placing of orders shall only be undertaken by or in consultation with the Chief Finance Officer or his/her delegated procurement officers and other agreed officers.

9.2.3 The Chief Finance Officer as above shall only delegate authority to other officers of the Trust when he is satisfied that the written procedures have been prepared and to be followed by the Officers of the Trust and his staff are satisfactory and consistent with these Standing Orders.

9.3 Quote / Tender Limits

9.3.1 Where existing contracts are in place officers of the Trust must use those contracts unless otherwise agreed by Procurement.

The thresholds for quotes and tenders are set out below:

Category	Estimated Contract Value From	Estimated Contract Value To	Procurement Process
CLINICAL SERVICES	£0	Unlimited	Work with the procurement team to undertake a compliant Health Care Services (Provider Selection Regime) Regulations 2023 procurement process
GOODS AND SERVICES	£0	£30,000 (including VAT) or £25,000 (excluding VAT)	The responsible budget holder shall assure themselves that the Trust is receiving value for money and shall consider the adoption of one of the following procurement methods: <ul style="list-style-type: none"> • Competitive quotation, or • Negotiation, or • Seeking more than one electronic quotation
	£30,000 (including VAT) or £25,000 (excluding VAT)	Procurement Act 2023 Threshold for the supply of goods, services and works.	As a minimum, competitive quotations shall be sought from at least three suppliers, (acting through the Procurement Team). The Assistant Director of Procurement & Supplies / Head of Procurement may, in the interests

		<i>From January 2026 this threshold is £135,018 (including VAT) or £112,515 (excluding VAT)</i>	of obtaining value for money or transparency, determine that a formal tendering process is required. The Procurement Act 2023 and Procurement Regulations 2024 require the Trust to publish contract award notices on Find a Tender Service (FTS) for below threshold contracts over £30,000.
	Procurement Act 2023 Threshold for the supply of goods, services and works. <i>From January 2026 this threshold is £135,018 (including VAT) or £112,515 (excluding VAT)</i> <i>From January 2026, the threshold for light touch contracts that do not fall within PSR23 is £663,540 (including VAT) or £552,950 (excluding VAT)</i>	Unlimited	Work with the procurement team to undertake a compliant Procurement Act 2023 and Procurement Regulations 2024 procurement process
WORKS	£30,000 (including VAT) or £25,000 (excluding VAT)	Procurement Act 2023 Threshold for the supply of goods, services and works. <i>From January 2026 this threshold is £135,018 (including VAT) or £112,515 (excluding VAT)</i>	As a minimum, competitive quotations shall be sought from at least three suppliers, (acting through the Estates team). The Assistant Director of Procurement & Supplies / Head of Procurement may, in the interest of obtaining value for money or transparency, determine that a formal tendering process is required. The Procurement Act 2023 and Procurement Regulations 2024 require the Trust to publish contract award notices on Find a Tender (FTS) for below threshold contracts over £30,000.
	Procurement Act 2023 Threshold for the supply of goods, services and works. <i>From January 2026 this threshold is £135,018 (including VAT) or £112,515 (excluding VAT)</i>	Procurement Act 2023 threshold for Works Contracts <i>From January 2026 this threshold is £5,193,000 (including VAT) or £4,327,500 (excluding VAT)</i>	Formal Tender process with a minimum of 3 bidders with sealed bids (are submitted via an electronic tendering system). The Procurement Act 2023 and Procurement Regulations 2024 require the Trust to publish contract award notices on Find a Tender (FTS) for below threshold contracts over £30,000.
	Procurement Act 2023 threshold for Works Contracts	Unlimited	Work with the procurement team to undertake a compliant Procurement Act 2023 and Procurement Regulations 2024 procurement process

	<i>From January 2026 this threshold is £5,193,000 (including VAT) or £4,327,500 (excluding VAT)</i>		
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Placing an order with a value up to £25,000 (excluding VAT)

Where the estimated expenditure does not, or is not reasonably expected to, **exceed £25,000 (excluding VAT)**, the responsible budget holder shall assure themselves that the Trust is receiving value for money and shall consider the adoption of one of the following procurement methods:

- (a) Competitive quotation, or**
- (b) Negotiation, or**
- (c) Seeking more than one electronic quotation**

Whichever method of procurement is used, Officers of the Trust shall comply with the procedures issued by the Chief Finance Officer nominated representative(s) on placing orders with a value of up to £25,000 (excluding VAT)

This Clause shall apply where the value or the aggregated value of the order or any call-off orders will not or are not anticipated to exceed £25,000 (excluding VAT).

The provisions of this Clause shall not apply to call off orders placed for goods or services contracts already placed following and pursuant to a previous approved tendering exercise.

A call off order is an order that is called off from a purchase agreement or Framework where specific volumes and times to be purchased are not fully defined, but pricing is contractually agreed for a specific period of time. This agreement/framework will have been constructed to enable a total volume of business to be called off as and when required, with each call off constituting individual contracts.

Approval to proceed shall be subject to the Scheme of Delegation criteria in Appendices 1 & 2.

- 9.3.2 Placing orders with a value of between £25,000 (excluding VAT) and the Procurement Act 2023 (PA23) threshold.** Where the estimated expenditure or income is between £25,000 (excluding VAT) and the PA23 thresholds, officers of the Trust shall always seek guidance from Procurement. As a minimum, competitive quotations shall be sought from at least three suppliers' (acting through Procurement) for supply of goods and services.

Placing Works orders with a value of between £25,000 (excluding VAT) and PA23 Goods and Services threshold. Where the estimated expenditure or income for Works is between £25,000 (excluding VAT) and PA23 threshold for

goods and services, officers of the Trust shall always seek guidance from Procurement. As a minimum, competitive quotations shall be sought from at least three suppliers.

Placing Works orders with a value between the PA23 Goods and Services threshold and the PA23 Works threshold. Where the estimated expenditure or income for Works is between the PA23 goods and services threshold and the PA23 works threshold, officers of the Trust shall always seek guidance from Procurement. As a minimum, a competitive formal tender shall be sought from at least three suppliers.

Where Procurement or Facilities carry out a competitive quotation on a budget holders' behalf this should be by way of the e-tendering portal, using the quotation template and, if advertised, by including the link to Find a Tender Service (FTS).

This Standing Order shall apply where the aggregated value of the order or any call-off orders will not or are not anticipated to **rise above the relevant** Procurement Act 2023 threshold. Aggregation will be determined on the same or similar products / services using the principles set out with the Procurement Regulations 2024 (i.e. expenditure across the whole of the Trust and calculated over an average 4-year period).

The provisions of this Standing Order shall not apply to call off orders placed for goods or services for contracts already placed following and pursuant to a previous tendering exercise or where a Direct Award is made in accordance with the guidance outlined in Framework Agreement then the provision of this Clause 9 insofar as competitive tendering exercises are concerned, are not applicable

Approval to proceed shall be subject to the Scheme of Delegation.

Exceptions to these procedures are detailed in Standing Order 9.5 (Procurement Waiver)

- 9.3.3** Tenders over the Procurement Regulations thresholds will be carried out in accordance with the appropriate procurement regulations and must be by way of the e-tendering portal and advertised on the government Find a Tender Service (FTS).

Where tenders are sought by negotiation approval to do so must be obtained under Standing Order 9.4.1

Only Procurement and Facilities staff or agents operating on our behalf can invite tenders

- 9.3.4** Tenders received after the notified closing time will not be considered and should be rejected

9.3.5 An order or contract document will be sent to the successful supplier subject to the approval process outlined in SO 9.3. and 9.4

9.3.6 Procedures on Receipt of Tender

9.3.7 Procurement & Facilities through the use of the Tender / Contract Portal shall be responsible for ensuring that procedures for the safe custody, opening and recording of formal Trust tenders are devised and used so as to preserve confidentiality and to safeguard against malpractice Tenders received after the notified closing time will not be considered and should be rejected

9.3.8 An order or contract document will be sent to the successful supplier subject to the approval process outlined in SO 9.3. and 9.4

9.4 APPROVAL TO AWARD A CONTRACT

9.4.1 Contracts shall be awarded on the basis of the offer which is:

The most advantageous to the Trust.

9.4.2 All procurements must also be in line with any Procurement Policy Notes as published from time to time by the Cabinet Office.

9.4.3 All contractual commitments and subsequent expenditure shall be approved at both a Budget and Commercial level in line with the Scheme of Delegation following the approval at the appropriate Committee or Trust Board

9.4.4 All Commercial approval is provided by the Chief Finance Officer or his nominated representatives.

9.4.3 Approval of individual tender awards including call-offs from Frameworks amounting to or likely to amount to £5,000,000 (excluding VAT) or more shall be reserved to the Trust Board for decision and further approval may be required by external bodies depending on values and circumstances.

9.4.4 Where it is deemed appropriate, contracts of a lower value than £5,000,000 (excluding VAT) should be reserved to the Trust Board for decision.

9.4.5 Authority to the Signing of contracts – Subject to 9.4.2 contracts must either be signed by the Budget Holder who has approval in accordance with the scheme of delegation or by the Chief Finance Officer or his nominated representative.

9.4.6 For the avoidance of doubt, officers within the Procurement function, may, under the authority of the Assistant Director of Procurement and Supplies / Head of Procurement, complete and issue documentation which, in itself, constitutes the Trust entering into a binding contract with an external supplier. However, such documentation will be based upon the prior authorisation of the relevant Budget Holder and Committee (in line with the Scheme of Delegation) and is therefore an administrative action undertaken with the Budget Holder's due authority. The

same principle applies to officers acting under the authority of the Director of Estates and Facilities

- 9.4.7** Final signed copies of all contracts (under and over the Procurement Regulation thresholds) shall be kept by Procurement (and Facilities if required) (electronically or in hard copy as required).
- 9.4.8** All contracts awarded by Officers of the Trust must include their awarded contract information on the Trust electronic Contract Register. The Assistant Director of Procurement and Supplies / Head of Procurement shall be responsible for maintaining the Contract Register.
- 9.4.9** Officers of the Trust involved in any contract procurement process subject to Procurement Regulations shall retain full details on file of the contracts awarded, the original tender documents, the tender submissions and offers (including pricing schedules) records of all procurement meetings, negotiation meetings, record of any evaluation and scoring process (and moderation exercise), discussions and all correspondence between the Trust and the suppliers, contractors and / or consultants up to acceptance of the offer for the particular contract / commission. This can be implemented and delivered through the procurement Electronic Tender Portal.
- 9.4.10** All contracts awarded by Officers of the Trust and which are over the financial thresholds in the relevant Procurement Regulations shall not be entered into until (a) the Trust has sent award notification letters to the successful and unsuccessful bidders and (b) the 8 working day standstill period (or 10-day standstill period) has expired. The letters to the successful and unsuccessful tenderers to notify them of their success or failure to win the tender process and to provide de-briefing information on the reasons they were unsuccessful (the characteristics and relative advantages of the winning bidder). Where letters are to be sent to unsuccessful bidders, Trust Officers shall obtain guidance by contacting the Procurement Department prior to sending the letters. Where Procurement Regulations apply no contract shall be executed prior to the expiry of the correct standstill period applicable. Under PA23, the standstill period is eight working days (via PCR 2015, the standstill period is ten days) with the first day being the day following the despatch of all (or the last of) the award notification letters to successful and unsuccessful bidder. The last day of the eight days is the day before the contract is entered into and must be a working day in the UK.

9.5 Procurement Waiver Process

- 9.5.1** Officers of the Trust not able to either obtain three quotations (**for purchases up to the Procurement Regulations thresholds**) or carry out a formal tender (**for purchases above the Procurement Regulations thresholds**) shall prepare in writing a Procurement Waiver application explaining their reasons and submit their request to the Chief Financial Officer or his nominated representative. Where the anticipated value exceeds £1,000,000 the

procurement waiver application shall be considered by the Chief Executive following submission to the Chief Financial Officer.

9.5.2 The decisions of the Chief Finance Officer and Chief Executive under this Standing Order shall be final and the decisions and reasons therefore shall be recorded and reported to the Audit Committee, as a standing item,

9.5.3 Procurement Waiver approval may be considered in the following circumstances prior to an invitation for tender or quotation:

1. The contract concerns the production of a prototype, or supply of other novel goods or services (designed or developed at the request of the contracting authority)
2. The supplier has intellectual property rights or other exclusive rights that mean they are the only supplier that can supply the goods, services or works, or due to an absence of competition for technical reasons, only a particular supplier can supply the goods, services or works required. There are no reasonable alternatives to the goods, services or works.
3. The contract concerns the supply of goods, services or works by the existing supplier which are intended as an extension to, or partial replacement of, existing goods, services or works in circumstances where a change in supplier would result in the contracting authority receiving goods, services or works that are different from, or incompatible with, the existing goods, services or works, and the difference or incompatibility would result in disproportionate technical difficulties in operation or maintenance.
4. The public contract concerns the supply of goods, services or works by the existing supplier that are similar to existing goods, services or works where the existing goods, services or works were supplied under a contract that was awarded in accordance with a competitive tendering procedure within the period of five years ending with the day on which the transparency notice is published, and the tender notice or any tender document in respect of that earlier contract set out the contracting authority's intention to carry out a subsequent procurement of similar goods, services or works in reliance on this direct award justification, and any other information specified in regulations under section 95.
5. The contract concerns goods purchased on a commodity market (e.g. Energy)
6. The award of the contract to a particular supplier will ensure terms particularly advantageous to the contracting authority due to the fact that a supplier, whether or not the one to whom the contract is to be awarded, is undergoing insolvency proceedings.
7. The goods, services or works to be supplied under the contract are strictly necessary for reasons of extreme and unavoidable urgency, and as a result the contract cannot be awarded on the basis of a competitive tendering procedure. Urgency is unavoidable if it is not attributable to any act or

omission of the contracting authority and could not have been foreseen by the contracting authority.

8. The contract is for the supply of user choice services that are of a kind specified as light touch contracts); or are supplied for the benefit of a particular individual; or are in respect of which a contracting authority would, in awarding a contract for their supply, be required under an enactment to have regard to the views of the individual, or a person providing care to the individual (their “carer”), in relation to who should supply the services.

9.6 Private Finance

When the Trust proposes to use finance which is to be provided other than through its External Financing Limit (EFL) the following procedures shall apply

- (a) the advice and approval of the Chief Finance Officer shall be sought to proceed,
- (b) the Chief Finance Officer and the Trust Board must be satisfied that the use of private finance represents value for money and genuinely transfers significant risk to the private sector, and
- (c) where the sum involved exceeds delegated limits, a business case must be referred to the NHS England and/or treated as per current DHSC Guidelines,
- (d) the proposal must be specifically agreed by the Trust in the light of such professional advice as should reasonably be sought in particular with regard to vires, and
- (e) the selection of contractor/finance company must be on the basis of competitive tendering where the estimated expenditure exceeds £100,000 (excluding VAT) in accordance with and subject to the provisions of this SO9.

9.7 Other Contracts

This Standing Order 9.7 is without prejudice to the obligations of all officers of the Trust to observe all other provisions of this Standing Order 9 in totality wherever relevant and applicable.

9.7.1 Personnel and Agency or Temporary Staff Contracts – subject to the provisions of these SOs, SFIs and guidance issued from time to time by the Chief Finance Officer and Director Workforce and OD, Budget Holders as identified to the Chief Finance Officer shall have delegated authority to enter into contracts for the employment of other Officers, and enter into contracts for the employment of agency staff or temporary staff.

9.7.2 Healthcare Services Agreements/Contracts – made between two NHS organisations, for example with Health Authorities/Clinical Commissioning Groups (CCG’s) for the supply of healthcare services, are subject to the provisions of the National Health Service Act 2006. Such agreements/contracts do not give rise to contractual rights or liabilities but a dispute may be referred to NHS England (acting as the Secretary of State).

- 9.7.3** The Chief Executive shall nominate an Officer with power to negotiate for the provision of healthcare services with Commissioners and Purchasers of healthcare. For this Trust, the Officer shall be the Chief Finance Officer.
- 9.7.4 Estates & Facilities Contracts** Every tender invitation for goods, materials, manufactured articles supplied as part of the works contract and services shall embody such of the main contract conditions as may be appropriate in accordance with the contract forms described in SOs 9.7.5 and 9.7.6 below.
- 9.7.5** Every tender invitation for building and engineering works, except for maintenance work only where Estmancode guidance should be followed, shall embody or be substantially in the terms of the current edition of (i) the appropriate Joint Contracts Tribunal (JCT),2016 standard forms of contract or (ii) the appropriate New Engineering Contract (NEC4) contract, in each case with such bespoke amendments as are necessary and/or can be used to improve the Trust's position. When the content of the works is primarily engineering, tenders shall embody or be in the terms of (i) the General Conditions of Contract recommended by the Institutions of Mechanical Engineers and the Association of Consulting Engineers (Form A) (ii) in the case of civil engineering work, the General Conditions of Contract recommended by the Institution of Civil Engineers or (iii) on the appropriate JCT2016 or NEC4 contract suitable for the specific professional service and/or (iv) on the form of contract that is specifically prescribed as a call-off contract under a pre-existing framework. The standard documents should be amended only where necessary or to improve the position of the Trust, to cover special features of individual projects. Tendering based on other forms of contract may be used only after prior consultation with the DHSC.
- 9.7.6** Every quotation/tender invitation for goods, materials, services (including consultancy services) or disposals shall embody such of the NHS Standard Contract Conditions as are applicable. For capital design and works contracts, estate maintenance contracts and other construction or facilities maintenance contracts, the NHS Standard Contract Conditions are less suitable, and the other provisions Standing Orders 9.7.5 shall apply.
- 9.7.7** Service contracts shall be executed as a deed or under the Common Seal of the Trust in accordance with the procedures in Part 12 of these SOs where this is deemed appropriate, in the opinion of the Officer responsible, in consultation with the Director of Corporate and Legal Affairs (or his nominated representative(s)). Otherwise, such service contracts shall be evidenced in writing so far as is possible having regard to the custom and practice of the profession concerned. Consultants of health building schemes must be appointed by the Director of Estates & Facilities under the terms of a formal agreement which includes details of the terms and conditions that apply to the appointment of professional consultants produced by the professional bodies and, if appropriate, the following standard forms of appointment for the commissioning of professional consultants published by NHS England.

- 9.7.8** The Director of Estates & Facilities shall ensure that an official order or letter of acceptance shall be placed for all works contracts (**up to and including the sum of £100,000**).
- 9.7.9** Every works contract which exceeds **£100,000** in value but does **not exceed £250,000** may be executed under hand by the Director of Estates & Facilities (or his nominated representative) or the Director of Corporate and Legal Affairs (or his nominated representative).
- 9.7.10.a** Every works contract which exceeds £250,000 and does not exceed £1,000,000 may be executed under hand by at the discretion of the Director of Estates and Facilities by the Director of Estates & Facilities (or their nominated representative) or the Director of Corporate and Legal Affairs (or their nominated representative).
- 9.7.10.b** Every works contract which exceeds **£1,000,000** shall be executed as a deed or under seal as soon as reasonably possible after the contract is awarded in accordance with Standing Order 12.
- 9.7.11** Where the estimated value of building or engineering works to which a services contract for consultant related design services is not more than **£250,000** the contract may be executed under hand by the Director of Estates & Facilities (or his nominated representative) or the Director of Corporate and Legal Affairs (or his nominated representative).
- 9.7.12** Where the estimated value of building or engineering works to which a services contract for consultant related design services exceeds **£250,000** the contract shall be executed as a deed or under seal as soon as reasonably possible after the contract is awarded in accordance with Standing Order 12.
- 9.7.13** Every works contract and supplies contract shall specify:
- (a) What is to be supplied to the Trust,
 - (b) The price to be paid or a method of calculating the price to be paid, with a statement of discounts or other deductions if any, and
 - (c) Where applicable, the time or times within which the contract is to be performed.
- 9.7.14** The Director of Estates & Facilities shall ensure that works contracts between the Trust and the proposed nominated sub-contractors or proposed nominated suppliers shall be based on the current edition of the NSC/W deed; and proposed nominated suppliers' contracts shall be based on the current edition of the forms of direct warranty TNS/2; and, where the sub-contract value exceeds **£250,000**, it shall be executed under hand by the Director of Estates & Facilities (or his nominated representative) and shall be executed as a deed by the sub-contractor or supplier as soon as reasonably possible after the contract is awarded and shall then be

executed under the common seal of the Trust within a further period of 6 months.

- 9.7.15** For building and engineering works the Director of Estates & Facilities (or his nominated representative) shall be authorised to select the form(s) of contract most suited to the requirements of the scheme, taking into account Departmental guidance and the relevant provisions of this SO9.
- 9.7.16** Where amendments to any standard form of contract are considered essential by the Director of Estates & Facilities (or his nominated representative) these must be based on competent professional advice, particularly when the balance of risks is being considerably changed or fixed lump sum bids are invited for commissions of long duration.
- 9.7.17** Consultants in respect of works of a construction nature who are not included in the standard forms prepared for NHS use (eg landscape architects) may be commissioned by the Director of Estates & Facilities (or his nominated representative) using the standard form published by that consultant's professional body, suitably amended to take account of Government or Departmental policy. Where there is any difficulty because of the absence of any form of agreement specific to the particular profession concerned, the Director of Estates & Facilities (or his nominated representative) shall seek suitable professional advice on the form of contract.
- 9.7.18** Where the Director of Estates & Facilities (or his nominated representative) considers it necessary, following a decision as to which tenderer to award a contract to, he or she shall be authorised to send a letter to (i) the successful contractor notifying him of acceptance of his tender and stating that he will shortly be sent the formal contract documentation for execution (and where the Public Contract regulations 2015 apply this shall be used as a standstill letter) and (ii) the unsuccessful tenderers to notify them of their failure to win the tenderer process and (where required under the Public Contract Regulation 2015) to provide de-briefing information on the reasons they were unsuccessful (the characteristics and relative advantages of the winning bidder). Where letters are to be sent to unsuccessful bidder, the Director of Estates & Facilities shall obtain guidance by contacting the Procurement Department prior to sending the letters. Where the Public Contract Regulations 2015 applies, no contract shall be executed prior to the expiry of the standstill period applicable. The standstill period is ten days with the first day being the day following the despatch of all (or the last of) the award notification letters to successful and unsuccessful bidder. The last day of the ten days is the day before the contract is entered into and must be a working day in the UK.
- 9.7.19** The Director of Estates & Facilities (or his nominated representative) in consultation with the Director of Corporate and Legal Affairs (or his nominated representative(s)) and the Trust's professional advisers, including legal advisers, shall determine the circumstances in which the

Trust requires a performance bond and/or a parent company guarantee and/or design or collateral warranties and/or professional indemnity insurance in respect of any building or engineering contract and shall secure any such performance bond and/or parent company guarantee and/or design or collateral warranties as appropriate in line with the contract.

- 9.7.20** The Director of Estates & Facilities (or his nominated representative) shall retain full details on file of the commissions awarded, the original invitations offers, pricing schedules, records of meetings, record of any evaluation and scoring process (and moderation exercise), discussions and all correspondence between the Trust and the consultants up to acceptance of the offer for the particular commission. This can be implemented and delivered through the procurement Electronic Tender Portal
- 9.7.21** The Director of Estates & Facilities (or his nominated representative) shall ensure that contractors and consultants are (as a condition precedent to appointment) adequately insured against enforceable claims which might result from the work undertaken by them by virtue of their appointments and that such insurance is regularly checked and maintained for an appropriate period.
- 9.7.22** The Director of Estates & Facilities (or his nominated representative) in consultation with the Director of Corporate and Legal Affairs (or his nominated representative(s)) shall determine what insurance arrangements are to be made by the Trust and/or contractor/consultant, and assess damages to be incorporated within the contract, in respect of building or engineering works.
- 9.7.23** Procurement of Building and Engineering Works and Approved Lists – in respect of building and engineering works, and subject to the provisions of these SOs, the Director of Estates & Facilities shall be authorised to act as lead Director on behalf of the Trust in procuring such works and shall be authorised to establish and maintain approved lists of firms and consultants from which he may select firms and consultants to tender for specific contracts at his discretion. In compiling the list, the Director of Estates & Facilities shall observe advice given and compiled by other NHS bodies. The Director of Estates & Facilities shall be authorised to seek tenders for and operate commissions under ‘Measured Term Contract’ arrangements for building consultancy and drawing office and other related building and engineering services in respect of minor capital works.
- 9.7.24** The approved lists established and maintained by the Director of Estates & Facilities under SO 9.7.23 may be for such categories of building and engineering works and may be divided into such value classification as he determines at his discretion. These will be tendered via the procurement Electronic Portal so that there is a full and comprehensive audit trail of all information between the Trust and the Suppliers so that competitive tendering can be applied and evaluated both internally or externally by appointed Quantity Surveyors (QS)

9.7.25 In establishing, maintaining and operating the approved lists of firms and consultants, the Director of Estates & Facilities shall ensure that:-

- (a) the Trust shall not operate the approved lists in such a way that they contravene the requirements of these SOs, the law generally and, in particular, UK legislation governing public procurement,
- (b) applications for inclusion in the Trust's approved lists shall be considered at any time,
- (c) no charge shall be made to firms and consultants processing applications for inclusion in the approved lists,
- (d) a systematic financial and technical check is made, whether by the Trust or by an external NHS body acting on behalf of the Trust, of all firms and consultants considered for inclusion on the approved lists (the financial check to be the subject of consultation with the Chief Finance Officer and Head of Procurement and Supplies) and only those firms/consultants which satisfy the criteria established are included on the approval lists,
- (e) the approved lists shall be reviewed at periods not exceeding three years and that all firms and consultants shall be reassessed at the time of review,
- (f) all firms and consultants selected from approved lists to tender for a specific contract shall be reassessed at the time of selection to ensure that their circumstances have not changed since their inclusion on the approved lists,
- (g) a firm's or consultant's retention on the lists is dependent upon both its circumstances at the time of its inclusion on the approved list remaining unchanged, and the provision of satisfactory performance where it is awarded work; in the event of any changes in either a firm's or consultant's circumstances, or performance, it must be reassessed to establish its suitability for retention on the approved lists,
- (h) firms/consultants shall be informed that inclusion on the approved lists does not guarantee that they will be offered work/commissions,
- (i) where he deems it necessary, he shall supplement the approved lists where they do not afford a suitable choice for the invitation of formal Trust quotations/tenders for a particular scheme, subject to such firms/consultants so added being assessed in a similar manner to those on the approved lists.
- (j) he shall draw up a written procedure for making selections from the approved lists and issue this to appropriate staff,
- (k) records shall be maintained to show the number of invitations to submit formal Trust Quotations/tenders issued to each firm/consultant on the lists and the number of contracts awarded to them by the Trust,
- (l) where a firm/consultant declines to respond to an invitation to quote/tender, he shall reconsider its inclusion on the approved lists.

9.8 Cancellation/Termination of Contracts

9.8.1 Cancellation of Contracts – Except where specific provision is made in model Forms of Contracts or standard Schedules of Conditions approved for use within the National Health Service in accordance with the Standard NHS Terms and Conditions there shall be inserted in every written contract a clause empowering the Trust to cancel the contract and to recover from the contractor the amount of any loss resulting from such cancellation, if the contractor shall have offered, or given or agreed to give, any person any gift or consideration of any kind as an inducement or reward for doing or forbearing to do or for having done or forborne to do any action in relation to the obtaining or execution of the contract or any other contract with the Trust, or for showing or forbearing to show favour or disfavour to any person in relation to the contracts or any other contract with the Trust, or if the like acts shall have been done by any person employed by him or acting on his behalf (whether with the Trust the contractor or any person employed by him/her or acting on his behalf shall have committed any offence under the Prevention of Corruption Acts 1889 and 1916 The Bribery Act 2010 and other appropriate legislation.

9.8.2 Determination of Contracts for Failure to Deliver Goods or Materials – There shall be inserted in every written contract for the supply of goods or materials a clause to secure that, should fraudulent claims or payments be identified, or should the contractor fail to deliver the goods or materials or any portion thereof within the time or times specified in the contract, the Trust may without prejudice determine the contract either wholly or to the extent of such default and purchase other goods, or materials of similar description to make good (a) such default or (b) in the event of the contract being wholly determined, the goods or materials remaining to be delivered. The clause shall further secure that the amount by which the cost of so purchasing other goods or materials exceeds the amount which would have been payable to the contractor in respect of the goods or materials shall be recoverable from the contractor.

9.9 Sales of Goods and Services

9.9.1 Subject to SO 10, sales by the Trust to a health service body (as defined in the National Health Service Act 2006 and Health and Social Care Act 2012 of goods and/or services (other than healthcare services – in respect of which see SOs 9.7.2 and 9.7.3) shall only be authorised by the Chief Executive, after consultation with the Chief Finance Officer.

9.9.2 Subject to SO 10. sales to other bodies or persons of goods and/or services, including intellectual property rights and arrangements for the development, exploitation or marketing of a product, right or service by the Trust shall only be authorised by the Chief Executive, after consultation with the Chief Finance Officer. Such sales and arrangements shall be incorporated within the Trust's service plan and annual capital and revenue budgets as appropriate.

9.9.3 All such sales and arrangements shall be undertaken in accordance with the Trust's income generation powers, unless the prior authorisation of the Chief Executive to the contrary is obtained. The Chief Finance Officer (or his nominated representative(s)) shall ensure that the risks arising from such sales or arrangements are adequately covered by insurance. Otherwise, where practicable, the Trust's financial interests should be protected by indemnity.

10. DISPOSALS

10.1 Competitive tendering or quotation procedures shall not apply to the disposal of:-

- (a) any matter in respect of which a fair price can be obtained only by public sale or auction, as determined by the Chief Executive or his nominated Officer,
- (b) obsolete, surplus, scrap, redundant or condemned articles and stores, which may be disposed of in accordance with the policy of the Trust,
- (c) items arising from works of construction, demolition or site clearance, which should be dealt with in accordance with the relevant contract, and
- (d) land or buildings concerning which DoH guidance has been issued but subject to compliance with such guidance.

11. IN-HOUSE SERVICES (Where Appropriate)

11.1 In all cases where the Trust determines that in-house services should be subject to competitive tendering the following groups shall be set up:-

- (a) specification group, comprising the Chief Executive or nominated Officer(s) and specialist(s),
- (b) in-house tender group, comprising representatives of the in-house team, a nominee of the Chief Executive and technical support, and
- (c) evaluation group, comprising normally a specialist officer, a Procurement and Supplies Officer and a representative of the Chief Finance Officer. For services having a likely annual expenditure exceeding £200,000, a Non-Executive Director shall be a member of the evaluation group.

11.2 All groups should work independently of each other but individual Officers may be a member of more than one group. No member of the in-house tender group may, however, participate in the evaluation of tenders. Representatives of the in-house team shall not have the power to approve the specification of services but may participate in discussions leading to the finalisation of a service(s) specification.

11.3 The evaluation group shall make recommendations to the Board.

11.4 The Chief Executive shall nominate an Officer to oversee and manage the contract.

12. CUSTODY OF SEAL AND SEALING OF DOCUMENTS

- 12.1 Custody of Seal** - The Common Seal of the Trust shall be kept by the Director of Corporate and Legal Affairs in a secure place.
- 12.2 Sealing of Documents** - The Seal of the Trust shall not be fixed to any documents unless the sealing has been authorised by a resolution of the Board, or of a Committee thereof or where the Board has delegated its powers.
- 12.3** Before any building, engineering, property or capital document is sealed it must be approved and countersigned by the Director of Corporate and Legal Affairs (or an Officer nominated by them who shall not be within the originating Directorate).
- 12.4 Register of Sealing** - An entry of every sealing shall be made and numbered consecutively in a book maintained by the Director of Corporate and Legal Affairs for that purpose and shall be initialled by the persons who shall have signed the document and attested the seal. A report of all sealings shall be made to the Trust Board quarterly. The report shall contain details of the seal number, the description of the document and date of sealing.
- 12.5 Attestation of Sealing** - The Common Seal of the Trust shall be affixed and attested by the Chair, or in his absence the Vice-Chair, and the Director of Corporate and Legal Affairs, or, in their absence, the Assistant Director of Corporate and Legal Affairs (Head of Legal Services).
- 12.6** Special provisions apply in respect of finance or operating lease agreements: see SOs 13.4 and 13.5.

13. SIGNATURE OF DOCUMENTS

- 13.1** Where the signature of any document will be a necessary step in legal proceedings involving the Trust, it shall be signed by the Chief Executive or the Director of Corporate and Legal Affairs, unless any enactment otherwise requires or authorises, or the Board shall have given the necessary authority to some other person for the purpose of such proceedings.
- 13.2** The Director of Corporate and Legal Affairs or nominated Officers shall be authorised to sign on behalf of the Trust any agreement or other document (not required to be executed as a deed) the subject matter of which has been approved by the Board or Committee or Sub-Committee to which the Board has delegated appropriate authority.
- 13.3** Subject to SO 13.4 below, where the execution of any agreement or other document is authorised by these Standing Orders it may be signed by the Chief Executive or the Director of Corporate and Legal Affairs.

- 13.4** An Executive Director of the Trust must sign all finance or operating lease agreements for the supply of goods and/or services which it is proposed that the Trust enters into, irrespective of their financial value. Other than in exceptional circumstances, the Chief Finance Officer shall act as the Executive Director for the purposes of this Standing Order.
- 13.5** Prior to signature of finance or operating leases as referred to in SO 13.4 above, the Chief Finance Officer (or his nominated representative) must review and approve the proposed form of finance or operating lease agreement, enabling him to confirm that the lease agreement is correctly classified either as an operating lease or a finance lease and thereby satisfy himself, on behalf of the Trust, of the value for money of the proposed agreement. The review to be undertaken by the Chief Finance Officer under this Standing Order 13.5 shall be carried out in addition to any technical evaluation to be conducted by any other person in respect of the goods and/or services to be supplied.
- 13.6** If (i) the Chief Executive issues an instruction or if (ii) the Trust Board issues a direction that permits a contract or deed to be executed by use of electronic signatures (such as but not limited to DocuSign), then the signature of such contract or deed shall be permitted to be carried out using such electronic signature method, provided always that:
- (a) all Standing Orders shall continue to apply to the authorised powers, processes and requirements applicable to the execution of such contract or deed;
 - (b) where a deed is to be executed electronically the Trust Officer executing the deed shall obtain legal advice prior to such execution in order that the specific legal requirements to perfect such an electronic execution are adhered to; and
 - (c) the Trust Officer executing the contract or deed electronically shall ensure that a composite electronic copy and a printed hard copy are both safely stored at the Trust for a formal record of the executed contract and/or deed.

14. LAND AND PROPERTY TRANSACTIONS

- 14.1** **Role of Director of Estates & Facilities**, the Director of Estates & Facilities shall act as the lead Director in providing advice to the Trust on the processes of conducting land and property transactions, including acquiring, managing, leasing, letting, licensing and selling land and property, and in executing action on behalf of the Trust in such matters.
- 14.2** In providing advice and executing action under SO 14.1, the Director of Estates & Facilities shall have regard to the principles and requirements of Estatecode and, specifically, "Property transactions - a management guide for NHS Trusts".
- 14.3** The Director of Estates & Facilities shall be authorised to grant and terminate property leases on behalf of the Trust in consultation with the Chief Finance Officer. Note that, in addition, before any building, engineering, property or capital

document is sealed it must be approved and countersigned by the Director of Corporate and Legal Affairs (or an Officer nominated by him who shall not be within the originating Directorate) (see SO 12.3).

- 14.4 Acquisitions and Disposals** – The Trust Board only shall authorise the acquisition or disposal of land by formal resolution which shall be recorded in the Minutes of its meetings.
- 14.5 Contracts for Acquisitions and Disposals** - Acquisitions and disposals of land shall be executed under the Common Seal of the Trust and the contract documentation shall include reference to the authorising Minute of the Trust Board.
- 14.6 Record of Acquisitions and Disposals** - All acquisitions and disposals of land shall be recorded in the Seal Register to be maintained by the Director of Corporate and Legal Affairs under SO 12.4.

15. MISCELLANEOUS

- 15.1 Standing Orders to be Given to Directors and Officers** - It is the duty of the Chief Executive to ensure that existing Directors and Officers and all new appointees are notified of and understand their responsibilities within SOs and SFIs. Updated copies shall be issued to staff designated by the Chief Executive.
- 15.2 Documents Having the Standing of Standing Orders** - Standing Financial Instructions and Reservation of Powers to the Board and Delegation of Powers, and Trust Policy on Fraud shall have effect as if incorporated into SOs.
- 15.3 Review of Standing Orders** - Standing Orders shall be reviewed annually by the Trust Board on the advice of the Audit Committee. The requirement for review extends to all documents having effect as if incorporated in SOs.

AUDIT COMMITTEE

Terms of Reference

1. Constitution

The University Hospitals of Leicester NHS Trust hereby resolves to establish a Committee of the Board of Directors (hereafter referred to as “the Board”) to be known as the Audit Committee (hereafter referred to as “the Committee”).

The Committee is established as a Non-Executive Committee of the Board and has no executive powers other than those specifically delegated and set out within these Terms of Reference.

The Committee will meet in private.

2. Purpose

The prime purpose of the Committee is to provide assurance to the Board with regard to the continued effectiveness of the Trust’s system of integrated governance, risk management and internal control.

3. Membership:

The Committee shall be appointed by the Board from amongst the Non-Executive Directors of the Trust and comprise of at least 4 members (to include consideration of appropriate experience in procurement or compliance and at least one of whom having recent and relevant financial experience holding a recognised financial and or accounting qualification,) and including the Chairs of the Finance and Investment Committee, Quality Committee, Operations and Performance Management Committee, Our Future Hospitals and Transformation Committee, and People and Culture Committee.

The Trust’s Chairman will not be a member of the Committee.

One of the members of the Committee shall be appointed as its Chair. In the event of the absence of the Chair, another member of the Committee will take the Chair.

All members shall attend a minimum of 80% of meetings of the Committee on a rolling 12 monthly basis.

4. Quorum:

Quorum shall be any 2 members.

5. Attendance at Meetings:

Regular attendees at the meetings of the Committee shall be:

- Internal Audit representative(s)
- External Audit representative(s)
- Counter Fraud representative(s)
- Chief Financial Officer
- Director of Corporate and Legal Affairs
- Head of Risk and Assurance

- Deputy Director of Finance (Financial Services)

The Committee shall as a matter of good practice meet privately with the Trust's Internal and External Auditors at least once per year, without any executive officer or other employee of the Trust present (other than the member of staff nominated by the Director of Corporate and Legal Affairs to act as Secretary to the Committee) at the Committee's discretion. Such meetings to be documented on the main Audit Committee agenda, and to take appropriate account of the updated HFMA NHS Audit Committee Handbook questions.

The Committee may direct the attendance of the Chief Executive, any Director or employee of the Trust to attend its meetings for the purpose of enabling the committee to fulfil its remit and responsibilities.

The Chief Executive shall be invited to attend at least annually to discuss with the Audit Committee the process for assurance that supports the Trust's Annual Governance Statement.

The Trust Chair will observe the Committee at least once per annum.

The Secretary and administrative support to the Committee shall be provided through the Corporate and Committee Services Team.

6. Meetings:

Meetings shall be held not less than quarterly. Additional ad hoc meetings may be convened as required.

The External Auditor or Head of Internal Audit may request a formal Audit Committee meeting if they consider that one is necessary, and the Committee Chair will consider such requests and decide whether to agree to that request.

7. Authority:

The Committee is authorised by the Board to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee.

The Committee is authorised by the Board to obtain outside legal and other independent professional advice/expertise if it considers this necessary or expedient to the undertaking of its functions.

The Committee shall work in liaison with the other Board Committees to ensure the provision of timely and appropriate assurance to the Board, recognising the interface between the roles and remits of these committees.

8. Duties:

The duties of the Committee shall be as follows:-

a. Governance, Risk Management and Internal Control:

The Committee shall review the establishment and maintenance of an effective system of integrated governance, risk management and internal control across the whole of the organisation's activities, both clinical and non-clinical, that supports the achievement of the organisation's objectives. In particular, the Committee will review the adequacy of:

- all risks and control related disclosure statements, together with any accompanying Head of Internal Audit opinion, External Audit opinion or other appropriate independent assurances prior to endorsement by the Board.
- underlying assurance processes that indicate the degree of achievement of corporate objectives, the effectiveness of the management of principal risks and the appropriateness of associated disclosure statements with the support of other Board Committees.
- the Trust's Risk Management Policy in defining the Trust's approach to risk management, risk appetite, control and mitigation and associated processes.
- the Trust's Board Assurance Framework as a robust process for the monitoring, assurance and mitigation of significant risks to the attainment of the Trust's strategic objectives.
- the Trust's arrangements for ensuring compliance with the Code of Governance for NHS Provider Trusts, including oversight of the Risk Assessment Framework and governance reviews under the Well-Led Framework.
- the Trust's arrangements for Information Governance, including assurance on the annual Data Security and Protection Toolkit audit, and any regulatory interventions following data security breaches.
- the policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements including Standing Orders, Standing Financial Instructions, Scheme of Delegation and the maintenance of registers. This includes a 6-monthly assurance report regarding the number of Trust policies and their review status.
- policies and procedures for all work related to fraud and corruption as set out in the Secretary of State's Directions as required by NHS Counter Fraud Authority.
- the Trust's Annual Report and Accounts, Annual Governance Statement, to determine completeness, objectivity, integrity and accuracy prior to submission to the Board, looking particularly also at the process for drafting the Annual Report and any deviations from the Group Accounting Manual (GAM).

In undertaking its role, the Committee will primarily utilise the work of Internal Audit, External Audit and other assurance functions but will not be limited to these functions. It will also seek reports and assurances from directors and managers as appropriate, concentrating on the overarching systems of integrated governance, risk management and internal control together with indicators of their effectiveness. This will be evidenced through the Committee's use of an effective Assurance Framework to guide its work and that of the audit and assurance functions that report to it.

b. Internal Audit:

The Audit Committee shall ensure there is an effective internal audit function established by management that meets mandatory Public Sector Internal Audit standards and provides appropriate independent assurance to the Audit Committee, Chief Executive and the Board.

This will be achieved by:

- consideration of the provision of the Internal Audit service, the cost of the audit and any questions of resignation and dismissal.
- review and approval of Internal Audit strategy, operational plan and more detailed programme of work, ensuring that this is consistent with the organisation's needs as identified in the Board Assurance Framework.
- consideration of the major findings of Internal Audit work and management's response and ensure co-ordination between Internal and External Auditors to optimise audit resources.
- ensuring that the Internal Audit function is adequately resourced and has appropriate standing within the organisation.
- annual review of the effectiveness of Internal Audit and compliance with mandatory NHS internal audit standards (Public Sector Internal Audit Standards).

c. External Audit:

The Committee shall:

- agree with the Board the criteria for appointing, re-appointing and removing the External Auditor.
- make recommendations to the Board in respect of the appointment, reappointment and the removal of the external auditor and related fees applicable.
- assess the external auditor's work and fees.

The Committee shall review the work and findings of the External Auditor appointed by the Board and consider the implications of management's response to their work.

This will be achieved by:

- consideration and performance of the external auditor.
- discussion and agreement with the external auditor before the audit commences of the nature and scope of the audit as set out in the annual plan and ensure co-ordination, as appropriate, with other external auditors in the local health economy.
- discussion with the external auditors of their local evaluation of audit risks and associated impact on the audit fee.
- review all external audit reports, including agreement of the annual audit letter before submission to the Board, and any work undertaken outside the annual audit plan together with the appropriateness of the management responses and to monitor the progress of implementation of recommendations.

d. Counter Fraud and Security Management:

The Committee shall:

- review the policies and procedures for all work related to fraud and corruption as set out in the Secretary of State Directions as required by NHS Counter Fraud Authority.

- receive regular reports of the activity undertaken by and findings of the Local Counter Fraud Service.

e. Other Assurance Functions:

The Committee shall:

- maintain oversight of the Trust's progress against the statutory recommendations
- review the findings of other significant assurance functions both internal and external to the organisation and consider the implications to the governance of the organisation.
- review every decision to suspend Standing Orders (the power to suspend Standing Orders is reserved to the Board).
- receive regular reports on Sealings, Competitive Tenders and Waivers of Competitive Tenders; Gifts, Hospitality and Sponsorship; Losses and Special Payments in accordance with Standing Financial Instructions.
- Receive regular escalation reports from the Risk Committee.
- Receive a 6-monthly assurance report on clinical audit.
- examine any other matters referred to the Committee by the Board and to initiate investigation as determined appropriate.

f. Management:

The Committee shall request, receive and review reports and assurances from directors and managers on the overall arrangements for governance, risk management and internal control. They may also request specific reports from individual functions within the organisation where they may be appropriate to the overall arrangements.

g. Financial Reporting:

The Committee shall review the Trust's annual report and financial statements prior to submission to the Board, focussing particularly on:

- the wording in the Annual Governance Statement and other disclosures relevant to the terms of reference of the committee.
- (prior to year end) changes in and compliance with accounting policies and practices, seeking assurance that the process for making material accounting judgements is sound.
- unadjusted mis-statements in the financial statements.
- major judgemental areas.
- significant adjustments resulting from the audit.

The Committee should also ensure that the systems for financial reporting to the Board of Directors including those of budgetary control are subject to review as to the completeness and accuracy of the information provided to the Board.

9. Reporting Procedures:

The Committee shall produce minutes of its meetings which will be formally ratified at the following meeting. A written **escalation report from summary** of each meeting shall be submitted to the next scheduled meeting of the Board. That report will focus on items of escalations, items which have been approved and specific items connected to strategic risks and strategic direction. The Chair of the Committee will present this report.

The Committee will report to the Board annually on its work in support of the Annual Governance Statement, specifically commenting on the fitness and purpose of the Assurance Framework, the completeness and embeddedness of risk management in the organisation and the integration of governance arrangements.

In addition, an annual report will be produced by the Director of Corporate and Legal Affairs setting out the Committee's compliance with its terms of reference, performance of its duties and strategic priorities for the next 12 months. The report will be informed by an annual self-assessment conducted by the Committee, ensuring its work and responsibilities are reflective of the changing environment within which the committee functions.

10. Review:

These terms of reference will be reviewed on an annual basis by the Committee to ensure they remain fit for purpose and be submitted to the Board for formal ratification.

11. Ratification:

Updated and reviewed by: Audit Committee

Date: 22 April 2026

To be approved: Trust Board

Date: 8 May 2026 (via the Audit Committee escalation report)