

HARROGATE AND DISTRICT NHS FOUNDATION TRUST SCHEME OF RESERVATION AND DELEGATION

REFERENCE (Where applicable)		DECISIONS RESERVED TO THE BOARD
NA	THE BOARD	<p>General Enabling Provision</p> <p>The Board may determine any matter, for which it has delegated or statutory authority, it wishes in full session within its statutory powers.</p>
NA	THE BOARD	<p>Regulations and Control</p> <ol style="list-style-type: none"> 1. Approve Standing Orders (SOs), a schedule of matters reserved to the Board and Standing Financial Instructions for the regulation of its proceedings and business. 2. Suspend Standing Orders. 3. Vary or amend the Standing Orders. 4. Approve a scheme of delegation of powers from the Board to committees. 5. Require and receive the declarations of Directors' interests that may conflict with those of the Trust and determining the extent to which that Director may remain involved with the matter under consideration. 6. Require and receive the declaration of officers' interests that may conflict with those of the Trust.. 7. Adopt the organisation structures, processes and procedures to facilitate the discharge of business by the Trust and to agree modifications thereto. 8. Receive reports from committees including those that the Trust is required by the Secretary of State or other regulation to establish and to take appropriate action on. 9. Confirm the recommendations of the Trust's committees where the committees do not have executive powers. 10. Approve arrangements relating to the discharge of the Trust's responsibilities as a corporate trustee for charitable funds held on trust. 11. Establish terms of reference and reporting arrangements of all committees and sub-committees that are established by the Board. 12. Approve arrangements relating to the discharge of the Trust's responsibilities as a bailer for patients' property. 13. Authorise use of the seal. 14. Ratify or otherwise instances of failure to comply with Standing Orders brought to the Chief Executive's attention 15. Discipline members of the Board or employees who are in breach of statutory requirements or SOs.
NA	THE BOARD	<p>Appointments/ Dismissal</p>

REFERENCE (Where applicable)		DECISIONS RESERVED TO THE BOARD
		<ol style="list-style-type: none"> 1. Appoint and dismiss committees (and individual members) that are directly accountable to the Board. 2. Appoint, appraise, discipline and dismiss Executive Directors. 3. Confirm appointment of members of any committee of the Trust as representatives on outside bodies. 4. Approve proposals of the Remuneration Committee regarding Directors and senior employees and those of the Chief Executive for staff not covered by the Remuneration Committee.
NA	THE BOARD	<p>Strategy, Plans and Budgets</p> <ol style="list-style-type: none"> 1. Define the strategic aims and objectives of the Trust. 2. Approve proposals for ensuring quality and developing clinical governance in services provided by the Trust. 3. Approve the Trust's policies and procedures for the management of risk. 4. Approve Outline and Final Business Cases for Capital Investment. 5. Approve budgets. 6. Approve annually Trust's proposed organisational development proposals. 7. Ratify proposals for acquisition, disposal or change of use of land and/or buildings. 8. Approve PFI proposals. 9. Approve the opening of bank accounts. 10. Approve proposals for borrowing. 11. Approve proposals in individual cases for the write off of losses or making of special payments above the limits of delegation to the Chief Executive and Director of Finance (for losses and special payments) previously approved by the Board. 12. Approve proposals for action on litigation against or on behalf of the Trust.
NA	THE BOARD	<p>Policy Determination</p> <ol style="list-style-type: none"> 1. Approve management policies including personnel policies incorporating the arrangements for the appointment, removal and remuneration of staff.
NA	THE BOARD	<p>Audit</p> <ol style="list-style-type: none"> 1. Receive an annual report from the Internal Auditor and agree action on recommendations where appropriate of the Audit Committee.
NA	THE BOARD	<p>Monitoring</p> <ol style="list-style-type: none"> 1. Receive such reports as the Board sees fit from committees in respect of their exercise of powers delegated. 2. Continuous appraisal of the affairs of the Trust by means of the provision to the Board as the Board may require from directors, committees, and officers of the Trust as set out in management policy statements. All monitoring returns required by Monitor and the Charity Commission shall be reported, at least in summary, to the Board. 3. Receive reports from the Director of Finance on financial performance against budget and Local Delivery Plan.

DECISIONS/DUTIES DELEGATED BY THE BOARD TO COMMITTEES

REF	COMMITTEE	DECISIONS/DUTIES DELEGATED BY THE BOARD TO COMMITTEES
SFI 2.1	AUDIT COMMITTEE	<p>The Audit Committee will provide an independent and objective view of internal control by:</p> <ul style="list-style-type: none"> (a) reviewing the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the Trusts activities (both clinical and non-clinical) that supports the achievements of the Trusts objectives. (b) ensuring there is an effective internal audit function established by management that meets mandatory NHS Internal Audit Standards, liaises appropriately with external audit and provides appropriate, independent assurance to the Audit Committee, Chief Executive and Board. (c) reviewing the work and findings of the External Auditor appointed by the Council of Governors and considering the implications and management’s response to their work. (d) reviewing the findings of the other significant assurance functions both internal and external to the Trust and considering the implications to the governance of the organisation. (e) reviewing the Annual Report and Financial Statements before submission to the Board.
SFI 2.1.3		The Audit Committee shall be involved in the selection process when there is a proposal to review the provision of internal audit services.
SFI 5.6.2		The Finance Director will report at least every 5 years on the review of banking services to the Audit Committee.
SFIs 9.5.2 and 9.5.3		The Audit Committee will review all instances of non-competitive procurement (single tender actions) for reasons (c) – (f) of SFIs 9.5.2 and 9.5.3
SFI 12.2.7		The Audit Committee will review the Losses & Special Payments Register on an annual basis
SO 3.32		The Audit Committee will review every decision to suspend Standing Orders.

SCHEME OF DELEGATION DERIVED FROM THE ACCOUNTING OFFICER MEMORANDUM (Monitor 2008)

REF	DELEGATED TO	DUTIES DELEGATED
7	CHIEF EXECUTIVE	Responsibility for the overall organisation, management and staffing of the NHS foundation trust and for its procedures in financial and other matters.
8	CHIEF EXECUTIVE AND DIRECTOR OF FINANCE	<ul style="list-style-type: none"> • The propriety and regularity of the public finances for which he or she is answerable • The keeping of proper accounts • Prudent and economical administration • The avoidance of waste and extravagance and • The efficient and effective use of all the resources in their charge
9	CHIEF EXECUTIVE	<ul style="list-style-type: none"> • Signing of the accounts, accepting personal responsibility for ensuring their proper form and content as prescribed by Monitor • Comply with the financial requirements of the terms of authorisation • Ensure that proper financial procedures are followed • Ensure that assets are properly and well managed and safeguarded • Ensure that assets such as land, buildings or other property, including stores and equipment, are controlled and safeguarded • Ensure that any protected property (or interest in) is not disposed of without the consent of Monitor • Ensure that conflicts of interest are avoided • Ensure that relevant financial considerations, including any issues of propriety, regularity or value for money, are taken into account and brought to the attention of the Board of Directors
10	CHIEF EXECUTIVE	Ensure that effective management systems appropriate for the achievement of the NHS foundation trust's objectives, including financial monitoring and control systems, have been put in place.
11	CHIEF EXECUTIVE	Make sure that their arrangements for delegation promote good management and that they are supported by the necessary staff with an appropriate balance of skills. Arrangements for internal audit should accord with the objectives, standards and practices set out in the <i>Public Sector Internal Audit Standards</i>
12 & 13 (see also 14 & 15)	CHIEF EXECUTIVE	An Accounting Officer has particular responsibility to see that appropriate advice is tendered to the Board of Directors and the Council of Governors on all matters of financial propriety and regularity and, more broadly, as to all considerations of prudent and economical administration, efficiency and effectiveness. Accounting Officers will need to determine how and in what terms such advice should be tendered, and whether in a particular case to make specific reference to their own duty as Accounting Officer to justify, to the Public Accounts Committee, transactions for which they are accountable.

REF	DELEGATED TO	DUTIES DELEGATED
		The Board of Directors and the Council of Governors of an NHS foundation trust should act in accordance with the requirements of propriety and regularity. If the Board of Directors, Council of Governors or the Chairman is contemplating a course of action involving a transaction which the accounting officer considers would infringe these requirements, they should set out in writing their objection to the proposal and the reasons for this objection. If the Board of Directors, Council of Governors or Chairman decides to proceed, they should seek a written instruction to take the action in question. They should also inform Monitor of the position, if possible before the decision is taken or in any event before the decision is implemented, so that Monitor, if it considers it appropriate, can intervene in accordance with its responsibilities under the Act.
16 (see also 17-20)	CHIEF EXECUTIVE	The Comptroller and Auditor General may, under the National Audit Act 1983, carry out examinations into the economy, efficiency and effectiveness with which the NHS foundation trust has used its resources in discharging its functions. An Accounting Officer may expect to be called upon to appear before the Committee of Public Accounts (PAC) from time to time to give evidence on the reports arising from these examinations or reports following the annual certification audit, and to answer the PAC's questions concerning expenditure and receipts for which he or she is accounting officer. An Accounting Officer may be supported by one or two other senior officials who may, if necessary assist in giving evidence.
21	CHIEF EXECUTIVE	Ensure that he or she is generally available for consultation and that in any temporary period of unavailability due to illness or other cause, or during the normal period of annual leave, there will be a Deputy Chief Executive, appointed by the Chief Executive, in the NHS foundation trust who can act on his or her behalf if required.
22	BOARD OF DIRECTORS	If it becomes clear to the Board of Directors that an Accounting Officer is so incapacitated that he or she will be unable to discharge these responsibilities over a period of four weeks or more, the Board of Directors should appoint an Accounting Officer, usually the Director of Finance, pending the Accounting Officer's return. The same applies if, exceptionally, the Accounting Officer plans an absence of more than four weeks during which he or she cannot be contacted.

SCHEME OF DELEGATION DERIVED FROM THE CODES OF CONDUCT AND ACCOUNTABILITY AND NHS FOUNDATION TRUST CODE OF GOVERNANCE

REF	DELEGATED TO	AUTHORITIES/DUTIES DELEGATED
NHS Code of Conduct and Accountability April 1994 (revised 2004)	ALL BOARD MEMBERS	Subscribe to Code of Conduct.
NHS Code of Conduct and Accountability April 1994 (revised 2004)	BOARD	Board members share corporate responsibility for all decisions of the Board.
NHS Foundation Trust Code of Governance A.1	BOARD	<p>Every NHS foundation trust should be headed by an effective Board of Directors, since the Board is collectively responsible for the exercise of powers and the performance of the NHS foundation trust:</p> <p>Supporting principles:</p> <ol style="list-style-type: none"> 6. The Board of Directors' role is to provide active leadership of the NHS foundation trust within a framework of prudent and effective controls which enables risk to be assessed and managed; 7. The Board of Directors is responsible for ensuring compliance by the NHS foundation trust with its Licence, its Constitution, mandatory guidance issued by Monitor, relevant statutory requirements and contractual obligations; 8. The Board of Directors should set out the NHS foundation trust's strategic aims, taking into consideration the views of the Council of Governors, ensuring that the necessary financial and human resources are in place for the NHS foundation trust to meet its objectives and review management performance; 9. The Board of Directors as a whole is responsible for ensuring the quality and safety of healthcare services, education, training and research delivered by the NHS foundation trust and applying the principles and standards of clinical governance set out by the Department of Health, Care Quality Commission and other relevant NHS bodies. The Board of Directors should also ensure that the NHS foundation trust exercises its functions effectively, efficiently and economically; and 10. The Board of Directors should set the NHS foundation trust's values and standards of conduct and ensure that its obligations to its members, patients and other stakeholders are understood and met.
Standing Order 2.6 (5)	CHAIRMAN	It is the Chairman's role to:

REF	DELEGATED TO	AUTHORITIES/DUTIES DELEGATED
<p>NHS Code of Conduct and Accountability April 1994 (revised 2004)</p>		<p>11. provide leadership to the Board; 12. enable all Board members to make a full contribution to the Board's affairs and ensure that the Board acts as a team; 13. ensure that key and appropriate issues are discussed by the Board in a timely manner, 14. ensure the Board has adequate support and is provided efficiently with all the necessary data on which to base informed decisions; 15. lead Non-Executive Board members through a formally-appointed Remuneration Committee of the main Board on the appointment, appraisal and remuneration of the Chief Executive and (with the latter) other Executive Board members; 16. appoint Non-Executive Board members to an Audit Committee of the main Board; 17. appraise Non Executive Board Members in conjunction with the Council of Governors</p>
<p>Standing Order 2.6 (2) NHS Code of Conduct and Accountability April 1994 (revised 2004)</p>	<p>CHIEF EXECUTIVE</p>	<p>The Chief Executive is accountable to the Chairman and Non-Executive members of the Board for ensuring that its decisions are implemented, that the organisation works effectively, in accordance with Government policy and public service values and for the maintenance of proper financial stewardship. The Chief Executive should be allowed full scope, within clearly defined delegated powers, for action in fulfilling the decisions of the Board. The other duties of the Chief Executive as Accountable Officer are laid out in the Accountable Officer Memorandum (Monitor: April 2008).</p>
<p>Standing Order 6.1 NHS Code of Conduct and Accountability April 1994 (revised 2004)</p>	<p>CHAIR AND DIRECTORS</p>	<p>Declaration of conflict of interests.</p>

SCHEME OF DELEGATION FROM HARROGATE AND DISTRICT NHS FOUNDATION TRUST STANDING ORDERS

SO REF	DELEGATED TO	AUTHORITIES/DUTIES DELEGATED
1.1	CHAIRMAN	Final authority in interpretation of Standing Orders (SOs).
3.4	CHAIRMAN	Call meetings.
3.11	CHAIRMAN	Chair all Board meetings and associated responsibilities.
3.18	CHAIRMAN	Give final ruling in questions of order, relevancy and regularity of meetings.
3.19	CHAIRMAN	Having a second or casting vote
3.28	BOARD	Suspension of Standing Orders
3.32	AUDIT COMMITTEE	Audit Committee to review every decision to suspend Standing Orders (power to suspend Standing Orders is reserved to the Board)
3.33	BOARD	Variation or amendment of Standing Orders
4.3	BOARD	Formal delegation of powers to sub committees or joint committees and approval of their constitution and terms of reference. (Constitution and terms of reference of sub committees may be approved by the Chief Executive.)
4.2	CHAIRMAN & CHIEF EXECUTIVE	The powers which the Board has retained to itself within these Standing Orders may in emergency be exercised by the Chair and Chief Executive after having consulted at least two Non-Executive members.
4.5	CHIEF EXECUTIVE	The Chief Executive shall prepare a Scheme of Delegation identifying his/her proposals that shall be considered and approved by the Board, subject to any amendment agreed during the discussion.
12.4	ALL	Disclosure of non-compliance with Standing Orders to the Chief Executive as soon as possible.
6.1	THE BOARD	Declare relevant and material interests.
8.3	CHIEF EXECUTIVE AND DEPUTY DIRECTOR OF CORPORATE AFFAIRS	Maintain Register(s) of Interests.
8.1	ALL STAFF	Comply with national guidance contained in HSG 1993/5 "Standards of Business Conduct for NHS Staff".
8.7	ALL	Disclose relationship between self and candidate for staff appointment. (CE to report the disclosure to the Board.)
10.1	CHIEF EXECUTIVE	Keep seal in safe place and maintain a register of sealing.
11.1	CHIEF EXECUTIVE/ EXECUTIVE DIRECTOR	Approve and sign all documents which will be necessary in legal proceedings.