

Procurement Contract & Procedure - New Licences/Software

Reference Number: RDF2111-23

Date of Response: 18/01/24

Further to your Freedom of Information Act request, please find the Trust's response(s) below:

Please be aware that the Royal Devon University Healthcare NHS Foundation Trust (Royal Devon) has existed since 1st April 2022 following the integration of the Northern Devon Healthcare NHS Trust (known as Northern Services) and the Royal Devon and Exeter NHS Foundation Trust (known as Eastern Services).

Under the Freedom of Information Act 2000, I would be grateful if you could please reply within the allocated 20 working days to my below request:

- 1. Please provide copies of any equivalent procurement policy or contracts procedure that your Trust follows in order to purchase new licences, software or enter into any new contracts. This may include a checklist of actions for staff before an agreement is made or a redacted delegation of authority process.*

Answer: The Trust follows the DTAC, Trust Standing Financial Instructions and the Procurement Manual. Please see attached:

- The Procurement Manual (Procurement Guidance)
- 2021-03MAR DTAC_version_1.0_FINAL
- SFI-Appendix-A-Covid_Redacted
- SFI-Appendix-B-NHE-Governance-structure
- SFIs-Appendix-C-Mass-Vaccination-Final_Redacted
- SFIs-Appendix-D-Devon-ICB-Triple-lock-approval-process-v2
- Standing-Financial-Instructions-appendix-4---Budget-Delegation-Flowchart
- Standing-Financial-Instructions-Matters-Reserved-for-Board-and-Scheme-of-Delegation.updated
- 1a.Standing-Financial-Instructions-Appendices-1-3
- 1b.Standing-Financial-Instructions-Appendices-1-3
- 1c.Standing-Financial-Instructions-Appendices-1-3
- 1d.Standing-Financial-Instructions-Appendices-1-3
- 1e.Standing-Financial-Instructions-Appendices-1-3
- 1f.Standing-Financial-Instructions-Appendices-1-3

- 2. I would like to understand how your Trust makes decisions about how companies are chosen, the steps that are taken to reach those decisions (e.g. due diligence) and at what point senior management authority is required. I am not part of a competitive company and I am acting independently for my own learning.*

Answer: Please see response to question 1.

The Procurement Manual (Procurement Guidance)	
Post holder responsible for Procedural Document	Head of Procurement
Author of Standard Operating Guideline	██████████ – Service Delivery Manager
Division/ Department responsible for Procedural Document	Procurement (East)
Contact details	████████████████████
Date of original policy / strategy/ standard operating procedure/ guideline	01/07/2017
Impact Assessment performed	NA
Approving body and date approved	Launch: RD&E Procurement Senior Leaders 30/06/17. Rev 1: RDUH Operations Board 27/09/2023.
Review date (and frequency of further reviews)	01/07/2020, 22/6/2022 Associate Director of Finance – Operational Finance and Procurement (then every 3 years)
Expiry date	22/06/2025
Date document became live	01/07/2017

Please *specify* standard/criterion numbers and tick ✓ other boxes as appropriate

Monitoring Information		Strategic Directions – Key Milestones	
Patient Experience	✓	Maintain Operational Service Delivery	✓
Assurance Framework	✓	Integrated Community Pathways	✓
NHS I /Finance/Performance	✓	Develop Acute Services	✓
CQC Fundamental Standards Regulations No:		Delivery of Care Closer to Home	✓
		Infection Control	
Other (please specify):			
Note: This document has been assessed for any equality, diversity or human rights implications			

Controlled document

This document has been created following the Royal Devon and Exeter NHS Foundation Trust Development, Ratification & Management of Procedural Documents Policy. It should not be altered in any way without the express permission of the author or their representative.

Full History		Status: Draft or Final	
Version	Date	Author (Title not name)	Reason
0.0 Final	01/07/2017	Senior Category Buyer	New overarching manual to comply with Lord Carter of Coles report & Public Contract Regulations 2015
1.0	20/4/2022	Head of Procurement (East)	<i>Incorporating Data Protection Act 2018 (DPA2018) and GDPR; Importing from abroad; National Procurement regulations after EU Exit; Using credit cards and avoiding fraud with cards; Product safety notices; Title changes; updates from 2022 SFIs; and audit report 2022.</i>

Associated Trust Policies/ Procedural documents:	<i>Standing Financial Instructions HR policies</i>
Key Words:	<i>Procurement, buying, purchasing, acquisition, policy</i>
In consultation with and date:	Finance Governance Group 2022.
Review Date	22/06/2022
Contact for Review:	Head of Procurement
Executive Lead Signature:	Chief Financial Officer

Contents

1. OVERVIEW	6
1.1. Purpose of this Manual	6
1.2. Distribution of the Manual	7
1.3. Procedure for Review and Update	7
2. PRINCIPLES OF PROCUREMENT	7
2.1. Value for Money	7
2.2. Procurement Principles	7
2.3. Effective Competition	8
2.4. Contracts Finder	8
2.5. Exemptions to Competition	8
2.6. eProcurement	9
2.7. Separation of Duties	9
2.8. Environmental Consideration	10
2.9. Social Value	10
3. PROCUREMENT PLANNING	10
3.1. Procurement Delegated Authority	10
3.2. Conflict of interest	10
3.3. Procurement Ethics / Code of Conduct	10
3.4. Data Protection	11
4. PROCUREMENT OVERVIEW	12
4.1. Definition of Procurement	6
4.2. The Procurement Processes	12
4.3. Ordering	16
4.4. Receipting	16
4.5. Reconciliation	16
5. PROCUREMENT PROCESS	16
5.1. New suppliers	16
5.2. New Product Request	16
5.3. Purchase Requisition	17
5.4. Purchase Order	17
5.5. Goods Receipt	17
5.6. Supplier Invoice	17
5.7. Invoice handling	17
5.8. Payment Authorisation	18
6. INVITATION FOR BIDS / PROPOSALS	18
6.1. First	Error! Bookmark not defined.
6.2. Routes for Bids and proposals	18
6.3. Prior Information Notices (PIN)	18
6.4. Contract Notices (call to competition)	18
6.5. Letter of Invitation	18
6.6. Instructions to Bidders	19
6.7. Currencies and Payments	19
6.8. Submission of Offers	19
6.9. Receipt of Offers	19

6.10. Bidder Queries	19
6.11. Modification to Bids / Proposals.....	19
7. EXEMPTIONS FOR IN-HOUSE / JOINT CO-OPERATIVE CONTRACTS	19
7.1. Regulation 12 of the PCR 2015	19
8. EVALUATION OF OFFERS.....	20
8.1. Purpose of Evaluation	20
8.2. Guidance for Evaluation.....	20
8.3. Conflict of Interest	20
8.4. Evaluation of Quotations or Proposals	21
8.5. Opening of Bids, Quotations or Proposals.....	21
8.6. Evaluation of Bids.....	21
8.6.1. Lowest Price vs. Most Economically Advantageous Tender	21
8.6.2. Financial Evaluation of Suppliers	21
8.7. Awarding Contracts.....	21
8.7.1. Intention To Award	21
8.7.2. Standstill Period	21
8.8. Legal Challenges to Processes.....	22
9. CONTRACT MANAGEMENT	22
9.1. Description	22
9.2. Payment and Taxes	22
9.3. Importing from the EU (and EEA) and exporting to those areas	22
9.4. Breach and Termination of Contract	23
9.5. Alerts and Recall Notices	23
10. PROCUREMENT RECORDS.....	24
10.1. Policies for Procurement Records.....	24
10.2. Archiving Records.....	24
11. PARTNERING WITH ORGANISATIONS.....	24
11.1. Partnership Working Arrangements	24
12. ARCHIVING ARRANGEMENTS	24
13. PROCESS FOR MONITORING COMPLIANCE WITH AND EFFECTIVENESS OF THE MANUAL.....	24
13.1. Frequency.....	24
13.2. Undertaken by	25
13.3. Dissemination of Results.....	25
13.4. Recommendations/ Action Plans.....	25
13.5. Any barriers to implementation will be risk-assessed and added to the risk register.	25
13.6. Any changes in practice needed will be highlighted to Trust staff via HUB.	25
14. REFERENCES.....	25
15. APPENDICES.....	26
APPENDIX 0: RDE Standing Financial Instructions - Procurement Route Planner	27
APPENDIX 1: Open Procedure within the Public Sector.....	28
APPENDIX 2: Restricted Procedure within the Public Sector	29
APPENDIX 3: Competitive with Negotiation	30
APPENDIX 4: Competitive Dialogue Procedure within the Public Sector	31
APPENDIX 5: Innovation Partnership	32
APPENDIX 6: Negotiated Procedure within the Public Sector.....	33
APPENDIX 7: Accelerated Procedure within the Public Sector.....	34

APPENDIX 8: Frameworks - Mini Competitions	35
APPENDIX 9: Dynamic Purchasing Systems	36
APPENDIX 10: Electronic Auctions (eAuctions)	37
APPENDIX 11: Formal Quotes	38
APPENDIX 12: Quick Quotes	39
APPENDIX 13: RD&E Tender	40
APPENDIX 14: Spot Purchase	41
APPENDIX 15: Direct Award under a Framework.....	42
APPENDIX 16: Light Touch Procurement (Section 74 PCR 2015)	43
APPENDIX 17: Procurement To Pay (P2P) Process	44
APPENDIX 18: Creation of a Dynamic Purchasing System (DPS) PRC Regulation 34.....	45
APPENDIX 19: EU Tender – Choice of Procedure.....	46
APPENDIX 20: Single Source Waiver Process	47
APPENDIX 21: Contract Management part 1	48
APPENDIX 22: Contract Management part 2	49
APPENDIX 23: Partnering with Organisations.....	50
APPENDIX 24: COMMUNICATION PLAN	51
APPENDIX 25: EQUALITY IMPACT ASSESSMENT TOOL	52
APPENDIX 20: Single Source Waiver Process	Error! Bookmark not defined.

1. OVERVIEW

1.1. Purpose of this Manual

The Procurement Manual (the Manual) is a guide on mandatory and good practice for all Trust employees in the Eastern (formerly RD&E NHS FT) sites in relation to procurement activity.

The Manual also supports the consistent, transparent and robust application of the Trust's Standing Financial Instructions (SFIs) and Scheme of Delegation (SoD), plus subsets of the Scheme of Delegation where applicable e.g. COVID (SFIs). [Link to the Scheme of Delegation](#).

1.2. Definition of Procurement

Procurement is the acquisition of goods, services or works:

- through a compliant process;
- to satisfy the requirement and timescale;
- obtain Best Value and innovation; and
- reduce fraud.

Purchasing is part of the procurement process and generally refers to the process of ordering including requisitions, approvals, creation of purchase orders and receipting goods.

1.3. Precedence of Regulations

If this manual conflicts with the SFIs, the SFIs shall take precedence. The [Public Contracts Regulations 2015](#), (PCR2015 as amended) (the Regulations) shall take precedence in all instances of conflict between the SFIs and the Regulations. In case of uncertainty as to which policy or procedure should take precedence, consult Procurement before proceeding.

This manual will not provide step by step 'how to' instructions as each procurement exercise will have unique requirements and circumstances. In all instances, advice from the Procurement Department is advised. There is more general guidance on the NHS Guide to Procurement & other advice on the Centre for Procurement Efficiency (CPE) website, which requires registration to use. ([Link](#))

Most links in the Manual are to Procurement procedures held on the Procurement shared drive. Please ask Procurement if a copy is required.

All Trust employees must comply with the Regulations, the SFIs and this Manual.

1.4. The effect of EU Exit

The United Kingdom left the EU in early 2020 and exited the EU procurement regime on 31st December 2021, but the same public procurement regulations continue to apply because:

- [PCR 2015](#) is the legislation governing English and Welsh procurement, amended procedurally by the [Public Procurement \(Amendment etc.\) \(EU Exit\) Regulations 2020](#). The processes are the same, although the places of publication have been changed to UK-specific portals.
- The UK is required to maintain rules on public procurement which adhere to the Government Procurement Agreement (GPA), which govern trade among member countries of the World Trade Organization (WTO), based on the principles of openness, transparency and non-discrimination.

1.5. Distribution of the Manual

The Manual will be published on the Procurement intranet webpage.

1.6. Procedure for Review and Update

The Head of Procurement is responsible for reviewing and updating the Manual every three years as a minimum. Updates will be incorporated into the Manual when they have been approved following a change control process, approved by the Head of Procurement.

2. PRINCIPLES OF PROCUREMENT

2.1. Value for Money

As a Public Body, the Trust is required to seek and demonstrate Value for Money (VFM) for all its expenditure. VFM is obtaining the maximum benefit with the resources available. It is getting the right balance between quality and cost; as well as achieving the right balance between economy, efficiency and effectiveness, known as the 3Es.

VFM is best determined through the competition of a robust specification for goods, services or works in an appropriate market place and evaluated using the Most Economically Advantageous Tender (MEAT) methodology.

2.2. Procurement Principles

Procurement is governed by a set UK Regulations that set out to ensure a 'level playing field' for buyers and suppliers in which to conduct business. These principles legally apply to procurement activity above the EU Public Procurement Thresholds, currently £138,760 including VAT for goods and services, and £5,336,937 for works including VAT (from Jan 2022) or as amended in law), however, Trust Staff should endeavour to apply the principles of transparency and fairness proportionately to all procurement activity regardless of spend. These principles are outlined in Tables 1.0 and 1.1 below:

EU Derived Principles, now relevant to GPA

Transparency	Procurement activity shall be advertised appropriately to ensure market visibility and provide clear information with regards to the process, contractual requirements, performance and the method/s of evaluation being used in the determination of a successful bid.
Proportionality	The approach taken in any given procurement activity will be proportionate to the level of complexity, impact, risk and value of the activity as to not prevent or discourage bidders.
Equality	Ensuring that all providers and sectors have equal opportunity to compete where appropriate, that financial and due diligence checks apply equally and are proportionate, and that pricing and payment regimes are transparent and fair.
Non-Discriminatory	The consistent application of the Regulations and Trust rules to all procurement activity to ensure that no member state supplier is prevented from participating in an EU Tender on the grounds of nationality, or subject matter of the contract.

Mutual Recognition	Member states will recognise equivalent measures of qualifications, standards etc.
<i>Table 1.0 – EU/GPA Principles of Procurement</i>	
UK Principles	
Favour Competition	Procurement activity should be undertaken in a competitive environment to aid in demonstrating the EU and UK principles as well as VFM.
Robust	Procurement activity should be legally robust to ensure compliance and account of decisions made and/or actions taken. The specification of the services and the terms and conditions shall ensure the Trust and its patients are safeguarded appropriately.
Accountability	All procurement activity will have an accountable officer of the Trust to sign off on the compliance of the procurement process/es used.
Value for Money	All procurement activity will seek and demonstrate the balance between quality and cost reflecting in a VFM decision.
Quality	Procurement activity will set out the minimum quality of goods, works, services and outcomes to be achieved through the specification of the contract.

Table 1.1 – UK Principles of Procurement

2.3. Effective Competition

The Trust shall ensure the effective competition of its spend with suppliers to demonstrate VFM. The level and scale of competition shall be proportionate to the level of spend, complexity and risk associated with the procurement activity. The method of competition may vary according to the procurement process being undertaken, while the Trust's SFIs sets out the minimum requirements for competition relative to the value of the activity. Where uncertain as to what level of competition is appropriate, consult the Procurement Department.

2.4. Contracts Finder

The Government's Contracts Finder portal allows public sector organisations advertise their contracts transparently and invite competition when procuring below the public procurement threshold mentioned above... Using this portal is a legal requirement under PCR 2015 for public organisations including the Trust. The requirements are detailed within the 2015 Public Contract Regulations (PCR Part 4 Chapter 8 – 112) and are summarised as follows:

- a) When the Trust procures goods, works or services over £25k (excluding VAT), the Trust must publish the opportunity on Contracts Finder, in addition to other advertising (i.e. on the Trust's portal, website or publication).
- b) All contracts awarded with a value in excess of £25k (excluding VAT) shall be published on Contracts Finder.

2.5. Exemptions to Competition

All procurement should be competitive except in certain circumstances. This approach requires quotations from potential suppliers against a generic specification to get the best lifecycle value

for the Trust. Note that items in the Procurement system Catalogue (also known as Marketplace) are covered by a contract arranged by the Procurement Department.

Trust staff should undertake competitive procurement according to SFIs and legislation but exemptions can sometimes be granted. The Single Source waiver & SSW Policy explains the grounds for exemptions. UK procurement legislation also provides grounds for exemption from competition in specific circumstances.

Almost all procurement can be conducted competitively even when it is believed that there is only one source. Wherever exemption from competition is being sought, advice must be taken from the Head of Procurement before any procurement and in good time, with the reasons for the exemption recorded against the tender, contract or single source waiver record. SSW link - [1-20 Procurement Procedures\7 - Single Source Waivers SOP.docx](#)

Contracts or purchases must not be split to lower the value to avoid the application of a more stringent procurement process.

The Procurement Department shall analyse spending at least yearly to check for likely disaggregated spending. Examples shall be investigated and reported. This analysis will start after the adoption of the new procurement system in 2022. (Unit 4 – Proactis)

2.6. eProcurement

The Procurement Department is responsible for building the Trust's local eProcurement architecture in line with the DH NHS eProcurement Strategy April 2014. The architecture currently consists of a Purchasing-to-Pay (P2P) system which incorporates a Catalogue Management System and an eSourcing system (CTM from EU Supply). Trust aspirations include extension of inventory management to enable benefits from Scan4Safety under GS1 standards, adoption of the PEPPOL messaging requirements and further analysis through the NHSE&I Spend Comparison Service (SCS). Securing the local eProcurement architecture is important to link to the national infrastructure and global standards required by DHSC.

2.7. Separation of Duties

Procurement activity must separate duties to reduce the possibility of fraud and error. This is done by dividing a process between two or more people so that no one person is responsible for the entire purchasing process.

Within procurement, the three areas of authority are:

- Authority to commit funds (held by the budget holder);
- Authority to seek quotations (and tenders), negotiate and commit; and
- Authority to accept and pay.

In addition to the authority areas, a procurement activity will ensure a number of Key Control Points such as those listed in Table 2.0 to reinforce the separation of duties:

Examples of Key Control Points

<i>Specification / Requisition Process</i>	Authorised representative to approve the specification or raise a requisition. The specification should include commissioning, software, maintenance, warranty, repair requirements, integration with systems including MyCare, utility and consumable costs, and disposal.
---	---

Selection Process	Terms of Reference of evaluation panels, the use of consensus and moderated scoring. .
Contract Award	The SFIs mandate who or which Board are authorised to approve or ratify the recommendation to award a contract.
Goods Received or Services performed	The requisitioner is responsible for ensuring the goods, services or works received match those orders in all aspects. The named Contract Manager/Authorised Officer in the contract is responsible for ensuring the performance of the services to the specified / agreed standards.
Payment Process	The payment process is ultimately approved by the Budget Holder and Cash Management (three-way) matching the Goods Receipt Number (GRN), Purchase Order (PO) and invoice value through the Procurement process and financial systems.

Table 2.0 – Separation of Duties: Examples of Key Control Points

2.8. Environmental Consideration

All procurement activity should consider the impact on the environment with a view to supporting the Trust in delivering its sustainability programme and being a Good Corporate Citizen. Procurement decisions will take into consideration the environmental matters when creating a specification and evaluating bids including; Greenhouse Gas emissions/ energy consumption, Water consumption, Waste and recycling, Transport, Biodiversity, nature conservation and greening, Noise, land and water pollution, Air quality, Sustainable sourcing and Responsible consumption.

2.9. Social Value

The Public Services (Social Value) Act 2012 sets out the requirement for public spend to consider the Social, Economic and Environmental impacts. Procurement activity within the Trust shall endeavour to ensure that Social Value is built into all contract specifications.

3. PROCUREMENT PLANNING

3.1. Procurement Delegated Authority

The Trust’s SFIs specify the Delegation of Authority and Scheme of Delegation. Whenever a procurement activity is undertaken the lead should identify the responsibilities and authorisations required for the key steps of the process. For example, a requisition for an item on the Procurement catalogue will need authorising and vetting according to the SFIs. This could be completed on the same day exception where SFIs require Trust Board approval, which has to be planned and booked at the next available Board meeting.

3.2. Conflict of interest

If any member of the requisitioning or Procurement team have an interest and this conflicts with handling a procurement exercise, this should be declared. If in doubt, please liaise with the Procurement Department. The full guidance is set out in the Trust policy Standards of Business Conduct [link](#).

3.3. Procurement Ethics / Code of Conduct

All lead procurement staff involved with a procurement project must comply with the ethical code of purchasing provided by the Chartered Institute of Procurement and Supply (CIPS). ([Link](#))

3.4. Data Protection

The Trust is legally bound by the Data Protection Act 2018 (DPA2018), which replaced the DPA of 2008 and incorporates the EU's General Data Protection Regulations (GDPR). DPA2018 means that when the Trust asks third parties (including suppliers, other NHS bodies, health organisations, etc) to handle personal data, it must assure itself that those parties manage that data securely according to the requirements of the Act.

Key points include:

- Personal data is information that relates to an identified or identifiable individual. If it is possible to identify an individual directly from the information being processed, then that information may be personal data. This may be as simple as a name or a number or could include other identifiers such as an IP address or a cookie identifier, or other factors.
- The departments which send data outside the Trust are responsible for safeguarding that data.
- Procurement is responsible for ensuring POs and contracts have sufficient terms and conditions to safeguard data.
- The Trust's agreements and contracts with third parties (suppliers, other NHS organisations, etc) must sufficiently cover the transfer and processing of personal data.
- The latest NHS terms and conditions cover data protection but may not cover all situations.
- The better suppliers will handle personal data competently, but the department engaging the supplier must be satisfied the arrangements are sufficient.
- Not all departments may highlight the need for data protection at the time of tendering, procurement, or contract renewal, so if we suspect there will be a transfer of data, we must ask the department to clarify.
- Suppliers outside the EU may require additional terms and conditions because those countries have different or lesser standards of data protection.

Action to be taken by the Procurement staff:

- If data is being transferred to a supplier or third party (for a new or renewed contract), the stakeholder department is to be asked if it is personal data and where it is being sent and handled.
- If the plan is to request tenders or quotations for a service or IT system, the stakeholder department is required to identify any flows of personal data outside the Trust.
- Departments must provide information, but Procurement staff should prompt them.
- Check the stakeholder department has completed a current Data Privacy Impact Assessment (DPIA) and IA and save those documents in the shared contract folder.
- Include data handling questions as mandatory requirements or terms when requesting quotations or tenders.

If in doubt, seek advice from a line manager or the Trust's governance team.

4. PROCUREMENT OVERVIEW

4.1. The Procurement Processes

The procurement process for public sector bodies is governed by the UK Public Contracts Regulations 2015 (Statutory Instrument Number 102) as amended (PCR2015). PCR2015 is further supported by the Trust's Standing Financial Instructions (SFIs). There is a flow chart in the appendices for each of the following processes:

Description of Procurement Processes

Direct ordering (catalogue)	Items on the procurement catalogue (currently in the EROS system) can be requisitioning (ordered) directly without any other process because they have already been procured compliantly.
Quick Quotations	<p><u>Below £1000.</u> If the value of the purchase including VAT is below £1000, the SFIs (Appendix 2) require at least one quotation but preferably two. Although the requirement is to obtain only one quote, due knowledge of the marketplace should be applied to ensure quality and value for money are obtained. (Appendix 12 below)</p> <p><u>Between £1000 and £20,000.</u> For purchases valued between £1000 and £20,000, the SFIs (Appendix 2) require at least 3 competitive quotation to achieve and demonstrate value for money. (Appendix 12 below)</p>
Formal Quotes	Where the value of the purchase including VAT is between £20k and the National Threshold (£138k including VAT in 2022), the SFIs require three formal competitive quotations. (Procurements over £25,000 must be advertised in the national 'Contracts Finder' portal.)
Open Procedure (Regulation 27)	Where a notice is placed in the FIND-A-TENDER PORTAL inviting tenders from those that meet declared minimum capacity levels, all of those who submit their tender by the date specified in the notice must be considered. (Appendix 1 below)
Restricted Procedure (Regulation 28)	Where a contract notice is placed in the FIND-A-TENDER PORTAL inviting expressions of interest along with proof of capacity; only suppliers that meet the minimum capacity requirements, and are shortlisted using the rules for further selection, should be invited to tender. (Appendix 2 below)
Competitive with Negotiation (Regulation 29)	Where a notice is placed in the FIND-A-TENDER PORTAL and from those who respond participants are chosen following the same process as the restricted procedure, above. Competitive with Negotiation allows greater flexibility when the needs of the contract cannot be met without adapting readily available solutions, where it involves design or innovative solutions, where the subject matter requires complex negotiations or where a specification cannot be defined with adequate precision.

This procedure should be used where the Trust is looking to award a particularly complex contract (as defined in the relevant Regulation) and where the Trust feels the open and restricted procedures will not allow the award of that contract. **(Appendix 3 below)**

Competitive Dialogue
(Regulation 30)

Where a notice is placed in the FIND-A-TENDER PORTAL and from those who respond participants are chosen following the same process as the restricted procedure, above. A dialogue is then begun with the selected participants with the aim of establishing how the Trust's needs can be best satisfied.

Throughout the process, the Trust must take care to ensure the principles of equal treatment and transparency are adhered to and that a genuine competition has taken place.

This procedure should be used only where the Trust is looking to award a particularly complex contract (as defined in the relevant Regulation) and where the Trust feels the open and restricted procedures will not allow the award of that contract. **(Appendix 4 below)**

When considering the use of this procedure due note should be taken of the costs and complexity of this process for all parties to the procurement. Robust processes must be in place, and fully used, that enable detailed audit of the proceedings and events throughout the life of the procurement.

Innovation Partnership
(Regulation 31)

Innovation partnerships are intended to be long term partnerships which allow for both the development and subsequent purchase of new and innovative products, services or works.

The term "partnerships" does not necessarily mean legal partnerships as defined under UK law but is used here to indicate the partnering type approach to working together.

The process is similar to the Restricted Procedure. Take advice from Procurement before selecting this process. **(Appendix 5 below)**

Negotiated Procedure
(Regulation 32)

Where a contract notice is placed in the FIND-A-TENDER PORTAL inviting expressions of interest along with proof of capacity, suppliers that meet the minimum capacity requirements, and are shortlisted using the rules for further selection, will be invited to negotiate the contract (usually using a tendering round).

This procedure is only to be used in limited circumstances (principally relating to uncertainty of the requirement) which are similar to those permitting the use of the competitive dialogue procedure. In certain very limited instances, the negotiated procedure is available without publishing a call for competition.

If we use the Negotiated Procedure, we must be able, if challenged, to justify our decisions and show that the grounds set out in the regulations have been met. An audit trail is required including, where relevant, why the open and restricted procedures were not considered appropriate. **(Appendix 6 below)**

Accelerated Procedure	The accelerated procedure is to be used exceptionally, and the Trust must indicate its reasons in the notice to the Find-a-Tender portal. The reasons for urgency should normally be external to the Trust, that is, not resulting from delay or oversight by the purchaser. Also, it is important to regard the 10/15-day periods as minimum periods: the contracting authority should allow the maximum time practicable. (Appendix 7 below)
Category Towers, Frameworks and Further (Mini) Competitions	<p>Whenever a procurement exercise is being planned, in the first instance buyers should try to find an existing framework or route that will facilitate the procurement unless there is value in running a stand-alone procurement. The framework agreements provided by the NHS-facilitated Category Towers should be investigated but value is important when selecting a procurement route.</p> <p>Where an existing, legally compliant contractual Framework exists which the Trust is permitted to use, the Trust must adhere to the rules set out in the framework when running a further competition or direct award.</p> <p>Options available under a Framework are typically, a) Direct Award, undertaken without further competition of the business or b) a mini-competition amongst the suppliers on the Framework or a Lot of the Framework. Where mini-competitions are undertaken, the Trust shall fulfill the requirements of the Framework and ensure all other, over-arching compliance requirement are met. (Appendix 8 below)</p> <p>Direct awards are not always permitted and if they are, the rules vary according to each framework.</p>
Dynamic Purchasing Systems	Where an EU compliant Dynamic Purchasing System (DPS) is available for the Trust to use, the requirements as set out in the DPS will be adhered to. Where further competition is undertaken (i.e. a mini-competition), the Trust shall fulfill the requirements of the DPS and ensure all other, over-arching compliance requirement are met. (Appendix 9 below)
Electronic Auctions	Where a reverse auction style platform is established with bidders able to place bids of reducing amounts in order to secure the opportunity. These events require specialist input from the Procurement Department and an external auction provider. (Appendix 10 below)
Single Source Waivers	Where there is a clear reason why the SFIs cannot be followed when acquiring goods or services, a single source waiver can be requested. The waiver request must contain enough information for Audit to be satisfied that due process was followed and that the waiver was justified.
Prior Information Notices (PIN)	Publishing a Prior Information Notice (PIN) can reduce the tender timescale above the public procurement threshold. In such instances, the PIN must be published at least 35 calendar days before publishing of the Contract Notice but not more than 365 calendar days.

Table 3.0 – Procurement Processes

**Minimum / Maximum Timescales for Procurement Processes
(Public Contract Regulations 2015 & Trust Standing Financial Instructions (SFI))**

	Regs / SFI	Minimum PQQ Period Min. Days	Minimum ITT Advertisement Period			Standstill Min. Days	FIND-A-TENDER PORTAL Contract Award Notice Max. Days	Contracts Finder Award Notice** Max. Days
			without PIN Min. Days	Min. Days with ETD	with PIN Min. Days			
Open*	2015 PCRs	-	35	30	15	10	30	30
Restricted*	2015 PCRs	30	30	25	10	10	30	30
Competitive w Negotiation*	2015 PCRs	30	30	25	10	10	30	30
Competitive Dialogue*	2015 PCRs	30	-	-	-	10	30	30
Innovative Partnership	2015 PCRs	30	-	-	-	10	30	30
eAuctions	2015 PCRs	-	-	-	-	10	30	30
Dynamic Purchasing	2015 PCRs	-	-	-	-	n/a	30	30
Mini Competition	2015 PCRs	-	-	-	-	n/a	n/a	n/a
Negotiated	2006 PCRs	30	-	-	-	10	30	30
Formal Quote	Trust SFI	-	-	-	-	n/a	n/a	30***
One-off Quote	Trust SFI	-	-	-	-	n/a	n/a	n/a
Notes		* Accelerated Procedures: Timescales can be reduced in certain circumstances, contact Head of Procurement for further information. ** Publication of awards to Contract's Finder must be done within reasonable timescale, *** Contracts below £25,000 do not need to be advertised and awarded in Contract Finder. All days shown are calendar days, consideration of the timescales must be given when known public holidays are included.						

Table 4.0 – PCR 2015 Minimum / Maximum Timescales per process

ETD	Electronic Tender Documents	ITT	Invitation To Tender	Max	Maximum	Min	Minimum
n/a	Not Applicable	PIN	Prior Information Notice	PCRs	Public Contract Regulations	SQ	Standard Questionnaire
Regs	Regulations	SFI	Standing Financial Instructions	-	No prescribed timescales		

Example: The ITT for an Open procedure with a PIN & ETD must be advertised for at least 15 calendar days followed by a minimum 10 day standstill following the intention to award announcement. After award, a Contract Award Notice must be placed in the Find-a-Tender portal within 30 calendar days. Table 3.0 provides a summary of some of the above processes.

4.2. Ordering

Purchase orders ('orders') are generated using the procurement system for goods and services, which is currently the [REDACTED] system. End user departments should place requisitions for goods or services in the procurement system which routes the requisition for approval then generating an order which EROS dispatches to the supplier. Note that new items (products and services) and new suppliers may have to be requested as additions to the procurement and other systems. More detail for ordering through the [REDACTED] system is in the [procurement](#) procedure for Processing Orders.

The Procurement Department can pay for exceptional items with a Trust credit card. These exceptions may include overseas purchases, occasional course bookings, online payments etc. A credit card should only be used if a purchase order (or other Trust process) is not practical. The decision for using a credit card must always be exercised by Procurement and not because a user department demands it. Purchase orders must be raised in the Procurement system to record the transaction and match the payment.

Credit card numbers should only be used through secure online portals and not be quoted over the telephone. If this method is not available, the supplier should provide an invoice. Exceptional authority to reveal a card number in a telephone conversation may be granted by a manager in Procurement or their line manager.

4.3. Receipting

Orders delivered to the requisitioning department should be 'receipted' when delivered by the Logistics department or when delivered to the requisitioner. Receipting is important to confirm the Trust has received the goods or services and is needed by Cash Management before paying the supplier. Refer to the [procedure for Processing Orders](#) for guidance about receipting through the [REDACTED] system.

4.4. Reconciliation

When orders are receipted within the procurement system the data is reviewed and used by the Cash Management department.

The Cash Management department receives invoices and does a three-way match before paying invoices. The invoice is not paid unless it is the same value as in the purchase order and the items are shown as receipted

5. PROCUREMENT PROCESS

5.1. New suppliers

We can only order from suppliers listed in the Procurement system. This database is managed by the Finance Systems team with support from Procurement.

When a new supplier is requested or required, Procurement will first review if an existing supplier can provide the goods or services required. If not, Procurement will complete a supplier set-up request [REDACTED] forwarding it electronically to the Finance Systems team who check if the supplier is already listed within the database before adding it.

5.2. New Product Request

For a product or service to be able to be requisitioned it must be listed in one of the catalogues in the procurement system... These products or services will have been approved for inclusion according to the Medical Equipment & Products Group (MEPG) process - [Product Evaluation and Introduction Policy June 2018](#), available on Hub.

In order for a product or service to be placed upon a catalogue the end user should complete the "New Product Request" electronic form on [REDACTED] – link to [REDACTED] manual [1-20 Procurement Procedures\EROS Web Browser 5.1 Training Manual.doc](#).

5.3. Purchase Requisition

A purchase requisition needs to be created for all goods and services required. When a requisition has been raised in the procurement system it will automatically move to the Line Manager(s) within the hierarchy for approval. A workflow email will be sent to the Line Manager(s) to request it is authorised (or vetted). When the requisition is fully approved, Procurement can process the requisition into a purchase order.

The requisitioner or requisitioning department is responsible for ensuring the requisition is approved promptly. Most delays in getting goods promptly arise from requisitions awaiting approval by managers.

5.4. Purchase Order

A purchase order should be provided for all goods and services being purchased and must be provided to the supplier before any goods or services are delivered. A purchase order is created from an approved requisition, please see link for guidance - [1-20 Procurement Procedures\6 - Processing Orders Procedure 160810.docx](#)

5.5. Goods Receipt

Where goods have been delivered or services provided against a purchase order, a Goods Receipt Note (GRN) will need to be created by the requisitioner or Logistics. This confirms that the goods or services have been completed and no problems have arisen. It is the responsibility of the recipient of the goods or services to ensure that they have been received or delivered in good and satisfactory order prior to receipting, see link for guidance - [1-20 Procurement Procedures\6 - Processing Orders Procedure 160810.docx](#)

Failure to GRN in a timely manner will have an impact the payment authorisation process.

5.6. Supplier Invoices

When goods have been delivered or services provided, the supplier will raise an invoice to the value of what has been supplied (inclusive of VAT) for the Trust to pay.

All supplier invoices must state a valid purchase order number and sent directly to Cash Management at the current address, preferably by email as a PDF file.

5.7. Invoice handling

Once the invoice is received, Cash Management will scan the invoice so it will appear on the purchase ledger under the correct supplier account and purchase order.

If an invoice does not match a purchase order, the end-user will be required to review the variance or discrepancies between the documents.

5.8. Payment Authorisation

Once a GRN has been completed and matched to the correct supplier invoice and purchase order number the invoice will be authorised for payment and included on the next available payment run.

6. INVITATION FOR BIDS / PROPOSALS

6.1. Before Starting a Procurement

Before starting a procurement, check the procurement catalogue for the item or service required. If the item required is greater than £5,000 discuss the procurement with the relevant buyer in the Procurement Department who normally supports the Division.

Note that the value used to decide the procurement route is based on the expenditure expected for the life of the proposed contract plus the expenditure so far with that supplier on similar contracts, goods or services since the last full competition.

6.2. Routes for Bids and proposals

In order to procure goods and services a suitable procurement route should be selected in accordance with the current Standing Financial Instructions in the [Scheme of Delegation](#), as described in paragraph 4.1 above.

The law requires competition for goods or services over £25,000. (This includes correctly using a framework agreement if used.) In exceptional circumstances, which are tightly defined by law above £25,000, a Single Source Waiver may be an option. Please liaise with the Divisional Buyer for clarity.

6.3. Prior Information Notices (PIN)

A Prior Information Notice (PIN) can be published to prepare the market for forthcoming opportunities in the next 12 months. Publishing a PIN in the Find-a-Tender portal can reduce the minimum timescales for certain procurement processes. For a PIN to be valid, it must be issued at least 35 calendar days before the contract notice and be less than 12 months old.

6.4. Contract Notices (call to competition)

The Contract Notice acts as a call for competition for a specific contract and should be published in Contracts Finder and/or the Find-a-Tender portal as soon as possible after the intention to tender has been formed. It provides specific details of the contract as well as criteria for applicants to be selected for invitation to tender in the restricted and competitive procedures. Publication is mandatory other than for contracts covered under the Light Touch regime (Regulations 74 to 76 of PCR 2015) but these should be indicated in a Prior Information Notice (PIN).

6.5. Letter of Invitation

A covering letter must be included in all Invitation to Tender (ITT) opportunities. The Letter should provide a summary of the key points regarding the opportunity and the contact details for the lead procurement officer. Procurement has a standard template available upon request.

6.6. Instructions to Bidders

The ITT documents must include a clear and explicit set of instructions to all bids regarding how to bid, how bids will be assessed and details of any mandatory requirements / exclusive criteria. Procurement has a standard template available upon request.

6.7. Currencies and Payments

All ITT documents must state that prices submitted must be in Great British Pounds (GBP) Sterling (£) and show the total value excluding Value Added Tax unless otherwise specified.

6.8. Submission of Offers

The Instructions to Bidders document must make it explicitly clear as to how offers must be received including details of method deadlines and the consequences of failing to adhere to the requirements. Procurement has a standard template available upon request.

6.9. Receipt of Offers

The Declarations and Form of Tender documents must accompany all bids in order for them to be received as a bona-fide offer. Procurement has a standard template available upon request.

6.10. Bidder Queries

ITT documents must explain clearly how communication shall be conducted during the procurement process and the relevant timescales. Information shared with bidders should be always followed up in writing and where appropriate, shared openly with all bidders as to comply with the principles of procurement.

6.11. Modification to Bids / Proposals

Bidders are free to make amendments or modifications to their bids prior to the submission deadline and the Trust shall take the latest submission received prior to the deadline as the final submission. No further modification to the bids will be permitted.

The Evaluation Panel and/or the Procurement Lead will have discretion as to whether to seek clarification in relation to bids from the bidders in certain circumstances including arithmetic errors, unclear / uncertain responses or incomplete submissions. The decision to permit clarifications lies with the procurement lead and if in doubt, advice should be sought from the Head of Procurement.

7. EXEMPTIONS FOR IN-HOUSE / JOINT CO-OPERATIVE CONTRACTS

7.1. Regulation 12 of the PCR 2015

A contract will be regarded as an exempt in-house contract under the PCR 2015 where:

- The contracting authority exercises over the contractor concerned a control which is similar to that which it exercises over its own departments ("similar control" in this context means the contracting authority exercising "a decisive influence over both strategic objectives and significant decisions" of the contractor. It includes where this control is exercised by another body, provided that other body is itself controlled by the contracting authority); and

- more than 80 % of the activities of the contractor are carried out in the performance of tasks entrusted to it by the controlling contracting authority or by other bodies that are themselves controlled by that contracting authority; and
- There is no private sector ownership of the contractor, with certain exceptions.

A contract between contracting authorities will be regarded as an exempt joint co-operative contract under the PCR 2015 where;

- the contract establishes joint co-operation in the performance of public services with a view to achieving mutual objectives; and
- the implementation of the co-operation is governed only by the public interest; and
- The participating authorities perform “on the open market” less than 20% of activities concerned by the co-operation.

Contact the Head of Procurement if it is being considered to apply this exemption.

8. EVALUATION OF OFFERS

8.1. Purpose of Evaluation

Evaluating offers / bids ensures the application of the principles of procurement to evidence the Best Value offer. The ITT documents will have set out the composition and application of the evaluation methodology including the use of paper-based assessments, presentations, interviews, site visit and demonstrations.

Following the methodology is an essential and integral requirement as feedback to unsuccessful suppliers must include the details of the evaluated scores in comparison to the winning bidder. The Procurement Lead will ensure the application of the evaluation methodology as described in arriving at a recommendation for award.

8.2. Guidance for Evaluation

Provide the Evaluation Panel with a copy of the “ITT Evaluation Guidance” [document](#). This will give evaluators a standard reference for the role that they are expected to fulfill in the evaluation of the Tender.

This standard must be adhered to in order that all bidder submissions are treated in a fair and transparent manner. The evaluators, in the course of the evaluation process should each ensure that the results of their deliberations are recorded in a suitable manner should bidders require evidence of the process and fairness of evaluation. See NHS Guide to Procurement for further information. ([link](#))

8.3. Conflict of Interest

Any and all conflicts of interest will be disclosed by Evaluation Panel members prior to commencing the evaluation of bids.

Where it becomes apparent that a conflict of interest exists with any Evaluation Panel members, the Procurement Lead will seek the advice of the Head of Procurement to determine how to proceed.

In all instances, conflicts of interest must be properly managed by The Trust to ensure that the integrity of the Procurement cannot be called into question.

8.4. Evaluation of Quotations or Proposals

In evaluation quotations or proposals, the requirements for evaluating bids are significantly reduced although the principles of procurement will apply. In determining a recommendation, the project lead must only demonstrate Best Value and the fair and transparent treatment of bidders.

8.5. Opening of Bids, Quotations or Proposals

The opening of bids, quotations or proposals must be undertaken in accordance with the Trust's SFIs and such controls are in place within the electronic systems used for this purpose.

8.6. Evaluation of Bids

The evaluation of formal bids must be undertaken in accordance with the methodology defined within the tender documents.

8.6.1. Lowest Price vs. Most Economically Advantageous Tender

Since the 2015 Public Contract Regulations, the choice of evaluation method between Lowest Price or Most Economically Advantageous Tender (MEAT) has been removed, instead, all tenders will be evaluated using MEAT where the criteria for evaluating bids must have been set in advance of receiving bids and the weightings and sub criteria used must have also been disclosed.

8.6.2. Financial Evaluation of Suppliers

Bidders should be evaluated for financial stability using the Government's SID4GOV – Supplier Intelligence Database for Government (<https://sid4gov.cabinetoffice.gov.uk/>) wherever possible. The tender documentation will set out all other financial assessments that will be undertaken against the bidders at various stages with the process.

8.7. Awarding Contracts

8.7.1. Intention To Award

Following approval, an Intention To Award (ITA) letter should be issued to all bidders involved disclosing the result of the evaluation and the decisions proposed. The letter will go to both successful and unsuccessful bidders and provide all information required to meet the EU Remedies Directive including:

- Name of the successful supplier/s
- Details of the Award Criteria used
- The successful supplier's scores shown against the Award Criteria
- Their scores shown against the Award Criteria

A standard ITA template letter that meets the requirements and should be used in all instances can be found on the CPE portal - [REDACTED]

8.7.2. Standstill Period

Where applicable, the Trust will, upon dispatching of an ITA letter, include the details of the 10-day standstill period before which, the Trust cannot enter into a contractual relationship. The full range of remedies is available to the court at this stage, (i.e. before the contract is let) including the power to suspend the procurement process or to overturn the award decision. Once the contract is in existence (concluded) damages are the only remedy available in the UK courts.

A contract cannot be concluded with the winning supplier until at least the 11th calendar day at the earliest following notification. If a supplier commences legal action against an authority, consideration should be given to deferring the conclusion of the contract.

For the Trust, the Standstill Period should be calculated by the use of an appropriate tool for the avoidance of doubt.

8.8. Legal Challenges to Processes

Bidders have several legal remedies available to them where public authorities breach (or are perceived to have breached) the Regulations. These include:

- Suspension of the contract award procedure
- Setting aside of unlawful decisions
- Correction of documents to remove discriminatory clauses
- Damages, including costs of tendering and possible loss of profit

The bidder must notify the Trust of the alleged breach and intention to bring proceedings. An application to the High Court must be made promptly and within 3 months of the grounds arising, (unless the Courts allow longer).

Where a supplier brings a challenge via the High Court, an automatic suspension of the award of the contract comes into place. The contracting authority has the ability to request an interim order to end this suspension.

On receipt of an informal or formal legal challenge, contact the Procurement Department immediately for support.

9. CONTRACT MANAGEMENT

9.1. Description

Contract Management is an essential and vital component of managing suppliers' relationships with the Trust. Each contract will define and list the authorised representatives and their respective role/s within the contract. The contract will also define the requirements of contract monitoring and key performance indicators and/or measure, including escalation processes and any consequences of poor performance and/or failure.

9.2. Payment and Taxes

The payment of the contract will be governed by the terms and conditions of the individual contract. (NHS Terms and Conditions should be used for all contracts and purchase orders except for specialist arrangements agreed with procurement managers or the Head of Procurement.)

9.3. Importing from the EU (and EEA) and exporting to those areas

Now the UK has left the EU, importing from the EU has changed. Most goods from the EU and EEA (or through those countries) are handled by our suppliers and their distributors, logistics firms and customs agents. In these cases, we do not need to manage those imports. The Trust has a unique Economic Operator Registration and Identification (EORI) number which identifies it to suppliers and customs organisations. If a supplier or a buyer of our services asks for the Trust's EORI number, quote [REDACTED].

If the Trust imports directly from an EU or EEA supplier, it become responsible for the customs entry declarations and customs clearance. The EEA includes EU countries and Iceland, Liechtenstein and Norway.

When buying directly from an overseas supplier (whether EU, EEA, US etc), confirmation of who will deal with customs arrangements, how much the VAT and tariffs will be, and what must done to receive the items/service, will be required to be known and understood. In most cases, the importer (the requisitioning department) must make the arrangements. An agreement may be possible with the supplier that Incoterms Delivery Duty Paid will apply (Incoterms DDP) which makes the supplier responsible for import clearance, payment of taxes (including VAT) and import duty if applicable, but because this is difficult for a foreign supplier, many will refuse. The various import costs include:

- **VAT** at the UK rate, either at the time of entry or later (called deferred payment). VAT was always paid by the Trust before EU Exit but that activity was done by the Finance Department and not normally visible.
- A **tariff**, if applicable, but the UK-EU agreement means they should be rare.
- A **fee for the freight forwarder** or customs agent being used. These organisations are expert in handling imports and customs activity on behalf of clients like us.

Ordering from a supplier or distributor in the UK removes the task of managing the import, if this is possible, but assess the total cost of doing business when considering this option.

9.4. Breach and Termination of Contract

Breach of contract and termination clauses will be governed by the terms and conditions of the individual contract.

9.5. Alerts and Recall Notices

Alerts and recall notices are occasionally received from suppliers. These must be forwarded to Safety and Risk immediately for co-ordination and distribution. (Find 'Safety Alerts' on the Hub.)

Safety and Risk will use the Trust Central Alerting System (CAS) to disseminate those alerts and notices.

S&R should liaise with end user departments to act appropriately. Logistics may be asked to collect stock or adjust Top-up, and Procurement may be asked to help source alternatives and change contracts.

10. PROCUREMENT RECORDS

10.1. Policies for Procurement Records

The Trust must retain records at each stage of the procurement process in case of challenge in the courts or for reporting to the Government. The records must detail all decisions made on individual contract awards and should be kept for at least six years, or twelve years if under seal. These include:

- Justification for the use of competitive dialogue procedure or the negotiated procedure (with or without call for competition)
- Decisions relating to the admission of candidates and choice of tenderers
- Assessment of tenders
- Dates and copies of notices sent to the Official Journal of the European Union (OJEU) (before 31/12/2020) or, if after 31/12/2021, the '[Find a Tender](#)' service which replaced it.

Unsuccessful bids (tender submissions) must be kept for the same period after the award of the contract to which they relate.

10.2. Archiving Records

Electronic records are preferred but if hard copies of active records are used, they should be kept on site where possible with electronic copies saved to the appropriate Trust networked drives.

11. PARTNERING WITH ORGANISATIONS

11.1. Partnership Working Arrangements

The Trust must ensure that all partnership working arrangements are compliant with the strategic aims, objectives and values of the Trust. The Partnership Working Arrangements workflow should be used in determining and delivering such arrangements. This flow diagram is included in Appendix 26 of this document.

12. ARCHIVING ARRANGEMENTS

The original of this manual, will remain with the author, Procurement Service Manager, Procurement. The electronic copy will be maintained on the Trust intranet as the official copy. Archived electronic copies will be stored on the Trust's [REDACTED] and held indefinitely.

13. PROCESS FOR MONITORING COMPLIANCE WITH AND EFFECTIVENESS OF THE MANUAL

To monitor compliance with this SOP/guideline, the auditable standards will be monitored as follows:

No	Minimum Requirements	Evidenced by
1.	Compliance to procedures	Internal Audit (as required) Self-assessment by Procurement (annually)

13.1. Frequency

In each financial year, the Head of Procurement will audit to ensure that this manual has been adhered to and a formal report will be written and presented to the Finance Governance Group.

13.2. Undertaken by

Head of Procurement

13.3. Dissemination of Results

At the Finance Governance Group which is held monthly.

13.4. Recommendations/ Action Plans

Implementation of the recommendations and action plan will be monitored by the Finance Governance Group, which meets monthly.

13.5. Any barriers to implementation will be risk-assessed and added to the risk register.

13.6. Any changes in practice needed will be highlighted to Trust staff via HUB.

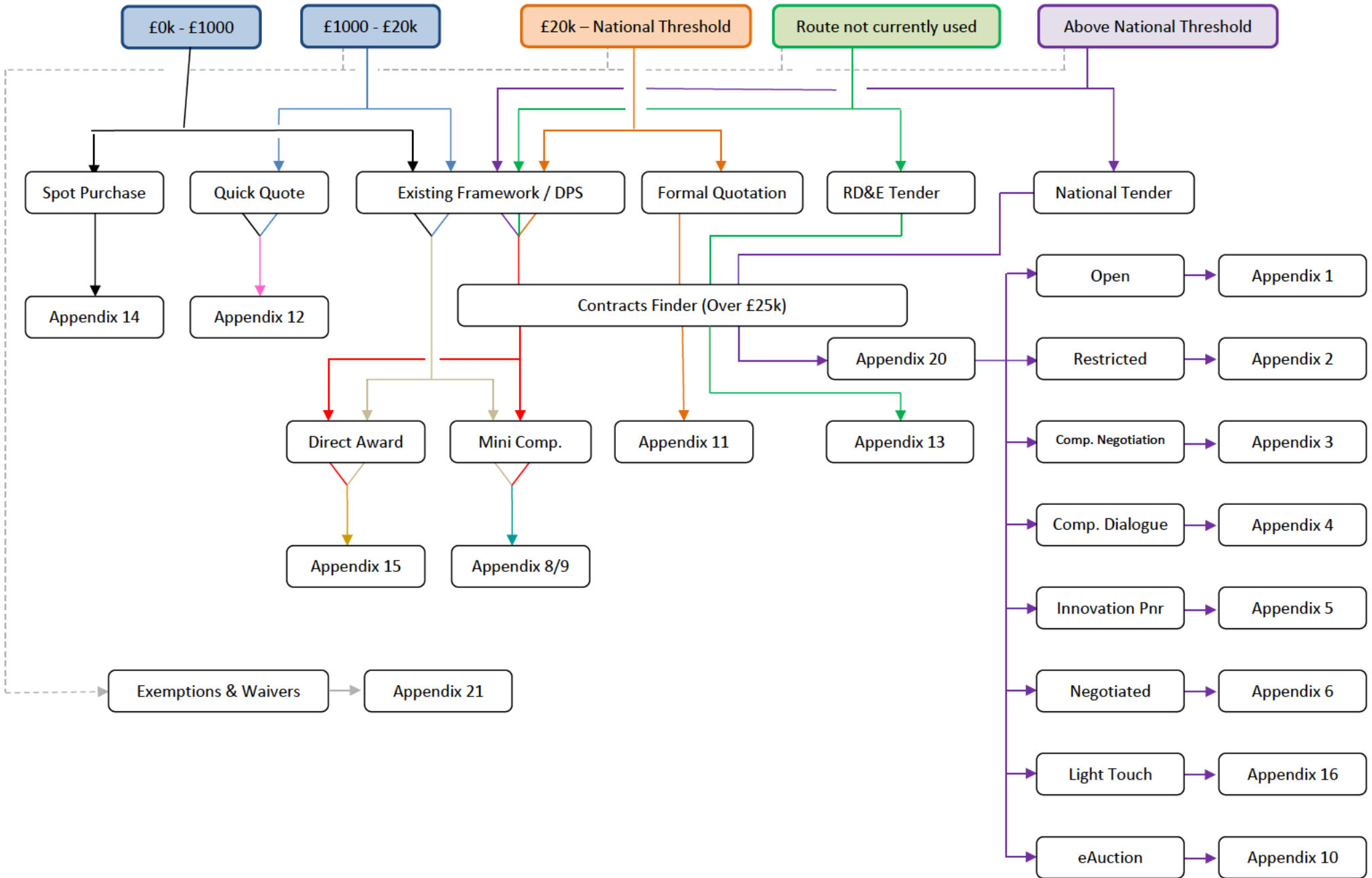
14. REFERENCES

- **Trust Standing Financial Instructions (SFI)**
- [Procurement Department Policies \(Royal Devon \(East\)\)](#)
- [Public Contracts Regulations 2015](#) (PCR2015)

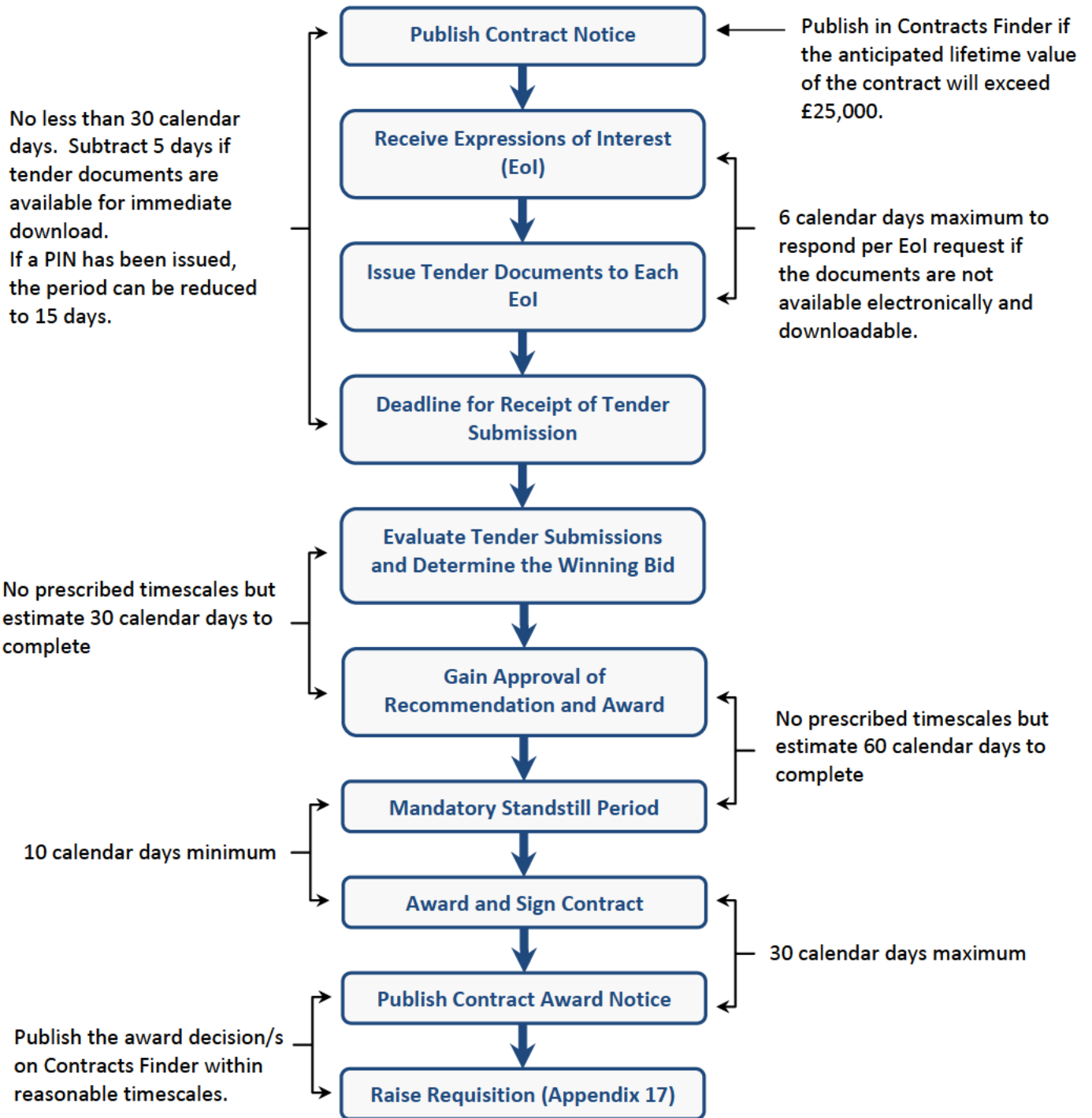
15. APPENDICES

- Appendix 0 – Procurement Route Planner
- Appendix 1 – Open Procedure
- Appendix 2 –Restricted Procedure
- Appendix 3 –Competitive with Negotiation Procedure
- Appendix 4 –Competitive Dialogue Procedure
- Appendix 5 –Innovation Partner Procedure
- Appendix 6 –Negotiated Procedure
- Appendix 7 –Accelerated Procedure
- Appendix 8 – Mini Competition under a Framework
- Appendix 9 – Mini Competition under a Dynamic Purchasing System (DPS)
- Appendix 10 –e-Auction Procedure
- Appendix 11 – Formal Quote Procedure
- Appendix 12 – Quick Quote Procedure
- Appendix 13 – Royal Devon (East) Tender Procedure
- Appendix 14 – Spot Purchase Procedure
- Appendix 15 – Direct Award under a Framework
- Appendix 16 –Light Touch Regime
- Appendix 17 – Procure To Pay (P2P) Procedure
- Appendix 18 – Creation of a Dynamic Purchasing System (DPS)
- Appendix 19 – Public Tender – Choice of Procedure
- Appendix 20 – Single Source Waiver Process
- Appendix 21 – Contract Management part 1
- Appendix 22 – Contract Management part 2
- Appendix 23 – Partnering with Organisations
- Appendix 24 – Communication Plan
- Appendix 25 – Equality Impact Assessment Tool

APPENDIX 0: RDE Standing Financial Instructions - Procurement Route Planner

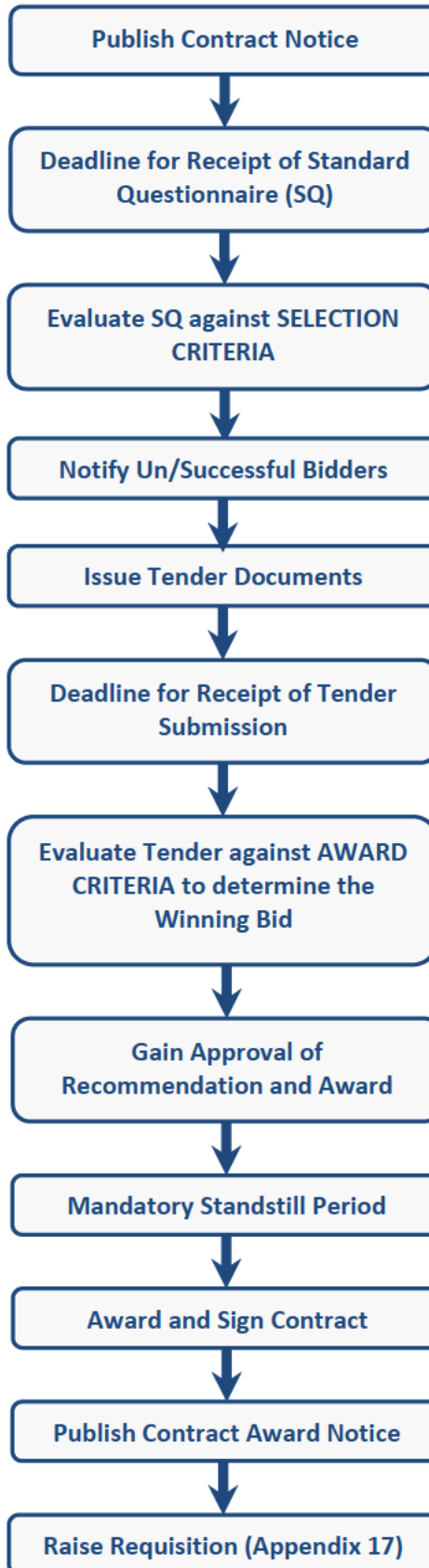


APPENDIX 1: Open Procedure within the Public Sector



APPENDIX 2: Restricted Procedure within the Public Sector

No less than 30 calendar days. Subtract 5 days if tender documents are available for immediate download.
If a PIN has been issued, the period can be reduced to 15 days.



Include publication to Contracts Finder if the anticipated lifetime value of the contract will exceed £25k.

30 calendar days minimum. Less 5 days if tender documents are available for immediate download and/or less 15 days with the publication of a PIN. Minimum timescales with electronic discounts is 10 days

No prescribed timescales but estimate 30 calendar days to complete

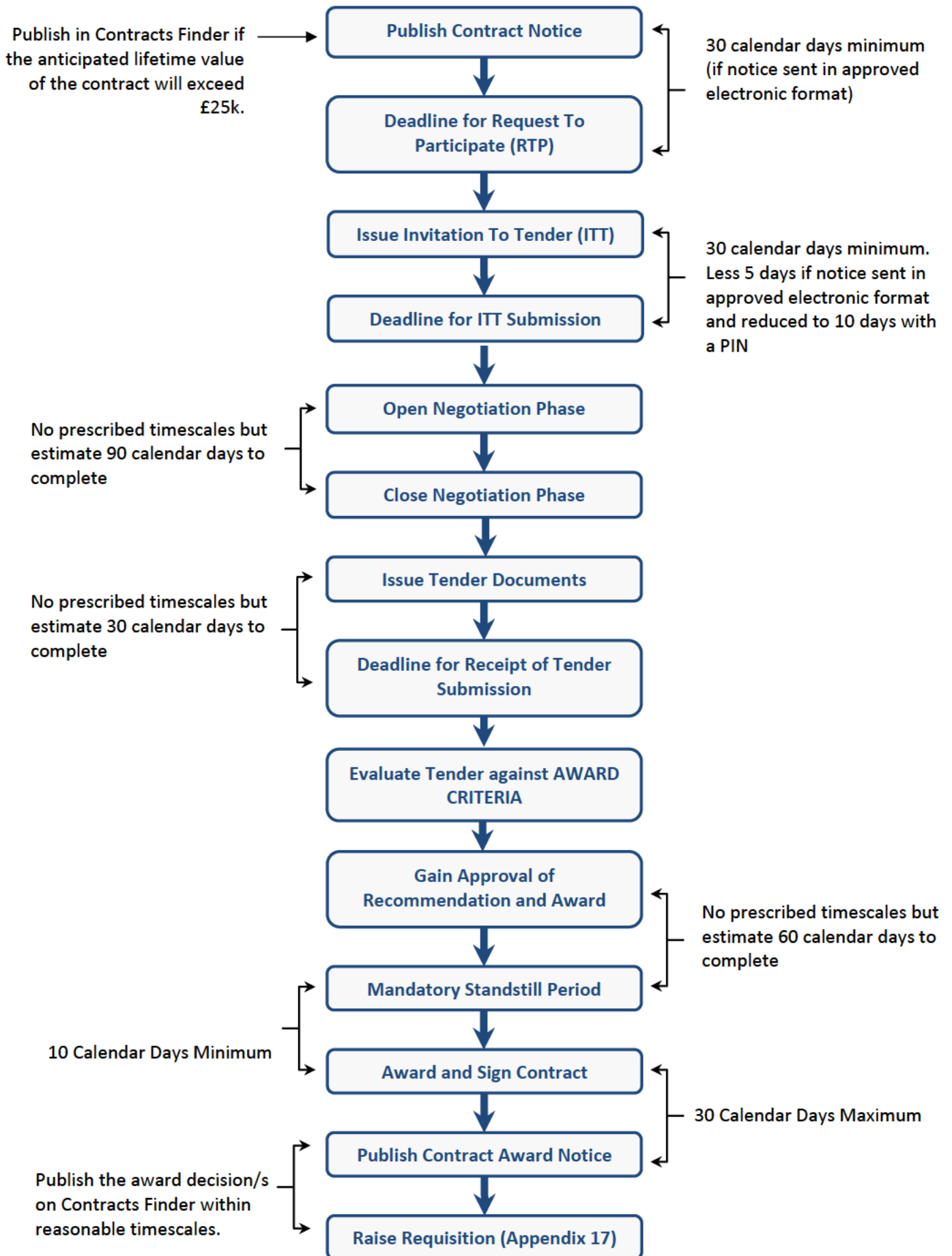
No prescribed timescales but estimate 60 calendar days to complete

10 calendar days minimum

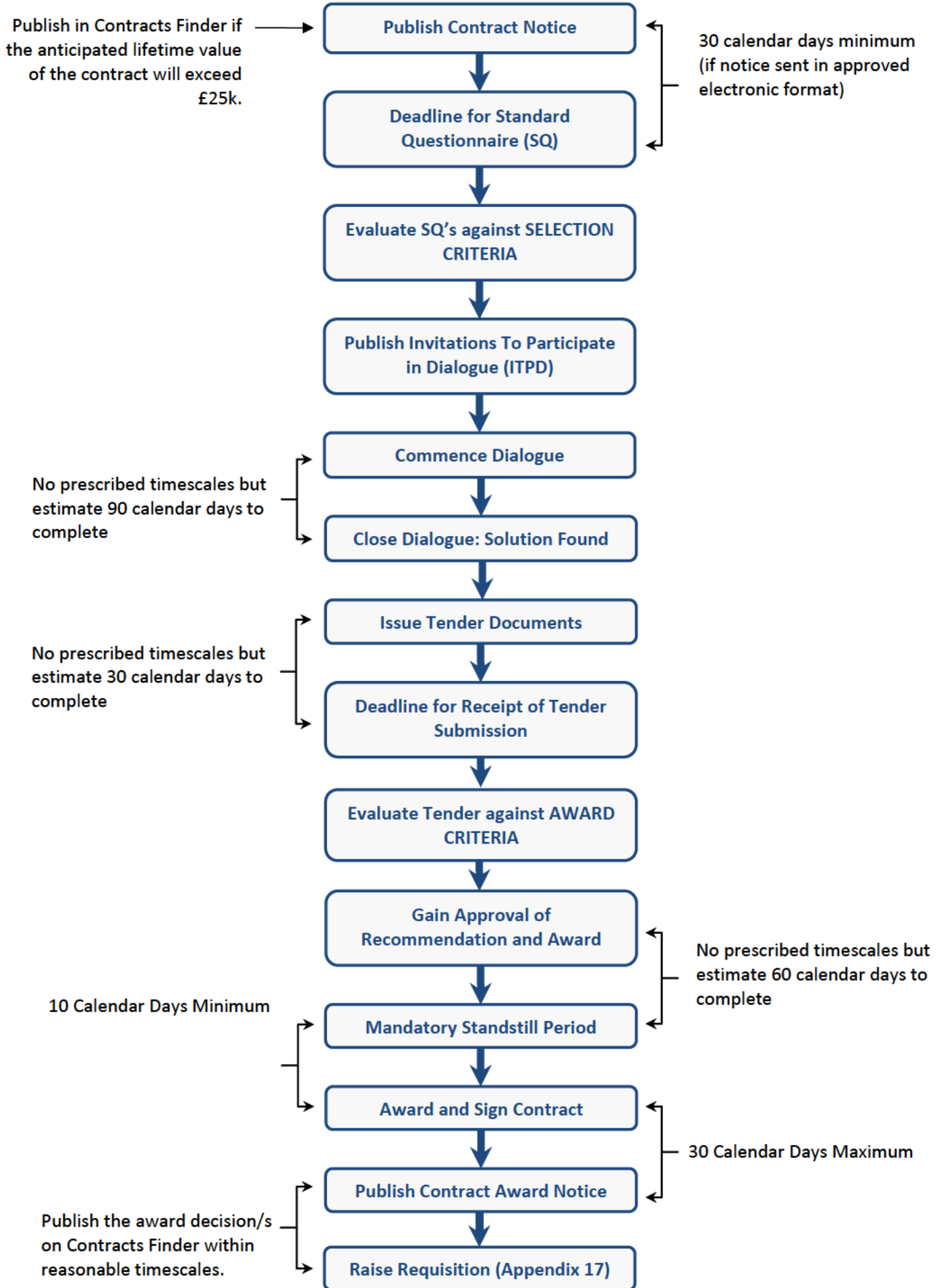
30 calendar days maximum

Publish the award decision/s on Contracts Finder within reasonable timescales.

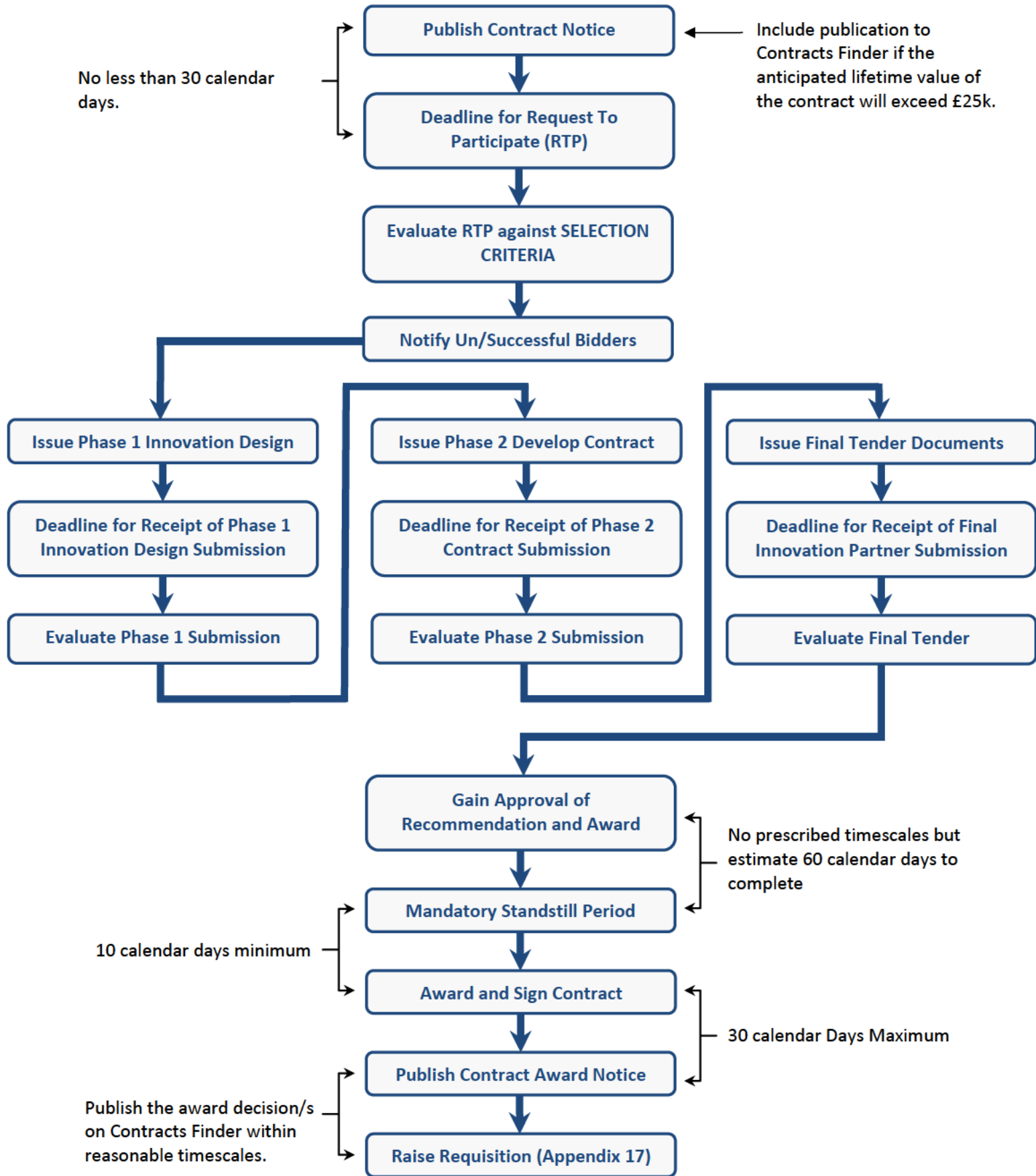
APPENDIX 3: Competitive with Negotiation



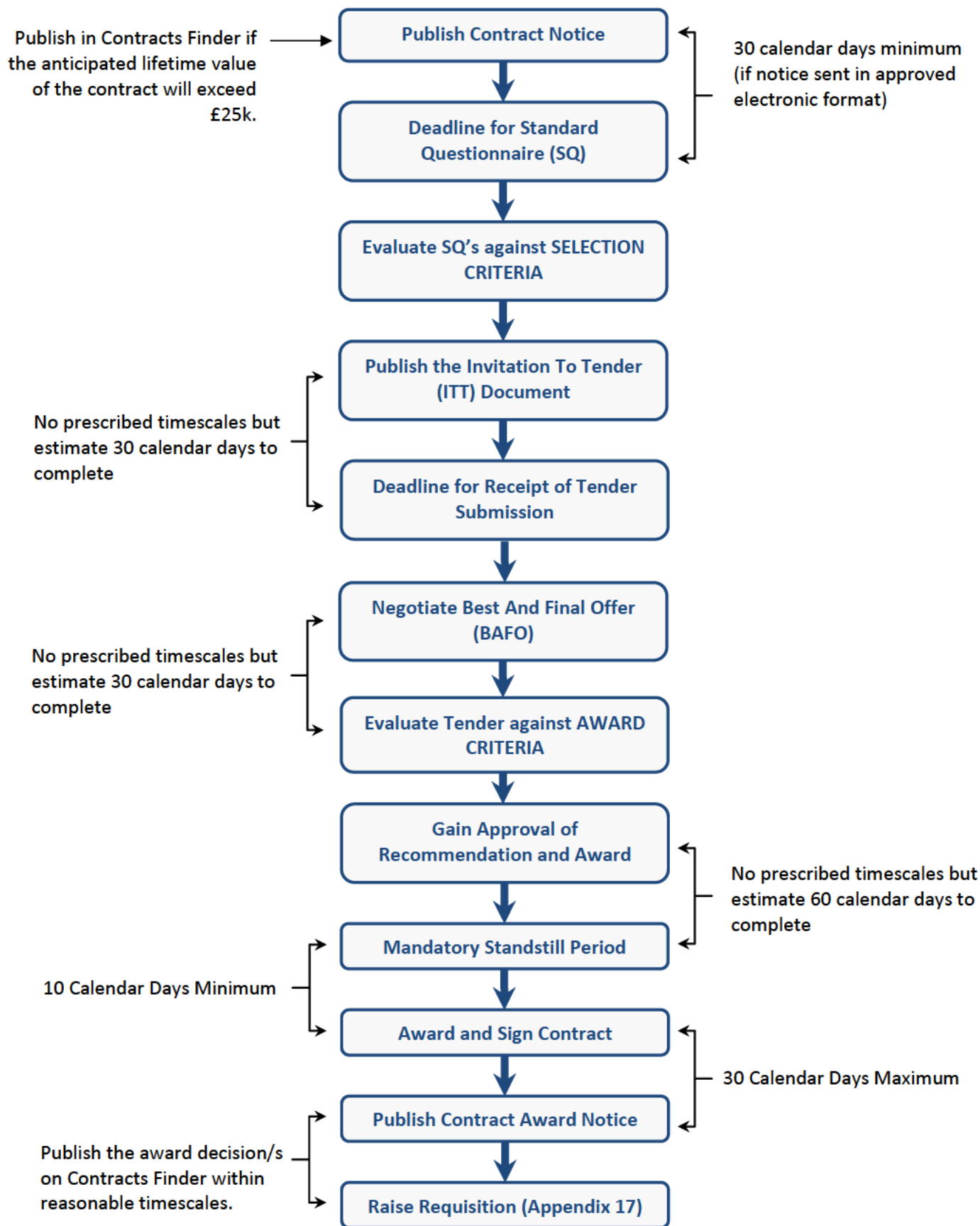
APPENDIX 4: Competitive Dialogue Procedure within the Public Sector



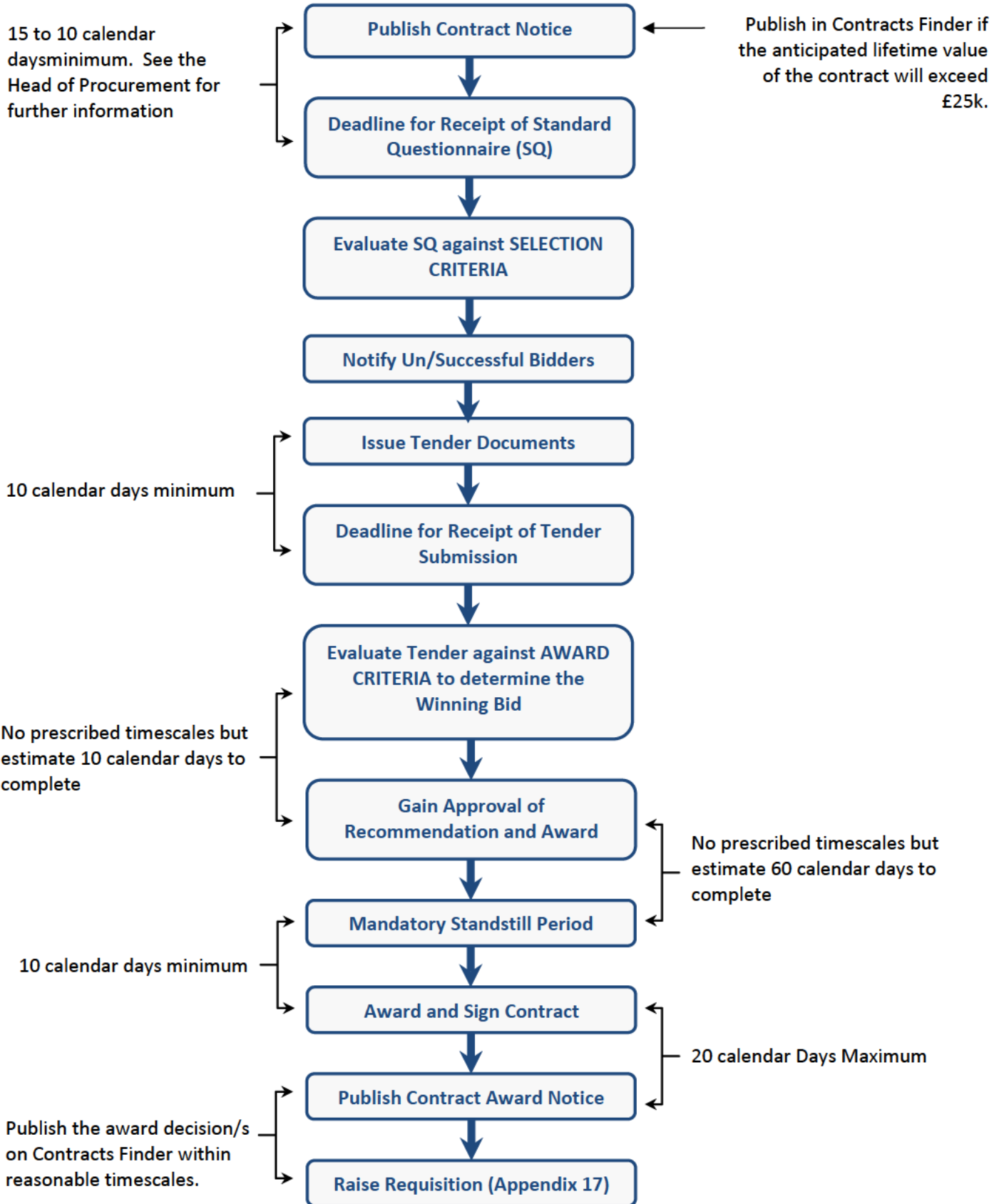
APPENDIX 5: Innovation Partnership



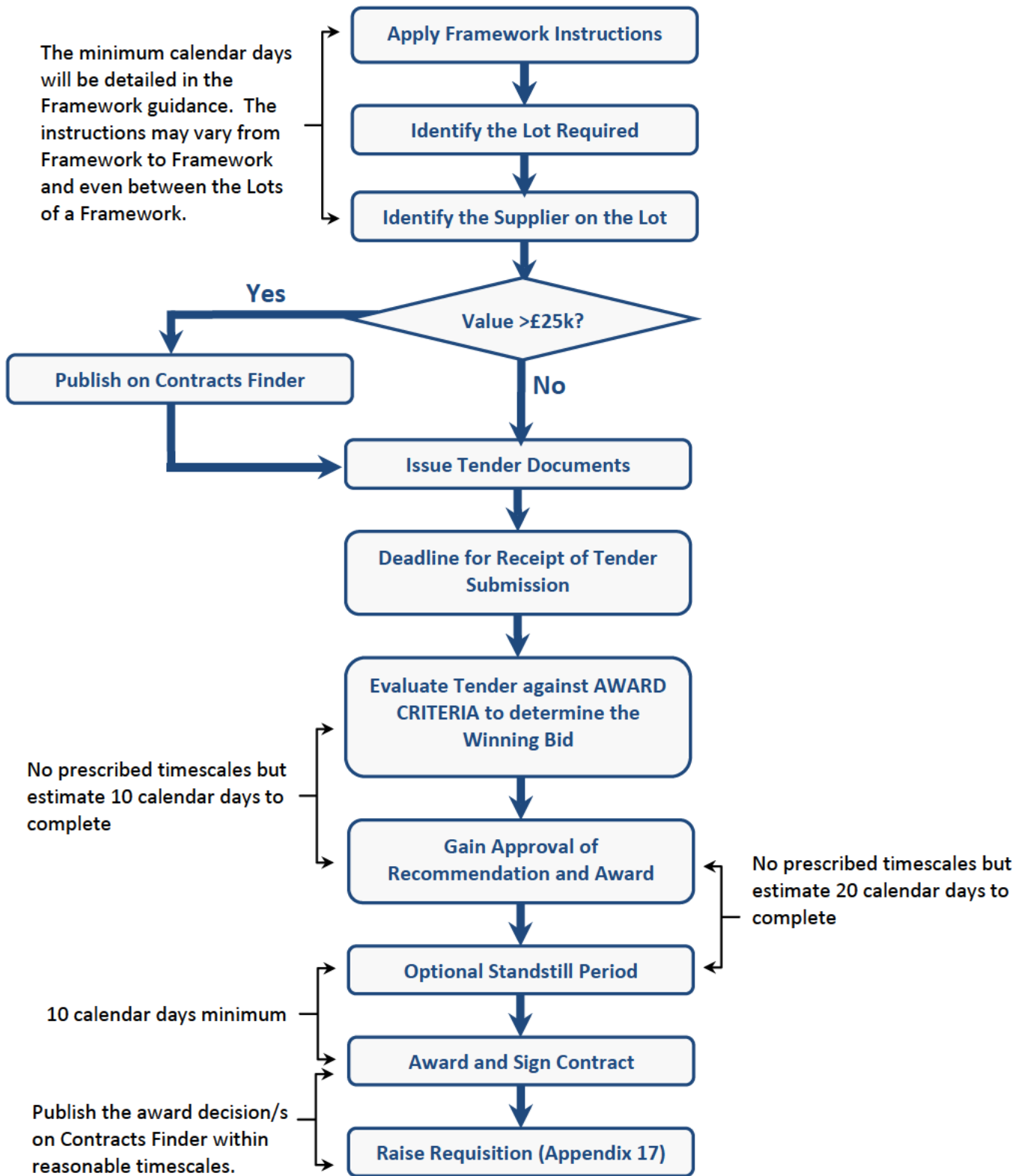
APPENDIX 6: Negotiated Procedure within the Public Sector



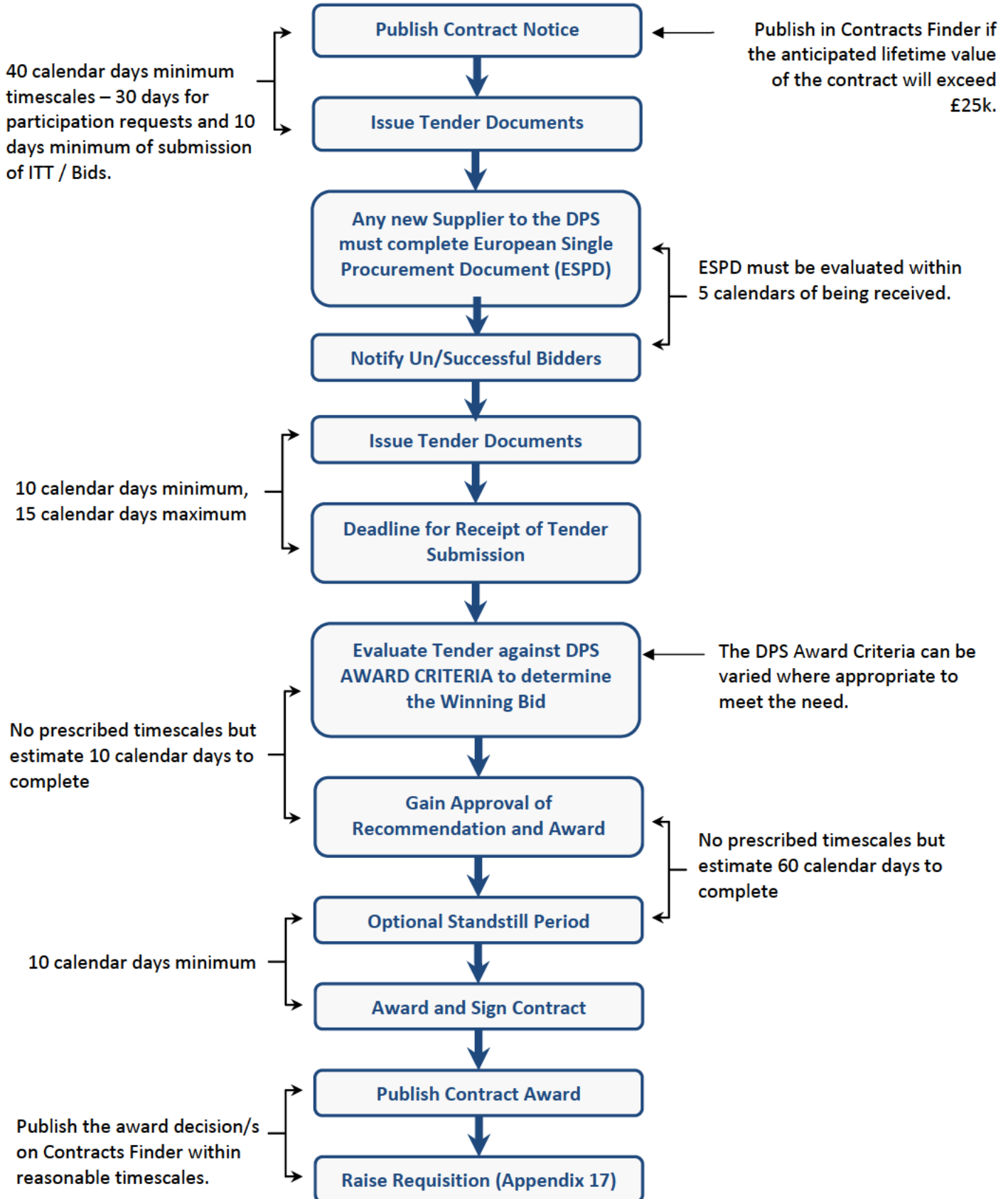
APPENDIX 7: Accelerated Procedure within the Public Sector



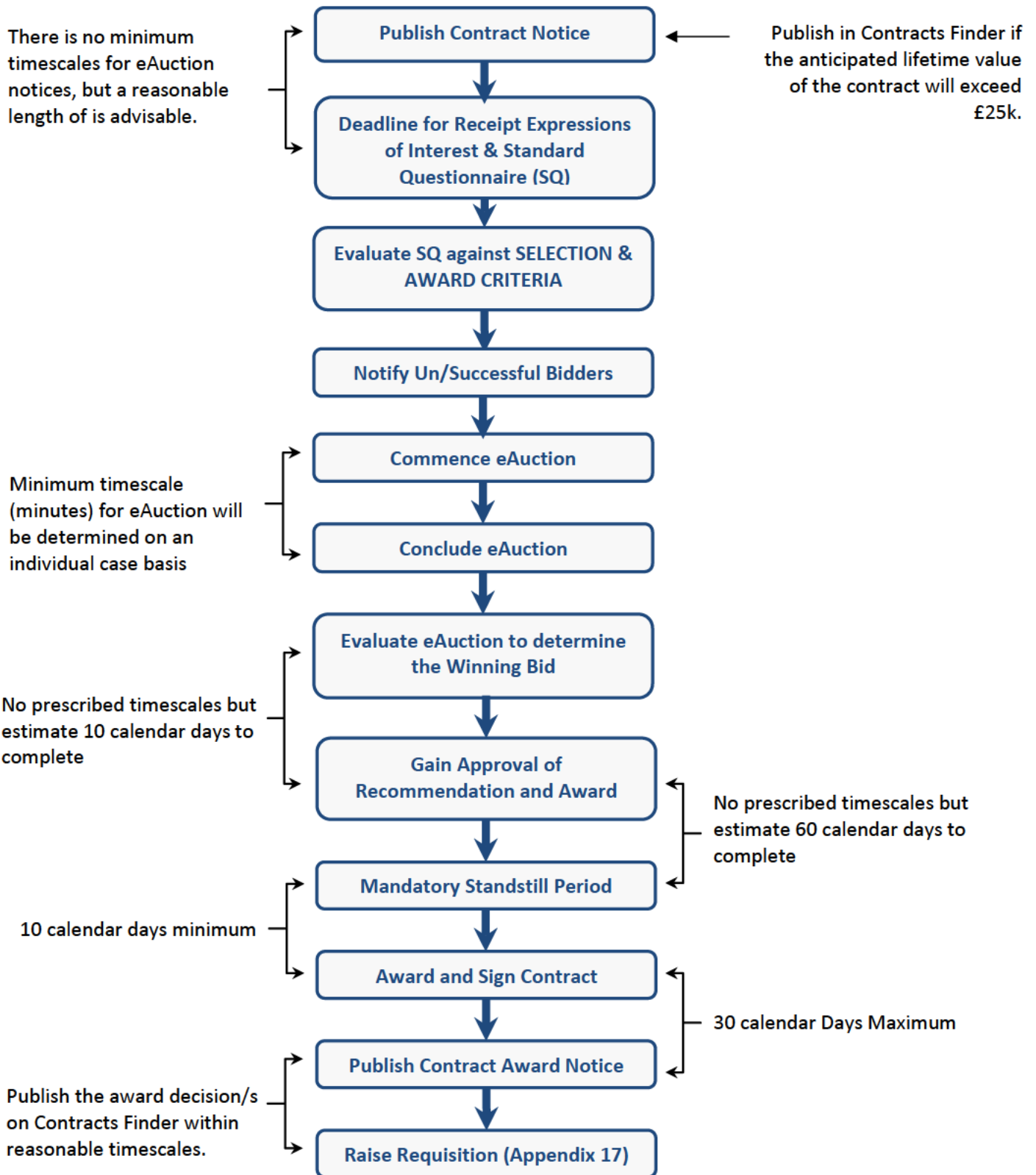
APPENDIX 8: Frameworks - Mini Competitions



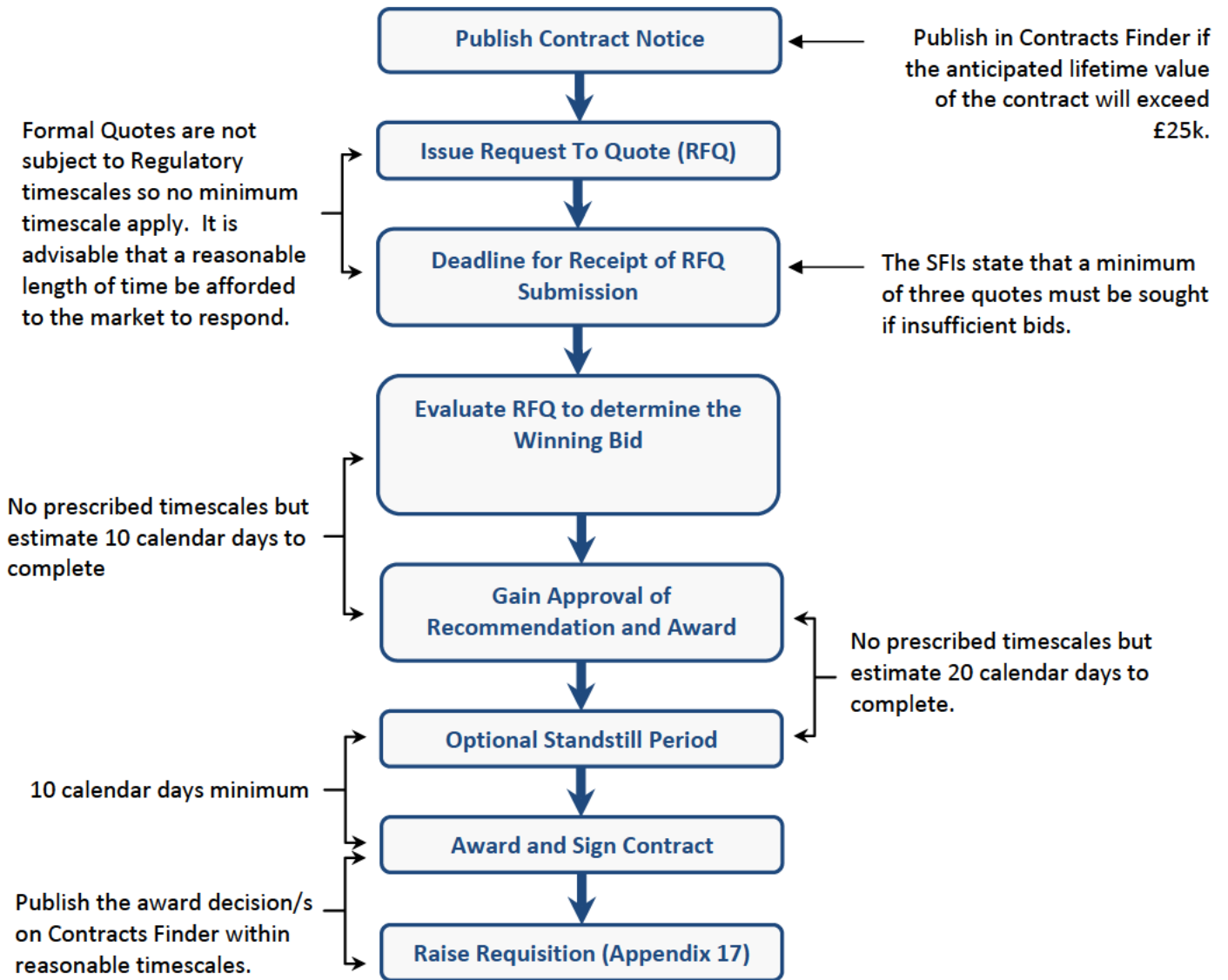
APPENDIX 9: Dynamic Purchasing Systems



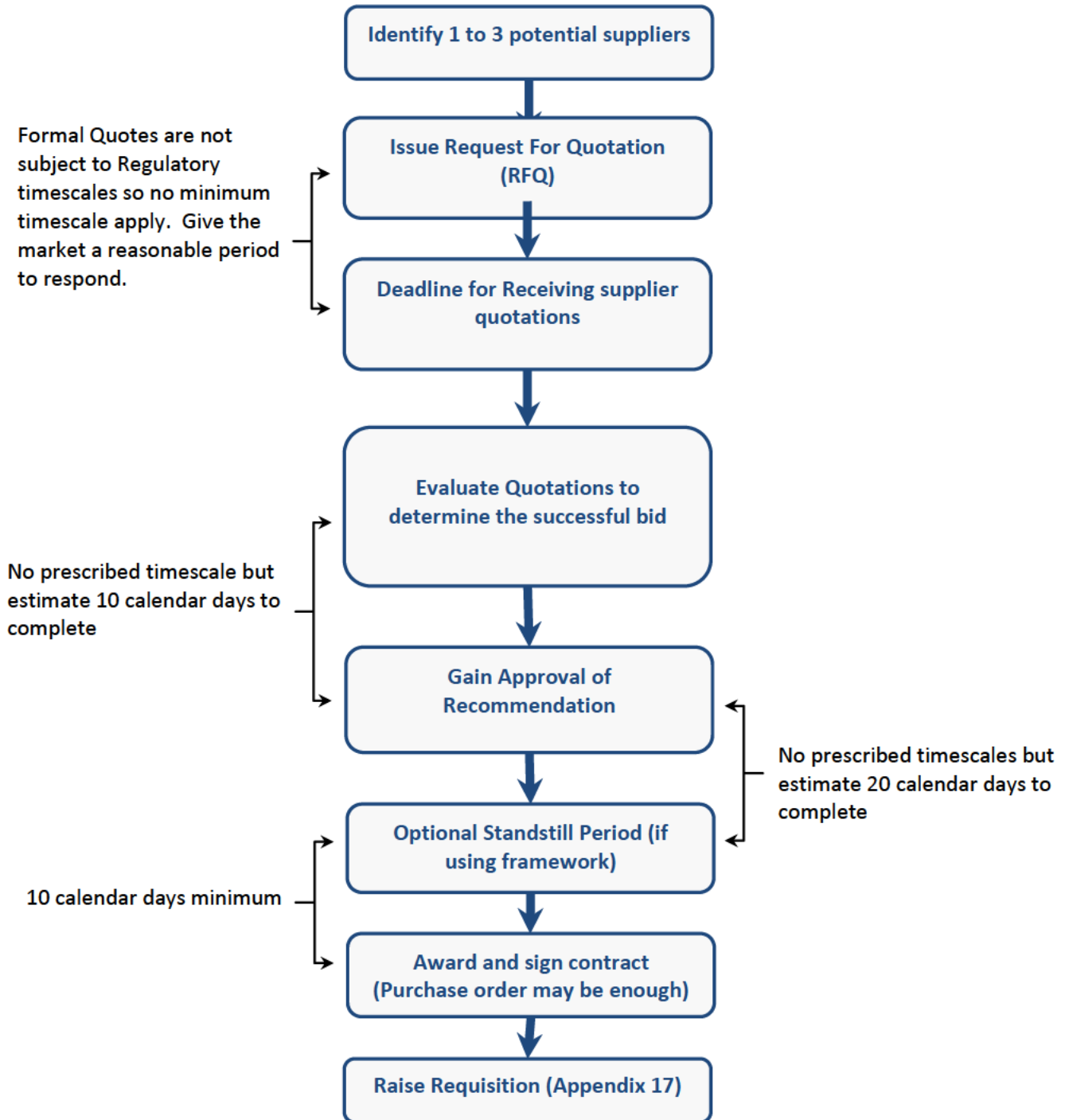
APPENDIX 10: Electronic Auctions (eAuctions)



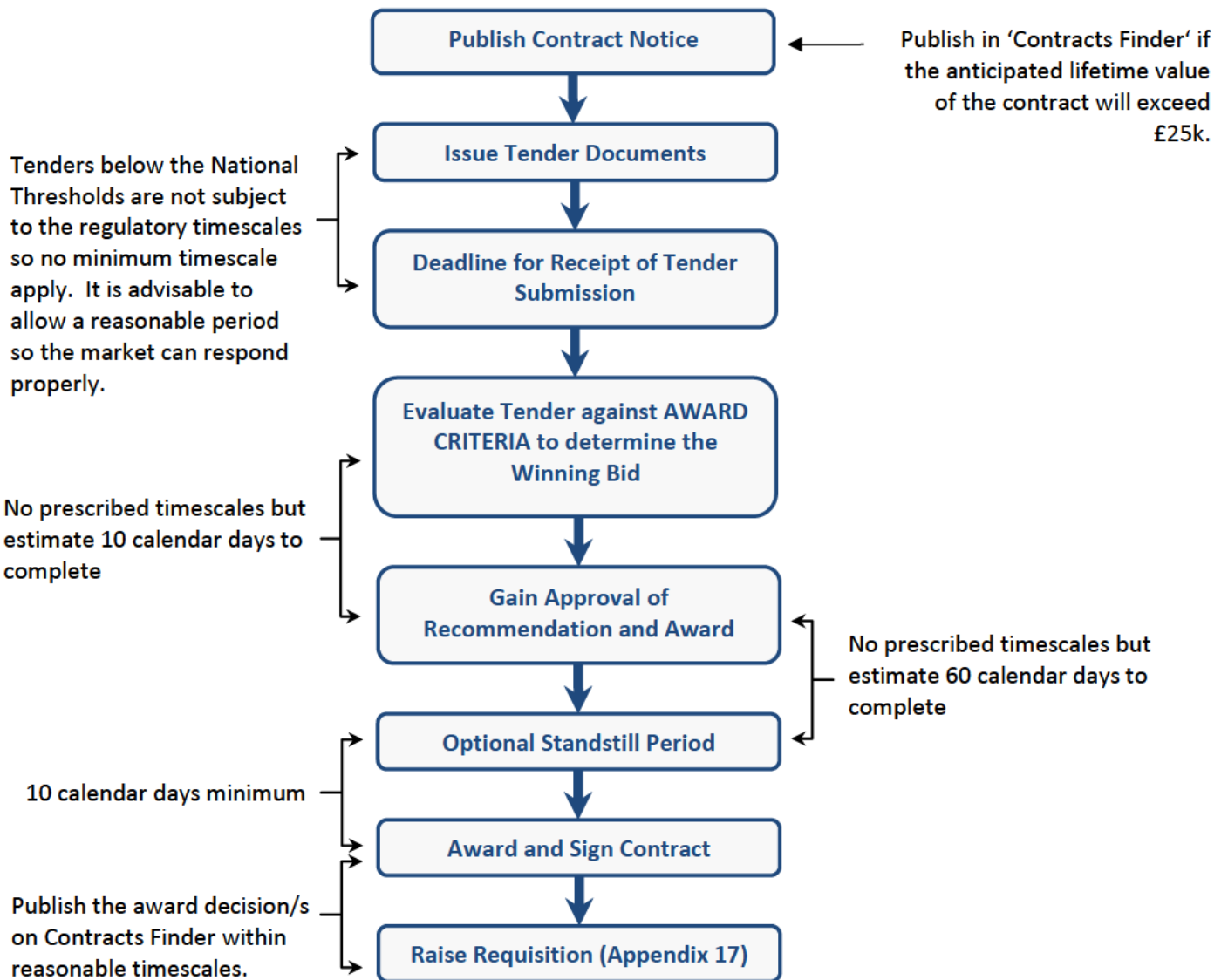
APPENDIX 11: Formal Quotes



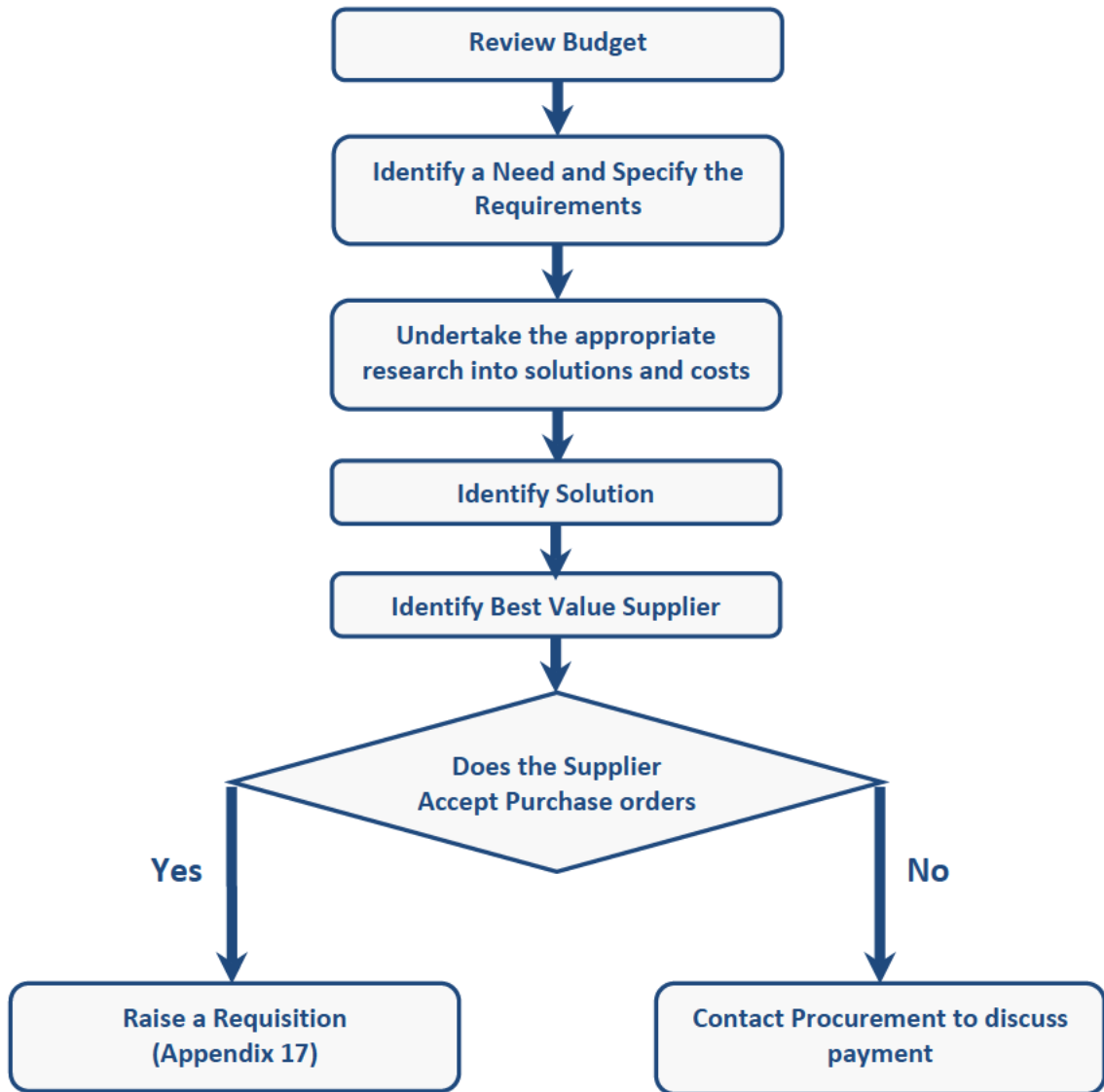
APPENDIX 12: Quick Quotes



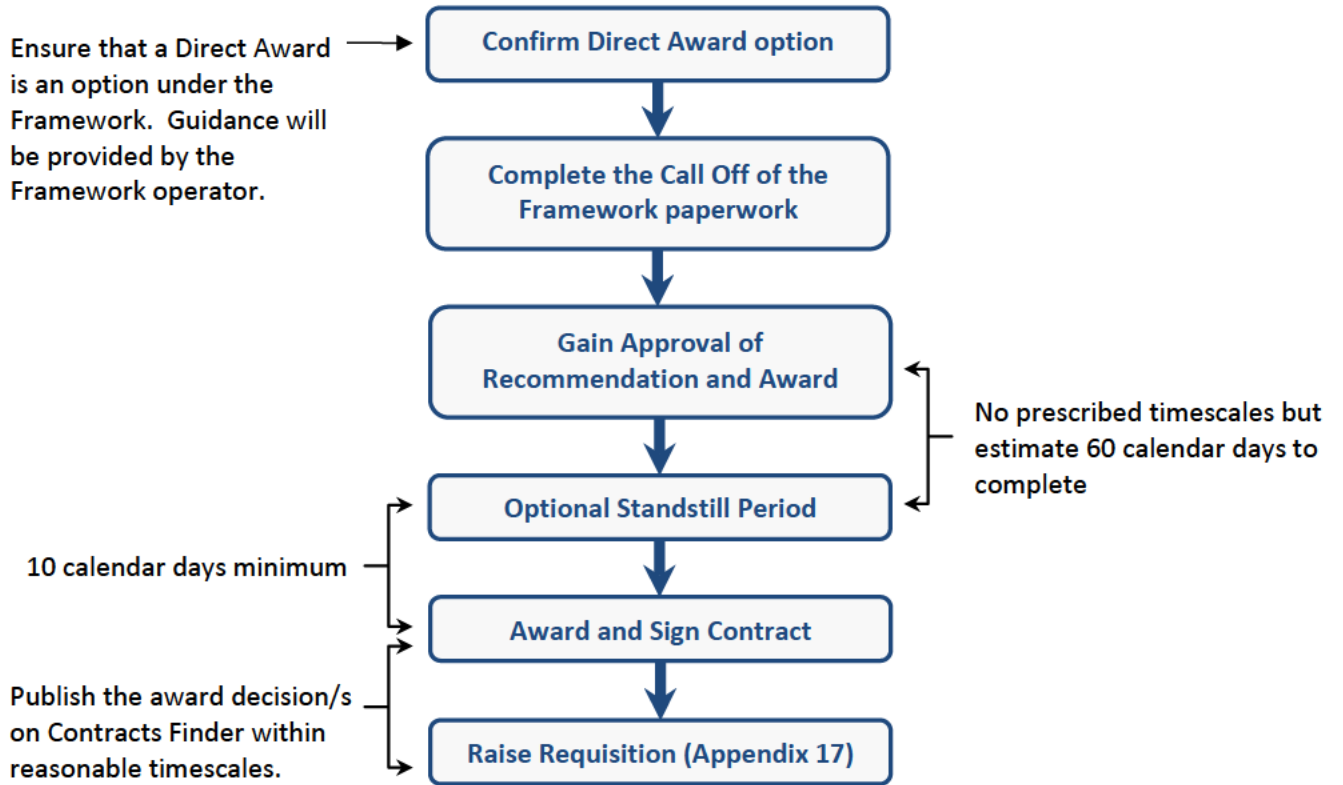
APPENDIX 13: Royal Devon (East) Tender



APPENDIX 14: Spot Purchase



APPENDIX 15: Direct Award under a Framework

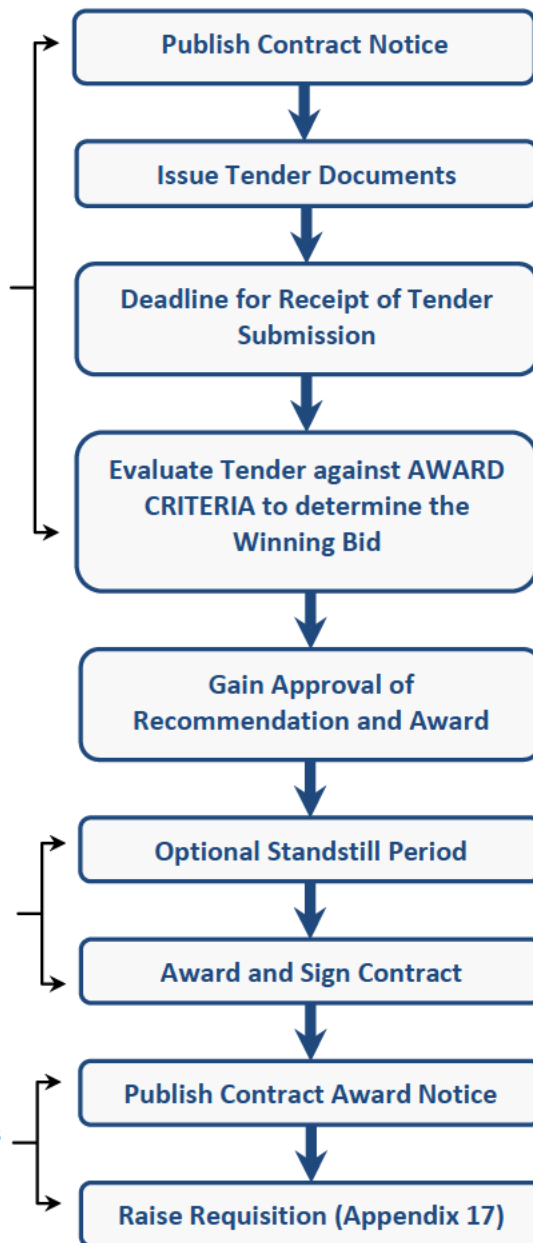


APPENDIX 16: Light Touch Procurement (Section 74 PCR 2015)

The Light Touch regime is governed by Section 74 of the Public Contract Regulations 2015 – Statutory Instrument 102 (as amended). The process shown here is indicative good practice. Section 74 relates specifically to a small set of contractual categories and may not be available in all circumstances. Ask Procurement for advice if you are considering this process.

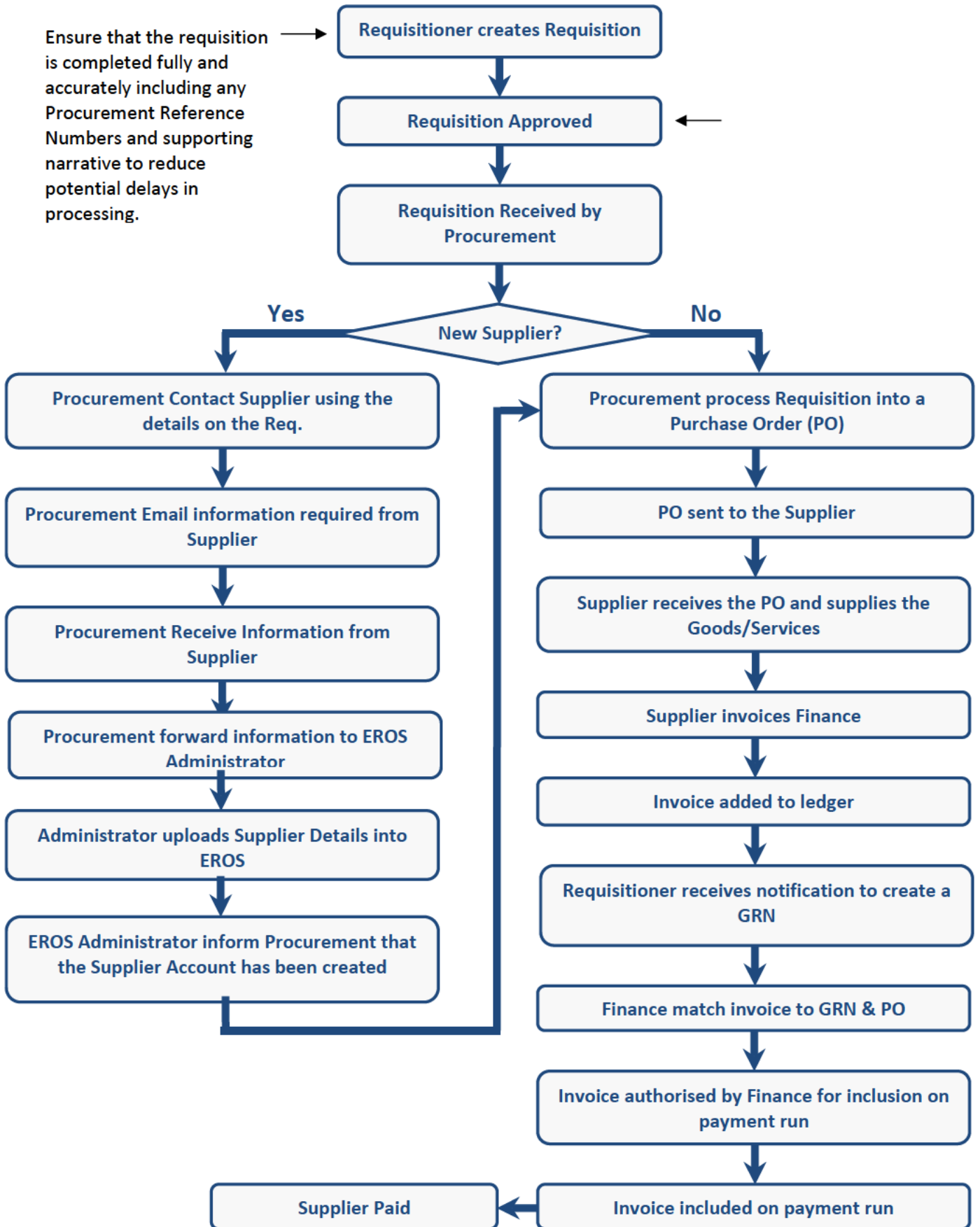
10 calendar days minimum

Publish the award decision/s on Contracts Finder within reasonable timescales.

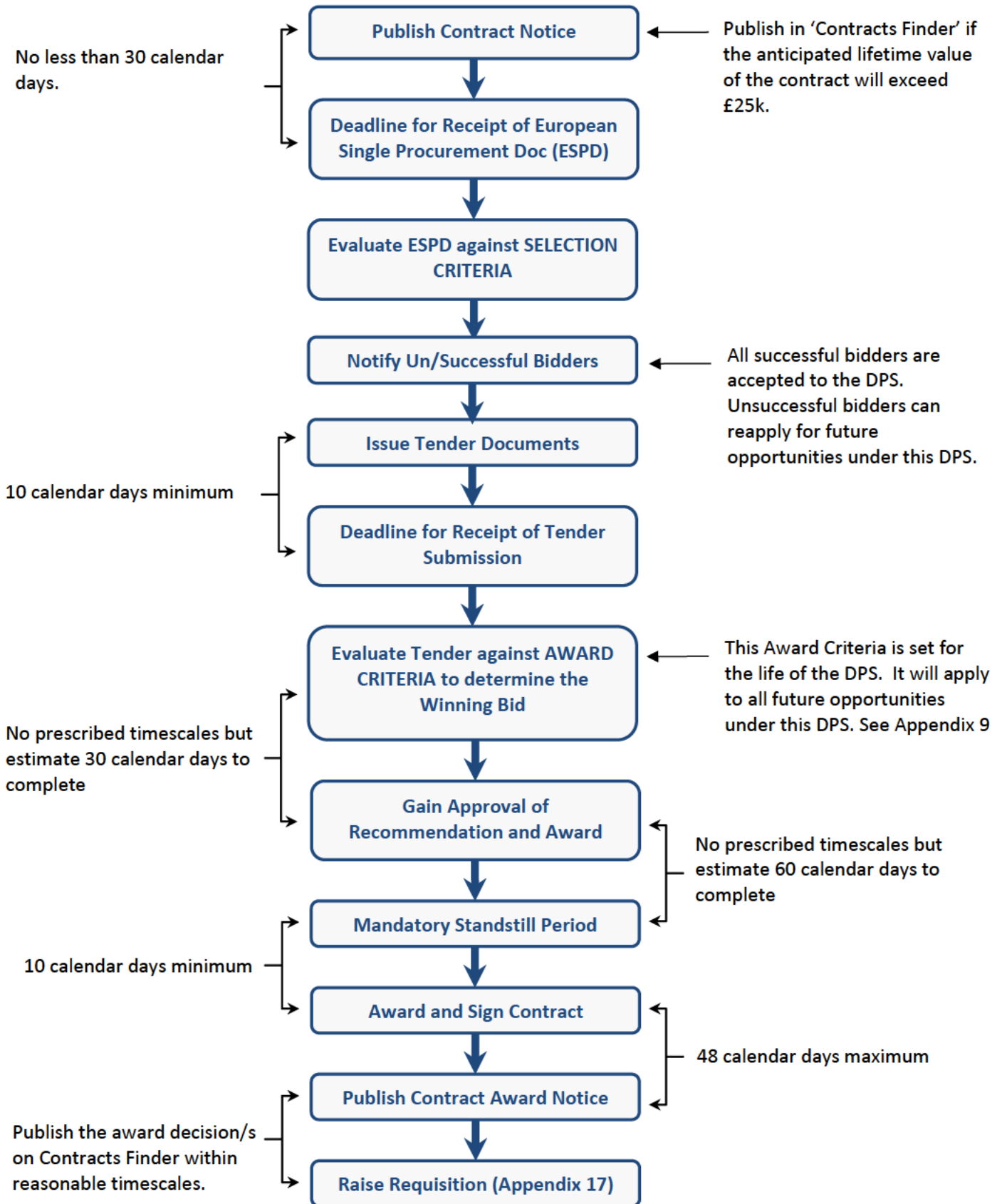


APPENDIX 17: Procurement-to-Pay (P2P) Process

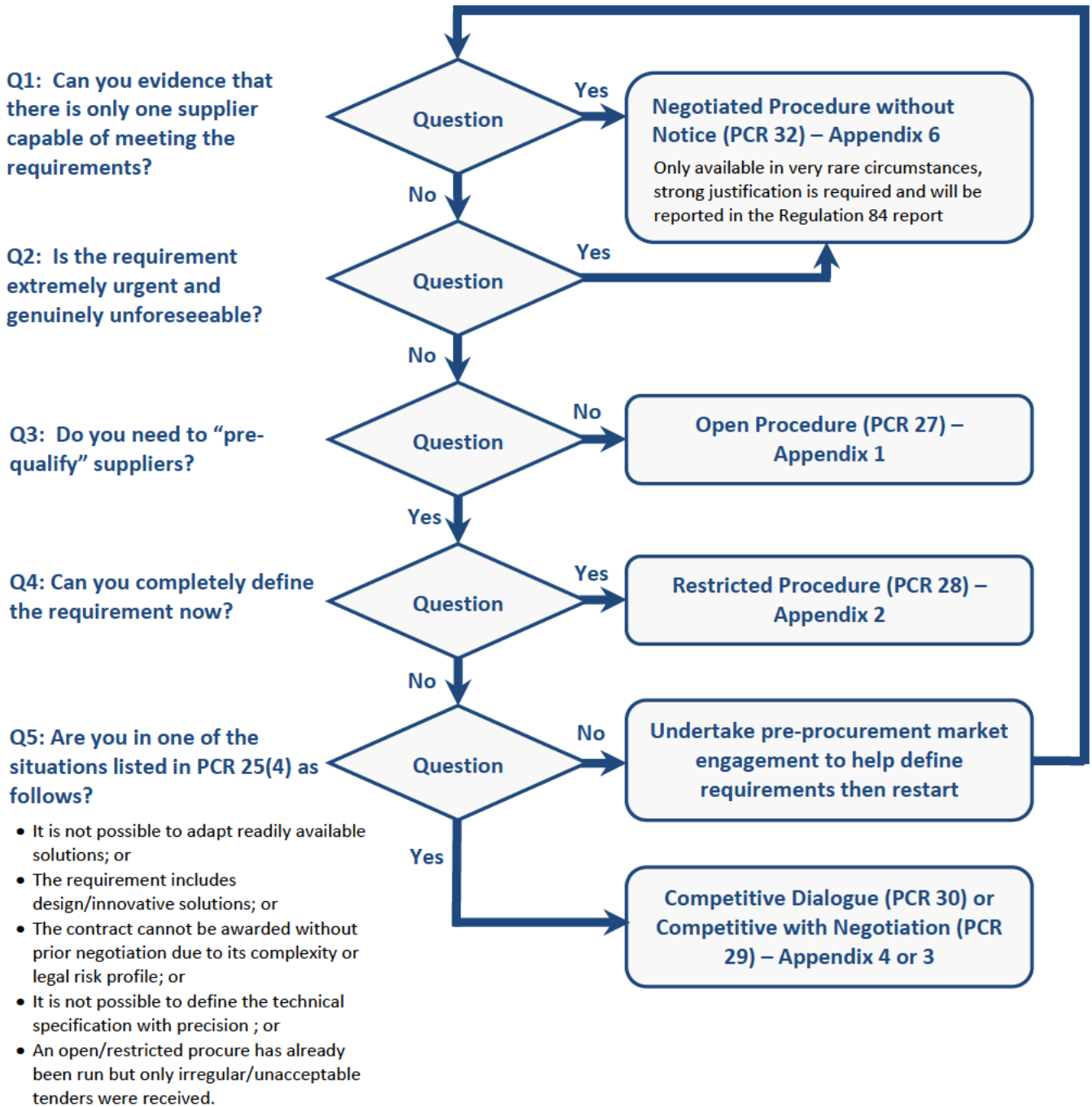
Ensure that the requisition is completed fully and accurately including any Procurement Reference Numbers and supporting narrative to reduce potential delays in processing.



APPENDIX 18: Creation of a Dynamic Purchasing System (DPS) PRC Regulation 34



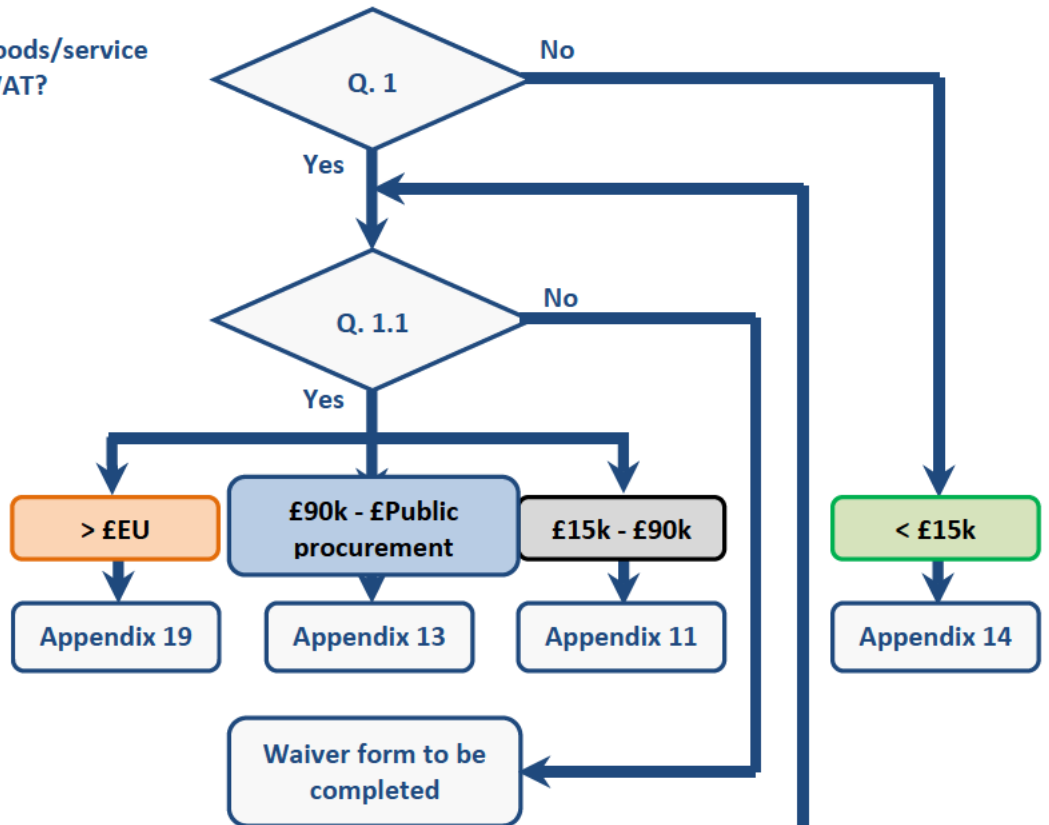
APPENDIX 19: National Tender – Choice of Procedure



APPENDIX 20: Single Source Waiver Process

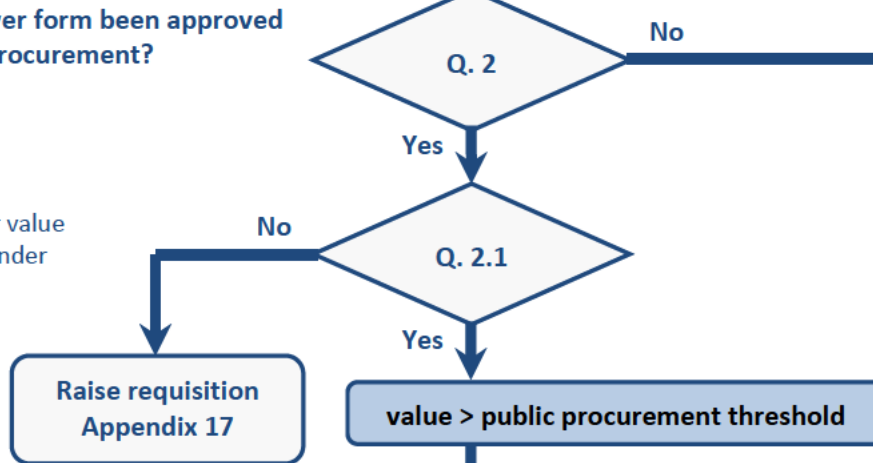
Q1: Is the value of the goods/service over £15,000 including VAT?

Q1.1: Has a competitive procurement process been carried out?



Q2: Has the waiver form been approved by the Head of Procurement?

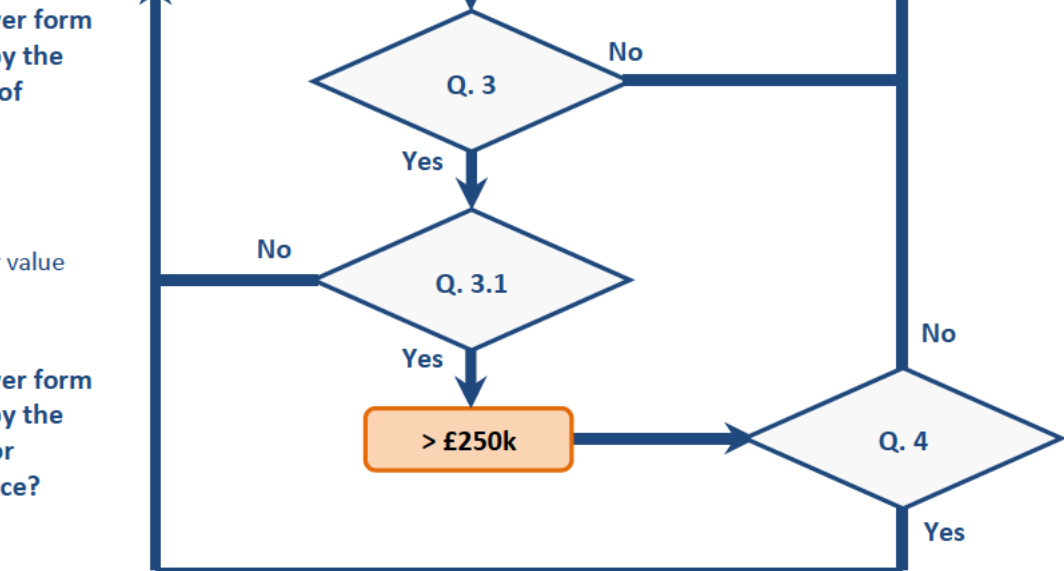
Q2.1: Is the waiver value above the OJEU tender threshold?



Q3: Has the waiver form been approved by the Deputy Director of Finance?

Q3.1: Is the waiver value above £250,000?

Q4: Has the waiver form been approved by the Chief Executive or Director of Finance?



Contract Management

To get the best out of a contract, it needs to be managed.

The following 12 elements help ensure you have the right resources, skills and knowledge to do just that.



- 1. Planning and Governance**
Schedule regular meetings and control processes to support the contract.
- 2. People**
Resource the task appropriately and determine roles, functions, who and how they will interact with each other from both buyer and supplier sides.
- 3. Administration**
Agree the content, frequency, format etc of information and who will be the administrator for both the buyer and the supplier and keep an audit trail.
- 4. Relationships**
Understand the type of relationship you have, i.e. are they a critical supplier, are we their biggest customer etc and build a good reputation.
- 5. Performance**
Monitor the performance of the supplier using KPI's and T&Cs to ensure acceptable levels of performance.
- 6. Payment**
Verify and validate payment against the contracted values, then benchmark.
- 7. Risk**
Understand the risks within the contract and proactively mitigate them through meetings, systems and controls.
- 8. Contract Development**
Refine the contract as it progresses to increase its value and performance.
- 9. Supplier Development**
Work with the supplier to develop their performance and business.
- 10. Supplier Relationship Management**
Craft a solid and professional relationship with the supplier to further enhance the contract delivery.
- 11. Market Management**
Engage with the market to understand the forces in play including, new suppliers, innovation, alternative solutions etc.
- 12. Be Proactive**
Plan ahead to manage risks and impacts before they grow.

Contract Management

		Contract Risk			
		Low	Medium	Medium / High	High
Contract Value	Low	Level 1	Level 2	Level 2	Level 3
	Medium	Level 2	Level 2	Level 3	Level 3
	Medium / High	Level 2	Level 3	Level 4	Level 4

Contract Management should be proportionate.

The matrix to the left provides a rough guide to the level of Contract Management appropriate to a contract based upon the contract's value and risk.

Degree of focus on the 12 Contract Management elements

The below matrix shows the required focus and attention each of the Contract Management elements should be given based upon the determined Contract Management level.

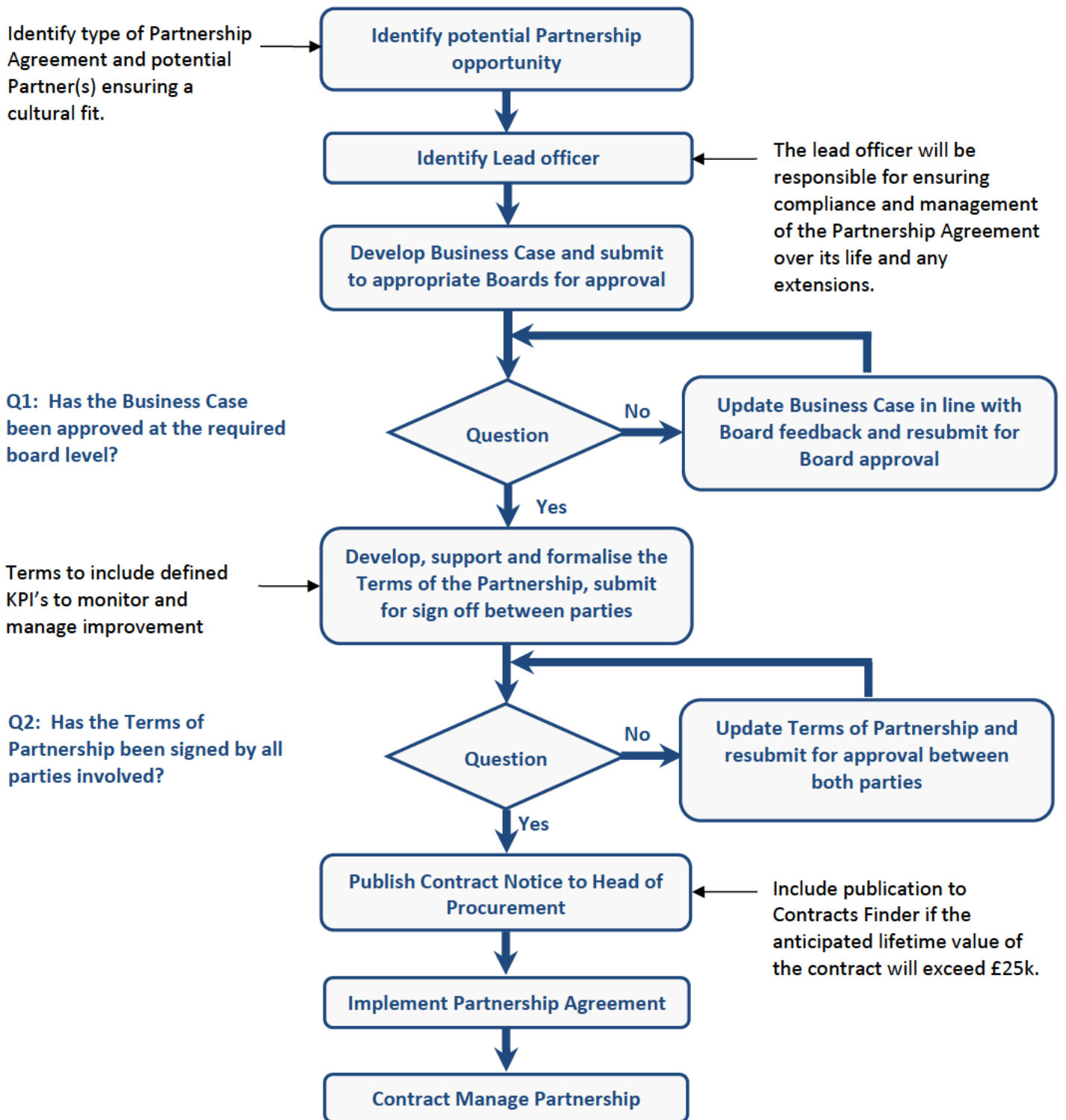
Contract Management Level	Planning & Governance	People	Administration	Relationships	Performance	Payment	Risk	Contract Development	Supplier Development	Supplier Relationship Management	Market Management	Be Proactive
Level One	Substantial focus	Minimal focus	Minimal focus	Minimal focus	Considerable focus	Minimal focus	Minimal focus	Minimal focus	Minimal focus	Minimal focus	Minimal focus	Minimal focus
Level Two	Substantial focus	Considerable focus	Considerable focus	Considerable focus	Substantial focus	Considerable focus	Considerable focus	Minimal focus	Minimal focus	Minimal focus	Minimal focus	Minimal focus
Level Three	Substantial focus	Substantial focus	Substantial focus	Substantial focus	Substantial focus	Substantial focus	Substantial focus	Considerable focus	Considerable focus	Considerable focus	Minimal focus	Considerable focus
Level Four	Substantial focus	Substantial focus	Substantial focus	Substantial focus	Substantial focus	Substantial focus	Substantial focus	Substantial focus	Substantial focus	Substantial focus	Substantial focus	Substantial focus

Minimal focus
 Moderate focus
 Considerable focus
 Substantial focus

Core Principles

- Understand the Contract**
Ensure you are clear and familiar with the contract prior to engaging the supplier.
- Understand the Relationship**
Know the position you are in as well as the one the supplier and determine an approach.
- Aim for Continual Improvement**
Seek to make improvements to the benefit of both parties.
- Share Knowledge**
Ensure the Trust is informed of key information relating to the contract or the supplier.
- Make use of Procurement**
Liaise with Procurement to maximize the contract value and assist with disputes.

APPENDIX 23: Partnering with Organisations



APPENDIX 24: COMMUNICATION PLAN

The following action plan will be enacted once the document has become live.

Staff groups that need to have knowledge of the guideline/SOP	All staff with procurement involvement
The key changes if a revised document	Data Protection Act 2018 (DPA2018) and GDPR, Importing after EU Exit; Using credit cards and avoiding fraud with cards; EU Exit;
The key objectives	To raise knowledge and awareness of the services & procedures requirement procurement provide
How new staff will be made aware of the procedure/guideline and manager action	HUB & induction
Specific Issues to be raised with staff	
Training available to staff	Procurement department can train staff when required
Any other requirements	
Issues following Equality Impact Assessment (if any)	
Location of hard / electronic copy of the document etc.	On Procurement shared drive & on HUB

APPENDIX 25: EQUALITY IMPACT ASSESSMENT TOOL

Name of document	The Procurement Manual
Division/Directorate and service area	Procurement
Name, job title and contact details of person completing the assessment	██████████ Head of Procurement & Commercial Support
Date completed:	14/06/17

The purpose of this tool is to:

- **identify** the equality issues related to a policy, procedure or strategy
- **summarise the work done** during the development of the document to reduce negative impacts or to maximise benefit
- **highlight unresolved issues** with the policy/procedure/strategy which cannot be removed but which will be monitored, and set out how this will be done.

1. What is the main purpose of this document?

To provide procurement advice & guidance & documentation for procurement services throughout the Trust.

2. Who does it mainly affect? (Please insert an "x" as appropriate:)

Carers Staff Patients Other (please specify)

3. Who might the policy have a 'differential' effect on, considering the "protected characteristics" below? (By *differential* we mean, for example that a policy may have a noticeably more positive or negative impact on a particular group e.g. it may be more beneficial for women than for men)

Please insert an "x" in the appropriate box (x)

Protected characteristic	Relevant	Not relevant
Age	<input type="checkbox"/>	√ <input type="checkbox"/>
Disability	<input type="checkbox"/>	√ <input type="checkbox"/>
Sex - including: Transgender, and Pregnancy / Maternity	<input type="checkbox"/>	√ <input type="checkbox"/>
Race	<input type="checkbox"/>	√ <input type="checkbox"/>
Religion / belief	<input type="checkbox"/>	√ <input type="checkbox"/>
Sexual orientation – including: Marriage / Civil Partnership	<input type="checkbox"/>	√ <input type="checkbox"/>

4. Apart from those with protected characteristics, which other groups in society might this document be particularly relevant to... (e.g. those affected by homelessness, bariatric patients, end of life patients, those with carers etc.)?

None

5. Do you think the document meets our human rights obligations?

Feel free to expand on any human rights considerations in question 6 below.

A quick guide to human rights:

- *Fairness – how have you made sure it treats everyone justly?*
- *Respect – how have you made sure it respects everyone as a person?*
- *Equality – how does it give everyone an equal chance to get whatever it is offering?*
- *Dignity – have you made sure it treats everyone with dignity?*
- *Autonomy – Does it enable people to make decisions for themselves?*

6. Looking back at questions 3, 4 and 5, can you summarise what has been done during the production of this document and your consultation process to support our equality / human rights / inclusion commitments?

Due consideration has been taken of National Standards of Procurement which incorporates these requirements & considerations.

7. If you have noted any 'missed opportunities', or perhaps noted that there remains some concern about a potentially negative impact please note this below and how this will be monitored/addressed.

"Protected characteristic":	NA
Issue:	NA
How is this going to be monitored/ addressed in the future:	NA
Group that will be responsible for ensuring this carried out:	NA



The Digital Technology Assessment Criteria for Health and Social Care (DTAC)

Table of contents

The assessment criteria is made up of five core components. Sections A and B will provide the assessors the context required to understand your product and support your evidence. The core assessment criteria is defined in section C1-C4. Section D details the key Usability and Accessibility principles required. Further frequently asked questions are available at the end of the document.

The core criteria in Section C will determine the overall success of the assessment of your product or service. The accompanying score provided from Section D will show the level of adherence to the NHS Service Standard.

Table of contents	2
A. Company information - Non-assessed section	3
B. Value proposition - Non-assessed section	4
C. Technical questions - Assessed sections	5
C1 - Clinical safety	5
C2 - Data protection	9
C3 - Technical security	12
C4 - Interoperability criteria	14
D. Key principles for success	16
D1 - Usability and accessibility - scored section	16
Relevant supporting documentation	20

A. Company information - Non-assessed section

Information about your organisation and contact details.

Code	Question	Option
A1	Provide the name of your company	Free text
A2	Provide the name of your product	Free text
A3	Provide the type of product	App Wearable Software as a Service (SaaS) Other
A4	Provide the name and job title of the individual who will be the key contact at your organisation	Free text
A5	Provide the key contact's email address	Free text
A6	Provide the key contact's phone number	Free text
A7	Provide the registered address of your company	Free text
A8	In which country is your organisation registered?	Free text
A9	If you have a Companies House registration in the UK please provide your number	Free text
A10	If applicable, when was your last assessment from the Care Quality Commission (CQC)?	Date Not applicable
A11	If applicable, upload your latest CQC report.	Upload

B. Value proposition - Non-assessed section

Please set out the context of the clinical, economic or behavioural benefits of your product to support the review of your technology. This criteria will not be scored but will provide the context of the product undergoing assessment.

Where possible, please provide details relating to the specific technology and not generally to your organisation.

Code	Question	Option	Supporting information
B1	Who is this product intended to be used for?	Patients Diagnostics Clinical Support Infrastructure Workforce Other	
B2	Provide a clear description of what the product is designed to do and of how it is expected to be used	Free text	This question is a context question and therefore a high level summary is required.
B3	Describe clearly the intended or proven benefits for users and confirm if / how the benefits have been validated	Free text	This question is a context question and therefore a high level summary is required. If your product has had an evaluation or undergone clinical trials include this information.
B4	Please attach one or more user journeys which were used in the development of this product Where possible please also provide your data flows	Attached Not available	This question is a context question and it is expected that existing documentation will be provided. GOV.UK provides guidance on how to make a user journey map and what should be included. Data flows enable the assessor to understand how data moves through a product. This may be included within a Data Protection Impact Assessment. If this is the case, please provide as a separate attachment for ease of review.

C. Technical questions - Assessed sections

C1 - Clinical safety

Establishing that your product is clinically safe to use.

You must provide responses and documentation relating to the specific technology product that is subject to assessment.

The DCB0129 standard applies to organisations that are responsible for the development and maintenance of health IT systems. A health IT system is defined as “product used to provide electronic information for health and social care purposes”. DTAC is designed as the assessment criteria for digital health technologies and C1 Clinical Safety Criteria is intended to be applied to all assessments. If a developer considers that the C1 Clinical Safety is not applicable to the product being assessed, rationale must be submitted exceptionally detailing why DCB0129 does not apply.

The DCB0160 standard applies to the organisation in which the health IT is deployed or used. It is a requirement of the standard (2.5.1) that in the procurement of health IT systems the organisation must ensure that the manufacturer and health IT system complies with DCB0129. The organisation must do so in accordance with the requirements and obligations set out in the DCB0160 standard. This includes personnel having the knowledge, experience and competences appropriate to undertaking the clinical risk management tasks assigned to them and organisations should ensure that this is the case when assessing this section of the DTAC.

If the Clinical Safety Officer or any other individual has concerns relating to safety of a medical device including software and apps, this should be reported to the Medicines and Healthcare products Regulatory Agency (MHRA) using the Yellow Card reporting system: [Report a problem with a medicine or medical device - GOV.UK \(www.gov.uk\)](https://www.gov.uk/report-a-problem-with-a-medicine-or-medical-device).

Code	Question	Options	Supporting information	Scoring criteria
C1.1	Have you undertaken Clinical Risk Management activities for this product which comply with DCB0129?	Yes No	The DCB0129 standard applies to organisations that are responsible for the development and maintenance of health IT systems. A health IT system is defined as “product used to provide electronic information for health and social care purposes”.	To pass, the developer is required to confirm that they have undertaken Clinical Risk Management activities in compliance with DCB0129.
C1.1.1	Please detail your clinical risk management system	Attached No evidence attached	DCB0129 sets out the activities that must and should be undertaken for health IT systems. An example clinical risk management system template can be downloaded from the NHS Digital website.	To pass, the developer is required to evidence that a clinical risk management system is in place and that it is compliant with the requirements set out in DCB0129. This should include: <ul style="list-style-type: none"> • The clinical risk management governance arrangements that are in place • The clinical risk management activities • Clinical safety competence and training • Audits
C1.1.2	Please supply your Clinical Safety Case	Attached No	Specifically your DTAC submission should include:	To pass, the developer is required to submit the Clinical Safety Case Report and

	<p>Report and Hazard Log</p>	<p>evidence available</p>	<ul style="list-style-type: none"> ● A summary of the product and its intended use ● A summary of clinical risk management activities ● A summary of hazards identified which you have been unable to mitigate to as low as it is reasonably practicable ● The clear identification of hazards which will require user or commissioner action to reach acceptable mitigation (for example, training and business process change) <p>It should not include the hazard log in the body of the document - this should be supplied separately.</p> <p>Example Clinical Safety Case Report and Hazard Log templates can be downloaded from the NHS Digital website.</p>	<p>Hazard Log that is compliant with the requirements set out in DCB0129. This should be commensurate with the scale and clinical functionality of the product and address the clinical risk management activities specified with the standard.</p> <p>The Clinical Safety Case Report should present the arguments and supporting evidence that provides a compelling, comprehensible and valid case that a system is safe for a given application in a given environment at the defined point in the products lifecycle.</p> <p>It should provide the reader with a summary of all the relevant knowledge that has been acquired relating to the clinical risks associated with the product at that point in the life cycle:</p> <ul style="list-style-type: none"> ● A clear and concise record of the process that has been applied to determine the clinical safety of the product ● A summary of the outcomes of the assessment procedures applied ● A clear listing of any residual clinical risks that have been identified and the related operational constraints and limitations that are applicable ● A clear listing of any hazards and associated clinical risks that have been transferred, together with any declared risk control measures, that are to be addressed as part of the clinical risk management process in the organisation where the product is being deployed ● A listing of outstanding test issues / defects associated with the product which may have a clinical safety impact. <p>The Hazard Log should record and communicate the on-going identification and resolution of hazards associated with the product. All foreseeable hazards should be identified and the risk of such hazards should be reduced to acceptable levels.</p> <p>A summary should also be provided to the assessor of identified hazards that the developer has been unable to mitigate to as low as it is reasonably practicable. It should also clearly identify the hazards which will require user or commissioner action to reach acceptable mitigation.</p>
<p>C1.2</p>	<p>Please provide the name of your Clinical Safety Officer (CSO), their profession and</p>	<p>Free Text</p>	<p>The CSO must:</p> <ul style="list-style-type: none"> ● Be a suitably qualified and experienced clinician 	<p>To pass, the developer must have a named CSO which can be through an outsourced arrangement.</p>

	registration details		<ul style="list-style-type: none"> • Hold a current registration with an appropriate professional body relevant to their training and experience • Be knowledgeable in risk management and its application to clinical domains • Be suitably trained and qualified in risk management or have an understanding in principles of risk and safety as applied to Health IT • Have completed appropriate training <p>The work of the CSO can be undertaken by an outsourced third party.</p>	They must be a suitably qualified and experienced clinician and hold a current registration with an appropriate professional body relevant to their training and experience.
C1.3	If your product falls within the UK Medical Devices Regulations 2002, is it registered with the Medicines and Healthcare products Regulatory Agency (MHRA)?	Yes No Not applicable	<p>If this question is not applicable, because your product does not fall within the UK Medical Devices Regulations 2002, continue to question C1.4.</p> <p>If No, but the product falls within the UK Medical Devices Regulations 2002, continue to question C.1.3.2.</p> <p>The MHRA provides guidance on medical devices to place them on the market in Great Britain and Northern Ireland, regulatory requirements for all medical devices to be placed on the UK market, conformity assessment and the UK Conformity Assessed (UKCA) mark, classification of stand-alone medical device software (including apps) and how to tell if your product falls within the UK Medical Devices Regulations 2002.</p>	<p>To pass, if the product falls within the UK Medical Device Regulations 2002 and is required to be registered with the MHRA, the product must have a valid registration.</p> <p>It is currently possible that products do fall within the UK Medical Devices Regulations 2002 but are not yet required to be registered with the MHRA.</p>
C1.3.1	If yes, please provide your MHRA registration number	Free text		To pass, the registration number must be valid.
C1.3.2	If the UK Medical Device Regulations 2002 are applicable, please provide your Declaration of Conformity and, if applicable, certificate of conformity issued by a Notified Body / UK Approved Body	Attached No evidence available	<p>Medical device manufacturers must ensure that their device complies with the relevant Essential Requirements of the legislation and draw up a Declaration of Conformity to declare this.</p> <p>Class I devices with a measuring function and devices in Class IIa, IIb and III must undergo conformity assessment from an EU Notified Body or UK Approved Body which has been designated for medical devices, and be issued a certificate of conformity (commonly referred to as a “CE certificate” or “UKCA certificate”).</p>	To pass, valid documentation appropriate to the risk classification of the device must be provided.
C1.4	Do you use or connect to any third party products?	Yes No	<p>If no, continue to section C2.</p> <p>DCB0129 contains the requirements in relation to third party products.</p>	

C1.4.1	If yes, please attach relevant Clinical Risk Management documentation and conformity certificate	Attached No evidence available		To pass, a valid conformity certificate must be provided. The Clinical Risk Management documentation must meet the requirements detailed in question C1.1.
--------	--	---	--	--

C2 - Data protection

Establishing that your product collects, stores and uses data (including personally identifiable data) compliantly.

This section applies to the majority of digital health technology products however there may be some products that do not process any NHS held patient data or any identifiable data. If this is the case, the Data Protection Officer, or other suitably authorised individual should authorise this data protection section being omitted from the assessment.

Code	Question	Options	Supporting information	Scoring criteria
C2.1	<p>If you are required to register with the Information Commissioner please attach evidence of a current registration.</p> <p>If you are not required to register please attach a completed self-assessment showing the outcome from the Information Commissioner and your responses which support this determination.</p>	Attached Not provided	<p>There are some instances where organisations are not required to register with the Information Commissioner. This includes where no personal information is being processed.</p> <p>The Information Commissioner has a registration self-assessment tool to support this decision making.</p>	<p>To pass, the developer is required to submit evidence that they have a current registration with the Information Commissioner. This can be validated against the Information Commissioner's Register of Fee Payers.</p> <p>Alternatively, if the developer confirms they are not registered with the Information Commissioner because they are not required to do so, then a self assessment from the Information Commissioner's self-assessment tool should be attached which aligns to the product.</p>
C2.2	Do you have a nominated Data Protection Officer (DPO)?	Yes No We do not need one	<p>Not all organisations are required to have a Data Protection Officer (DPO). This is determined by the type of organisation and core activities. The most common reason for organisations providing digital health technologies to have a DPO is due to the core activities involving processing health data (being a special category).</p> <p>The Information Commissioner has a self-assessment tool to determine whether you must appoint a DPO.</p>	
C2.2.1	<p>If you are required to have a nominated Data Protection Officer, please provide their name.</p> <p>If you are not required to have a DPO please attach a completed self assessment showing the outcome from the Information Commissioner and your responses which support this determination.</p>	Free text Attachment		<p>To pass, the developer is required to confirm they have a DPO in place where this is mandated. Where a DPO one is in place if it is not required by the Information Commissioner then this will also constitute a pass.</p> <p>Alternatively, if the developer confirms they do not have a DPO because they are not required to do so, then a self assessment from the Information Commissioners self-assessment tool should be attached which confirms this and aligns to the product.</p>

C2.3	Does your product have access to any personally identifiable data or NHS held patient data?	Yes No	<p>The UK General Data Protection Regulation (GDPR) applies to the processing of personal data.</p> <p>If no, continue to question C2.4</p>	
C2.3.1	<p>Please confirm you are compliant (having standards met or exceeded status) with the annual Data Security and Protection Toolkit Assessment.</p> <p>If you have not completed the current year's assessment and the deadline has not yet passed, please confirm that you intend to complete this ahead of the deadline and that there are no material changes from your previous years submission that would affect your compliance.</p>	Confirmed Unable to confirm	<p>The Data Security and Protection Toolkit allows organisations to measure performance against the National Data Guardian's 10 data security standards.</p>	<p>To pass, the developer must confirm that they are compliant with the Data Security and Protection Toolkit Assessment. This should be validated against the Data Security and Protection Toolkit database and achieve Standards Met or Exceeded status.</p> <p>Dependent on the date of the assessment versus the opening of the annual assessment period, it may be that a developer has not yet completed the toolkit. The developer is asked to confirm that they will complete the assessment and that they will maintain their compliance versus the previous year.</p>
C2.3.2	Please attach the Data Protection Impact Assessment (DPIA) relating to the product.	Attached Not provided	<p>DPIA's are a key part of the accountability obligations under the UK GDPR, and when done properly help organisations assess and demonstrate how they comply with data protection obligations.</p> <p>The Information Commissioner has provided guidance on how to complete a DPIA and a sample DPIA template.</p>	<p>To pass, the developer must provide a DPIA that is compliant with the requirements set out under the General Data Protection Regulations. It should ensure that risks to the rights and freedoms of natural persons are managed to an acceptable level.</p> <p>The DPIA should:</p> <ul style="list-style-type: none"> ● Establish the context; taking into account the nature, scope, context and purposes and processing and the sources of the risk ● Assess the risks; considering the particular likelihood and severity of high risks ● Treat the risks; through mitigation and ensuring the protection of personal data and demonstrating compliance with the GDPR <p>It should include:</p> <ul style="list-style-type: none"> ● A description of the envisaged processing operations and the purposes of the processing ● An assessment of the necessity and proportionality of the processing ● An assessment of the risks to the rights and freedoms of data subjects ● The measures envisaged to address the risks and to demonstrate compliance with the GDPR

C2.4	Please confirm your risk assessments and mitigations / access controls / system level security policies have been signed-off by your Data Protection Officer (if one is in place) or an accountable officer where exempt in question C2.2.	Confirm Cannot confirm		To pass, the developer must confirm that their Data Protection Officer or accountable officer has signed-off the risk assessments and mitigations / access controls and system level security policies.
C2.5	Please confirm where you store and process data (including any third party products your product uses)	UK only In EU Outside of EU	Individual organisations within the Health and Social Care system are accountable for the risk-based decisions that they must take.	Individual organisations within the Health and Social Care system are accountable for the risk-based decisions that they must take. Due consideration should be taken where data is processed outside of the UK. Please note: It is a contractual requirement under the new GP IT Futures (GPITF) framework as it was in the GP System of Choice (GPSoC) framework, to host all data in England.
C2.5.1	If you process store or process data outside of the UK, please name the country and set out how the arrangements are compliant with current legislation	Free text	From 1 January 2021, the UK GDPR applies in the UK in place of the "EU GDPR". The UK GDPR will carry across much of the existing EU GDPR legislation. The Department for Digital, Culture, Media & Sport has published two Keeling Schedules which show the changes to the Data Protection Act 2019 and EU GDPR. The Information Commissioner has published guidance on international data transfers after the UK exit from the EU Implementation Period.	Individual organisations within the Health and Social Care system are accountable for the risk-based decisions that they must take. Due consideration should be taken where data is processed outside of the UK and should only be hosted within the European Economic Area (EEA) or a country deemed as adequate by the European Commission. To pass, the developer must demonstrate that the country in which data is processed or stored is compliant with current legislation or the organisation's policy (should this differ).

C3 - Technical security

Establishing that your product meets industry best practice security standards and that the product is stable.

Dependent on the digital health technology being procured, it is recommended that appropriate contractual arrangements are put in place for problem identification and resolution, incident management and response planning and disaster recovery.

Please provide details relating to the specific technology and not generally to your organisation.

Code	Question	Options	Supporting information	Scoring criteria
C3.1	Please attach your Cyber Essentials Certificate	Attached No evidence available	<p>Cyber Essentials helps organisations guard against the most common cyber threats.</p> <p>The National Cyber Security Centre (NCSC) have published cyber security guidance for small to medium enterprises (SME's).</p>	<p>To pass, developers must have a valid Cyber Essentials certificate. Certification lasts for a period of 12 months so the certificate should be within date. This should be validated against the IASME database.</p> <p>NHS organisations are required to have Cyber Essentials in place (and is now incorporated into the NHS Digital Data Security and Protection Toolkit (DSPT) for NHS Trusts and Foundation Trusts in 2021-22 assessments) and to mitigate risk within the supply chain, suppliers should hold Cyber Essentials.</p>
C3.2	Please provide the summary report of an external penetration test of the product that included Open Web Application Security Project (OWASP) Top 10 vulnerabilities from within the previous 12 month period.	Attached No evidence available	<p>The NCSC provides guidance on penetration testing. The OWASP Foundation provides guidance on the OWASP top 10 vulnerabilities.</p>	<p>To pass, the developer must evidence that the product has undergone an external penetration test that included the OWASP top 10 vulnerabilities.</p> <p>The penetration testing / summary report must demonstrate there are no vulnerabilities that score 7.0 or above using the Common Vulnerability Scoring System (CVSS).</p>
C3.3	Please confirm whether all custom code had a security review.	Yes - Internal code review Yes - External code review No No because there is no custom code	<p>The NCSC provides guidance on producing clean and maintainable code.</p>	<p>To pass, the developer must confirm that an internal or an external custom code security review has been undertaken. An external review is preferable, however an internal code review would meet the baseline requirement.</p>
C3.4	Please confirm whether all privileged accounts have appropriate Multi-Factor Authentication (MFA)?	Yes No	<p>The NCSC provides guidance on Multi-Factor Authentication.</p>	<p>To pass, the developer must confirm yes that all privileged accounts have MFA.</p>
C3.5	Please confirm whether logging and reporting requirements have been clearly defined.	Yes No	<p>The NCSC provides guidance on logging and protective monitoring.</p> <p>To confirm yes to this</p>	<p>To pass, the developer must confirm yes that logging and reporting requirements have been clearly defined.</p>

			question, logging (e.g. audit trails of all access) must be in place. It is acknowledged that not all developers will have advanced audit capabilities.	
C3.6	Please confirm whether the product has been load tested	Yes No	Load testing should be performed.	To pass, the developer must confirm yes that load testing has been performed.

C4 - Interoperability criteria

Establishing how well your product exchanges data with other systems.

To provide a seamless care journey, it is important that relevant technologies in the health and social care system are interoperable, in terms of hardware, software and the data contained within. For example, it is important that data from a patient's ambulatory blood glucose monitor can be downloaded onto an appropriate clinical system without being restricted to one type. Those technologies that need to interface within clinical record systems must also be interoperable. Application Programme Interfaces (API's) should follow the Government Digital Services Open API Best Practices, be documented and freely available and third parties should have reasonable access in order to integrate technologies.

Good interoperability reduces expenditure, complexity and delivery times on local system integration projects by standardising technology and interface specifications and simplifying integration. It allows it to be replicated and scaled up and opens the market for innovation by defining the standards to develop to upfront.

This section should be tailored to the specific use case of the product and the needs of the buyer however it should reflect the standards used within the NHS and social care and also direction of travel.

Please provide details relating to the specific technology and not generally to your organisation.

Code	Question	Options	Supporting information	Scoring criteria
C4.1	Does your product expose any Application Programme Interfaces (API) or integration channels for other consumers?	Yes No	The NHS website developer portal provides guidance on API's and the NHS .	To pass, developers must demonstrate that they have API's that are relevant to the use case for the product, follow Government Digital Services Open API Best Practice, are documented and freely available and that third parties have reasonable access to connect.
C4.1.1	<p>If yes, please provide detail and evidence:</p> <ul style="list-style-type: none"> • The API's (e.g. what they connect to) • Set out the healthcare standards of data interoperability eg. Health Level Seven International (HL7) / Fast Healthcare Interoperability Resources (FHIR) • Confirm that they follow Government Digital Services Open API Best Practice • Confirm they are documented and freely available • Third parties have reasonable access to connect <p>If no, please set out why your product does not have APIs.</p>	Free text	Government Digital Services provide guidance on Open API best practice .	<p>API's should adopt generally accepted standards of data interoperability for the NHS or social care dependent on the use case for the product.</p> <p>If the product does not have API's and there is a legitimate rationale for this considering the use case of the product then the buyer can accept this rationale.</p>
C4.2	Do you use NHS number to identify patient record data?	Yes No No because	NHS Digital provides guidance	To pass, developers should confirm that if a product uses an NHS number to identify a

		product doesn't identify patient record data	on NHS Login for partners and developers .	patient record, that it uses NHS Login. NHS Digital provides a list of all current digital health and social care services that integrate with NHS Login .
C4.2.1	<p>If yes, please confirm whether it uses NHS Login to establish a user's verified NHS number.</p> <p>If no, please set out the rationale, how your product established NHS number and the associated security measures in place.</p>	Free text		<p>If a product does not use NHS Login to establish a verified NHS number then a legitimate rationale should be set out and the security and appropriateness of the methodology should be considered.</p>
C4.3	Does your product have the capability for read/write operations with electronic health records (EHRs) using industry standards for secure interoperability (e.g. OAuth 2.0, TLS 1.2)	Yes No No because the product doesn't read/ write into EHRs		<p>To pass, developers should confirm that the product has the capability to read/write into EHRs using industry standards for secure interoperability.</p> <p>If a product does not use industry standards then a legitimate rationale should be set out and the security, usability and appropriateness of the methodology should be considered.</p>
C4.3.1	If yes, please detail the standard	Free text		
C4.3.2	If no, please state the reasons and mitigations, methodology and security measures.	Free text		
C4.4	Is your product a wearable or device, or does it integrate with them?	Yes No	If no, continue to section D.	To pass, the developer must evidence compliance with ISO/IEEE 10073
C4.4.1	If yes, provide evidence of how it complies with ISO/IEEE 11073 Personal Health Data (PHD) Standards.	Attached No evidence available	Access the ISO Standard . This is a paid-for document.	

D. Key principles for success

The core elements defined in this section will form part of the overall review of the product or service, and is a key part to ensuring that the product or service is suitable for use. The assessment will set a compliance rating and where a product or developer is not compliant highlight areas that the organisation could improve on with regards to following the core principles.

This section will be scored in relation to the [NHS service standard](#). This will not contribute to the overall Assessment Criteria as set out in Section C.

D1 - Usability and accessibility - scored section

Establishing that your product has followed best practice.

Please note that not all sections of the NHS Service Standard are included where they are assessed elsewhere within DTAC, for example clinical safety.

Code	Question	Options	Supporting information	Weighted score	Scoring criteria
D1.1	<p>Understand users and their needs in context of health and social care</p> <p>Do you engage users in the development of the product?</p>	Yes No Working towards it	NHS Service Standard Point 1	10%	<p>Developers should be awarded 10% if they demonstrate that user need has been taken in account through user research, search data, analytics or other data to understand the problem.</p> <p>The submission should confirm that the developer has considered and tested user needs with appropriate stakeholders (stakeholders will differ depending on the product) and that as the product continues to iterate user engagement has continued.</p> <p>If the developer selects working towards it and/or can only partially evidence the requirement, for example user need has only partially been considered or it is not considered on an ongoing basis they should be awarded 5%.</p> <p>If the developer selects no to this question or cannot provide evidence that user need has been considered they should be awarded 0%.</p>
D1.1.1	<p>If yes or working towards it, how frequently do you consider user needs in your product development and what methods do you use to engage users and understand their needs?</p>	Free text			
D1.2	<p>Work towards solving a whole problem for users</p> <p>Are all key user journeys mapped to ensure that the whole user problem is solved or it is clear to users how it fits into their pathway or journey?</p>	Yes No Working towards it	NHS Service Standard Point 2 and Point 3 are often dealt with by teams together.	10%	<p>Developers should be awarded 10% if they attach supporting information showing that the product solves a whole user problem or that it is clear to users how it fits into their pathway or journey.</p> <p>If the developer selects working towards it and can provide evidence that goes some way to explaining how the whole user problem is solved or only partially explains how the product fits a user journey they should be awarded 5%.</p> <p>If the developer selects no to this question or cannot provide evidence that shows the user journey or how the product fits into the pathway or journeys they should be awarded 0%.</p>
D1.2.1	<p>If yes or working towards it, please attach the user journeys and/or how the product fits into a user pathway or journey</p>	Attached			

D1.3	<p>Make the service simple to use</p> <p>Do you undertake user acceptance testing to validate usability of the system?</p>	Yes No Working towards it	NHS Service Standard Point 4	10%	<p>Developers should be awarded 10% if they attach supporting information showing user acceptance testing to validate usability of the product.</p> <p>If the developer selects working towards it and can provide evidence that goes some way to demonstrate that user acceptance testing is being used to validate usability of the system they should be awarded 5%.</p> <p>If the developer selects no to this question or cannot provide evidence that shows user acceptance testing to validate usability of the system they should be awarded 0%.</p>
D1.3.1	If yes or working towards it, please attach information that demonstrates that user acceptance testing is in place to validate usability.	Attached			
D1.4	<p>Make sure everyone can use the service</p> <p>Are you international Web Content Accessibility Guidelines (WCAG) 2.1 level AA compliant?</p>	Yes No Working towards it	<p>NHS Service Standard Point 5</p> <p>The Service Manual provides information on WCAG 2.1 level AA.</p>	20%	<p>Developers should be awarded 20% for WCAG 2.1 level AA compliance.</p> <p>Developers should be awarded 5% for working towards it.</p> <p>If the developer selects no to this question they should be awarded 0%.</p>
D1.4.1	Provide a link to your published accessibility statement.	Free text	The Government Digital Service provides guidance on accessibility and accessibility statements , including a sample template.	10%	<p>Developers should be awarded 10% for a published accessibility statement that includes the information below:</p> <ul style="list-style-type: none"> • Whether the website or app is 'fully', 'partially' or 'not' compliant with accessibility standards • If it's not fully compliant, which parts do not currently meet accessibility standards and why • How people can get alternatives to content that's not accessible to them • How to contact you to report accessibility problems and a link to the website that they can use if they're not happy with your response <p>If an accessibility statement is not included or it does not contain the required information listed above the developer should be awarded 0%.</p>
D1.5	<p>Create a team that includes multi-disciplinary skills and perspectives</p> <p>Does your team contain multidisciplinary skills?</p>	Yes No Working towards it	NHS Service Standard Point 6	2.5%	<p>Developers should be awarded 2.5% for confirming they have a multi-disciplinary team.</p> <p>If the developer selects working towards it or no to this question they should be awarded 0%.</p>
D1.6	Use agile ways of	Yes No	NHS Service	2.5%	Developers should be awarded 2.5 % if

	<p>working</p> <p>Do you use agile ways of working to deliver your product?</p>	Working towards it	Standard Point 7		<p>they confirm they use agile ways of working.</p> <p>If the developer selects working towards it or no to this question they should be awarded 0%.</p>
D1.7	<p>Iterate and improve frequently</p> <p>Do you continuously develop your product?</p>	Yes No Working towards it	NHS Service Standard Point 8	5%	<p>Developers should be awarded 5% if they confirm they continually develop their product.</p> <p>If the developer selects working towards it or no to this question they should be awarded 0%.</p>
D1.8	<p>Define what success looks like and be open about how your service is performing</p> <p>Do you have a benefits case that includes your objectives and the benefits you will be measuring and have metrics that you are tracking?</p>	Yes No Working towards it	NHS Service Standard Point 10	10%	<p>Developers should be awarded 10% for confirming that the benefit case includes objectives and metrics that can be tracked.</p> <p>If the developer selects working towards it or no to this question they should be awarded 0%.</p>
D1.9	<p>Choose the right tools and technology</p> <p>Does this product meet with NHS Cloud First Strategy?</p>	Yes No No because it isn't applicable	NHS Service Standard Point 11 NHS Internet First Policy.	5%	<p>Developers should be awarded 5% for confirming the product meets cloud first and / or internet first.</p> <p>If the developer selects working towards it or no to this question they should be awarded 0%.</p>
D1.9.1	Does this product meet the NHS Internet First Policy?	Yes No No because it isn't applicable			
D1.10	<p>Use and contribute to open standards, common components and patterns</p> <p>Are common components and patterns in use?</p>	Yes No Working towards it	NHS Service Standard Point 13	5%	<p>Developers should be awarded 5% for confirming common components and patterns are used.</p> <p>If the developer selects working towards it or no to this question they should be awarded 0%.</p>
D1.10.1	If yes, which common components and patterns have been used?	Free text			
D1.11	<p>Operate a reliable service</p> <p>Do you provide a Service Level Agreement to all customers purchasing the product?</p>	Yes No	NHS Service Standard Point 14	10%	<p>Developers should be awarded 10% offering a service level agreement, reporting on performance and having an uptime of 99.9% or above.</p> <p>If the developer does not provide a service level agreement and / or reporting on performance they should be awarded but has an uptime of 99.9% or above they should be awarded 5%.</p>
D1.12	Do you report to customers on your performance with respect to support, system	Yes No			

	performance (response times) and availability (uptime) at a frequency required by your customers?				<p>If the developer has an uptime of 99% or above they should be awarded 2.5%.</p> <p>If the developer has an uptime of less than 99% they should be awarded 0%.</p>
D1.12.1	Please attach a copy of the information provided to customers	Attached No evidence available			
D1.12.2	Please provide your average service availability for the past 12 months, as a percentage to two decimal places	Free text			

Please upload relevant supporting documentation

Please ensure documents are clearly labelled with the name of your company, the question number and the date of submission. Any documents incorrectly labelled will be rejected at triage stage.

Possible documents to be attached are:

- A11 - CQC Report
- B4 - User journeys and data flows
- C1.1.1 - Clinical Risk Management System
- C1.1.2 - Clinical Safety Case Report
- C1.1.2 - Hazard Log
- C1.3.2 - UK Medical Device Regulations 2002 Declaration of Conformity and if applicable Certificate of Conformity
- C1.4.1 - Clinical Risk Management documentation and Conformity certificate for third party suppliers
- C2.1 - Information Commissioner's registration or completed Self-assessment Outcome Tool
- C2.2.1 Completed Information Commissioner's Self-assessment Outcome Tool
- C2.3.2 - Data Protection Impact Assessment (DPIA)
- C3.1 - Cyber Essentials Certification
- C3.2 - External Penetration Test Summary Report
- C4.4.1 - If a wearable, evidence of how the product complies with ISO/IEEE 11073 Personal Health Data (PHD) Standards
- D1.2.1 - User Journeys and/or how the product fits into a user pathway or journey
- D1.3.1 - Supporting information showing user acceptance testing to validate usability
- D1.13.2 - Customer Performance Report

Appendix A

COVID-19 Business Rules

Version	5.1
Updates	Updated introduction Confirmation that costs should be non-recurrent Confirmation that value is in year and reflecting board approval accordingly Authorisation for Recurrent Spend Updated capital section
Date Issued	15/12/21
Author	[REDACTED] Chief Finance Officer

1.0 Introduction

The current COVID-19 Scheme of Delegations applicable to the RDE and NHDT have been reviewed to ensure that:

- They remain fit for purpose to enable the Trusts to respond to the potential additional COVID-19 waves;
- to ensure They are consistent across the two trusts and;
- They demonstrate sound financial governance whilst supporting the need for dynamic decision making.

To that extent the following amendments are to be implemented following approval at the individual Trust Gold meetings.

2.0 Limits for approval of COVID-19 Revenue Expenditure

The Trust's Standing Financial Instructions (SFIs) set down the authority delegated by the Board of Directors (Scheme of Delegation) to commit expenditure. The Table below shows how this scheme of delegation applies to COVID-19 expenditure.

Expenditure should be committed on **a non-recurrent basis only as part of the fixed term response to COVID-19.**

<u>Limits for approval of COVID-19 revenue expenditure (including VAT)</u>	
Expenditure up to £15,000	Decisions delegated to Chairs of Sub Groups/ Head of Site Management and to be reported weekly to Gold Command for transparency
Expenditure from £15,000 up to £90,000	Decisions delegated to one of Chief Medical Officer (CMO), Chief Operating Officer (COO), Chief Nursing Officer (CNO) or Deputising Chair and to be reported weekly to Gold Command
Expenditure from £90,000 up to £2,000,000	Decisions reserved to Chief Executive Officer (CEO), Deputy Chief Executive Officer (DCFO), Chief Finance Officer (CFO) or (Director of Operational Finance (DoOF) with approval required from Gold Command beforehand
Expenditure from £2,000,000	Trust's Board of Directors

Values above are in reference to fixed term values only and should not exceed 12 months of commitment.

All approved expenditure should be made through divisional cost centres and then submitted to the finance department for recharging to the COVID-19 recovery account.

In **exceptional circumstances**, should a request for recurrent revenue spend be made then approval is required by the executive team (to allow for timely decision making) with retrospective reporting through to JDG as this is a commitment against future years growth.

The value in the SOD refers to the value requested over 12 months. If a recurrent element has been agreed on an exceptions basis it refers to the full year effect of the revenue impact plus any in year non-recurrent costs.

3.0 Limits of approval for Capital Spend

There is no further allocation of COVID-19 capital funding and therefore any need for capital funding will need to be reprioritised against the current year's capital programme.

Requests for capital spend should be approved in line with the SOD limits set out above for recommendation to the Directors of Operational performance for East and North for consideration into the capital programme. Given the initial response to COVID-19 supported the initial moves required to accommodate different pathways it is not anticipated that this will be a major area of spend in subsequent waves.

For urgent capital expenditure, streamlined Capital Revenue Investment Cases (CRICs) for RDE will still need to be completed for audit trail purposes or summary business cases for NDHT.

It is important that during this time value for money is maintained wherever possible, however this needs to be balanced with timely intervention. During the initial phase of COVID-19 the Trust limited the requirement for quotations and tendering of goods and services, however during the current phase of COVID-19 the Trust has reverted to the normal scheme of delegation for procurement and tendering of goods and services. A Single Source Waiver will be required to waive these limits in exceptional circumstances only.

These 'COVID-19 Business Rules' will need to be adhered to whilst the outbreak is in place and will remain under regular review. They will run alongside the existing SFIs and scheme of delegation for 'Non-COVID-19' expenditure (see Appendix A), which remain in place. Please note that any expenditure that is committed outside of these business rules may constitute a breach of SFIs.

3.0 Recording all Expenditure

In order for the Trust to recover COVID-19 related expenditure, it is essential that any such expenditure is promptly logged with the finance department to enable any required financial reporting to Gold Command.

All orders should be incurred directly from current budgets to ensure that distribution points remain correct for supplies. All additional staffing should be rostered from existing wards/budgets on Healthroster. Expenditure will then be transferred to the COVID-19 budget on a monthly basis.

A single point of contact has been established in the team to ensure that this is accounted for appropriately.

All notifications should be sent to:

[REDACTED]

[REDACTED]

Emails should be titled **COVID-19 Expenditure**

The following information should be provided:

- Cost centre and subjective code from which expenditure is incurred.
- Description of expenditure – equipment, staffing, IT, consumables etc.
- Value (including VAT).
- If staffing, please include grade, number of hours and enhancements so that transfer costs can be calculated.
- Approval group and date (from the table above).

Note that any expenditure above £90k must be approved at the Gold Command meeting **PRIOR** to being approved by the CEO, CFO, DoOF or Trust Board.

4.0 Other Non-Financial matters reserved for approval by Gold Command

Gold Command (via CMO, COO, CNO) approval also have delegated authority to make the following non-financial decisions:

- Re-purposing staff from non-critical roles.
- Changing visiting arrangements.
- Standing up / standing down Elective & Outpatient work.
- Responding to immediate operational requests for mutual aid that are time limited (1 week).
- Requesting support for mutual aid from others that is time limited (1 week).
- Content of External and Internal Communications.

5.0 Matters reserved to the Executive Team that are strategic, novel, contentious or repercussive.

The following decisions have been delegated by the Board of Directors to the Executive team:

- Requests to RD&E or NDHT for Mutual Aid from other NHS or Non-NHS Bodies that run for longer than the time limit agreed above.
- Requests to other NHS and Non-NHS Bodies for mutual aid that run for longer than the time limit agreed above.
- Standing down commercial activities to third parties (e.g. Laundry, Catering, Occupational Health, Transport, Retail).
- Changing Terms and Conditions (e.g. Overtime/Staff Charges for facilities).
- Acquiring property, space or assets.
- Re-purposing IT equipment to other system partners (e.g. ██████████ End User Devices to NDHT / Primary Care).
- Re-purposing staff from the ██████████ Team outside of the currently agreed process.
- Seconding / commandeering additional staff from external bodies.
- Changes to the current licence to practice. (* Reserved to the Board of Directors)
- Taking legal advice on COVID-19 matters.
- Changes to the Trust Governance Structure.

Any expenditure incurred prior to the publication of this policy should be notified as set out above.

Please note that this local process will change according to the agreed phase of response or until such time as national policy changes.

Appendix A – Scheme of Delegation (Procurement)

DUTIES			Delegated to	Ref
Procurement				
<u>Thresholds for obtaining tendering and quotations</u>				
<u>Expenditure on Products and services available on Procurement catalogues</u>				
		Quotations need not be obtained because procurement prices are compliant with SFI's	All staff	SFI 7.3.2
1)		Expenditure up to £1,000	All staff	SFI 7.3.2
		At least one quotation but preferably two		
		Note: - Quotations need not be obtained for building & engineering works & grounds and gardens up to £1,000		
2)		Expenditure from £1,000 to £20,000	All Staff	
	a)	At least 3 competitive quotations; or	All staff	SFI 7.3.2
	b)	1 or 2 competitive quotations (if not possible to obtain 3)	Procurement Team and Estates	SFI 7.3.2
		if approved by the Procurement / Estates departments		
		Note: - Quotations need not be obtained for building & engineering works & grounds and gardens up to £5,000	Estates	SFI 7.3.2
3)		Expenditure greater than £20,000 and up to the National Threshold*		
	a)	At least 3 formal competitive quotations to be managed or overseen by the Procurement Dept or Estates	Procurement Team and Estates Department.	SFI 7.3.2
4)		Expenditure greater than the National Threshold*		
	a)	Formal Tender according to the Public Contract Regulations 2015 or its successor	Procurement Team and Estates Department.	SFI 7.3.2

*National Thresholds - As at January 1st 2022 these are £139,000 including VAT for goods and services and £5,330,000 including VAT for works and concessions, however are subject to change					
<u>Waiving of requirement to tender and/or obtaining quotations</u>					
1)		Expenditure up to £120,000	HP	SFI 7.5 & 7.7	
2)		Expenditure between £120,000 and £250,000	DoOF	SFI 7.5 & 7.7	
3)		Expenditure from £250,000	CE/DCEO or CFO	SFI 7.5 & 7.7	
DUTIES			Delegated to	Ref	
Procurement continued					
<u>Power to authorise the conclusion of contracts*</u>					
The value of a contract is the sum of all expenditure, excluding VAT, for the contract or contracts with the supplier since it was last chosen through competitive tendering.					
1)		Up to £120,000	Procurement Managers	SFI 7.4.1	
2)		Up to £500,000	HP or Head of Estates	SFI 7.4.1	
3)		Above £500,000 up to £2,000,000	DoOF or CFO	SFI 7.4.1	
4)		Above £2,000,000 (awarded through the Trust or PPSA) and Business case previously signed off by Trust Board	DoOF or CFO	SFI 7.4.1	
5)		Above £2,000,000 (awarded through the Trust or PPSA) and Business case NOT signed off by Trust Board	Trust's Board of Directors	SFI 7.4.1	
<u>Opening of non-electronic tenders</u>					
1)		Acceptance of late tenders	CE/DCEO or delegated deputy	SFI 7.14	
2)		Less than £250,000	Two authorised officers (approved by DoOF)	SFI 7.6.1	

3)		From £250,000 up to £500,000	CE/DCEO or CFO and one nominated officer/DCEO	SFI 7.6.1
4)		Greater than £500,000	NED and two authorised officers.	SFI 7.6.1
<u>Issuing and use of official orders</u>				
1)		Authorise who may use and be issued with official orders.	CE/DCEO	SFI 10.2.3
* Note When renewing contracts for the same company, only the incremental increase counts towards the limits				

Appendix B

Nightingale Hospital Exeter – Organisational and Governance arrangements

Version	3.0
Updates	Updated introduction Updated governance arrangements Removal of specific approval process for Nightingale Exeter expenditure (usual Scheme of Delegation to be followed) Removal of NHSEI specific Nightingale governance arrangements
Date Issued	21/12/21
Author	██████████ Divisional Director, Nightingale Hospital Exeter

1.1 - Nightingale Exeter (NHE)

At the closure of the National Nightingale Programme in March 2020 the Royal Devon and Exeter NHS Foundation NHS Trust (RDE), with the support Devon ICS and NHSI purchased the Nightingale site as a system asset to support future clinical delivery for the region. The RDE is designated as the host Trust of the facilities provider at NHE

May 2021 the Nightingale, Exeter site (NHE) was designated as Accelerator Pilot site for Devon ICS and external capital funding was allocated for the reconfiguration required to deliver:

- 2 x orthopaedic theatres and associated recovery and short stay accommodation
- 1 x high volume ophthalmic procedure suite and 1 x high volume ophthalmic diagnostic imaging centre
- 1 x Community Diagnostic Centre including: 1 x additional CT*, 1 x MRI scanner, 4 x generic scanning room, 2 x X-ray and 1 x Fluoroscopy rooms
- Rheumatology Services including infusion suite (RDE only service)

The RDE will continue to be the host Trust of NHE and as such assumes the clinical accountability and responsibility for the activity that is undertaken at it. Although the Nightingale is Devon ICS system asset it is not a provider collaborative and as such the RDE Executive Directors/Non-Executive Directors are ultimately accountable for all aspects of service delivery (clinical and non-clinical) at the NHE. Any adjustments in the agreed clinical model indicated above will be done in agreement with the System Asset Programme Board (SAPB) and the RDE as the host Trust

Governance Structure:

As the NHE will encompass a number of different specialties, it has been proposed that the site management responsibility and governance will be assumed by a NHE site triumvirate consisting of an Associate Medical Director, a Divisional Business Manager and NHE lead Nurse who will form part of the RDE Operations Division.

The NHE remains an asset for system use and so the site triumvirate will act as the NHE interface with the SAPB on behalf of the RDE, and will provide site leadership for any service

model change requests in association with the RDE and SAPB. In addition to this the triumvirate will be responsible for the maintenance of appropriate service level agreements on behalf of the RDE and will report on overall NHE performance through the PAF structure outlined and also via the SAPB

Additionally the site triumvirate will be responsible for any site specific governance concerns and will co-ordinate any requirements and resolving actions with the relevant clinical service, contributing Trust or external agency on behalf of the RDE.

The specialty specific governance will be managed through the conventional divisional structure, much like the delivery of specialty services on RDE community sites.

Support Services:

Organisational support (including finance, business intelligence, procurement, human resources, etc) will be provided in line with the appropriate RDE divisional structure of the relevant clinical service. These services will not be physically located at NHE

Facilities and estate management will form part of the RDE provision and the professional and service delivery accountability will be held by the relevant head of service within the RDE structure. The relevant RDE services will be responsible for the management of any externally commissioned contracts in conjunction with the users of the facility

As part of the RDE the NHE operational specialties will continue to utilise the established divisional framework for PALS, complaints management, access to Freedom to Speak Up Guardians and the monitoring of all the relevant mandatory standards.

On this basis it has been proposed and endorsed by the SAPB that the governance structure for the NHE site and the service undertaken within it should be aligned to the current governance structure of the RDE and this is detailed in the attached set of organigrams of the NHE structure. Please see the Appendix One - Organisational Structure.

NHE Triumvirate will be responsible for and be aligned with:

- Directing of all NHE related governance issues towards the most appropriate clinical services for investigation and resolution ie: a complaint about a surgical procedure will be allocated to the appropriate clinical services for investigation.
- Directing to and liaison with the appropriate Trusts for complaints relating visiting clinicians. Resolution will be in conjunction with the appropriate Trust and the appropriate RDE clinical service as required.
- For the resolution of governance concerns specifically relating to the NHE environment or site ie: the complaint resulting from a failure in NHE estate or equipment on the NHE site
- For the co-ordination of changes in the NHE clinical model with the SPAB in conjunction the appropriate clinical services
- For the overall quality and safety of the NHE site and facilities
- For the co-ordination of quality assurance of NHE specific tests of change (TOC)
- For the maintenance of all appropriate service level agreements (SLAs) for clinical services and the NHE site.

- Reporting bi-monthly to the SAPB on behalf of the host Trust, which will in turn will be escalated to the to the Elective Care Board.
- Risk management responsibility for the NHE environment in support of the specialty delivery of safe, quality and effective care
- Co-ordinate with appropriate teams to ensure all environmental legislation are met or form part of an approved derogations schedule.

And be aligned with:

- The RDE Operations Division and its associated governance structure and contribute as required to the appropriate specialty governance meetings in line with the relevant Terms of Reference.

NHE Governance Groups:

A NHE governance group will be formed that will consist of the NHE Triumvirate and representation from the clinical and support services operating. Terms of reference will be established in line with RDE protocols.

Initial frequency will be monthly and will revert to bi-monthly on review.

This governance group will provide NHE site oversight and will provide representation to the relevant specialty governance groups.

Existing clinical services will:

- Assume the same RDE divisional and corporate governance reporting structure for the purposes of reporting and escalation of NHE based activity.
- Assume the same Identify NHE as a separate site in line with the currently community site arrangements.
- Work with the NHE triumvirate team of points of escalation that are directed through the specialty governance reporting structure.
- Work in conjunction with the NHE triumvirate team in responding to service requests arising from the SAPB

Appendix C

Mass Vaccination COVID-19 governance arrangements

Version	3.0
Updates	Updated introduction Minor updates to governance narrative and structure Change in sign-off for £15k-£90K from Chief Nursing Officer to the Chief Medical Officer
Date Issued	21/1/22
Author	[REDACTED] Programme Director Covid-19 Vaccination-RDE & Greendale

1. Introduction

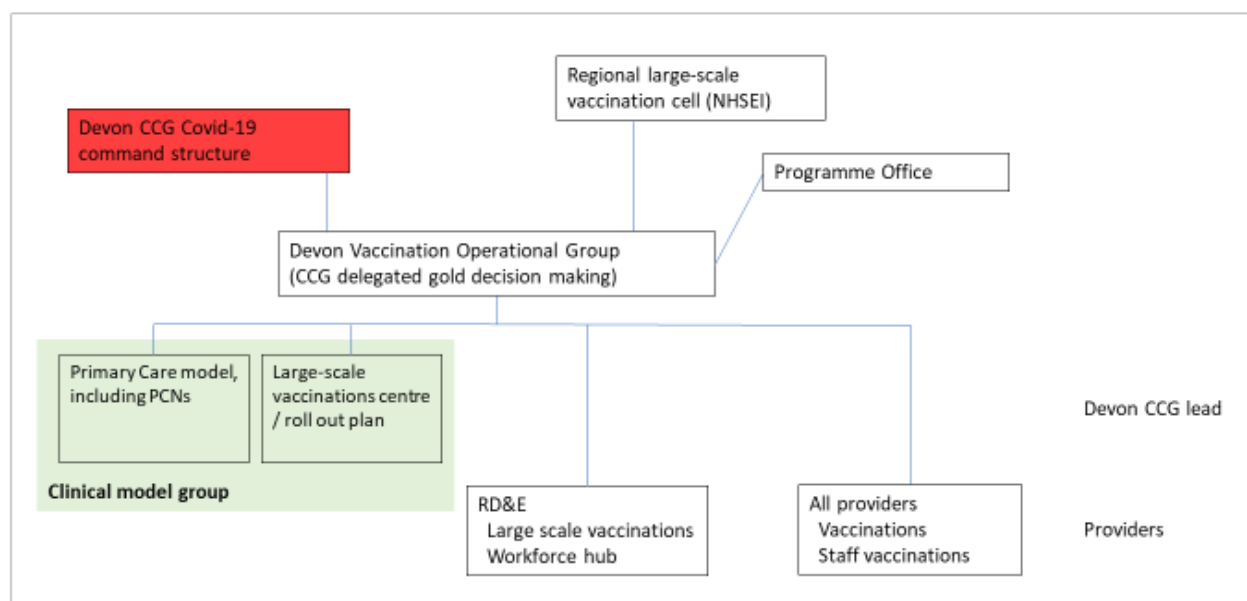
- 1.1. As part of the national COVID-19 crisis response Royal Devon and Exeter NHS Foundation Trust (“the Trust” or “RD&E”) has been identified by NHSEI as a provider of large scale vaccination services and is reimbursed by NHSEI for expenditure reasonably incurred in delivering this role.
- 1.2. The RD&E is also recognised as the Lead Employer for elements of the delivery of required workforce to provide vaccinations services. Devon CCG is the organisation that leads on facilitating the delivery of vaccination services through GP services and Primary Care Networks. On occasion, specific grant funding will be awarded to Devon CCG, through the RD&E Lead Employer, by NHSEI.
- 1.3. The models of vaccine delivery operated by RD&E and Devon CCG are:
 - Primary Care Networks (Devon CCG)
 - Large Scale Vaccination Site
 - Trust Vaccination Programme (initially for NHS and other care staff, but now evolving into a facility also for visitors to the hospital site)
 - Pop-up facilities in hard to reach areas and areas of low vaccine take-up (this is delivered in collaboration by RD&E and Devon CCG)
 - School Aged Immunisation Services (RD&E has provided staff to support schools-based programmes and has provided direct vaccination services. This is expected to continue)

2. Financial Governance

- 2.1. This paper sets out the financial governance model relating to the RD&E vaccination services:
- 2.2. Large scale vaccination will effectively be an additional clinical division of Royal Devon and Exeter NHS Foundation Trust, reporting its decisions and progress to the Devon Vaccination Operational

Group (Gold Command). Table 1 sets out the organogram for Large Scale Vaccination led overall by Devon CCG under the direction of NHSEI Regional Office. From a host governance perspective, the RD&E Large Scale Vaccination division will report directly to the RD&E Executive team and Board of Directors.

Table 1: Organisational Structure of the Devon Vaccination response to Covid-19



- 2.3. In order to prepare and respond to the fast-changing situation, agile and responsive decision making processes are required, including decisions on financial investment. RD&E Large Scale Vaccination will sit outside of the COVID-19 command and control structure in place at Royal Devon and Exeter NHS Foundation Trust. It will seek authorisation for clinical decisions from the Medical Director; and for decisions affecting finances and resources, from the Chief Financial Officer. In other matters it will report to the Devon Vaccination Operational Group.
- 2.4. The decisions of the Devon Vaccination Operational Group and endorsed by the CCG Programme Board (a sub-group of the Devon CCG Covid-19 command structure), implemented by RD&E will entail a deviation from the Trust’s Standing Orders and Standing Financial Instructions.
- 2.5. This document sets out the areas of agreed deviation relating to Large Scale Vaccination-related activity. These specific deviations from Standing Orders and Standing Financial Instructions relate only to activities relating to the Large Scale Vaccination activity and will be in place only for the duration that Large Scale Vaccination is in operation.
- 2.6. All activity not directly in support of Large Scale Vaccination must follow the Royal Devon and Exeter NHS Foundation Trust COVID-19 Business Rules (if relating to COVID-19) or must follow the standard Trust Standing Orders and Standing Financial Instructions if not related to COVID-19.
- 2.7. Acute Trusts have been funded on a cost reimbursement model with all reasonable mass vaccination expenditure refunded to the Trust. This arrangement is expected to continue for the

foreseeable future. In order to reclaim costs, trusts must carefully record the costs incurred in responding to the outbreak. Record keeping must meet the requirements of external audit, and public and Parliamentary scrutiny. Equally, it is vitally important to the cash flow and resilience of our suppliers that budget holders continue to manage the basics well. For example, by logging into Agresso on a regular basis to approve invoices and promptly receipting goods on EROS. If we maintain this discipline, then we protect our supply chain and help to support the economy.

3. Governance Structure

- 3.1. The governance structure for Large Scale Vaccination programme is set out in Table 1 above, but effectively comprises:
 - 3.1.1. The Devon Large Scale Vaccination Cell (Programme board/Gold Command), chaired by the CCG Chief Nurse which will report to the Devon CCG Covid Command Structure;
 - 3.1.2. A series of work streams focusing on specific areas such as the clinical and operational model, workforce, estates and facilities, financial services, digital systems and infrastructure etc.
- 3.2. The Large Scale Vaccination Division should obtain prior agreement before committing any exceptional financial costs in accordance with the table below. Providers will be reimbursed for actual, reasonable, incremental costs, in accordance with the most current directives from NHSEI and the South West Regional Operations Centre. Within the Trust the following delegated limits apply –

Decision	Revenue/Capital Commitments	Single Source Waiver required
Trust Board	>£2m	RD&E Head of Procurement or Deputy
RD&E CFO (or nominated deputy)	£90k - £2m	RD&E Head of Procurement or Deputy
Medical Director (Chief Responsible Officer)	£15k - £90k	RD&E Head of Procurement or Deputy
Mass Vaccination Programme Leads	<£15k	Not required

- 3.3. All RD&E vaccination related spend is monitored through the RD&E Finance team and regular reporting will be made to the Devon Vaccination Operational Group, NHSEI and to the RD&E Executive team.

4. Amendments to the Single Source Waiver process

- 4.1. It is important during this time that value for money is maintained wherever possible. However, this needs to be balanced with timely intervention. During the initial phase of COVID the Trust limited the requirement for quotations and tendering of goods and services. During the current phase of COVID however the Trust has reverted to the standard scheme of delegation for the procurement and tendering of goods and services as set out in Annex 1.

5. Other considerations

- 5.1. Liability for expenditure is set out in policy and directive, as updated periodically, issued by NHSEI and UKHSA.
- 5.2. RD&E will provide regular reporting to the Devon Vaccination Operational Group on RD&E programme spend and commitments made under this scheme of delegation.

6. Matters Reserved to the RD&E Board of Directors

- 6.1. Due to need to rapidly deploy resources, the Board has delegated authority to the Chief Financial Officer for the signing of contracts and leases, and the creation of expenditure budgets, in so far as they are clearly reimbursable within the NHSE Heads of Terms and financial envelope.
- 6.2. Any individual contract that exceeds the £2m delegated limit would however require Board approval in line with the standard Scheme of Delegation.

7. Annex 1 – Scheme of Delegation (Procurement)

DUTIES				Delegated to	Ref
Procurement					
<u>Thresholds for obtaining tendering and quotations</u>					
-					
<u>Expenditure on Products and services available on Procurement catalogues</u>					
-			Quotations need not be obtained because prices are compliant with SFI's	All staff	SFI 7.3.2
-					
-					
1)			Expenditure up to £1,000	All staff	SFI 7.3.2
			At least one quotation but preferably two		
			Note:- Quotations need not be obtained for building & engineering works & grounds and gardens up to £1,000		
2)			Expenditure from £1,000 to £20,000	All Staff	
	a)		At least 3 competitive quotations; or	All staff	SFI 7.3.2
	b)		1 or 2 competitive quotations (if not possible to obtain 3)	Procurement Team and Estates	SFI 7.3.2
			if approved by the Procurement / Estates departments		
			Note:- Quotations need not be obtained for building & engineering works & grounds and gardens up to £5,000	Estates	SFI 7.3.2
3)			Expenditure greater than £20,000 and up to the National Threshold*		
	a)		At least 3 formal competitive quotations to be managed or overseen by the Procurement Dept or Estates	Procurement Team and Estates Department.	SFI 7.3.2
4)			Expenditure greater than the National Threshold*		
	a)		Formal Tender according to the Public Contract Regulations 2015 or its successor	Procurement Team and Estates Department.	SFI 7.3.2
*National Thresholds - As at January 1st 2022 these are £139,000 including VAT for goods and services and £5,330,000 including VAT for works and concessions, however are subject to change					

<u>Waiving of requirement to tender and/or obtaining quotations</u>				
1)			Expenditure up to £120,000	HP SFI 7.5 & 7.7
2)			Expenditure between £120,000 and £250,000	DoOF SFI 7.5 & 7.7
3)			Expenditure from £250,000	CE/DCEO or CFO SFI 7.5 & 7.7
DUTIES				Delegated to Ref
Procurement continued				
<u>Power to authorise the conclusion of contracts*</u>				
The value of a contract is the sum of all expenditure, excluding VAT, for the contract or contracts with the supplier since it was last chosen through competitive tendering.				
1)			Up to £120,000	Procurement Managers SFI 7.4.1
2)			Up to £500,000	HP or Head of Estates SFI 7.4.1
3)			Above £500,000 up to £2,000,000	DoOF or CFO SFI 7.4.1
4)			Above £2,000,000 (awarded through the Trust or PPSA) and Business case previously signed off by Trust Board	DoOF or CFO SFI 7.4.1
5)			Above £2,000,000 (awarded through the Trust or PPSA) and Business case NOT signed off by Trust Board	Trust's Board of Directors SFI 7.4.1
<u>Opening of non electronic tenders</u>				
1)			Acceptance of late tenders	CE/DCEO or delegated deputy SFI 7.14
2)			Less than £250,000	Two authorised officers (approved by DoOF) SFI 7.6.1
3)			From £250,000 up to £500,000	CE/DCEO or CFO and one nominated officer/DCE Or SFI 7.6.1
4)			Greater than £500,000	NED and two authorised officers. SFI 7.6.1

Issuing and use of official orders					
1)			Authorise who may use and be issued with official orders.	CE/DCEO	SFI 10.2.3
* Note When renewing contracts for the same company, only the incremental increase counts towards the limits					

Appendix D

Devon Integrated Care Board (ICB) Approval & Triple Lock Process

Version	1.0
Updates	
Date Issued	
Author	

1. Introduction

- 1.1. Devon ICB and its partners now have a collective responsibility for managing the Devon system financial position. To support this aim, a process for the management and approval of investment across the Devon system, has been agreed where all business cases over £50k initiate a double or triple lock process requiring organisational sign off, system sign off by Executive Finance Group (ICB) for expenditure between 50-100k and followed by NHSE sign off for expenditure in excess of £100k.

2. Criteria & Scope

- 2.1. This process is applicable to all business cases and project proposals seeking to invest new ICS revenue resources. The following criteria apply:

- All recurrent and non-recurrent investment which has an in-year gross revenue expenditure impact of £50k or more.
- Requests for new revenue expenditure that has not already been included in financial plan submissions or undergone a system expenditure review process.
- Revenue investments in relation to new services or service changes. It does not include unavoidable cost pressures such as inflation.
- It does not include capital expenditure but does include any revenue consequences of capital investment.
- It includes continuation of investments that have previously had a non- recurrent funding source that has now ceased.
- It includes spend to save schemes to ensure that savings are monitored through the post implementation review process.
- Similar rules to procurement apply in that investments should not be split to fall below the £50k threshold.

2.2. Out of Scope

Where business cases address the items below, the triple lock process is not applicable-

- Where funding is pre-defined and allocated directly to an organisation for a specific purpose.
- Where there is an NHSE bidding process that sets out a differing business case approach.
- Where gross investment over £50k has contracted funding to match expenditure e.g. HEE funding or R&D.

- Where recurrent expenditure has previously been recognised against non-recurrent funding and that non-recurrent funding continues or becomes recurrent e.g. some ESRF schemes, SDF investments, community diagnostics.

3. Governance Structure

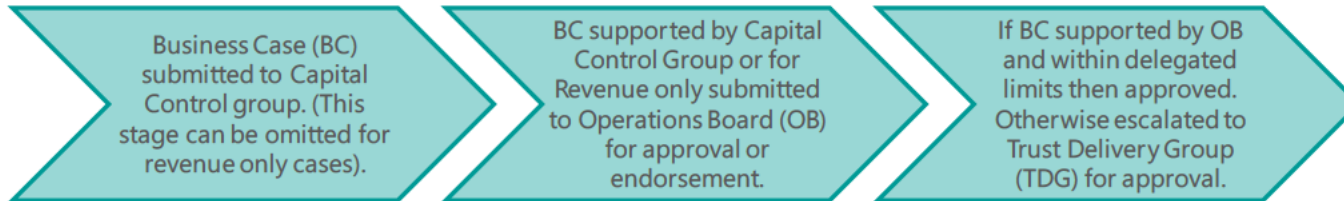
- 3.1. All investment approval requests require sign off from internal governance committees and by the ICB Executive Finance Group as part of the system triple lock process. Depending on the type of investment other ICB Executive Groups may also be involved in the development of proposals and recommendations for funding.
- 3.2. The sign off process will depend on the value and nature of the business case:
For all business cases under £50k – internal governance and approvals apply as described in the scheme of delegation.
- 3.3. For all business cases over £50k triple lock process required with organisational sign off by TDG (Business cases over £2m also require Trust Board approval), system sign off by Executive Finance Group followed by NHSE sign off. See Annex 1 for full governance route, including internal and external approvals required.
- 3.4. The authorisation process may be run in parallel in order to ensure that approvals can be made in a timely manner, but no expenditure commitment should be made until full authorisation at all three levels (organisation, system, NHSE) has been completed.
- 3.5. The system will receive all in scope proposals and approve, reject, or require amendment of the investment proposal. All decisions will be recorded and a register of all business cases and approvals status will be maintained at both organisational and system level.
- 3.6. Where the Trust has approved the investment internally but it is not approved by the triple lock process this must be reported back through the Trusts TDG or Board of Directors (as appropriate) to agree appropriate mitigation.

4. Other considerations

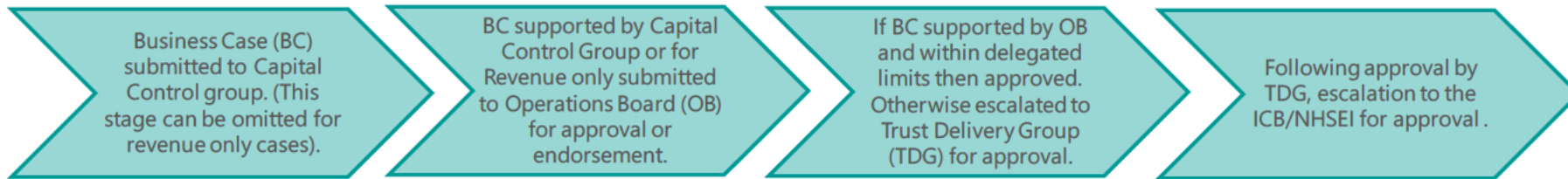
- 4.1. As part of the triple lock process a post implementation review (PIR) must be completed upon project completion and closure, with all lessons learned shared. The business case will determine criteria for the assessment of the outcomes/actual benefits recorded from the use of funds.
- 4.2. For all investments £500k or more a PIR will be required to go to TDG ahead of onward distribution to the ICB Executive Finance Group. Where the investment exceeds £2m a PIR will be required by TDG and Trust Board ahead of onward distribution to the ICB Executive Finance Group.
- 4.3. A target date for PIR and follow up will be included within the business case and the project will remain live until formal closure has been agreed.

5. Annex 1 – Approval route

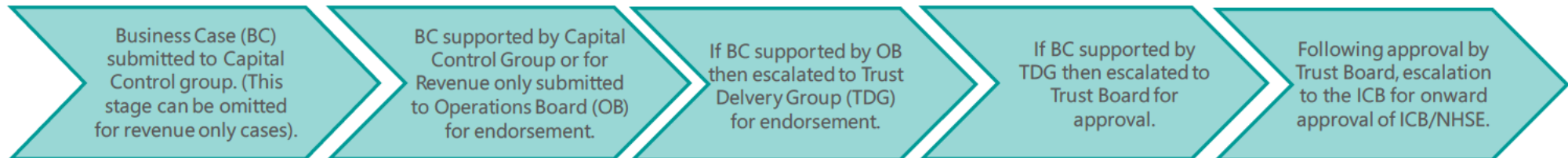
Business Case below £50k



Business Case above £50k and below £2m



Business Case over £2m



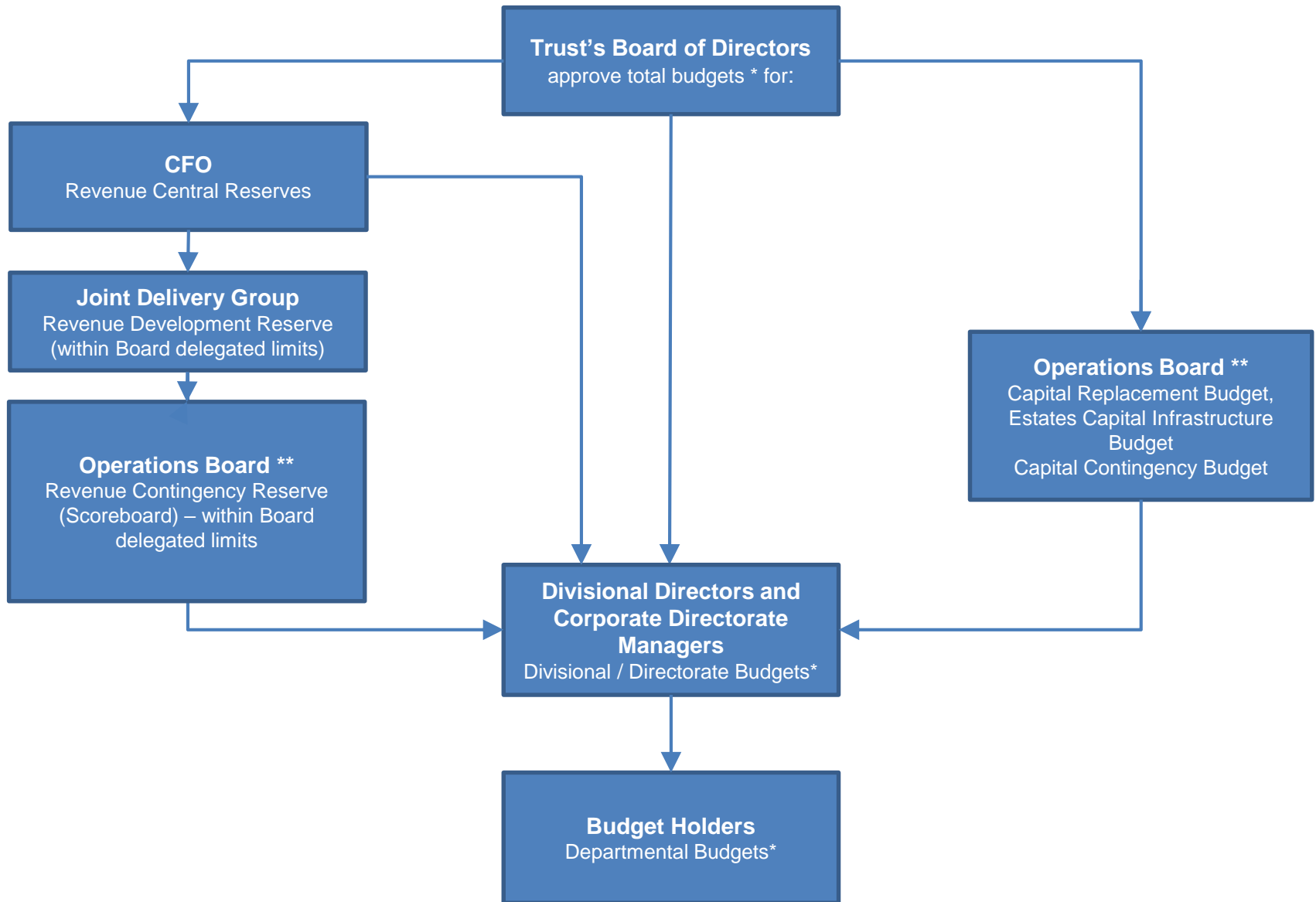
Notes:

Limits apply to additional cost (above current cost), relating to Capital, plus 1 year recurring cost, plus non-recurring cost.

Governance Committee	Approval Limits
Operations Board	£250k
Trust Development Group	<£2m
Trust Board	<£25m
Treasury	>£25m

Note: any single contract >£10m requires NHSE approval to comply with Cabinet Office spend control process

Appendix 4 – Budget Delegation Flowchart



* = values to be determined annually

** = Director of Operations and Director of Operational Finance may approve in exceptional circumstances



APPROVED DOCUMENT COVER SHEET

**STANDING FINANCIAL INSTRUCTIONS, MATTERS
RESERVED FOR THE BOARD AND SCHEME OF
DELEGATION**

Version:	4
Sponsor:	Chief Financial Officer
Approval authority:	Board of Directors
Date of approval:	23 February 2022
Date of last approval:	25 November 2020
Date of next review:	29 November 2023



Royal Devon
University Healthcare
NHS Foundation Trust

ROYAL DEVON UNIVERSITY HEALTHCARE NHS FOUNDATION TRUST

STANDING FINANCIAL INSTRUCTIONS, MATTERS RESERVED FOR THE BOARD AND SCHEME OF DELEGATION

Contents

Section 1 – STANDING FINANCIAL INSTRUCTIONS	7
1. INTRODUCTION	7
1.1 General	7
1.2 Terminology	7
1.3 Responsibilities and delegation	8
2 AUDIT	10
2.1 Audit Committee	10
2.2 Chief Financial Officer responsibilities	11
2.3 Role of Internal Audit	11
2.4 External Audit	12
2.5 Fraud and corruption	12
2.6 Security Management	13
3. BUSINESS PLANNING, BUDGETARY CONTROL AND CONTRACT INCOME.....	13
3.1 Preparation and Approval of Annual Plans and Budgets	13
3.2 Budgetary delegation	14
3.3 Budgetary Control and Reporting	14
3.4 Contract Income	15
3.5 Capital expenditure	15
3.6 Monitoring returns	15
4. ANNUAL ACCOUNTS AND REPORTS	15
4.1 Accounting Officer	15
4.2 Responsibilities of the Chief Financial Officer	16
5. BANK AND PAYMASTER ACCOUNTS	16
5.1 General	16
5.2 Bank Accounts	16
5.3 Banking procedures	16
5.4 Tendering and review	17
6 INCOME, FEES AND CHARGES AND SECURITY OF CASH, CHEQUES AND OTHER NEGOTIABLE INSTRUMENTS	17
6.1 Income systems	17
6.2 Fees and charges	17
6.3 Debt recovery	17
6.4 Security of cash, cheques and other negotiable instruments	18
7. TENDERING AND CONTRACTING PROCEDURE	18
7.1 Compliance with guidance and procedures	18
7.2 Specific roles and responsibilities	19
7.3 Competition/Sourcing	19

7.4	Delegated authority levels	19
7.5	Quotations.....	19
7.6	Tenders.....	20
7.7.	Waivers.....	20
7.8	Contracts for the purchase of healthcare services	21
7.9	Contracts involving funds held on trust.....	21
7.10	Disposals	21
7.11	Form of Contract.....	22
7.12	Criteria for award of business	22
7.13	Pre offer and post tender bidder engagement.....	22
7.14	Acceptance of tenders and quotations	22
7.15	Formal award of business.....	22
7.16	Planning and Implementation	23
7.17	Audit.....	23
7.18	Review	23
8.	CONTRACTING FOR PROVISION OF PATIENT AND NON-PATIENT SERVICES.....	23
8.1	Responsibility for establishing contracts.....	23
8.2	Authority to sign contracts and vary contracts for patient services	23
9	TERMS OF SERVICE AND PAYMENT OF DIRECTORS AND EMPLOYEES.....	23
9.1	Remuneration and terms of service.....	23
9.2	Funded establishments.....	24
9.3	Staff appointments.....	24
9.4	Processing of payroll	24
9.5	Contract of employment.....	26
10.	NON-PAY EXPENDITURE.....	26
10.1	Delegation of authority.....	26
10.2	Requisitioning, ordering, receipt and payment for goods and services.....	26
11	EXTERNAL BORROWING AND INVESTMENTS	29
11.1	External Borrowing	29
11.2	Investments.....	30
12	CAPITAL INVESTMENT, PRIVATE FINANCING, FIXED ASSET REGISTERS AND SECURITY OF ASSETS	30
12.1	Capital Investment.....	30
12.2	Private finance	31
12.3	Asset Registers.....	31
12.4	Security of assets	32
13.	STORES AND RECEIPT OF GOODS	33
13.1	General position.....	33
13.2	Control of stores, stocktaking, condemnation and disposal	33
14.	DISPOSALS AND CONDEMNATIONS, LOSSES, SPECIAL PAYMENTS.....	34
14.1	Disposals and condemnations.....	34

14.2	Losses and Special Payments.....	35
15.	INFORMATION TECHNOLOGY	36
15.1	Responsibilities and duties of the Medical Director	36
15.2	Contracts for computer services with other health bodies or other agencies.....	36
15.3	Risk assessment.....	36
15.4	Requirements for computer systems which have an impact on corporate financial systems	36
16.	PATIENTS' PROPERTY.....	37
16.1	The Trust's responsibility to provide safe custody.....	37
17.	FUNDS HELD ON TRUST	39
17.1	Corporate Trustee.....	39
17.2	Accountability to Charity Commission and Secretary of State for Health and Social Care.....	39
17.3	Procedures.....	39
17.4	Incoming resources	39
17.5	Investment management	41
17.6	Banking services.....	41
17.7	Asset management.....	42
17.8	Reporting	42
17.9	Accounting and audit	42
17.10	Administrative costs.....	42
17.11	Taxation and excise duty	42
18.	RETENTION OF DOCUMENTS.....	42
19.	RISK MANAGEMENT AND INSURANCE.....	43
19.1	Programme of risk management	43
19.2	Insurance arrangements.....	43
20.	OPERATION OF SHARED SERVICES ON BEHALF OF OTHER NHS BODIES.....	44
Section 2 – Scheme of Delegation		45
21.	INTRODUCTION	45
21.1	General	45
21.2	Role of the Chief Executive	45
21.3	Caution over the use of delegated powers	45
21.4	Directors' ability to delegate their own delegated powers	45
21.5	Absence of Directors or Officer to whom powers have been delegated	45
22	MATTERS RESERVED FOR THE TRUST'S BOARD OF DIRECTORS	46
22.1	Introduction	46
22.2	Interface with the Council of Governors	46
23	DELEGATION OF POWERS.....	47
23.1	Delegation to Committees	47
23.2	Scheme of Delegation to Officers.....	47



Additional Business Rules:

COVID19	Appendix A
Nightingale Hospital	Appendix B
Mass Vaccination	Appendix C
Matters Reserved for Board	Appendix 1
Scheme of Delegation.....	Appendix 2
Scheme of Delegation required by Legislation or Other.....	Appendix 3
Budget delegation flowchart.....	Appendix 4

Section 1 – STANDING FINANCIAL INSTRUCTIONS

1. INTRODUCTION

1.1 General

- 1.1.1 The Royal Devon and Exeter NHS Foundation Trust is a public benefit corporation which was established under the Health and Social Care (Community Health and Standards) Act 2003 on 1 April 2004. NHS Foundation Trusts are governed by statute, mainly the National Health Service Act 2006 and the Health and Social Care Act 2012.
- 1.1.2 These Standing Financial Instructions (SFIs) detail the financial responsibilities, policies and procedures adopted by the Trust. They are designed to ensure that the Trust's financial transactions are carried out in accordance with the law and with Government policy in order to achieve probity, accuracy, economy, efficiency and effectiveness. They should be used in conjunction with the Schedule of Decisions Reserved to the Trust's Board of Directors and the Scheme of Delegation (SoD) adopted by the Trust (appendices 1 to 3).
- 1.1.3 These SFIs identify the financial responsibilities which apply to everyone working for the Trust and its constituent organisations including Trading Units. They do not provide detailed procedural advice and should be read in conjunction with the relevant departmental and financial procedure notes which are available on the Trust's intranet. All financial procedures must be approved by the Chief Financial Officer.
- 1.1.4 Should any difficulties arise regarding the interpretation or application of any of the SFIs then the advice of the Chief Financial Officer must be sought before acting. The user of these SFIs should also be familiar with and comply with the provision of the Trust's Standing Orders.
- 1.1.5 It shall be the duty of the Chief Executive to ensure that the members of the Trust's Board of Directors and employees are notified of their responsibilities within these instructions.
- 1.1.6 These Standing Financial Instructions / Scheme of Delegation should be reviewed at least every three years.
- 1.1.7 The failure to comply with SFIs and Standing Orders can in certain circumstances be regarded as a disciplinary matter that could result in dismissal.**
- 1.1.8 **Overriding SFIs** – If for any reason these SFIs are not complied with, full details of the non-compliance and any justification for the non-compliance and the circumstances around the non-compliance shall be reported to the next formal meeting of the Audit Committee for referring action or ratification. All members of the Trust's Board of Directors and staff have a duty to disclose any non-compliance with these SFIs to the Chief Financial Officer.

1.2 Terminology

- 1.2.1 Any expression to which a meaning is given in Health Service Acts, shall have the same meaning in these instructions; and
- (a) "Trust" means the Royal Devon and Exeter NHS Foundation Trust;
 - (b) "Trust's Board of Directors" means the Board of Directors of the Trust;
 - (c) "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;

- (d) "Chief Executive" means the Chief Officer of the Trust;
- (e) "Chief Financial Officer" means the Chief Financial Officer of the Trust;
- (f) "Budget Holder" means the director or employee with delegated authority to manage finances (Income, Expenditure and Assets) for a specific area of the organisation;
- (g) "Charitable Funds" shall mean those funds which the Trust holds at 1st April 1996 or date of incorporation, receives on distribution by statutory instrument or chooses subsequently to accept under the powers derived under S.90 of the NHS Act 1997, as amended. Such funds may or may not be charitable;
- (h) "Legal Adviser" means the properly qualified person appointed by the Trust to provide legal advice;
- (i) "NHSE&I" means the sector regulator for health services in England;
- (j) "Cash" includes coins, bank notes, stamps, cheques and/or other negotiable instruments as the context may require;
- (k) "Tender" means an offer related to a precise specification whether or not accompanied by a bill of quantities, or an offer related to the negotiation of a period or call-off contract; and
- (l) "Quotation" means an offer in respect of a single transaction.

1.2.2 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 director or employees who have been duly authorised to represent them.

1.2.3 Wherever the term "officer" or "employee" is used it shall be deemed to include all employees of the Trust including employees of third parties contracted to the Trust when acting on behalf of the Trust.

1.2.4 Any employee of the Trust who solicits or accepts any gift or consideration of any kind from contractors or their agents or from any organisation, firms or individual, as an inducement or reward for doing or refraining from doing anything in his official capacity, or for showing favour or disfavour to any person in his official capacity shall be liable to dismissal and to prosecution. All dealings relating to offers of gifts or hospitality shall be declared in accordance with the Trust's Standards of Business Conduct Policy, which is available on the Trust's intranet

1.2.5 Powers not defined by Standing Orders or these SFIs shall be exercised on behalf of the Trust by such officers as the Chief Executive designates, within such limits and subject to such conditions as the Chief Executive shall prescribe.

1.3 Responsibilities and delegation

1.3.1 The Trust's Board of Directors

The Trust's Board of Directors exercises financial supervision and control by:

- (a) formulating the financial strategy;
- (b) requiring the submission and approval of budgets;

- (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 Trust's Board of Directors and employees as indicated in the 'Scheme of Delegation' document.

1.3.2. The Trust's Board of Directors has resolved that certain powers and decisions may only be exercised by the Trust's Board of Directors in formal session. These are set out in Appendix 1, 'Matters Reserved for the Board'.

1.3.3 The Trust's Board of Directors will delegate responsibility for the performance of its functions in accordance with the 'Matters Reserved for the Board' and 'Scheme of Delegation' appendices adopted by the Trust. (The extent of delegation should be kept under review by the Trust's Board of Directors).

1.3.4 **The Chief Executive and Chief Financial Officer**

Within the SFIs, it is acknowledged that the Chief Executive (as the Accountable Officer) is ultimately accountable to the Trust's Board of Directors for ensuring that the Trust's Board of Directors meets its obligation to perform its functions within the available financial resources. The Chief Executive has overall executive responsibility for the Trust's activities and is responsible to the Trust's Board of Directors for ensuring that its financial obligations and targets are met and has overall responsibility for the Trust's system of internal control.

1.3.5 **The Chief Financial Officer**

The Chief Financial Officer is responsible for:

- (a) implementing the Trust's financial policies and for co-ordinating any corrective action necessary to further these policies;
- (b) maintaining an effective system of internal financial control including ensuring that detailed financial procedures and systems incorporating the principles of 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 Trust's Board of Directors and employees;
- (e) the design, implementation and supervision of systems of 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.

1.3.6 **Trust's Board of Directors and employees**

All Trust's Board of Directors and employees, severally and collectively, are responsible for:

- (a) the security of the property of the Trust;
- (b) avoiding unplanned financial losses;

- (c) exercising economy and efficiency in the use of resources; and
- (d) conforming to the requirements of Standing Orders, Standing Financial Instructions, Financial Procedures and the Scheme of Delegation.

1.3.7 **Contractors and their employees**

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

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

1.3.9 All officers shall make available any relevant records or information to the Chief Financial Officer in connection with the carrying out of his duties of supervision of the Trust's financial policies and systems of financial control, whether by internal audit or otherwise.

2 AUDIT

2.1 Audit Committee

2.1.1 In accordance with Standing Orders the Trust's Board of Directors shall establish an Audit Committee which will provide an independent and objective view of internal control by:

- (a) concluding upon the adequacy and effective operation of the organisation's overall internal control system. In particular it is responsible for providing assurance to the Board in relation to the financial systems and controls of the Trust;
- (b) reviewing the establishment and maintenance of effective systems of integrated governance across the whole of the Trust's activities (both financial and non-financial), that supports the achievement of the Trust's objectives;
- (c) ensuring that there is an effective internal audit function, including the Counter Fraud function, establishment by management that meets mandatory NHS internal audit standards and provides appropriate independent assurance to the Audit Committee, Chief Executive and Board;
- (d) reviewing the work and findings of the external auditor and considering the implications of management's responses to their work.
- (e) considering the work of the other committees within the Trust, the work of which can provide relevant assurance to the Audit Committee's own scope of work. This will particularly include the Governance Committee because of its management of the Trust's Corporate Risk Register and the Clinical Audit function.

2.1.2 Where the Audit Committee feel there is evidence of ultra vires transactions, evidence of improper acts, or if there are other important matters that the Committee wish to raise, the Chair of the Audit Committee should raise the matter at a full meeting of the Trust's Board of Directors. Exceptionally, the matter may need to be referred to NHSE&I (via the Chief Financial Officer in the first instance).

- 2.1.3 It is the responsibility of the Chief Financial Officer to ensure that an adequate internal audit service is provided and the Audit Committee shall be involved in the selection process when an internal audit service provider is changed.
- 2.1.4 Each Audit Committee meeting may include a section for discussion between the Committee members and internal and external auditors without Executive Directors or other officers in attendance.

2.2 Chief Financial Officer responsibilities

2.2.1 The Chief Financial Officer is responsible for:

- (a) ensuring that there are arrangements to review, evaluate and report on the effectiveness of internal control and efficient use of resources by the establishment of an 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;
- (d) ensuring that a strategic audit plan and an annual audit report is prepared for the consideration of the Audit Committee and the Trust's Board of Directors. The annual audit report must cover:
 - (i) progress against plan over the previous year;
 - (ii) a clear opinion on the effectiveness of internal control;
 - (iii) major internal financial control weaknesses discovered;
 - (iv) progress on the implementation of internal audit recommendations;
 - (v) strategic audit plan covering at least three years; and
 - (vi) a detailed plan for the coming year.

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

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

2.3 Role of Internal Audit

2.3.1 Internal Audit will review, appraise and report upon:

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

- (d) the extent to which the Trust's assets and interests are accounted for and safeguarded from loss of any kind, arising from:
 - (i) fraud and other offences;
 - (ii) waste, extravagance, inefficient administration;
 - (iii) poor value for money or other causes.

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

2.3.3 The Audit Manager / Director of Audit will normally attend Audit Committee meetings and has a right of access to all Audit Committee Members, the Chairman and Chief Executive of the Trust.

2.3.4 The reporting system for internal audit shall be agreed between the Chief Financial Officer, the Audit Committee and the Audit Manager. The agreement shall be in writing and shall comply with the guidance on reporting contained in the NHS Public Sector Internal Audit Standards. The reporting system shall be regularly reviewed.

2.3.5 The Audit Manager shall report direct to the Director of Operational Finance who shall refer audit reports, under agreed reporting arrangements, to the appropriate designated officers. Recipients of an audit report shall send a written response within two weeks stating the action to be taken in response to the audit recommendations. Failure to take any necessary action within a reasonable period shall be reported to the relevant Executive Director.

2.4 External Audit

2.4.1 The external auditor is appointed by the Council of Governors and paid for by the Trust. The Audit Committee must ensure that the Trust receives a cost-efficient service. Should there be a problem which cannot be resolved by the Audit Committee, then this should be discussed with the external auditor and if appropriate referred to the Trust's Board of Directors for resolution. In exceptional circumstances the issue may be referred to NHSE&I if it cannot be resolved.

2.5 Fraud and corruption

2.5.1 The Chief Executive and Chief Finance Officer will ensure that there are effective arrangements in place to facilitate the prevention and detection of fraud and corruption which are in accordance with the provisions of the Service Contracts in place with Commissioners for the provision of services.

2.5.2 The Trust shall nominate a suitable person to carry out the duties of the Local Counter Fraud Specialist.

2.5.3 The Local Counter Fraud Specialist shall report to the Director of Operational Finance and shall work with staff in the Counter Fraud Team.

2.5.4 The local Counter Fraud Specialist will provide a written report, at least annually to the Audit Committee, on counter fraud work within the Trust.

2.6 Security Management

- 2.6.1 In line with their responsibilities, the Trust Chief Executive will monitor and ensure compliance with Directions issued by the Secretary of State for Health and Social Care on NHS security management.
- 2.6.2 The Trust shall nominate a suitable person to carry out the duties of the Local Security Management Specialist (LSMS) as specified by the Secretary of State for Health guidance on NHS security management.
- 2.6.3 The Chief Executive has overall responsibility for controlling and coordinating security. However, key tasks are delegated to the Security Management Director (SMD) and the appointed Local Security Management Specialist (LSMS).

3. BUSINESS PLANNING, BUDGETARY CONTROL AND CONTRACT INCOME

3.1 Preparation and Approval of Annual Plans and Budgets

- 3.1.1 The Chief Executive will compile and submit to the Trust's Board of Directors for approval an annual plan which takes into account financial targets and forecast limits of available resources and is in accordance with the guidance issued by NHSE&I.

The annual plan content and the number of submissions are defined by NHSE&I. The plans usually contain:

- (a) a statement of the significant assumptions on which the plan is based;
 - (b) details of major changes in workload, delivery of services or resources required to achieve the plan; and
 - (c) detailed financial templates, accompanying finance narrative and operational/strategic narrative.
- 3.1.2 The Chief Executive is responsible for identifying and implementing cost improvements and income generation initiatives in accordance with the requirements of the Annual Plan and the delivery of a balanced budget.
- 3.1.3 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 Trust's Board of Directors. Such budgets will:
- (a) be in accordance with the aims and objectives set out in the Annual Plan and Trust Strategy;
 - (b) accord with workload and manpower plans;
 - (c) be produced following discussion with appropriate budget holders;
 - (d) be prepared within the limits of available funds; and
 - (e) identify potential risks and the means of mitigating such risks.
- 3.1.4 The Chief Financial Officer shall monitor financial performance against budget and annual plan, regularly review them, and report to the Trust's Board of Directors on action to be taken. As a consequence the Chief Financial Officer shall have the right of access to all budget holders on budgetary related matters.

- 3.1.5 All budget holders must provide all financial, statistical and other relevant information as required by the Chief Financial Officer to enable budgets / annual plan forecasts to be compiled and monitored.
- 3.1.6 All Divisional Directors and Corporate Directorate Managers will sign up to their allocated budgets at the commencement of each financial year.
- 3.1.7 The Chief Financial Officer has a responsibility to ensure that reasonable training is delivered on an on-going basis to budget holders to help them manage financial resources successfully.

3.2 Budgetary delegation

- 3.2.1 The Chief Executive will delegate the management of a budget or part of a budget to officers to permit the performance of a defined range of activities.
 - (i) the amount of the budget;
 - (ii) the purpose(s) of each budget heading;
 - (iii) individual and group responsibilities;
 - (iv) achievement of planned levels of service; and
 - (v) the provision of regular reports.
- 3.2.2 The Chief Executive and delegated budget officers must not exceed the budgetary total set by the Trust's Board of Directors. Expenditure for which no provision has been made in an approved budget shall only be incurred after authorisation by the Executive Group.
- 3.2.3 Budgets shall be used only for the purpose for which they were provided. Any budgeted funds not required for their designated purpose(s) revert to Central budgets.

3.3 Budgetary Control and Reporting

- 3.3.1 The Chief Financial Officer will devise and maintain systems of budgetary control. These will include:
 - (a) monthly financial reports to the Trust's Board of Directors in a form approved by the Trust's Board of Directors containing:
 - (i) income and expenditure to date showing trends and forecast year-end position (Statement of Comprehensive Income);
 - (ii) movements in working capital (Statement of Financial Position);
 - (iii) movements in cash and capital (Cash Flow Statement);
 - (iv) capital project spend and projected outturn against plan;
 - (v) explanations of any material variances from plan;
 - (vi) Cost Improvement Programme Report;
 - (vii) details of any corrective action where necessary and the Chief Executive's and / or Chief Financial Officer's view of whether such actions are sufficient to correct the situation;
 - (b) the issue of timely, accurate and comprehensible advice and financial reports to each budget holder, covering the areas for which they are responsible;

- (c) investigation and reporting of variances from financial, workload and manpower budgets;
- (d) monitoring of management action to correct variances; and
- (e) arrangements for the authorisation of budget transfers.

3.3.2 Each Budget Holder is responsible for ensuring that:

- (a) any likely overspending or reduction of income should not be incurred without the prior consent of the Divisional Director or a Corporate Directorate Manager.
- (b) the amount provided in the approved budget is not used in whole or in part for any purpose other than that specifically authorised; and
- (c) no permanent employees are appointed without the approval of the Divisional Director or the Corporate Directorate Manager other than those provided for in the budget as approved by the Trust's Board of Directors.

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

3.4 Contract Income

3.4.1 The Chief Financial Officer of the Trust will:

- (a) periodically review the bases and assumptions used for compiling budgets and ensure that these are reasonable and realistic;
- (b) periodically review contract income and all other sources of income to ensure the Trust is obtaining all the funds due;
- (c) prior to the start of each financial year submit to the Trust's Board of Directors for approval a report showing the total expected contract income received and the proposed allocation including any sums to be held in reserve; and
- (d) regularly update the Trust's Board of Directors on significant changes to contract income and the uses of such funds.

3.5 Capital expenditure

3.5.1 The general rules applying to capital expenditure are contained within Section 12.

3.6 Monitoring returns

3.6.1 The Chief Executive is responsible for ensuring that the appropriate monitoring forms are submitted to NHSE&I within agreed timescales.

4. ANNUAL ACCOUNTS AND REPORTS

4.1 Accounting Officer

The Chief Executive is the Accounting Officer at the NHS Foundation Trust. The relevant responsibilities of the Accounting Officer, including its responsibility for the propriety and regulating of public finances for which it is answerable, and for the keeping of proper accounts, are set out in the NHS Foundation Trust Accounting Officer memorandum issued by NHSE&I.

4.2 Responsibilities of 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 NHSE&I and the Treasury, the Trust's accounting policies, generally accepted accounting principles, and the Department of Health and Social Care Group Accounting Manual; and
- (b) prepare, certify and submit annual financial reports to NHSE&I in accordance with current timetables and guidelines.

4.3 The Trust's annual accounts must be audited by an auditor that is appointable under the Audit Code issued by NHSE&I. The Trust's audited annual accounts must be presented to the Annual Public Meeting of the Council of Governors.

4.4 The Trust will publish an Annual Report, in accordance with guidelines on local accountability, and present it at the Annual Public Meeting of the Council of Governors. The document will comply with the NHS Foundation Trust Annual Reporting Manual (FT ARM).

5. BANK AND PAYMASTER ACCOUNTS

5.1 General

5.1.1 The Chief Financial Officer is responsible for managing the Trust's banking arrangements and for advising the Trust on the provision of banking services and operation of accounts. This advice will take into account guidance / directions issued from time to time by NHSE&I.

5.1.2 The Trust's Board of Directors shall approve the Trust's Treasury Management Policy, including the investment of surplus funds and the operation of commercial banks and Government Banking Service (GBS) accounts.

5.2 Bank Accounts

5.2.1 The Chief Financial Officer is responsible for:

- (a) bank accounts;
- (b) ensuring payments made from bank accounts do not exceed the available balance plus any agreed overdraft facility; and
- (c) reporting to the Trust's Board of Directors all arrangements made with the Trust's bankers for accounts to be overdrawn.

5.3 Banking procedures

5.3.1 The Chief Financial Officer is responsible for ensuring that detailed instructions on the operation of bank accounts are maintained and include:

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

5.3.2 No officer other than the Chief Financial Officer shall have the authority to open any bank account in the name of the Trust.

- 5.3.3 The Chief Financial Officer must advise the Trust's bankers in writing of the conditions under which each account will be operated, the limits to be applied to any overdraft and the limitation on single signatory payments. All funds shall be held in accounts in the name of the Trust.
- 5.3.4 All arrangements with the Trust's bankers shall be made or approved by the Chief Financial Officer within the general directions of the Trust's Board of Directors.,
- 5.3.5 The Chief Financial Officer shall advise the bankers in writing of the officers authorised to be account maintenance signatories,
- 5.4 Tendering and review**
- 5.4.1 The Chief Financial Officer will review the banking arrangements of the Trust to ensure they reflect best practice and represent best value for money by periodically seeking competitive tenders for the Trust's banking business.
- 5.4.2 Competitive tenders shall be considered at least every 5 years, for commercial bank arrangements that are not part of the Government Banking Service (GBS). The results of the tendering exercise shall be reported to the Trust's Board of Directors. This review is not necessary for GBS accounts.
- 5.4.3 The Trust's Treasury Management Policy will be reviewed by the Trust's Board of Directors on a tri-annual basis.

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

6.1 Income systems

- 6.1.1 The Chief Financial Officer is responsible for designing, maintaining and ensuring compliance with systems for the proper recording, invoicing, and collection and coding of all monies due.
- 6.1.2 The Chief Financial Officer is also responsible for ensuring that systems are in place for the prompt banking of all monies received, within a maximum period of 7 days from receipt.

6.2 Fees and charges

- 6.2.1 The Trust shall follow NHSE&I's and the Department of Health and Social Care's guidance in setting prices for NHS contracts e.g. "National Tariff Payments System."
- 6.2.2 The Chief Financial Officer is responsible for approving and regularly reviewing the level of all fees and charges other than those determined by the Department of Health and Social Care or by Statute.
- 6.2.3 All employees must ensure that the Trust recognises money due arising from transactions which they initiate / manage, including all contracts, leases, tenancy agreements, private patient undertakings, rechargeable expenditure and other transactions.

6.3 Debt recovery

- 6.3.1 The Chief Financial Officer is responsible for the appropriate recovery action on all outstanding debts.
- 6.3.2 Debts not recovered should be dealt with in accordance with losses procedures and Section 14 of these Standing Financial Instructions.

6.3.3 Overpayments should be prevented, however, if detected recovery should be initiated.

6.4 Security of cash, cheques and other negotiable instruments

6.4.1 The Chief Financial Officer is responsible for:

- (a) the form of all receipt books, agreement forms, or other means of officially acknowledging or recording monies received or receivable;
- (b) sufficient controls governing the 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 and approving the procedures for keys, and for coin operated machines; and
- (d) prescribing systems and procedures for handling cash and negotiable instruments on behalf of the Trust.

6.4.2 Official money shall not under any circumstances be used for the encashment of private cheques or IOUs.

6.4.3 Cash shall be banked intact in accordance with the Chief Financial Officer's instructions. If not paid directly into the bank, cash shall be locked as soon as possible in the safe or cash-box provided for this purpose. Disbursements shall not be made from cash received, except under arrangements approved by the Chief Financial Officer.

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

7. TENDERING AND CONTRACTING PROCEDURE

7.1 Compliance with guidance and procedures

7.1.1 All contracts made by or on behalf of the Trust shall comply with:

- (a) the Trust's Standing Orders;
- (b) these Standing Financial Instructions;
- (c) national legislation and regulations on Public Procurement and all other relevant statutory provisions;
- (d) any direction by the Trust's Board of Directors or Committee having appropriate delegated authority;
- (e) Such NHS Standard Contract Conditions and supplementary conditions as are applicable
- (f) Procurement Policy.

7.1.2 All contracts made by or on behalf of the Trust shall be selected in such a way as to give the best value for money or deliver the most commercially advantageous solution to the Trust.

7.1.3 Where supplies of goods or services are planned or obtained other than as provided for in this section of the SFIs, then the Authorised Officer(s) concerned shall report accordingly to the Chief Financial Officer.

7.2 Specific roles and responsibilities

7.2.1 The Chief Financial Officer and the Head of Procurement have overall responsibility for ensuring good procurement practice is established throughout the Trust.

7.2.2 The Procurement Department is responsible for developing procedures able to adequately manage the Trust's non-pay expenditure encompassing the requirements of the SFIs, Standing Orders, National Procurement Regulations when in force, and all specific NHS / DHSC Policies.

7.3 Competition/Sourcing

7.3.1 Trust officers should consult the Procurement Department to determine the best approach and methods to acquire goods or services, and use a process which is compliant for the value of the contract over its full life, including extensions.

7.3.2 In cases where NHS or other Public Body Contracts are either not available or inappropriate for use then competitive tenders or quotations should be sought according to the thresholds detailed in the SoD and the correct process.

7.4 Delegated authority levels

7.4.1 The appropriate delegated authority of those with the power to accept tenders and authorise the conclusion of contracts is detailed in the SoD.

7.5 Competitive tenders and quotations

7.5.1 The Trust shall ensure that competitive written quotations are obtained as required by the SoD.

7.5.2 All quotations should be treated as confidential and must be retained in electronic form for inspection.

7.5.3 The Authorised Officer in line with the SoD should evaluate the quotations in accordance with Procurement policy, and keep a permanent record of their decision.

7.5.4 Non-competitive written quotations may be obtained for the following purposes, where in the opinion of an Authorised Officer it is necessary to do so:

- (a) in order to obtain goods or services required quickly and which are not obtainable under existing contracts; or
- (b) in order to secure a supply of proprietary items or services of a special character for which it is not possible to obtain competitive quotations; or
- (c) in order to secure a marked financial advantage to the Trust.

7.5.5 In all cases where non-competitive quotations are obtained the reasons for doing so shall be recorded using a waiver document, which must be approved before the contract is concluded.

7.5.6 If goods or services planned or procured under a cost threshold in the SoD subsequently exceed (or look as if they will exceed) that threshold in cost, the Head of Procurement should be consulted for advice.

7.5.7 The Chief Executive shall have overall responsibility for ensuring that best value for money can be demonstrated for all services provided under contract or in-house. The Trust's Board of Directors may also determine from time to time that in-house services should be market tested by competitive tendering.

7.6 Tenders

7.6.1 Invitation to tenders shall be in accordance with the Public Contract Regulations 2015 (including amendments and replacement legislation set out in English Law), the Trust Procurement Policy and any other relevant guidance as per the Trust's SFIs.

7.7. Waivers

7.7.1 The Trust will comply with the Department of Health and Social Care and other Public Body Guidance. The delegated authority levels for waiving the requirement for tendering or obtaining quotations are detailed in the SoD.

7.7.2 Competitive tenders need not be invited:

- (a) Where the requirement is ordered under existing contracts;
- (b) Where the requirements are ordered under framework agreements which allow direct award although in each such case appropriate value for money must still be adequately demonstrated and the framework rules must be followed to ensure compliance;
- (c) As provided in SFI 7.10 for disposals;
- (d) Where the estimated income or expenditure is below the relevant financial thresholds contained within the SoD;

7.7.3 Waivers may be allowed in the following circumstances

- (a) Where, in the opinion of the Authorised Officer as per the SoD the estimated expenditure or income would not warrant formal tendering procedures or competition would not be practicable taking into account all the circumstances and a waiver has been approved according to the SoD;
- (b) Where the supply is proposed under special arrangements negotiated by the DHSC or other Government sponsored body in which event the said special arrangement must be complied with;
- (c) The timescale genuinely precludes competitive tendering and arose from circumstances genuinely outside the control of the Trust. Failure to plan the work properly is not a justification for not tendering a requirement;
- (d) Specialist expertise or supply is required and is available from only one source – but this must be adequately demonstrated with evidence, most effectively made by approaching the market;
- (e) The task is essential to complete the project and arises as an unforeseen consequence of a recently completed assignment and engaging different consultants for the new task would be inappropriate;
- (f) Where a requirement arises out of an existing project or an operational need that was not foreseen which would cause significant impact to the Trust as a result of time taken to tender;

- (g) Where the benefits to be gained (e.g. commercial or operational) can be clearly demonstrated, are deemed significant to the Trust, and can be shown to outweigh regulatory compliance
- (h) The maintenance or repair of equipment by the manufacturer for compliance purposes or to keep up with the warranty benefits (ie, warranty would be invalidated if the equipment was to be maintained or repaired by a party other than the manufacturer); or

7.7.4 If avoiding the Trust's obligation to follow a competitive process is deemed necessary, a Single Source Waiver (form) must be completed to clearly record the reasons for this decision and approved according to the SoD.

7.7.5 The application of the single source tender rules should not be used to avoid competition or for administrative convenience or to award further work to a consultant originally appointed through a competitive process.

7.8 Contracts for the purchase of healthcare services

7.8.1 The Trust will enter into legally binding contracts for the purchase of healthcare services with commissioners in accordance with a form of contract as approved by the Chief Financial Officer.

7.8.2 Authority to sign such contracts on behalf of the Trust will be limited to the Chief Executive and Chief Financial Officer in line with the SoD Procurement section.

7.9 Contracts involving funds held on trust

7.9.1 Contracts involving charitable funds shall comply with the requirements of the Charities Act.

7.10 Disposals

7.10.1 SFI 7.5 shall not apply to the disposal of:

- (a) fixtures and fittings, machinery and old materials, in respect of which a fair price can be obtained by negotiation or sale by auction;
- (b) obsolete or condemned articles and stores, which may be disposed of in accordance with the Trust's policy on supplies;
- (c) items arising from building or engineering works (including construction, demolition, site clearance adaptation and improvement) which should be dealt with in accordance with the relevant contract; or
- (d) land or buildings are to be disposed of subject to the specific approval of the Trust's Board of Directors, as indicated in the Matters Reserved for the Board document.

7.10.2 Except for land and buildings, and items arising from capital works involving adaptations or demolition of existing premises, the following procedure shall be followed in respect of the disposal of all scrap materials and surplus items:

- (a) all such materials and items will be examined jointly by representatives of the Head of the Department concerned and the Authorised Officer;
- (b) where it is determined by the Authorised Officer that the items concerned have no value, or where the cost of disposal would exceed the value, then a schedule of these items will be made and signed by the Authorised Officer. The schedule will be sent to Finance for recording and the items disposed of in an appropriate manner.

- (c) unless put up for auction or where a fair price can be obtained by negotiation, quotations other than the highest shall not be accepted except after approval by the Authorised Officer;
- (d) In cases of negotiation the written approval of the Authorised Officer must be obtained in line with the SoD, before the contract for sale is concluded.
- (e) The Trust's capital disposals procedure should be followed when disposing of any capital item, see also SFI 14.

7.11 Form of Contract

- 7.11.1 It is expected that all contracts are awarded under the Standard Terms and Conditions of the NHS as may be modified from time to time and with such amendments as shall be appropriate to the contract being agreed.

7.12 Criteria for award of business

- 7.12.1 The Tender Document will normally state the award is to be based on the Most Economically Advantageous Tender (MEAT). In cases where National Thresholds apply the Award Criteria must be included in either the Notice in the national 'Find a Tender Service (FTS) or in the Tender. Contract Award criteria are to be agreed by Trust Officers as part of the procurement process before tendering. In projects of significant value or risk officers responsible for the choice of criteria should include clinical users, Budget holders, Finance staff and Procurement officers and other appropriate Trust Officers.

Criteria must include specification (which includes the quality required), cost (preferably whole-life costing) and implementation or deliverability.

7.13 Pre-offer and post-tender bidder engagement

- 7.13.1 Post-tender negotiation and pre-contract negotiations are not permitted under the restricted procedure within the National tendering process, (where applicable). Negotiation may be conducted in competitions below the National threshold.

Post tender clarification is permissible and strongly recommended where it is deemed reasonable to clarify aspects of a tender without fundamentally changing or renegotiating the contents. This includes the assumptions, scope and nature of cost models to ensure the Trust will not be charged as a result of errors or misunderstandings.

Pre-market engagement is recommended for all procurement of value to establish the nature of market offerings, indicative prices, pricing models and so on. For above threshold exercises, the activity must be conducted with fairness proportionate to the value and must not unduly disadvantage potential market bidders.

7.14 Acceptance of tenders and quotations

- 7.14.1 If the number of tenders received is insufficient to provide adequate competition, the decision to proceed with the tender process shall be made by the Head of Procurement having considered all available information.

7.15 Formal award of business

- 7.15.1 The best bid will be that which achieves the highest score against the agreed criteria after Trust Officers have checked the accuracy of the claims made in the bid.

Provided the procedure set out above has been followed, formal authorisation and award of a contract may be agreed under the authorisation limits defined in the Trust's Delegated Authority Level. In the case of authorisation by the Board of Directors, this shall be recorded in their minutes.

7.16 Planning and Implementation

7.16.1 The Procurement Department will be responsible for implementing and monitoring compliance to this procedure by recording and reporting on the number of waiver requests.

7.17 Audit

7.17.1 Compliance with the SFIs will be monitored on a regular basis and covered within the Trust's Internal Audit Programme.

7.18 Review

7.18.1 The Procurement Department's procedures will be reviewed regularly by the Head of Procurement and authorised by the Director of Operational Finance.

8. PROVISION OF PATIENT AND NON-PATIENT SERVICES

8.1 Responsibility for establishing contracts

8.1.1 The Chief Executive as the Accountable Officer is responsible for establishing contracts for the provision of services in accordance with the Annual Plan, and for establishing the arrangements for providing extra-contractual services. In carrying out these functions, the Chief Executive should take into account the advice of the Chief Financial Officer regarding:

- (a) costing and pricing of services;
- (b) payment terms and conditions; and
- (c) amendments to contracts and extra-contractual arrangements.

8.1.2 Contracts should be so devised as to minimise risk whilst recognising the Trust's opportunity to generate income. Contract prices should comply with NHSE&I and Department of Health and Social Care guidance e.g. Payment by Results where relevant.

8.1.3 The Chief Financial Officer shall produce regular reports detailing actual and forecast contract income with a detailed assessment of the impact of the variable elements of income.

8.2 Authority to sign contracts and vary contracts for patient services

8.2.1 The Chief Executive and Chief Financial Officer are the only officers empowered to sign patient contracts and contract variations on behalf of the Trust.

9 TERMS OF SERVICE AND PAYMENT OF DIRECTORS AND EMPLOYEES

9.1 Remuneration and terms of service

9.1.1 The Trust's Board of Directors shall formally agree and record in the minutes of its meetings, the precise terms of reference of the Trust's Remuneration Committee, specifying which posts fall within its area of responsibility, its composition, and the arrangements for reporting. (The constitution of this Committee will be covered in Standing Orders).

- 9.1.2 The Committee will:
- (a) advise the Trust's Board of Directors about appropriate remuneration and terms of service for the Chief Executive, other executive directors and very senior managers, including:
 - (i) all aspects of salary (including any performance-related elements / bonuses);
 - (ii) provisions for other benefits, including pensions and cars;
 - (iii) arrangements for termination of employment and other contractual terms;
 - (b) set the remuneration and terms of service to ensure that they are fairly rewarded for their individual contribution to the Trust - having proper regard to the Trust's circumstances and performance and to the provisions of any national arrangements for such staff where appropriate;
 - (c) ensure that a process exists to monitor and evaluate the performance of individual Executive Directors; and
 - (d) advise on and oversee appropriate contractual arrangements for such staff including the proper calculation and scrutiny of termination payments taking account of such national guidance as is appropriate.

9.1.3 The Trust's Board of Directors will review proposals presented by the Chief Executive for setting of remuneration and conditions of service for those employees not covered by the Committee, and these levels will be governed by nationally agreed terms and conditions.

9.1.4 The Trust will remunerate the Chairman and Non-executive Directors in accordance with rates as approved by the Council of Governors.

9.2 Funded establishments

9.2.1 Manpower plans are incorporated within the annual budget and will form the funded establishment.

9.2.2 The funded establishment of any department may not be varied without the approval of the Authorised Officer, in accordance with the SoD.

9.3 Staff appointments

9.3.1 No director or employee may engage, re-engage, or regrade employees, either on a permanent or temporary nature, or hire agency staff, or agree to changes in any aspect of remuneration:

- (a) unless authorised to do so by the Director of People or a nominated officer;
- (b) the proposed change is within the limit of his approved budget; and
- (c) it is in accordance with the Trust's approved Human Resources policies and agreements.

9.3.2 The Director of People will approve procedures for the determination of commencing pay rates, condition of service etc. for employees, in accordance with national terms and conditions.

9.4 Processing of payroll

9.4.1 The Director of People is responsible for designing and maintaining a system for:

- (a) specifying timetables for submission of properly authorised time records and other notifications;

- (b) the final calculation of pay and allowances, including the verification that the rate of pay and relevant conditions of service are in accordance with current agreements, the proper compilation of the payroll and for the payments made;
- (c) making payment on agreed dates; (The Director of People shall pay salaries and wages on the currently agreed dates but may vary these when necessary due to special circumstances e.g. Christmas and other bank holidays). Payments shall not be made in advance of the authorised normal pay date except:
 - (i) where the prior approval of the Trust's Board of Directors has been obtained;
 - (ii) in special cases authorised by the Director of People or nominated deputy and limited to the net pay due at any time of payment; or
 - (iii) other advances in accordance with Agenda for Change regulations or the Trust's policies (whichever is appropriate to the employee);
- (d) agreeing method of payment;
- (e) approving the form certification and submission process of all-time records, pay sheets and other pay records and notifications; and
- (f) for the provision of contingency arrangements for payments to employees in case of a breakdown of computer processing of financial systems.

9.4.2 The Director of People 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 pension, income tax, social security and other authorised deductions from pay;
- (d) security and confidentiality of payroll information;
- (e) checks to be applied to completed payroll before and after payment;
- (f) authority to release payroll data under the provisions of the Data Protection Act 2018;
- (g) procedures for payment by Banks Automated Clearing System (BACS) to employees and officers;
- (h) procedures for the recall of BACS payments;
- (i) pay advances and their recovery;
- (j) maintenance of regular and independent reconciliation of pay control accounts with appropriate internal check procedures;
- (k) separation of duties of preparing records and authorising payroll;
- (l) a system to ensure the recovery from leavers of sums of money and property due by them to the Trust;
- (m) procedures for unclaimed wages.

9.4.3 Appropriately nominated officers have responsibility for:

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

- (b) completing time records, commencement of employment, and change of status of employment or circumstance in accordance with the Director of People's instructions and in the form prescribed by the Director of People; and
- (c) submitting termination notifications in the prescribed form, currently Electronic Staff Records System (ESR) immediately upon knowing the effective date of an employee's or officer's resignation, termination or retirement.

- 9.4.4 All documentation related to the appointment of new employees, changes to rates of payment, payments due and termination of employment shall be processed in accordance with procedures approved by the Director of People.
- 9.4.5 Regardless of the arrangements for providing the payroll service, the Director of People shall ensure that the chosen method is supported by appropriate (contracted) terms and conditions, adequate internal controls and audit review procedures and that suitable arrangements are made for the collection of payroll deductions and payment of these to appropriate bodies.
- 9.4.6 Payment of staff allowances, e.g. travelling and subsistence to employees and officers, shall be made in accordance with the current regulations, subject to verification of claim details, upon electronic or paper receipt of the prescribed form, duly completed and authorised by a budget holder or other Authorised Officer.

9.5 Contract of employment

- 9.5.1 The Trust's Board of Directors shall delegate responsibility to the Director of People to:
- (a) ensure that all employees are issued with a Contract of Employment in a form approved by the Trust's Board of Directors and which complies with employment legislation; and
 - (b) deal with variations to, or termination of, contracts of employment.

10. NON-PAY EXPENDITURE

10.1 Delegation of authority

- 10.1.1 The Trust's Board of Directors 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.
- 10.1.2 The Divisional Directors and Corporate Directorate Managers will set out the list of officers who are authorised to place requisitions for the supply of goods and services.
- 10.1.3 The maximum level of each requisition and the system for authorisation above that level is set out in the SoD.

10.2 Requisitioning, ordering, receipt and payment for goods and services

- 10.2.1 **Requisitioning** - the requisitioning of the item to be supplied (or the service to be performed) shall always obtain the best value for money for the Trust, following the procurement procedure as described in section 7.

- 10.2.2 **Ordering** - no goods, services or works (other than works and services executed in accordance with a contract, purchases from petty cash, by credit card or where dictated by normal business practice), shall be ordered except on an official order duly signed by a designated officer, and contractors shall be notified that they should not accept orders unless on an official form. Some exceptions exist which shall be designated and recorded by the Procurement Department.
- 10.2.3 **Official Orders** - official orders must:
- (a) be consecutively numbered;
 - (b) be in a form approved by the Chief Financial Officer;
 - (c) state the Trust's terms and conditions of supply and shall incorporate an obligation on the contractor to comply with the conditions printed thereon and;
 - (d) only be issued to, and used by, those duly authorised by the Chief Executive.
 - (e) an exception to 10.2.3 (a) and 10.2.3 (c) being when purchases are made by Credit Card.
- 10.2.4 **System of payment and payment verification** - The Chief Financial Officer shall be responsible for ensuring the prompt payment of accounts and claims.
- 10.2.5 The Chief Financial Officer will:
- (a) advise the Trust's Board of Directors 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 SFIs and regularly reviewed;
 - (b) prepare procedural instructions or guidance within the SoD on the obtaining of goods, works and services incorporating the thresholds;
 - (c) be responsible for the prompt payment of all properly authorised accounts and claims;
 - (d) be responsible for designing and maintaining a system of verification, recording and payment of all amounts payable. The system shall provide for:
 - (i) A list of Directors / employees authorised to certify invoices.
 - (ii) Certification that:
 - goods have been duly received, examined and are in accordance with specification and order, are satisfactory and that prices are correct (further guidance is included within section 13.2.7);
 - 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 records, the rates of labour are in accordance with the appropriate rates, the materials have been checked as regards quantity, quality, that the charges for the use of vehicles, plant and machinery and other expenses have been examined and are reasonable;
 - where appropriate, the expenditure is in accordance with regulations and all necessary authorisations have been obtained;

- the account is arithmetically correct;
 - the account has not been previously passed for payment;
 - for stock items, the appropriate accounting entries have been made;
 - the account is in order for payment.
- (iii) A system for the early payment of accounts to obtain cash discounts.
- (iv) Instructions to employees regarding the handling and payment of accounts within the Finance Department.
- (v) That invoices are passed by computer matching of orders with goods received notes, or that a form of certification is attached to or impressed upon each invoice.
- (e) be responsible for ensuring that payment for goods and services is only made once the goods and services are received, (except SFI 10.2.6 below).

10.2.6 **Prepayments**

Prepayments should be discussed with and agreed by the Head of Procurement, and are only permitted where exceptional circumstances apply. In such instances:

- a) prepayments are only permitted where the financial advantages outweigh the disadvantages (i.e. cash flows must be discounted to NPV using an appropriate rate that reflects the cost to the Trust); and
- b) the budget holder is responsible for ensuring that all items due under a prepayment contract are received and they must immediately inform the Head of Procurement if problems are encountered.

10.2.7 **Duties of Managers and Officers**

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

- (a) all contracts (except as otherwise provided for in the SoD), leases, tenancy agreements and other commitments which may result in a liability are notified to the Chief Financial Officer in advance of any commitment being made;
- (b) contracts above specified thresholds are advertised and awarded in accordance with national legislation and regulations on public procurement;
- (c) In accordance with the Trust's Standards of Business Conduct Policy, 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");

- (d) no requisition/order is placed for any item or items for which there is no budget provision unless authorised by the Chief Financial Officer or Chief Executive;
- (e) all goods, services, or works are ordered on an official order except works and services executed in accordance with a contract, purchases from petty cash or those made using a Trust Credit Card;

- (f) verbal orders must only be issued very exceptionally - only by officers designated by the Chief Executive and only in cases of emergency or urgent necessity. These must be confirmed within 24 hours by an official order and clearly marked "Confirmation Order". An exception to the rule being those goods purchased using Trust Credit Cards;
- (g) orders are not split or otherwise placed in a manner devised so as to avoid the financial thresholds;
- (h) goods are not taken on trial or loan in circumstances that could commit the Trust to a future uncompetitive purchase;
- (i) changes to the SoD in relation to those officers authorised to certify invoices are approved by the Board;
- (j) purchases from petty cash are restricted in value and by type of purchase in accordance with instructions issued by the Chief Financial Officer;
- (k) petty cash records are maintained in a form as determined by the Chief Financial Officer; and
- (l) the approval (or vetting) of orders for supplies and certification of the receipt of those supplies shall be carried out by separate persons. An exception to the rule being those goods purchased using Credit Cards.

10.2.8 In the case of contracts for building or engineering works which require payment to be made on account during the progress of work, the payment shall be made on receipt of a certificate from the appropriate technical consultant or officer. Without prejudice to the responsibility of any consultant or estates officer appointed to a particular building or engineering contract, a contractor's account shall be subjected to such financial examination by the Chief Financial Officer and such general examination by the Head of Estates or Deputy Director of Strategic Capital Planning as may be considered necessary, before the person responsible to the Trust for the contract issues the final certificate.

10.2.9 The Chief Financial Officer or nominated officer may authorise advances on the imprest system for petty cash and other purposes as required. Individual payments from such imprests must not exceed an amount authorised by the Chief Financial Officer and must in all cases be supported by vouchers showing details of the transaction.

10.2.10 Budget holders shall, as soon as possible after 31st March each year and not later than the date specified by the Chief Financial Officer, notify the Finance Department of all outstanding expenditure incurred relating to the previous financial year that has not been notified to the Chief Financial Officer by the raising of a Goods Received Note.

10.2.11 The Chief Executive must ensure that the Trust's SFIs are compatible with established best practice in respect of building and engineering contracts and land and property transactions. The 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 contained within these SFIs.

11 EXTERNAL BORROWING AND INVESTMENTS

11.1 External Borrowing

11.1.1 The Chief Financial Officer will advise the Trust's Board of Directors concerning the Trust's ability to pay dividends on Public Dividend Capital, and interest and repayments on existing and new borrowing including short term overdraft facilities. The Chief Financial Officer is

also responsible for reporting periodically to the Trust's Board of Directors concerning all loans and overdrafts.

- 11.1.2 Any application for a loan or overdraft will only be made by the Chief Financial Officer, as approved by the Trust's Board of Directors.
- 11.1.3 The Chief Financial Officer will issue detailed procedural instructions concerning applications for loans and overdrafts and any other form of financing as required by the Trust's Board of Directors from time to time.
- 11.1.4 All short term borrowings should be kept to the minimum period of time possible, consistent with the overall cash flow position. Any short term borrowing requirement in excess of one month must be authorised by the Chief Financial Officer and be repayable within 12 months.
- 11.1.5 All long term borrowing must be consistent with the Annual Plan and be approved by the Trust's Board of Directors.

11.2 Investments

- 11.2.1 Temporary cash surpluses must be held only in such public or private sector investments as conform to the Trust's Treasury Management Policy.
- 11.2.2 The Chief Financial Officer is responsible for advising the Trust's Board of Directors on investments and shall report periodically to the Trust's Board of Directors concerning the performance of investments held.
- 11.2.3 The Chief Financial Officer will ensure that procedural instructions are issued on the operation of investment accounts and on the records to be maintained.

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

12.1 Capital Investment

- 12.1.1 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; and
 - (c) shall ensure that the capital investment is not undertaken without confirmation of purchaser(s) support for the delivery of services (where necessary) and the availability of resources to finance all revenue consequences, including capital charges and any loan repayments.
- 12.1.2 For every capital expenditure proposal the Chief Executive shall ensure:
 - (a) that a business case is produced setting out:
 - (i) an option appraisal of potential benefits compared with known costs to determine the option with the best return of benefits to costs;
 - (ii) appropriate project management and control arrangements; and
 - (iv) the involvement of appropriate Trust personnel and external agencies.

(b) that business cases are authorised in accordance with the SoD.

- 12.1.3 For capital schemes where the contracts stipulate stage payments, the Chief Financial Officer will ensure procedures are issued for their management.
- 12.1.4 The Chief Financial Officer will ensure procedures are issued for the regular reporting of expenditure and commitment against authorised expenditure and for undertaking post project evaluations to evaluate whether the objectives have been met.
- 12.1.5 The approval of a capital programme shall not constitute approval for expenditure on any scheme.

The Chief Financial Officer or Director of Operational Finance will ensure that guidance is provided to the officer responsible for any scheme on:

- (a) specific authority to commit expenditure;
- (b) authority to proceed to tender (see overlap with SFI No.7); and
- (c) approval to accept a successful tender (see overlap with SFI No.7).

The Chief Executive will issue a scheme of delegation for capital investment management.

- 12.1.6 The Chief Financial Officer shall issue procedures governing the financial management of capital investment projects including variations to contract, and providing best value for money.

12.2 Private Finance Initiatives

- 12.2.1 When the Trust proposes to use finance which is to be provided from private sources, the following procedures shall apply:
- (a) The Chief Financial Officer shall demonstrate that the use of private finance represents value for money and genuinely transfers significant risk to the private sector;
- (b) Where applicable, the business case will be referred to NHSE&I for approval in line with the latest NHSE&I guidance; and
- (c) The proposal must be specifically agreed by the Trust's Board of Directors.

12.3 Asset Registers

- 12.3.1 The Chief Executive is responsible for ensuring that a proper system exists 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 on a regular basis.
- 12.3.2 The Trust shall maintain an asset register recording fixed assets.
- 12.3.3 Additions to the fixed asset register must be clearly identified to an appropriate budget holder and be validated by reference to:
- (a) properly authorised and approved agreements, architect's certificates, supplier's invoices and other documentary evidence in respect of purchases from third parties;
- (b) stores, requisitions and wages records for own materials and labour including appropriate overheads; and

(c) lease agreements in respect of assets held under a finance lease and capitalised.

- 12.3.4 Where capital assets are sold, scrapped, lost or otherwise disposed of, their value must be removed from the accounting records and each disposal must be validated by reference to authorisation documents or invoices.
- 12.3.5 The Chief Financial Officer shall ensure there are procedures for reconciling balances on fixed assets accounts in ledgers against balances on fixed asset registers.
- 12.3.6 The value of each asset shall be depreciated using methods and rates as specified in the Trust's accounting policies.
- 12.3.7 The Chief Financial Officer is responsible for ensuring controls and systems are in place for the Trust to calculate and pay PDC dividends as required by the Department of Health and Social Care.

12.4 Security of assets

- 12.4.1 The overall control and security of assets is the responsibility of the Chief Executive.
- 12.4.2 The Chief Executive shall ensure that all directors and officers including heads of departments are aware of these arrangements and their respective responsibilities for ensuring that the asset register is maintained.
- 12.4.3 All discrepancies identified through the verification of physical assets to fixed asset register shall be notified to the Chief Financial Officer.
- 12.4.4 Whilst each employee has a responsibility for the security of the property of the Trust, it is the responsibility of directors and senior employees in all disciplines to apply such appropriate security practices in relation to NHS property as may be determined by the Trust's Board of Directors. Any breach of agreed security practices should be reported to the Chief Financial Officer or Security Officer.
- 12.4.5 Any damage or loss to the Trust's assets must be reported by directors and employees in accordance with the procedure for reporting losses. See Section 14 of these Standing Financial Instructions.
- 12.4.6 Where practical, assets should be marked as Trust property.
- 12.4.7 Inventories shall also be maintained and receipts obtained for:
 - (a) equipment on loan; and
 - (b) all contents of furnished lettings.
- 12.4.8 Officers responsible for security shall liaise with the appropriate budget holder(s) in order to ensure that no equipment is subject to any unreasonable security risk. Persistent breaches of agreed security practices shall be reported to the Chief Executive.

13. STORES AND RECEIPT OF GOODS

13.1 General position

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

- (a) kept to a minimum;
- (b) subjected as a minimum to an annual physical stocktake (where material); and
- (c) valued at the lower of cost and net realisable value.

13.2 Control of stores, stocktaking, condemnation 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 the Chief Executive 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 and the control of fuel oil by a designated Estates Manager.

- 13.2.1 The responsibility for security arrangements and the custody of keys for all stores and locations shall be clearly defined in writing by the designated manager / Pharmaceutical Officer / Estates Manager. Wherever practicable, stocks should be marked as Trust property.
- 13.2.2 The Chief Financial Officer is responsible for ensuring that procedures and systems are issued to regulate the stores including records for receipt of goods, issues, and returns to stores, and losses.
- 13.2.3 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. The physical check shall involve at least one independent officer other than the storekeeper. The stocktaking records shall be numerically controlled and signed by the officers undertaking the check. Any surpluses or deficiencies revealed on stocktaking shall be reported to the Director of Operational Finance immediately and they will investigate as necessary. Deficiencies must be reported as loss, see losses section 14.
- 13.2.4 Where a complete system of stores control is not justified, alternative arrangements shall require the approval of the Chief Financial Officer.
- 13.2.5 The designated Budget holder / Pharmaceutical Officer shall be responsible for a system approved by the Chief Financial Officer for a review of slow moving and obsolete items and for condemnation, disposal, and replacement of all unserviceable articles. The designated Officer shall report to the Director of Operational Finance any evidence of significant overstocking and of any negligence or malpractice (see also SFI 14, Condemnations, Losses, Special Payments and Insurance Arrangements). Procedures for the disposal of obsolete stock shall follow the procedures set out for disposal of all surplus and obsolete goods.
- 13.2.6 Where the Trust is charged directly by NHS Supply Chain for goods supplied to the Trust, the Director of Operational Finance will ensure that there are adequate controls for checking that invoices supplied relate to deliveries received.

- 13.2.7 A sample of goods received shall be checked as regards quantity and / or weight and inspected as to quality and specification. A delivery note shall be obtained from the supplier at the time of delivery and shall be signed by the person receiving the goods. Instructions shall be issued to staff covering the procedure to be adopted in those cases where a delivery note is not available. Particulars of all goods received shall be entered on a goods received record on the day of receipt. If goods are unsatisfactory or short on delivery, they shall only be accepted on the authority of the relevant responsible officer. Where goods are subsequently found to be unsatisfactory, the goods received record shall be marked accordingly. In both cases the suppliers shall be notified immediately the discrepancy is discovered.
- 13.2.8 The issue of stores shall be supported by an authorised requisition note, and a receipt for the stores issued shall be returned to the Department. Where a "topping up" system is used, a record shall be maintained and approved by the Deputy Director of Estates and Facilities. Regular comparisons shall be made by the designated officers of the quantities issued to wards / departments, etc., and explanations recorded of significant variations.
- 13.2.9 Breakages, deteriorations due to overstocking and other losses of goods in stores shall be recorded as they occur and recorded in the Trust's Losses and Special Payments Register – see SFI 14. Tolerance limits shall be established for all stores subject to unavoidable loss, i.e. shrinkage in the case of certain foodstuffs and natural deterioration of certain goods.
- 13.2.10 Officers responsible for the custody and control of stores must notify losses due to theft, fraud and arson, in accordance with Section 14 of these instructions.
- 13.2.11 The Director of Operational Finance shall be informed of any variations in policy that are likely to result in any significant variation in overall stock levels.

14. DISPOSALS AND CONDEMNATIONS, LOSSES, SPECIAL PAYMENTS

14.1 Disposals and condemnations

- 14.1.1 The Chief Financial Officer is responsible for ensuring that detailed procedures are prepared for the disposal of assets including condemnations, and ensure that these are notified to budget holders.
- 14.1.2 When it is decided to dispose of a Trust asset, the budget holder will seek approval in line with the SoD, using the Trust's official Disposal Form.
- 14.1.3 All unserviceable articles shall be:
- (a) condemned or otherwise disposed of by a condemning officer 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 which will indicate whether the articles are to be converted, destroyed or otherwise disposed of.
- 14.1.4 The Condemning Officer shall check whether there is evidence of negligence in use and shall report any such evidence to the Chief Financial Officer who will take the appropriate action.

14.2 Losses and Special Payments

- 14.2.1 It shall be the duty and responsibility of every employee of the Trust to promote the greatest possible efficiency and economy in the use of resources provided for the purposes of the Trust and prevent losses of all kinds.
- 14.2.2 The Chief Financial Officer shall ensure procedural instructions are prepared on the recording of and accounting for losses, special payments and insurance arrangements. The Chief Financial Officer must arrange for a 'fraud response plan' that sets out the action to be taken by both persons detecting a suspected fraud and those persons responsible for investigating it.
- 14.2.3 For losses apparently caused by theft, arson, neglect of duty or gross carelessness, except if trivial, the Chief Financial Officer must immediately notify:
- (a) the Trust's Board of Directors; and
 - (b) the Trust's external auditor.
- 14.2.4 The Audit Committee shall acknowledge the writing-off of losses. The Audit Committee shall delegate its responsibility for the approval of write-off and authorisation of special payments to the Chief Executive and Chief Financial Officer in line with the SoD limits.
- 14.2.5 The Chief Financial Officer shall be authorised to take any necessary steps to safeguard the Trust's interests in bankruptcies and company liquidations.
- 14.2.6 For any loss, the Chief Financial Officer should consider whether any insurance claim can be made against insurers.
- 14.2.7 The Chief Financial Officer is responsible for ensuring that a Losses and Special Payments register is maintained in which write-off action is recorded.
- 14.2.8 No special payments exceeding delegated limits determined by the Trust's Board of Directors shall be made without the prior approval of the Chief Financial Officer.
- 14.2.9 Every loss shall be recorded without delay on the Trust's losses register to be maintained by the Chief Financial Officer and investigated in such a manner as the Chief Financial Officer may require. Write-off action shall be recorded for each entry in the register.
- 14.2.10 The Chief Financial Officer shall submit to the Audit Committee a summary of losses at least annually.
- 14.2.11 Rules for ex-gratia payments and delegated limits for the purposes of this section of Standing Financial Instructions are set out in the Scheme of Delegation appendix.
- 14.2.12 All out of court settlements or payments in respect of personal injury and clinical negligence cases must be approved by the Chief Executive if they exceed the ex gratia payments above.

15. INFORMATION TECHNOLOGY

15.1 Responsibilities and duties of the Senior Information Risk Officer

15.1.1 The Medical Director is the Senior Information Risk Officer and is responsible for ensuring that systems are in place to ensure the accuracy and security of the computerised data of the Trust and shall:

- (a) devise and implement the necessary policies to ensure adequate (reasonable) protection of the Trust's data and information systems from deletion or modification, theft or damage, accidental or intentional disclosure to unauthorised persons, having due regard for the Data Protection Act 2018, the General Data Protection Regulation, and in accordance with the Trust's Information Governance Policy;
- (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; and
- (d) ensure that an adequate audit trail exists through the computer system and that such computer audit reviews are carried out as the Director may consider necessary.

15.1.2 The Chief Financial Officer shall be satisfied 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 will be obtained from them prior to implementation.

15.2 Contracts for computer services with other health bodies or other agencies

15.2.1 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.

15.2.2 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 currently in operation.

15.3 Risk assessment

15.3.1 The Medical Director as Senior Information Risk Officer (SIRO) shall ensure that appropriate information risk management policies are in place to safeguard the Trust from information related risks. Nominated Information Asset Owners shall ensure the risk management policies are followed to ensure the necessary action is taken to identify and manage risk. This shall include the preparation and testing of appropriate disaster recovery plans.

15.4 Requirements for computer systems which have an impact on corporate financial systems

15.4.1 Where computer systems have an impact on Trust financial systems the Chief Financial Officer shall be satisfied that:

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

16. PATIENTS' PROPERTY

16.1 The Trust's responsibility to provide safe custody

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

16.1.2 Within the community setting it is the patient's responsibility to ensure the storage and safe keeping of their property. If the adult is admitted to hospital and it appears there is a danger of loss or damage to the property of the adult, the relevant Local Authority must be informed.

In the exceptional circumstance an employee becomes responsible for the safe custody of a patient's movable property in the community setting they will follow the Trust's SFI's for the administration of the property of patients.

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

- notices and information booklets;
- hospital admission documentation and property records; and / or
- the oral advice of administrative and nursing staff responsible for admissions.

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

16.1.4 The Chief Financial Officer is responsible for ensuring that detailed written instructions are produced on the collection, investment, recording, safekeeping and disposal of patients' property (including instructions on the disposal of the property of deceased patients and of patients transferred from other premises) for all staff whose duty is to administer in any way, the property of patients. Due care should be exercised in the management of any patients' money in order to protect the value of the asset.

16.1.5 Where the opening of separate accounts for patients' monies is required, these shall be opened and operated under arrangements specified by the Chief Financial Officer. Monies deposited in excess of the patients' needs shall be secured in accordance with arrangements specified with the Chief Financial Officer.

16.1.6 In all cases where property of a deceased patient is 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, (unless Probate or Letters of Administration are produced).

- 16.1.7 Employees should be informed, on appointment, by the appropriate manager of their responsibilities and duties for the administration of the property of patients.
- 16.1.8 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 in writing.
- 16.1.9 It shall be the duty of every employee of the Trust into whose personal custody any money or other property of a patient is received to comply with the requirements of Standing Financial Instruction 6 which details cash handling requirements.

Valuable articles shall be dealt with in the same way as cash.

- 16.1.10 A Patients' Property Record in a form determined by the Chief Financial Officer shall be completed in respect of the following:
 - (a) Property handed in for safe custody by any patient or guardian, as appropriate; and
 - (b) Property taken into safe custody having been found in the possession of:
 - (i) mentally disordered patients;
 - (ii) confused and / or disorientated patients;
 - (iii) unconscious patients;
 - (iv) patients dying in hospital;
 - (v) persons found to be dead on arrival at hospital; and
 - (vi) patients severely incapacitated for any other reason.

A record shall be completed in respect of all persons in category 16.1.10(b) including a nil return if no property is taken into safe custody.

- 16.1.11 The Patient's Property Record shall be completed by an officer of the Trust in the presence of the patient or guardian as appropriate. It shall then be signed by both the officer of the Trust and by the patient / guardian, except where the patient is restricted by physical or mental incapacity and not represented by a guardian, in which case two officers of the Trust shall act. Any alteration shall be validated by signatures as required for the original entry on the Record.
- 16.1.12 Property handed over for safe custody shall be placed in the care of the officer nominated by the Chief Executive, unless such a person is not available, in which case the property shall be placed into the care of the most senior member of the nursing staff on duty. Cash received from patients for safe custody shall be either paid into the Trust's bank account or securely kept in a safe.
- 16.1.13 Except as provided below in paragraphs 16.1.14 to 16.1.15, refunds of cash handed in for safe custody will be dealt with in accordance with the provisions of HM(71)90, and any subsequent amendments thereto. Property other than cash which has been handed over for safe custody shall be returned to the patient / guardian, as required, by the officer who

has been responsible for its security. The return shall be receipted by the patient or guardian as appropriate, and witnessed.

- 16.1.14 The disposal of property of deceased patients shall be effected by the officer who has been responsible for its custody. 16.1.15 In respect of a deceased patient's property, if there is no Will and no lawful kin, the property vests with the Crown, and particulars shall, therefore, be notified to the Treasury Solicitor.
- 16.1.16 Where arrangements for burial or cremation are not made privately, any cash of the estate held by the Trust shall be appropriated towards funeral expenses. Any funeral expenses necessarily borne by the Trust are a first charge on a deceased person's estate. No other expenses or debts shall be discharged out of the estate of a deceased patient.

17. FUNDS HELD ON TRUST

17.1 Corporate Trustee

- 17.1.1 The discharge of Royal Devon and Exeter NHS Foundation Trust's Corporate Trustee responsibilities are distinct from its responsibilities for exchequer funds and may not necessarily be discharged in the same manner, but there must still be adherence to the overriding general principles of financial regularity, prudence and propriety. Trustee responsibilities cover both charitable and non-charitable purposes.

The Chief Financial Officer is responsible for ensuring systems are in place to ensure that funds are appropriately managed with regards to their purpose.

17.2 Accountability to Charity Commission and Secretary of State for Health and Social Care

- 17.2.1 The Trustee responsibilities must be discharged separately and full recognition given to the Trust's dual accountabilities to the Charity Commission for charitable funds held on trust and to the Secretary of State for all funds held on trust.
- 17.2.2 The 'Matters Reserved for the Board' and the 'Scheme of Delegation' appendices make clear where decisions regarding the exercise of discretion regarding the disposal and use of the funds are to be taken and by whom. All Trust's Board of Directors and Trust officers must take account of that guidance before taking action.
- 17.2.3 In so far as it is possible to do so, most of the sections of these SFIs will apply to the management of funds held on trust. The overriding principle is that the integrity of each fund must be maintained and statutory and charity obligations met. Materiality must be assessed separately from the Exchequer activities and funds.

17.3 Procedures

- 17.3.1 The Chief Financial Officer shall ensure that written instructions are produced on the general operation of all Trust Funds.
- 17.3.2 The Chief Financial Officer shall periodically review the funds in existence and shall make recommendations to the Trust's Board of Directors regarding the potential for rationalisation of such funds within statutory guidelines.

17.4 Incoming resources

- 17.4.1 All gifts accepted shall be received and held in the name of the Royal Devon and Exeter NHS Foundation Trust and administered in accordance with policy, subject to the terms of

specific trusts. As the Royal Devon and Exeter NHS Foundation Trust can accept gifts only for any purposes relating to the Health Service, officers shall, in cases of doubt, consult the Chief Financial Officer before accepting any gifts. Advice to the Trust's Board of Directors on the financial implications of fund-raising activities by outside bodies or organisations shall be given by the Chief Financial Officer.

17.4.2 In respect of **Donations**, the Chief Financial Officer shall:

- (a) ensure guidelines are provided to officers of the Trust as to how to proceed when offered funds. The guidelines are to include:
 - (i) the identification of the donor's intentions;
 - (ii) where possible, the avoidance of new funds;
 - (iii) the avoidance of impossible, undesirable or administratively difficult objects;
 - (iv) sources of immediate further advice;
 - (v) treatment of offers of personal gifts; and
- (b) ensure that secure and appropriate receipting arrangements are in place that will indicate that funds have been accepted directly into the Royal Devon and Exeter NHS Foundation Trust General Charity and that the donor's intentions have been noted and accepted.

17.4.3 All gifts, donations and proceeds of fund-raising activities which are intended for the Charity's use shall be paid in to the General Office, to be banked and credited to the fund.

17.4.4 In respect of **Legacies and Bequests**, the Chief Financial Officer shall:

- (a) provide guidelines to officers of the Trust covering any approach regarding:
 - (i) the wording of wills;
 - (ii) the receipt of funds / other assets from executors;
- (b) be the Trust's nominee in order to obtain a legacy due to the Trust and shall where necessary, obtain grant of probate, or make application for grant of letters of administration, where the Trust is the beneficiary;
- (c) be empowered, on behalf of the Trust, to negotiate arrangements regarding the administration of a will with executors and to discharge them from their duty; and
- (d) be directly responsible for the appropriate treatment of all legacies and bequests.

17.4.5 The Chief Financial Officer shall be kept informed of all enquiries regarding legacies and shall keep an appropriate record. All correspondence concerning a legacy shall be dealt with on behalf of the Trust by the Chief Financial Officer who shall be empowered to give an executor or other personal representative a good discharge.

17.4.6 In respect of **Fundraising**, the Chief Financial Officer shall:

- (a) deal with all arrangements for fundraising by and / or on behalf of the Trust and ensure compliance with all statutes and regulations.
- (b) Shall be required to advise the Trust's Board of Directors on the financial implication of any proposal for fund-raising activities which the Trust may initiate, sponsor or approve;

- (b) be empowered to liaise with other organisations / persons raising funds for the Trust and shall approve the proposed arrangements for raising funds and remitting funds raised to the Trust. The Chief Financial Officer shall give approval for such fund-raising subject to the overriding direction of the Trust's Board of Directors;
- (c) be responsible for alerting the Trust's Board of Directors to any irregularities regarding the use of the Trust's name or its registration numbers; and
- (d) be responsible for the appropriate treatment of all funds received from this source.

17.4.7 In respect of **Trading Income**, the Chief Financial Officer shall:

- (a) be responsible for any trading undertaken by the Trust as Corporate Trustee; and
- (b) be responsible for the appropriate treatment of all funds received from this source.

17.4.8. In respect of **Investment Income** the Chief Financial Officer shall be responsible for the appropriate treatment of all dividends, interest and other receipts from this source (see SFI 17.5 below).

17.5 Investment management

17.5.1 The Chief Financial Officer shall be responsible for all aspects of the management of the investment of funds held on trust; such investments shall be invested in accordance with the Charity's Investment policy and subject to statutory requirements. The issues on which they shall be required to provide advice to the Trust's Board of Directors shall include:

- (a) the formulation of investment policy within the powers of the Charity under statute and within governing instruments to meet its requirements with regard to income generation and the enhancement of capital value;
- (b) the appointment of advisers, brokers, and, where appropriate, fund managers and:
 - (i) the Chief Financial Officer shall recommend the terms of such appointments to the Corporate Trustee; and for which
 - (ii) written agreements shall be signed by the Chief Executive.;
- (c) the participation by the Charity in common investment funds and the agreement of terms of entry and withdrawal from such funds;
- (d) that the use of Charity assets shall be appropriately authorised in writing and charges raised within policy guidelines;
- (e) the review of the performance of brokers and fund managers; and
- (f) the reporting of investment performance.

17.5.2 All share and stock certificates and property deeds shall be deposited either with the bankers or investment managers acting on behalf of the Trustee or in a safe, or a compartment within a safe, to which only the designated responsible officers shall have access.

17.6 Banking services

17.6.1 The Chief Financial Officer shall advise the Trust's Board of Directors and, with its approval, shall ensure that appropriate banking services are available to the Charity. These bank accounts should permit the separate identification of liquid funds to each trust where this is deemed necessary by the Charity Commission.

17.7 Asset management

- 17.7.1 Assets in the ownership of or used by the Charity, shall be maintained along with the general estate and inventory of assets of the Trust. The Chief Financial Officer shall ensure:
- (a) that appropriate records of all assets owned by the Trust as Corporate Trustee are maintained, and that all assets, at agreed valuations, are brought to account;
 - (b) that appropriate measures are taken to protect and / or to replace assets;
 - (c) that donated assets received are accounted for appropriately; and
 - (d) that all assets acquired from Charitable Funds which are intended to be retained within the Charity funds are appropriately accounted for.

17.8 Reporting

- 17.8.1 The Chief Financial Officer shall ensure that reports are made at least annually to the Trust's Board of Directors with regard to the receipt of funds, investments and the disposition of resources.
- 17.8.2 The Chief Financial Officer shall prepare annual accounts in the required manner which shall be submitted to the Corporate Trustee within agreed timescales.
- 17.8.3 The Chief Financial Officer shall arrange for an Annual Report and Accounts to be prepared and the required returns to be submitted to the Charity Commission.

17.9 Accounting and audit

- 17.9.1 The Chief Financial Officer shall maintain all financial records to enable the production of reports as above and to the satisfaction of internal and external audit.
- 17.9.2 The Chief Financial Officer shall ensure that the records, accounts and returns receive adequate scrutiny by internal audit during the year and will liaise with external audit and provide them with all necessary information.
- 17.9.3 The Trust's Board of Directors shall be advised by the Chief Financial Officer on the outcome of the annual audit. The Chief Executive shall submit the Management Letter to the Corporate Trustee.

17.10 Administrative costs

- 17.10.1 The Chief Financial Officer shall identify all administrative costs incurred by the Trust on behalf of the Charity and, in agreement with the Trust's Board of Directors, shall charge such costs to the appropriate charitable funds.

17.11 Taxation and excise duty

- 17.11.1 The Chief Financial Officer shall ensure that the Charity's liability to taxation and excise duty is managed appropriately, taking full advantage of available concessions, through the maintenance of appropriate records, the preparation and submission of the required returns and the recovery of deductions at source.

18. RETENTION OF DOCUMENTS

- 18.1 The Chief Executive is responsible for ensuring that a proper system is in place for maintaining archives for all documents required to be retained in accordance with Department of Health and Social Care Guidelines.

- 18.2 The documents held in archives shall be capable of retrieval by authorised persons.
- 18.3 Records held in accordance with the latest Department of Health and Social Care Guidance shall only be destroyed at the express instigation of the Chief Executive. Details shall be maintained of the documents so destroyed.

19. RISK MANAGEMENT AND INSURANCE

19.1 Programme of risk management

- 19.1.1 The Chief Executive is responsible for ensuring that a proper system is in place to ensure that the Trust has a programme of Risk Management which will be approved and monitored by the Trust's Board of Directors.
- 19.1.2 The programme of risk management shall include:
- a) a process for identifying and quantifying risks and potential liabilities;
 - b) engendering among all levels of staff a positive attitude towards the control of risk;
 - c) management processes to ensure all significant risks and potential liabilities are addressed including effective systems of internal control, effective insurance cover, and decisions on an acceptable level of risk;
 - d) contingency plans to offset the impact of adverse events;
 - e) audit arrangements including: internal audit; clinical audit; health and safety review; and
 - f) arrangements to review the risk management programme.

The existence, integration and evaluation of the above elements will provide a basis to make a statement on the effectiveness of Internal Financial Control within the Annual Report and Accounts as required by NHSE&I.

19.2 Insurance arrangements

- 19.2.1 The Chief Financial Officer shall ensure that insurance arrangements exist in accordance with the risk management programme.
- 19.2.2 The Chief Financial Officer shall be informed of any insurance cover to be effected on behalf of the Trust and of any negotiations concerning insurance claims.
- 19.2.3 The Chief Financial Officer shall be notified of all new risks, properties, vehicles, and other assets which require to be insured and of any alterations affecting insurances.
- 19.2.4 The Chief Financial Officer shall be notified immediately in writing of any loss, liability or damage or any event likely to lead to a claim.
- 19.2.5 At, or before, the beginning of each financial year the Chief Financial Officer will consider and approve the insurance and risk management arrangements for the Trust.

20. OPERATION OF SHARED SERVICES ON BEHALF OF OTHER NHS BODIES

- 20.1 Royal Devon & Exeter NHS Foundation Trust staff may operate shared service functions on behalf of other NHS Bodies.
- 20.2 Where the Royal Devon & Exeter NHS Foundation Trust operates shared services these will be subject to the normal audit requirements as set out in Standing Financial Instructions.
- 20.3 Where the Royal Devon & Exeter NHS Foundation Trust operates shared financial services then the Standing Orders and SFIs of the customer organisation will apply.
- 20.4 Determination of which SFI / SO / SoD applies to staff at shared service in any particular instance will be determined by the Chief Financial Officer of the Royal Devon & Exeter NHS Foundation Trust.
- 20.5 Where the above SFIs are found to be inconsistent with the operational needs of a shared service the Chief Financial Officer of the Royal Devon & Exeter NHS Foundation Trust will formally approve the amendments and report the change to the Trust's Board of Directors at the earliest opportunity.

Section 2 – Scheme of Delegation

21. INTRODUCTION

21.1 General

21.1.1 Subject to any directions to the contrary by NHSE&I or the Trust itself, the Trust may make arrangements for the exercise of any of its functions, by a Committee, Sub-Committee or Joint Committee with another corporate body, or by an officer of the Trust. The Code of Governance also requires that there should be a formal schedule of matters specifically reserved to the Trust's Board of Directors.

21.1.2 The purpose of this document is to provide details of the powers reserved to the Trust's Board of Directors – generally matters for which it is held accountable to NHSE&I, while at the same time delegating to the appropriate level the detailed application of Trust policies and procedures. However, the Trust's Board of Directors remains accountable for all of its functions; even those delegated to the Chairman, individual directors or officers and would therefore expect to receive information about the exercise of delegated functions to enable it to maintain a monitoring role.

21.2 Role of the Chief Executive

21.2.1 All powers of the Trust which have not been retained as reserved by the Trust's Board of Directors or delegated to an executive committee or sub-committee shall be exercised on behalf of the Trust's Board of Directors by the Chief Executive. The Chief Executive shall prepare a Scheme of Delegation identifying which functions they shall perform personally and which functions have been delegated to other directors and officers.

21.2.2 All powers delegated by the Chief Executive can be re-assumed by them should the need arise. As Accountable Officer the Chief Executive is accountable to Parliament for the funds entrusted to the Trust.

21.3 Caution over the use of delegated powers

21.3.1 Powers are delegated to directors and officers on the understanding that they would not exercise delegated powers in a manner which in their judgement was likely to be a cause for public concern.

21.4 Directors' ability to delegate their own delegated powers

21.4.1 The Scheme of Delegation shows only the "top level" of delegation within the Trust. The Scheme of Delegation is to be used in conjunction with the system of budgetary control and other established procedures within the Trust.

21.5 Absence of Directors or Officer to whom powers have been delegated

21.5.1 In the absence of a director or officer to whom powers have been delegated those powers shall be exercised by that director's or officer's nominated deputies unless alternative arrangements have been approved by the Trust's Board of Directors. If the Chief Executive is absent powers delegated to them will be designated to a nominated Executive Director or in their absence the Chairman.

22 MATTERS RESERVED FOR THE TRUST'S BOARD OF DIRECTORS

22.1 Introduction

22.1.1 In any effective organisation a degree of delegation will be required, as it is impossible for the Trust's Board of Directors to have a hands-on involvement in every area of the organisation's business. There are a number of matters which must be considered and / or decided upon by the Trust's Board of Directors. Appendix 1 lists those "Matters Reserved for the Trust's Board of Directors" which require the Trust's Board of Directors' specific consideration, approval or agreement.

These will, in general terms, include matters concerning:

- Values and standards;
- Strategic direction and aims;
- Investment planning;
- Performance management;
- Capital planning and major contracts;
- Financial planning and borrowing;
- Policies affecting the Trust, patients and staff as a whole;
- Internal control and risk management oversight; and
- Statutory reporting requirements.

22.1.2 NHSE&I's code of Governance and compliance Framework provide more advice on the level of Board involvement to be expected but stops short of suggesting those specific matters which must be approved by the board. The Trust's Board of Directors has approved the Scheme of Delegation document, which includes the Matters Reserved for the Board (Appendix 1) and the Scheme of Delegations (Appendices 2 and 3).

22.2 Interface with the Council of Governors

22.2.1 As stated in the constitution the responsibility for the operational and financial management of the Trust on a day-to-day basis rests with the Trust's Board of Directors, and all the powers of the Trust are vested in them.

The specific responsibilities of the governors are to:

- Appoint/remove the Chairman and Non-executive Directors;
- Approve the appointment of the Chief Executive; and
- Appoint the Trust's Auditors.

They must also:

- Be presented with the annual report and accounts; and
- Receive a briefing on the annual plan, and progress against the plan.

23 DELEGATION OF POWERS

23.1 Delegation to Committees

The Trust's Board of Directors may determine that certain of its powers shall be exercised by Standing Committees. The composition and terms of reference of such committees shall be that determined by the Trust's Board of Directors from time to time taking into account where necessary the requirements of NHSE&I. The Trust's Board of Directors shall determine the reporting requirements in respect of these committees. In accordance with SO 4.1 committees may not delegate executive powers to sub-committees unless expressly authorised by the Trust's Board of Directors.

Where any conflict arises with the Trust's Constitution, the requirements of the Constitution will always take precedence over the instructions contained in this document.

23.2 Scheme of Delegation to Officers

Standing Orders and Standing Financial Instructions set out the financial responsibilities of the Chief Executive, the Chief Financial Officer and other directors in some detail.

This Scheme of Delegation covers only matters delegated to the Trust's Board of Directors and certain other specific matters referred to in the SFIs. Each director is responsible for the delegation within his / her directorate.

The Scheme of Delegation including financial limits is given in Appendix 2.

APPENDIX 1 - MATTERS RESERVED FOR THE BOARD

Matters reserved for the Trust's Board of Directors – Strategy

The Trust's Board of Directors has agreed that its consideration or approval is required for any of the following:

- 1) Strategic aims and directions (after consultation with Council of Governors);
DF or Head of
- 2) Capital plan to implement the strategic directions;
Internal Audit
All business cases that would increase existing capital and / or revenue costs by £2m or more (capital cost + full year revenue cost + Non-Recurring revenue cost) PLUS Business
- 3) cases lower than £2m where delegated budget is not sufficient.
- 4) Annual Plan submission to NHSE&I;
- 5) Borrowing requirements of any sort;
Any proposal to cease the provision of commissioner requested services, or education and
- 6) training as listed in Schedules 2 and 3 of the terms of authorisation;
Disposal of any of any of the Trust's Land and Buildings and any other fixed assets with a
- 7) market value greater than £1m;
Investment in equities or commercial (or other) organisations (in line with the Treasury
- 8) Management policy); and
- 9) Changes to the Trust's Board of Directors structure.

Matters reserved for the Trust's Board of Directors – Oversight, Control and Assurance

The Trust's Board of Directors has agreed that its consideration or approval is required for any of the following:

- Annual Report, including the Quality Report, Annual Accounts, and Summary Financial
- 1) Statements;
- 2) Quarterly Board Assurance Framework report;
- 3) Proposed amendments to the Terms of Authorisation;
- 4) Trust Standing Orders and amendments thereto, or suspension thereof;
- 5) Establishment of, and terms of reference for, Board committees;
- 6) Continuous appraisal of the Trust's financial and operational performance;
- 7) Standing Financial Instructions and amendments thereto;
- 8) Annual review of Directors' Notifications of Interest;
CN or
Operations
Director
- 9) Expenditure in excess of the financial limits in the Scheme of Delegation;
CN or
Operations
Director
- 10) Appropriate external and internal audit arrangements are in place (via
the Audit Committee);
CN or
Operations
Director
- 11) Continuation in office of any director, including the suspension or
termination of an executive director's service as an employee;
CN or
Operations
Director
- 12) Annual review of (whole) Board effectiveness;
- 13) Any new notification of interest by a director since the last annual review;
- 14) Appointment or removal of the Foundation Trust Secretary;

- 15 The schedules, 'Matters Reserved for the Trust's Board of Directors' and 'Scheme of Delegation';
- 16 The nomination and appointment of the Vice Chairman and Senior Independent Director for ratification of CoG.

Matters reserved for the Trust's Board of Directors – Operational

The Trust's Board of Directors has agreed that its consideration or approval is required for any of the following:

- 1) Breach, or possibility of breaching, of the Government's core healthcare targets;
- 2) Non-compliance with the Care Quality Commission's standards;
- 3) Litigation against, or on behalf of, the Trust; and
Serious untoward incidents (Trust Board to be notified but consideration / approval delegated to Governance Committee)
- 4)

Matters reserved for the Trust's Board of Directors – Other

The Trust's Board of Directors has agreed that its consideration or approval is required for the following:

- 1) Any matter which the Trust's Board of Directors considers significant to the organisation. CE and DF

Matters delegated to sub-committee's of the Trust's Board of Directors

- 1) See Separate Terms of Reference for individual sub-committee's CE and DF
Proposals for the write off of losses (where any proceeds are likely to be less than cost of recovery), or making of special payment that are above the limits of delegation to the
Chief Executive and Chief Financial Officer are delegated to the Audit Committee
- 2)

APPENDIX 2 - SCHEME OF DELEGATION

The following only apply to the operation of the Royal Devon University Healthcare NHS Foundation Trust and not to the Shared Services it operates on behalf of other NHS bodies. Any Shared Services User Board will agree the Scheme of Delegation shared services will operate under.

Delegated matters in respect of decisions which may have a far reaching effect must be reported to the Chief Executive. The delegation shown below is the lowest level to which authority is delegated. Delegation to lower level is only permitted with written approval of the Chief Executive who will, before authorising such delegation, consult with other Senior Officers as appropriate.

All items concerning Finance must be carried out in accordance with Standing Financial Instructions and Standing Orders.

DUTIES	Delegated to	Ref
Interpretation of SOs and SFIs and ensuring staff are aware of responsibility		
Final authority on interpretation of SOs and SFIs		
1) Final authority in interpretation of SOs.	CH	SO 1.4
2) Final authority in interpretation of SFIs.	CFO	SFI 1.1.4
Ensuring staff are aware of their responsibility under SFIs		
That existing employees and all new employees are notified of their responsibilities within SFIs.		
1)	CE/DCEO	SFI 1.1.5
Internal Audit, External Auditor and Counter Fraud		
Internal audit		
1) Provide independent and objective view on internal control.	AC	SFI 2.1.1
2) Review, appraise and report in accordance with SFIs.	Head of Internal Audit	SFI 2.3
Counter Fraud		
1) Carry out all work to counter fraud and corruption in accordance with service contracts.	CFO / DoOF	SFI 2.5
2) Investigate any suspected cases of irregularity not related to fraud or corruption and not covered by work to counter fraud and corruption.	CFO / DoOF / Head of Internal Audit	SFI 2.3.1 / 2.5.1
Cost effective external audit		
1) Ensure a cost-effective external audit.	AC	SFI 2.4.1

Budgets

Delegation of budgets, systems of control and submission of returns

1)	Formulating overall financial strategy and approval of budgets within overall forecast income.	Trust's Board of Directors	SFI 1.3.1 Budget Approval Flowchart
2)	Delegate budget (income, expenditure and workforce) to Divisions and Directorates.	Trust's Board of Directors DD and CDM (East) and Group Managers (North)	Budget Approval Flowchart
3)	Delegate budgets (income, expenditure and workforce) to clusters (East) and Groups (North) and budget holders.	Trust's Board of Directors	SFI 3.3
4)	Monitor performance against budget, submit to Trust's Board of Directors financial estimates and forecasts.	CFO	SFI 3.1
5)	Submit budgets to the Trust's Board of Directors.	CFO	SFI 3.3
6)	Devise and maintain systems of budgetary control	CFO	

Keeping expenditure within budget*

1)	The following groups / roles are responsible for ensuring that expenditure does not exceed the budget:		
a)	Central Reserves Budget	CFO	SFI 3.3.2
b)	Divisional / Corporate Budget	DD	SFI 3.3.2
c)	Capital Budget	OB	SFI 3.3.2
d)	Capital Equipment Replacement Budget and Estates Infrastructure Budget	OB **	SFI 3.3.2
e)	Capital Contingency Reserve	OB **	SFI 3.3.2
f)	Revenue Development Reserve	TDG	SFI 3.3.2
g)	Revenue Contingency Reserve (Scoreboard)	OB **	SFI 3.3.2
h)	Departmental Budget	Budget Holder	SFI 3.3.2

*

* DO and DoOF in exceptional circumstances

Budget Reports

1)	Responsible for the production, distribution and interpretation of Budget Reports	HMA & SDMA's (RDE) & HBS & Business Partners (NDHT)	SFI 3.3.1
----	---	---	-----------

Cost Improvement Programme

1)	Responsible for the design of the process to Identify and implement cost improvements and income generation initiatives in	CFO	SFI 3.1.2
----	--	-----	-----------

- accordance with the requirements of the Annual Business Plan.
Responsible for the delivery of the cost improvements and the income generation initiatives.
- 2) Joint CFO / COO SFI 3.1.6
- * Budget Approval System as detailed in Appendix 4

Payment of Invoices / Estates Quotes

Note: Expected to be limited volume of invoices requiring sign off as requisitions to be made through procurement systems

Limits for approval of budgeted expenditure, not incurred via the Procurement route, within Workflow

- | | | | | |
|----|----|---|--|------------|
| 1) | a) | Expenditure up to £20,000 | Authorised budget holders
ED or DD or | SFI 10.2.5 |
| | b) | Expenditure from £20,000 up to £90,000 | CM*
ADoF or DoOF
or CFO or | SFI 10.2.5 |
| | c) | Expenditure from £90,000 up to £2,000,000 | CE/DCEO | SFI 10.2.5 |
| | d) | Expenditure above £2,000,000 and a Business case signed off by Trust Board | DoOF or CFO | SFI 10.2.5 |
| | d) | Expenditure above £2,000,000 and business case NOT previously approved by Trust Board | Trust's Board of Directors | SFI 10.2.5 |

Estates Quotations - Limits to approve or request an Estates Quote SFI 10.2.5

- | | | | | |
|----|----|--|----|------------|
| 1) | a) | Request quotes up to £1,000 | CM | SFI 10.2.5 |
| | b) | Authorise quotes up to £500 | CM | SFI 10.2.5 |
| | c) | Request quotes over £1,000 | DD | SFI 10.2.5 |
| | d) | Authorise quotes over £500 up to £90,000 | DD | SFI 10.2.5 |

* DD may delegate to a Senior Manager by submitting a signed Agresso User Access/Authority form.

Revenue

Business Cases

Approval (signature) of Business cases (Note OB and TDG business cases can only be signed off within budgets delegated by the Trust Board)

Note Limits apply to additional cost above current cost relating to Capital + 1 year recurring cost plus non-recurring

- | | | | |
|---|---------------------------------------|--|------------------------------------|
| 1 | Additional revenue funding for cases: | | |
| | a) | Business cases up to £250,000 | OB * SFI 3.3 |
| | b) | Business cases between £250,000 and £2,000,000 | TDG* SFI 3.3 |
| | c) | Business cases over £2,000,000 | Trust's Board of Directors SFI 3.3 |

* CE / DCEO / CFO can approve in exceptional circumstances provided expenditure within Income and expenditure

plan set by Trust Board of Directors

- 2 Following approvals above all business cases over £50k initiate a double or triple lock process requiring organisational sign off, system sign off and NHSE sign off .
- | | | | |
|----|---------------------------------------|---------------|---------|
| | | ICB Executive | |
| a) | Business cases between £50k and £100k | Finance Group | SFI 3.3 |
| b) | Business cases over £100k | NHSEI | SFI 3.3 |

Note that for significant programmes of work, Programme Directors will be given delegation rights as per the relevant

Business case

Patient and non-patient income and charges

Ensuring robust systems for identifying income

- | | | | |
|----|---|-----|-----------|
| 1) | Ensure robust systems are in place for identifying income | CFO | SFI 6.1.1 |
|----|---|-----|-----------|

Patient Contracts, fees and charges

- | | | | |
|----|--|--------------------------|-----------|
| 1) | Negotiate contracts for the provision of services. | CE, DCEO or CFO | SFI 8.1.1 |
| 2) | Set the price of all contracts | CE, DCEO or CFO | SFI 8.1.1 |
| 3) | Sign contracts and variations. | CE, DCEO or CFO | SFI 8.2.1 |
| 4) | Set private patient fees | Private Patients Manager | SFI 6.2.2 |
| 5) | Set Overseas Visitors fees | Private Patients Manager | SFI 6.2.2 |

Non Patient Contracts, fees and charges for whole contract value*

- | | | | |
|----|---|----------------------------|-----------|
| 1) | Approve contracts and service specifications for non-patient services | | |
| a) | Income from £0 up to £90,000 | ADoF | SFI 6.2.2 |
| b) | Income from £90,000 up to £2,000,000 | DoOF, CFO , CE or DCEO | SFI 6.2.2 |
| c) | Income from £2,000,000 and Business case signed off by Trust Board | DoOF or CFO | SFI 6.2.2 |
| d) | Income from £2,000,000 and Business case Not previously signed off by Trust Board | Trust's Board of Directors | SFI 6.2.2 |

* Note When renewing contracts for the same company, only the incremental increase counts towards the limits

DUTIES	Delegated to	Ref
--------	--------------	-----

Bank accounts, borrowing, investments and petty cash

Responsibility for bank accounts

- | | | | |
|----|---|-----|-----------|
| 1) | Banking arrangements operated by Trust staff on behalf of other NHS bodies. | CFO | SFI 5.1.1 |
|----|---|-----|-----------|

Operations of bank accounts

1)	Open any bank account in the name of the Trust.	CFO Cash	SFI 5.3.2
2)	Transfer of funds between Trust bank accounts	Management Manager	SFI 5.3.1
3)	Investment of surplus funds (in line with Board mandate)	CFO or DoOF DoOF, ADoF,	SFI 11.2
4)	Adding of new signatories to bank accounts	HFS	SFI 5.3.1

Borrowing

1)	Advise Trust's Board of Directors on borrowing and investment needs and prepare procedural instructions.	CFO	SFI 11.1.1
2)	Authorising (signature) borrowing - approval rests with the Board of Directors	CFO	SFI 11.1.2

Operations of petty cash

1)	Reimbursements of:	Petty cash holder or authorised signatories	
a)	Expenditure up to £50 per item	Petty cash holder or authorised signatories	SFI 10.2.9
b)	Reimbursement of patients monies up to £100	Petty cash holder or authorised signatories	SFI 10.2.9
c)	Reimbursement of patients monies in excess of £100	Cash Management Manager	SFI 10.2.9

Granting, extension to and termination of land and property leases

Granting, extension to and termination of leases

1)	Letting of RDE premises to outside organisations	CE/DCEO or CFO	SFI 6.2
2)	Extensions to existing leases	CFO	SFI 6.2
3)	Approval of new leases based on professional assessment		
a)	Up to £250,000 for length of the lease	DoOF	SFI 6.2
b)	From £250,000 to £2,000,000 for the length of the lease	CFO	SFI 6.2
c)	From £2,000,000 for the length of the lease	Trust's Board of Directors	SFI 6.2
4)	Termination of leases	CE/DCEO or CFO	SFI 6.2

Staff accommodation leases

1)	Preparation and signature of all tenancy agreements / licences for all staff subject to Trust Policy on accommodation for all staff.	Deputy Head of Facilities	SFI 6.2
DUTIES		Delegated to	Ref
Procurement			
Thresholds for obtaining tendering and quotations			
Expenditure on Products and services available on Procurement catalogues			
	Quotations need not be obtained because procurement prices are compliant with SFI's	All staff	SFI 7.3.2
1)	Expenditure up to £1,000 At least one quotation but preferably two Note:- Quotations need not be obtained for building & engineering works & grounds and gardens up to £1,000	All staff	SFI 7.3.2
2)	a) Expenditure from £1,000 to £20,000 At least 3 competitive quotations; or	All Staff All staff Procurement Team and	SFI 7.3.2
	b) 1 or 2 competitive quotations (if not possible to obtain 3) if approved by the Procurement / Estates departments Note:- Quotations need not be obtained for building & engineering works & grounds and gardens up to £5,000	Estates Estates	SFI 7.3.2
3)	Expenditure greater than £20,000 and up to the National Threshold* At least 3 formal competitive quotations to be managed or overseen by the Procurement Dept or Estates	Procurement Team and Estates Department.	SFI 7.3.2
4)	Expenditure greater than the National Threshold* Formal Tender according to the Public Contract Regulations 2015 or its successor	Procurement Team and Estates Department.	SFI 7.3.2
*National Thresholds - As at January 1st 2022 these are £139,000 including VAT for goods and services and £5,330,000 including VAT for works and concessions, however are subject to change			
Waiving of requirement to tender and/or obtaining quotations			
1)	Expenditure up to £120,000	HP or ADoF	SFI 7.5 & 7.7
2)	Expenditure between £120,000 and £250,000	DoOF	SFI 7.5 & 7.7

3)	Expenditure from £250,000	CE/DCEO or CFO	SFI 7.5 & 7.7
----	---------------------------	----------------	---------------

DUTIES

Procurement continued

Delegated to Ref

Power to authorise the conclusion of contracts*

The value of a contract is the sum of all expenditure, excluding VAT, for the contract or contracts with the supplier since it was last chosen through competitive tendering.

1)	Up to £120,000	Procurement Managers HP or Head of Estates or	SFI 7.4.1
2)	Up to £500,000	ADoF	SFI 7.4.1
3)	Above £500,000 up to £2,000,000	DoOF or CFO	SFI 7.4.1
4)	Above £2,000,000 (awarded through the Trust or PPSA) and Business case previously signed off by Trust Board	DoOF or CFO	SFI 7.4.1
5)	Above £2,000,000 (awarded through the Trust or PPSA) and Business case NOT signed off by Trust Board	Trust's Board of Directors	SFI 7.4.1

Opening of non electronic tenders

1)	Acceptance of late tenders	CE/DCEO or delegated deputy Two authorised officers (approved by DoOF)	SFI 7.14
2)	Less than £250,000	CE/DCEO or CFO and one nominated officer	SFI 7.6.1
3)	From £250,000 up to £500,000	CE/DCEO or NED and two authorised officers.	SFI 7.6.1
4)	Greater than £500,000		SFI 7.6.1

Issuing and use of official orders

1)	Authorise who may use and be issued with official orders.	CE/DCEO	SFI 10.2.3
----	---	---------	------------

* Note When renewing contracts for the same company, only the incremental increase counts towards the limits

Personnel, recruitment, pay, time off in-lieu and leave

Recruitment - responsible for the process of:

1)	Approval of detailed contracts of employment and issue of same	CPO	SFI 9.5.1
----	--	-----	-----------

2)	Detailed interpretation and approval of recommendation levels for individuals/staff groups	CPO	SFI 9.3
3)	Requirement to set out a vacancy control process	CFO	SFI 9.3
Pay			
1)	Authority to authorise overtime	Budget holder	SFI 9.4
2)	Authority to authorise travel & subsistence expenses	Budget holder	SFI 9.4
3)	Authority to authorise waiting list initiatives < 3 months duration	Budget holder	SFI 9.4
4)	Authority to authorise emergency additional payments	CM	SFI 9.4
Leave			
1)	Annual leave		
	Calculation of leave entitlement on recruitment	Recruitment	SFI 9.3.2
a)	Calculation of annual leave entitlement	Line Manager	SFI 9.3.2
b)	Approval of leave requests	Line Manager	SFI 9.3.2
c)	Annual leave – approval to carry forward up to and including 5 days	Line Manager	SFI 9.3.2
d)	Annual leave – approval to carry forward greater than 5 days	DD / DBM /CM / CDM	SFI 9.3.2
e)		Delegated to	Ref
DUTIES			
Personnel, recruitment, pay, time off in-lieu and leave continued			
2)	Compassionate leave		
	Granting compassionate leave up to and including 3 days	Line Manager	SFI 9.3.2
a)	Granting compassionate leave up to and including 6 days	DD / DBM /CM / CDM	SFI 9.3.2
b)	Granting compassionate leave greater than 6 days	ED	SFI 9.3.2
c)	Granting special leave arrangements	ED	SFI 9.3.2
3)	Leave without pay	ED	SFI 9.3.2
4)		Application within guidance will be automatically approved by	
5)	Maternity Leave – paid and unpaid	Line Manager	SFI 9.3.2
6)	Medical Staff Leave of Absence (Paid and unpaid)		
	a) paid leave of absence	MD (East and North), CMO or CE/DCEO	SFI 9.3.2
	b) Unpaid leave of absence	MD (East and North), CMO or CE/DCEO	SFI 9.3.2

7)	Sick leave - extension of sick leave on full pay	CPO or authorised deputy	SFI 9.3.2
Time off in lieu			
1)	Granting time off in lieu	Line Manager	SFI 9.3.2
Study Leave			
1)	Approval of study leave		
	a) Study leave outside the UK	AMD	SFI 9.3.2
	b) Medical staff study leave within UK	AMD	SFI 9.3.2
		Head of Department / DD / DBM / CM / CDM	
	c) All other study leave within UK		SFI 9.3.2
Redundancy (potentially subject to regulator approval in addition to local authorisation - check up to date guidance)			
1)	Approval of redundancy up to £50,000	CPO	SFI 9.5.1
2)	Approval of redundancy more than £50,000	CPO and CFO Associate	SFI 9.5.1
3)	Approval of mutually agreed settlement agreements within contract terms	Director of People	SFI 9.5.1
4)	Approval of mutually agreed settlement agreements up to £20,000 above contract terms	CPO	SFI 9.5.1
5)	Approval of mutually agreed settlement agreements over £20,000 above contract terms	CFO or CE/DCEO	SFI 9.5.1
6)	Approval of tribunal settlements up to £10,000	CPO	SFI 9.5.1
7)	Approval of tribunal settlements over £10,000	CE/DCEO	SFI 9.5.1
Ill-health retirement			
1)	Pursue retirement on the grounds of ill-health	CPO	SFI 9.5.1
Dismissal			
1)	Dismissal of staff	Dismissing Officers	As per employment policies and operational briefs (blue book section 3)

Facilities for staff not employed by the Trust to gain practical experience

1)	Staff not employed by the Trust: Professional recognition, honorary contracts, and insurance of medical staff	DD	SFI 9.5
a)	Apprentices	DD	SFI 9.5
b)	Work experience students	DD	SFI 9.5
c)			

DUTIES Delegated to Ref

Capital

Responsible for systems of control for:

1)	Capital investment programme.	CE/DCEO	SFI 12.1.1
2)	Ensuring a system exists for the maintenance of registers of assets.	CFO	SFI 12.3.1
3)	Overall responsibility for security of fixed assets.	CE/DCEO	SFI 12.4.1
4)	Responsibility for security of Trust assets including notifying discrepancies to CFO and reporting losses in accordance with Trust procedure.	All staff	SFI 12.4.5

Approval of capital expenditure:

1)	Overall capital Budget (includes replacement, developmental, contingency, estates infrastructure).	Trust's Board of Directors	SFI 12.1.1
2)	Capital Equipment Replacement Budget and Estates infrastructure Budget, within budgets approved by the Trust Board of Directors.	OB **	SFI 12.1.1
3)	Capital Contingency Reserve, within budget approved by the Trust Board of Directors	OB **	SFI 12.1.1

*

* DCOO and DoOF in exceptional circumstances

Capital business cases

Authorisation (signature) of Capital Business Cases / CRICS & additional funding requests:

Note Limits apply to additional cost above current cost

Included on capital plan:

1)	Authorising (signature) Business cases / CRICs approved on the Capital Plan:		
a)	Schemes on Capital Plan and within budget	ADoF or HFS	SFI 12.1.5
b)	Schemes on Capital Plan and less than £5k over budget	ADoF or HFS	SFI 12.1.6
b)	Schemes on Capital Plan and more than £5,000 above budget.	OB #	SFI 12.1.5
c)	All schemes combined capital and 1 year of recurring revenue and non-recurring costs	Trust's Board of Directors	SFI 12.1.5

that are greater than £2m increased expenditure compared to existing levels.

Not included on plan:

- | | | | |
|----|---|----------------------------|------------|
| 1) | Authorising (signature) CRICs approved not included within Capital Plan: Capital replacement requests (to delegated limit) | OB # | SFI 12.1.5 |
| a) | Developmental capital schemes within delegated budgets | OB # | SFI 12.1.5 |
| b) | All schemes combined capital and 1 year of recurring revenue and non-recurring costs that are greater than £2m increased expenditure compared to existing levels. | Trust's Board of Directors | SFI 12.1.5 |
| c) | | | |
| # | DO and DoOF in exceptional circumstances | | |

Post Project Evaluation (PPE) Revenue and Capital Business Cases
PPEs are required to be produced for business cases that meet the following financial thresholds:

All schemes combined capital and 1 year of recurring revenue and non-recurring costs that are greater than £2m increased expenditure compared to existing levels. To be prepared 12 months after implementation	DD and CDM	
	Trust's Board of Directors	SFI 12.1.4

DUTIES

Management and Control of Stocks
Systems of control

- | | | | |
|----|---|---|------------|
| 1) | Responsible for systems of control over stores and receipt including stock control. | Delegated to | Ref |
| 2) | Identify persons authorised to requisition and accept goods from Trust stores. | CFO
Deputy
Director of
Estates and
Facilities | SFI 13.2.2 |

Management and Control of Stocks

- | | | | |
|----|--|--|----------|
| 1) | Responsible for the management and control of: | | |
| a) | Catering stock | Deputy
Director of
Estates and
Facilities | SFI 13.2 |
| b) | Laundry stock | Deputy
Director of
Estates and
Facilities | SFI 13.2 |
| c) | Pharmacy stock | Chief
Pharmacist | SFI 13.2 |

d)	Theatre, ward stocks, cardiology, x-ray, wheelchairs and clinical consumables	DD Deputy Director of Estates and Facilities	SFI 13.2
e)	Ward top up stocks	Head of Estates	SFI 13.2
f)	Estates stocks	Deputy Director of Estates and Facilities	SFI 13.2
g)	Fuel stocks		SFI 13.2
DUTIES		Delegated to	Ref
Losses, Special Payments and write-offs			
Systems of control			
Ensure procedures are prepared for recording and accounting for losses and special payments and informing NHS Executive of all frauds and informing police in cases of suspected arson or theft.			
1)		CFO	SFI 14.2.2
Losses and Cash due to theft, fraud, overpayment & others:			
1)	Up to £1,000	ADoF or HFS	SFI 14.2.11
2)	From, £1,000 up to £5,000	DoOF	SFI 14.2.11
3)	From £5,000 up to £50,000	CE/DCEO or CFO	SFI 14.2.11
4)	Greater than £50,000	Trust's Board of Directors	SFI 14.2.11
Fruitless Payments (including abandoned Capital Schemes			
1)	Up to £1,000	CFO or DoOF CE/DCEO or	SFI 14.2.11
2)	From £5,000 up to £50,000	CFO	SFI 14.2.11
3)	Greater than £50,000	Trust's Board of Directors	SFI 14.2.11
Bad Debts and claims abandoned: Private Patients, Overseas visitors & Other			
1)	Up to £1,000	ADoF or HFS	SFI 14.2.11
2)	From, £1,000 up to £5,000	DoOF	SFI 14.2.11
3)	From £5,000 up to £50,000	CE/DCEO or CFO	SFI 14.2.11
4)	Greater than £50,000	Trust's Board of Directors	SFI 14.2.11
Damage to buildings, fittings, furniture and equipment and loss of equipment and property in stores			
1)	Up to £1,000	CFO or DoOF	SFI 14.2.11

2)	From £1,000 up to £50,000	CE/DCEO and CFO or DoOF	SFI 14.2.11
3)	Greater than £50,000	Trust's Board of Directors	SFI 14.2.11
Compensation payments made under legal obligation			
1)	Up to £1,000,000 including Claimant's costs	CE/DCEO and CFO (Joint Approval)	SFI 14.2.11
2)	Greater than £1,000,000 including Claimant's costs	Trust's Board of Directors	SFI 14.2.11
Extra Contractual payments to contractors			
1)	Up to £1,000	CFO or DoOF	SFI 14.2.11
2)	From £1,000 up to £50,000	CE/DCEO or CFO or DoOF	SFI 14.2.11
3)	Greater than £50,000	Trust's Board of Directors	SFI 14.2.11
Ex-gratia payments to patients and staff for loss of personal effects			
1)	Up to £100	Patient Services Manager or HFS	SFI 14.2.11
2)	From £100 up to £1,000	HFS or ADoF or DoOF	SFI 14.2.11
3)	From £1,000 up to £50,000	CE/DCEO and CFO or DoOF	SFI 14.2.11
4)	Greater than £50,000	Trust's Board of Directors	SFI 14.2.11
For personal injury claims			
1)	Up to £10,000		SFI 14.2.11
a)	Category 7 checklist for claims handled in conjunction with NHSLA authorised by	CE/DCEO or CFO	SFI 14.2.11
b)	Authorisation of payment of claims to individuals	Trust Solicitor or Assistant Trust Solicitor	SFI 14.2.11
2)	Greater than £10,000	Trust's Board of Directors	SFI 14.2.11
DUTIES			
Disposal of Trust Assets			
Authority for the disposal of Trust Assets			
1)	Land & Buildings	Matter reserved for the Board	
2)	Disposal of plant and equipment		
a)	Net Book Value up to £15,000	DD and Trust Disposals Officer	SFI 14.1

	b)	Net Book Value from £15,000 to £250,000	DD and DoOF	SFI 14.1
	c)	Net Book Value from £250,000 up to £1,000,000	DD and CFO	SFI 14.1
	d)	Net Book Value from £1,000,000	Trust's Board of Directors	SFI 14.1
Charitable Funds				
Overall responsibility for Charitable Funds				
		Ensure each Charitable Fund is managed appropriately (subject to the discretion and approval of the Charitable Funds Committee if applicable).		
	1)		CFO	SFI 17.1.1
Expenditure on Charitable and Endowment Funds (Subject to available funds)				
	1)	General and special purpose funds up to £15,000	Fund Holder	SFI 17.2.2
	2)	General and special purpose funds £15,000 to £100,000	Fund Holder and CFO	SFI 17.2.2
	3)	General and special purpose funds greater than £100,000	Corporate Trustee or Charity Sub-Committee	SFI 17.2.2
Approval of Fundraising				
	1)	Approval of fundraising up to £500k	Fundraising Manager	SFI 17.4.6
	2)	Approval of fundraising up to £500k	DCEO	SFI 17.4.6
Discharge of legacies				
	1)	Empowered to give an executor or other personal representative a good discharge in respect of legacies	CFO or DoOF or ADoF or HFS	SFI 17.4.4
Investments				
	1)	Authorised to place investments subject to recommendations from Investment Manager and within Ethical and Risk Policies	Corporate Trustee or CFO	SFI 17.5
DUTIES				
Trust's Board of Directors & Corporate Governance				
	1)	Set remuneration and terms of service of executive directors and very senior management.	RC	SFI 9.1
	2)	Establish a risk management programme.	CE/DCEO	SFI 19.1.1

	RC function as defined in their terms of reference (which are to be approved by the Trust's Board of Directors)	RC	SFI 9.1
3)			
5)	Calling meetings.	CH	SO 3.1
6)	Establish Board's Register of Interests	CE/DCEO or Trust Secretary	SO 3.16
7)	Establish register of Interests for Staff Maintenance of good governance across the Trust in accordance with the terms of reference (which are to be approved by the Trust's Board of Directors)	CE/DCEO or Trust Secretary	SO 6.3
8)	Keep seal in safe place and maintain a register of sealing.	Governance Committee	SO 4.1
9)		CE/DCEO and CFO	SO 5.1 & 5.3
10)	Sealing of documents.	Two members of the Board of Directors	SO 5.2
11)	Approve and sign all documents which will be necessary in legal proceedings.	ED	SO 7.6
12)	Sign on behalf of the Trust any agreement or document not requested to be executed as a deed.	CE/DCEO or nominated OffiCE/DCEOrs	SO 7.6

DUTIES

Miscellaneous

Reporting of Incidents to the Police

1)	Reporting to police in cases where:		
	a) a criminal offence is suspected	All staff	
	b) fraud is suspected	CFO or DoOF	SFI 14.2.2

Contact with the Press

1)	All enquires:		
	a) Within hours	CE/DCEO, ED, Head of Corporate Affairs or Communications OffiCE/DCEOr	
	b) Outside of hours	On Call Director	

Receipt of hospitality

1)	Declare all individual and collective hospitality or gifts in excess of £25 in Trust's Hospitality Register	All staff	SFI 10.2.7
----	---	-----------	------------

Engagement of the Trust's solicitors

1)	Engagement of the Trust's Solicitors	CE/DCEO or CFO or Trust Solicitor or CPO	
----	--------------------------------------	--	--

Patients and relatives complaints: investigation of and response

1)	Complaint (Non-Medico)		
----	------------------------	--	--

	a)	Initial investigation	DD coordinated by Complaints Lead, Final sign off by CNO or CMO
2)	b)	Final response to complaint Medico – Legal Complaints Coordination of their management	CE/DCEO Trust Solicitor or Assistant Trust Solicitor

Patients and relatives complaints: authority to approve settlement

1)		Complaint settlement	
	a)	Settlement up to £500	Complaints Lead
	b)	Settlement from £500 to £5,000	Trust Solicitor and CFO or DoOF Trust Solicitor and CFO and CE/DCEO
	c)	Settlement from £5,000 to £50,000	CE/DCEO
	d)	Settlement from £50,000	Trust's Board of Directors

Financial Polices and Procedures

		Responsible for implementing the Trust's financial policies and coordinating corrective action and ensuring detailed financial procedures and systems are prepared and documented.	CFO	SFI 1.3.5
1)		Form and adequacy of financial records of all departments and the Shared Financial Services operated by RD&E staff on behalf of other NHS Bodies.	CFO	SFI 1.3.9
		Responsible for security of the Trust's property, avoiding loss, exercising economy and efficiency in using resources and conforming to Standing Orders, Standing Financial Instructions and financial procedures.	All Directors and employees	SFI 1.3.6
3)		Procedures for the management of capital stage payments.	CFO	SFI 12.1.3
4)		Ensure adequate insurance arrangements are in place	CFO	SFI 19.2.1
5)				

DUTIES

Miscellaneous continued

Delegated to Ref

Submitting monthly financial returns to NHSE&I

1)		Submitting financial returns to NHSE&I.	CE/DCEO or CFO	SFI 3.6
2)		Prepare, certify and submit financial returns.	CE/DCEO or CFO or DoOF	SFI 4.2

Building and engineering contracts

- | | | | |
|----|--|--|-------------|
| 1) | Ensure that SOs and SFIs are compatible with best practice regarding building and engineering contracts. | CE/DCEO
Head of Estates or Director of Estates and Facilities | SFI 10.2.11 |
| 2) | Technical audit of building and engineering contracts. | Director of Estates and Facilities | SFI 10.2.8 |
| 3) | Financial control and audit of building and engineering contracts. | CFO | SFI 10.2.8 |

Audit Committee

- | | | | |
|----|---|------|---------|
| 1) | Ensure that the Chief Financial Officer's responsibilities in respect of the Audit Committee are met. | DoOF | SFI 2.1 |
|----|---|------|---------|

Approval of Trust policies

- | | | | |
|----|---------------------------------|--|--|
| 1) | The approval of Trust policies. | Reporting Groups as agreed and included within the Policy for the Development, Ratification and Management of Procedural Documents | |
|----|---------------------------------|--|--|

Ensuring patients and guardians are informed about patients' money and property procedures

- | | | | |
|----|--|---------|------------|
| 1) | Responsible for ensuring patients and guardians are informed about patients' money and property procedures on admission. | CE/DCEO | SFI 16.1.1 |
|----|--|---------|------------|

Accuracy and security of computerised financial data

- | | | | |
|----|---|-----|------------|
| 1) | Responsible for accuracy and security of computerised financial data. | CFO | SFI 15.1.2 |
|----|---|-----|------------|

Appendix 2 Scheme of Delegation - Limits for approval of COVID-19 revenue expenditure (including VAT)

Limits for approval of COVID-19 revenue expenditure (including VAT)

Expenditure up to £15,000	Decisions delegated to Chairs of Sub Groups/ Head of Site Management and to be reported weekly to Gold Command for transparency
Expenditure from £15,000 up to £90,000	Decisions delegated to one of Chief Medical Officer (CMO), Chief Operating Officer (COO), Chief Nursing Officer (CNO) or Deputising Chair and to be reported weekly to Gold Command
Expenditure from £90,000 up to £2,000,000	Decisions reserved to Chief Executive Officer (CEO), Deputy Chief Executive Officer (DCFO), Chief Finance Officer (CFO) or (Director of Operational Finance (DoOF) with approval required from Gold Command beforehand
Expenditure from £2,000,000	Trust's Board of Directors

Appendix 2 Scheme of Delegation - Mass Vaccination Scheme of delegation

1.1. The Large Scale Vaccination Division should obtain prior agreement before committing any exceptional financial costs in accordance with the table below. Providers will be reimbursed for actual, reasonable, incremental costs, in accordance with the most current directives from NHSEI and the South West Regional Operations Centre. Within the Trust the following delegated limits apply –

Decision	Revenue/Capital Commitments	Single Source Waiver required
Trust Board	>£2m	RD&E Head of Procurement or Deputy
RD&E CFO (or nominated deputy)	£90k - £2m	RD&E Head of Procurement or Deputy
Medical Director (Senior Responsible Officer)	£15k - £90k	RD&E Head of Procurement or Deputy
Mass Vaccination Programme Leads	<£15k	Not required

Appendix 2 - Scheme of Delegation Abbreviations

Full title	Abbreviation
Audit Committee	AC
Assistant Medical Director	AMD
Corporate Directorate Manager	CDM
Chief Executive	CE
Chief Financial Officer	CFO
Chief Medical Officer	CMO
Chairman	CH
Cluster Managers	CM
Chief Nursing Officer	CNO
Chief Operating Officer	COO
Deputy Chief Executive Officer	DCEO
Divisional Business Manager	DBM
Director of Operations	DO
Divisional Director	DD
Directors of Operational Finance (East & North)	DoOF
Chief People Officer	CPO
Executive Director	ED
Head of Business Support	HBS
Head of Financial Services and Planning	HFS
Associate Director of Finance (Operational Finance & Procurement) or (Strategic)	ADoF
Head of Management Accounts	HMA
Head of Procurement	HP
Medical Director (East & North)	MD
Non-Executive Director	NED
Operations Board	OB
Remuneration Committee	RC
Joint Development Group	JDG

APPENDIX 3 - SCHEME OF DELEGATION REQUIRED BY LEGISLATION OR OTHER

Certain matters needing to be covered in the scheme of delegation are not covered by SFIs or SOs, or they do not specify the responsible officer. These are:

OVERALL RESPONSIBILITY	AREA OF RESPONSIBILITY
Chief People Officer	Health and Safety arrangements
Chief Medical Officer	Data Protection Act requirements
Chief Medical Officer	Freedom of Information Act requirements
Chief Medical Officer	Caldicott Guardian