

TRUST-WIDE NON-CLINICAL POLICY DOCUMENT

SCHEME OF RESERVATION AND DELEGATION OF POWERS

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2017 / 18 – Version 1a

Quality, recovery and wellbeing at the heart of everything we do

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SCHEME OF RESERVATION AND DELEGATION OF POWERS

Further information about this document:

Document name	Scheme of Reservation and Delegation of Powers (F03)	
Document summary	This Scheme details which powers have been retained solely for use by the Board of Directors and which have been delegated to Board Committees or officers of the Trust	
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This document can be made available in a range of alternative formats including various languages, large print and braille etc		
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2017/18 – Version 1a	Minor changes to Contents page (to correctly reflect document)	12 June 2017

Use of an abbreviation in this document

Please Note – in this document **SSCSD** refers to the **South Sefton Community Services Division**

SUPPORTING STATEMENTS – this document should be read in conjunction with the following statements:

SAFEGUARDING IS EVERYBODY'S BUSINESS

All Mersey Care NHS Foundation Trust employees have a statutory duty to safeguard and promote the welfare of children and vulnerable adults, including:

- being alert to the possibility of child/vulnerable adult abuse and neglect through their observation of abuse, or by professional judgement made as a result of information gathered about the child/vulnerable adult;
- knowing how to deal with a disclosure or allegation of child/adult abuse;
- undertaking training as appropriate for their role and keeping themselves updated;
- being aware of and following the local policies and procedures they need to follow if they have a child/vulnerable adult concern;
- ensuring appropriate advice and support is accessed either from managers, *Safeguarding Ambassadors* or the Trust's safeguarding team;
- participating in multi-agency working to safeguard the child or vulnerable adult (if appropriate to your role);
- ensuring contemporaneous records are kept at all times and record keeping is in strict adherence to Mersey Care NHS Foundation Trust policy and procedures and professional guidelines. Roles, responsibilities and accountabilities, will differ depending on the post you hold within the organisation;
- ensuring that all staff and their managers discuss and record any safeguarding issues that arise at each supervision session

EQUALITY AND HUMAN RIGHTS

Mersey Care NHS Foundation Trust recognises that some sections of society experience prejudice and discrimination. The Equality Act 2010 specifically recognises the *protected characteristics* of age, disability, gender, race, religion or belief, sexual orientation and transgender. The Equality Act also requires regard to socio-economic factors including pregnancy /maternity and marriage/civil partnership.

The Trust is committed to equality of opportunity and anti-discriminatory practice both in the provision of services and in our role as a major employer. The Trust believes that all people have the right to be treated with dignity and respect and is committed to the elimination of unfair and unlawful discriminatory practices.

Mersey Care NHS Foundation Trust also is aware of its legal duties under the Human Rights Act 1998. Section 6 of the Human Rights Act requires all public authorities to uphold and promote Human Rights in everything they do. It is unlawful for a public authority to perform any act which contravenes the Human Rights Act.

Mersey Care NHS Foundation Trust is committed to carrying out its functions and service delivery in line with a Human Rights based approach and the FREDA principles of **F**airness, **R**espect, **E**quality **D**ignity, and **A**utonomy

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INTERPRETATION AND DEFINITIONS FOR STANDING FINANCIAL INSTRUCTIONS AND SCHEME OF RESERVATION AND DELEGATION OF POWERS

- a) Unless otherwise stated, words or expressions contained in these Standing Financial Instructions and the Scheme of Reservation and Delegation of Powers shall bear the same meaning as in the National Health Service Act 2006 as amended by the Health and Social Care Act 2012.
- b) Words importing the masculine gender only shall include the feminine gender; words importing the singular shall import the plural and vice-versa.
- c) Further details on the definitions of terms used may be found in both the Standing Financial Instructions and the Scheme of Reservation and Delegation of Powers may be found at page 3 of the Trust's *Standing Financial Instructions*.

1 SCHEDULE OF RESERVATIONS AND DELEGATIONS

1.1 The Trust's *Scheme of Reservations and Delegation of Powers* should be read in conjunction with the Trust's *Constitution* and the *Trust's Standing Financial Instructions*. The Scheme of Reservations and Delegations is supported by three tables, the details of which are shown below:

1.2 Table A – Delegated Matters

Delegated Matter	Ref	Delegate Matter	Ref
Audit Arrangements	A1	Hospitality, Gifts and Individual Commercial Sponsorship	A24
Authorisation of Clinical Trials	A2	Legal Proceedings	A25
Authorisation of New Drugs	A3	Losses, Write-Offs and Compensation	A26
Authorisation of Product Trials	A4	Medicines Inspectorate Regulations	A27
Authorisation of Research Projects	A5	Meetings	A28
Bank Accounts (Excluding Charitable Fund Accounts)	A6	Non Pay Expenditure	A29
Capital Investment	A7	Patients and Relatives Complaints	A30
Carbon Reduction Commitment	A8	Patients Services Agreements	A31
Clinical Audit	A9	Patients' Money and Property	A32
Commercial Sponsorship	A10	Personnel and Pay	A33
Confidential Information	A11	Professional Leadership	A34
Data Protection Act	A12	Quotations, Tendering and Contract Procedures	A35
Declaration of Interests	A13	Records	A36
Disposal and Condemnations	A14	Reporting Incidents to the Police	A37
Environmental Regulations	A15	Review of Fire Precautions	A38
External Borrowing	A16	Risk Management	A39
Financial Planning / Budgetary Responsibility	A17	Safeguarding - Adults	A40
Financial Procedures	A18	Safeguarding - Children	A41
Fixed Assets	A19	Seal	A42
Fraud	A20	Security Management	A43
Freedom of Information Act	A21	Setting of Fees and Charges	A44
Funds Held on Trust	A22	Stores and Receipt of Goods	A45
Health and Safety	A23		

1.3 **Table B – Delegated Limits**

Delegated Limit	Ref No
Quotation and Tenders	B1
Non Pay Expenditure	B2
Petty Cash Disbursements	B3
Patient's Expenditure (Secure Services – Cash Prohibited)	B4
Contracted Services	B5
Removal Expenses	B6
Charitable Funds	B7
Losses and Special Payments	B8
Virement	B9
Bank Account Cheque Signatories	B10
Short Term Borrowing	B11
Use of Seal	B12
Setting Fees and Charges	B13
Agreements and Licences	B14
Condemning and Disposal	B15
Engagement of Staff not on the Establishment	B16
Grants to Other Bodies	B17

1.4 **Table C – Mental Health Act Scheme of Delegation**

Part No	Description
Part 1	Functions Reserved to Mental Health Act Managers (Hospital Managers)
Part 2	Functions routinely carried out by the Trust's Mental Health Act Managers (Hospital Managers), but may be separately delegated to other Trust Officers acting on behalf of the Mental Health Act Managers
Part 3	Functions that may be delegated to other Trust Officers acting on behalf of the Trust's Mental Health Act Managers

2 INTRODUCTION

2.1 Background

- 2.1.1 This Scheme of Reservation and Delegation of Powers details administrative practice and procedure and records the delegations and reservations of powers and functions adopted by the Mersey Care NHS Foundation Trust (referred to as the “Trust”). They should be used in conjunction with the *Constitution* and the *Standing Financial Instructions* which have been adopted by the Trust. The Trust’s *Constitution* and the *Foundation Trust Code of Governance* from Monitor / NHS Improvement requires such a formal document recording the exercise of delegated powers
- 2.1.2 The Trust is a *Public Benefit Corporation* following approval by the *Independent Regulator of NHS Foundation Trusts* (known as *Monitor* or *NHS Improvement*) pursuant to the National Health Service Act 2006 (the “2006 Act”). The Trust is governed by the 2006 Act, as amended by the Health and Social Care Act 2012 (or subsequent statute, its *Constitution* and the NHS Provider Licence granted by Monitor / NHS improvement. The functions of the Trust are conferred by the Regulatory Framework and the Trust is required to comply with the guidance issued by Monitor / NHS Improvement. This Scheme of Reservation and Delegation of Powers and their content and approval are the sole responsibility of the Board of Directors and are not required to be submitted for approval to any group or organisation including Monitor / NHS Improvement or the Council of Governors.
- 2.1.3 The purpose of this document is to detail how the powers are reserved to the Board of Directors, matters for which it is held accountable to Monitor / NHS Improvement, whilst at the same time delegating to the appropriate level the detailed application of Trust policies and procedures. However, the Board of Directors remains accountable for all of its functions, even those delegated to 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.

2.2 Role of the Chief Executive

- 2.2.1 All powers of the Trust which have not been retained as reserved by the Council of Governors, the Board of Directors or delegated to a committee shall be exercised on behalf of the Board of Directors by the Chief Executive. The Chief Executive shall prepare a *Scheme of Reservation and Delegation of Powers* identifying which functions shall be performed personally and which functions have been delegated for operational responsibility to other directors and officers.
- 2.2.2 All powers delegated by the Chief Executive can be re-assumed by him should the need arise. As Accountable Officer the Chief Executive is accountable to the Accounting Officer of the Department of Health for the funds devolved to the Trust.

2.3 Caution over the Use of Delegated Powers

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

2.4 Absence of directors or officer to whom powers have been delegated

- 2.4.1 In the absence of a director or officer to whom powers have been delegated those powers shall be exercised by that director or officer's superior unless alternative arrangements have been approved by the Board of Directors. If the Chief Executive is absent, their delegated powers may be exercised by the Executive Director of Finance (who is the designated Deputy Chief Executive). If both the Chief Executive and the Executive Director of Finance are absent, the Chief Executive's delegated powers may be exercised by the Chairman and / or a nominated Executive Director acting in the Chief Executive's absence.

3 RESERVATION OF POWERS TO THE BOARD OF DIRECTORS

3.1 Accountability

- 3.1.1 The Code of Accountability which has been adopted by the Trust requires the Board of Directors to determine those matters on which decisions are reserved unto itself. These reserved matters are set out in paragraphs 3.2 to 3.9 below:

3.2 General Enabling Provision

- 3.2.1 The Board of Directors may determine any matter it wishes in full session within its statutory powers and taking account of the Trust's Constitution and any guidance issued by Monitor / NHS Improvement.

3.3 Regulation and Control

- 3.3.1 The powers reserved to the Board of Directors generally represent matters for which it is held accountable to Monitor / NHS Improvement under the Trust's NHS Provider Licence, Terms of Authorisation and the Regulatory Framework, while at the same time delegating to the appropriate level the detailed application of Trust policies and procedures. However, the Board of Directors remains accountable for all of its functions, even those delegated to individual committees, directors or officers and would therefore expect to receive information about the exercise of delegated functions to enable it to maintain a monitoring role. The Board of Directors exercises this delegation of regulation and control by the:
- (a) approval of *Standing Orders for the Board of Directors* which form Annex 9 of the Trust's Constitution;
 - (b) a schedule of matters reserved to the Board of Directors and *Standing Financial Instructions* (SFIs) for the regulation of its proceedings and business;
 - (c) approval of a *Scheme of Reservation and Delegation of Powers* (SoRD) of powers from the Board of Directors to managers;
 - (d) requirement to receive the declaration of directors' interests which may conflict with those of the Trust and determining the extent to which that director may remain involved with the matter under consideration;

- (e) requirement to receive the declaration of interests from officers which may conflict with those of the Trust;
- (f) disciplining of Directors who are in breach of Statutory Requirements or the Trust's Constitution and governance documents;
- (g) approval of the disciplinary procedure for Executive Directors;
- (h) adoption of the organisational structures, processes and procedures to facilitate the discharge of business by the Trust and to agree modifications there to;
- (i) requirement to receive reports from committees including those which the Trust is required by the Secretary of State or other regulation to establish and to take appropriate action thereon;
- (j) requirement to approve the recommendations of the Trust's committees;
- (k) requirement to establish terms of reference and reporting arrangements of all committees;
- (l) ratification of any urgent decisions through use of emergency powers in accordance with paragraph 5.2 (Emergency Powers) of the *Standing Orders for the Board of Directors* as described in Annex 9 of the Trust's *Constitution*;
- (m) approval of arrangements relating to the discharge of the Trust's responsibilities as a corporate Trustee for funds held on Trust (where and if applicable);
- (n) approval of arrangements relating to the discharge of the Trust's responsibilities as a bailee for patients' property;
- (o) approval of the arrangements being undertaken by the Trust's *Hospital Managers* (referred to as *Mental Health Act Managers* in Mersey Care) in respect of the review of a patient's detention (under Section 20(3) of the Mental Health Act 1983, and to review the patient's extension of a Community Treatment Order (under Section 20A of the Mental Health Act 1983);
- (p) approval of a *scheme of delegation* in respect of the Mental Health Act 1983 and associated legislation and guidance (incorporated into Table C of the Trust's *Scheme of Reservation and Delegation of Powers* and referred to as the '*Mental Health Act Scheme of Delegation*');
- (q) approval of the Trust's *Policy and Procedure for the Management of Complaints / Concerns*;
- (r) approval of the Trust's *Corporate Policy and Procedure for the Reporting, Management and Review of Adverse Incidents; Serious Untoward Incident Policy*
- (s) approval of the Trust's *Raising Concern at Work (Whistle-blowing) Policy*;
- (t) approval of the Trust's *Risk Management Strategy*;
- (u) approval of the Trust's *Health, Safety and Welfare Policy*;

- (v) approval of the Trust's *Major Incident Plan*;
- (w) with the Council of Governors, and in accordance *with the Trust's Constitution*, approving changes to the Trust's *Constitution*.

3.4 Appointments

3.4.1 The Board of Directors exercises this delegation of appointments by:

- (a) the appointment and dismissal of committees;
- (b) the appointment, appraisal, disciplining and dismissal of Executive Directors;
- (c) the appointment of members of any committee of the Trust or the appointment of representatives of *outside bodies*.

3.4.2 In accordance with the Trust's *Constitution*, the Council of Governors will appoint the Chairman, the Non-Executive Directors and approve the appointment of the Chief Executive.

3.5 Policy Determination

3.5.1 The Board of Directors exercises this delegation of policy determination by:

- (a) the approval of Trust management policies where not specifically delegated to Committee(s) to approve.

3.6 Strategy and Business Plans and Budgets

3.6.1 The Board of Directors exercises this delegation of strategy, business plans and budgets by:

- (a) the definition of the strategic aims and objectives of the Trust;
- (b) the approval of the Integrated Business Plan and enabling strategies including Quality, Workforce, Estates, Finance and Performance and Marketing and Business Development;
- (c) the approval annually of plans in respect of the application of available financial resources;
- (d) the overall approval of programmes of investment to guide the letting of contracts for the supply of clinical services.

3.6.2 The Board of Directors shall, in accordance with the Trust's *Constitution*, take account of the need to present forward plans to the Council of Governors.

3.7 General Matters

3.7.1 The Board of Directors exercises this delegation of general matters by:

- (a) the acquisition, disposal or change of use of land and / or buildings;

- (b) the introduction or discontinuance of any significant activity or operation. The significance should be determined by the Executive Director with delegated authority for the function using a risk management approach;
- (c) agreeing action on litigation against, or on behalf of, the Trust where the estimated value was in excess of £100,000.

3.8 Financial and Performance Reporting Arrangements

3.8.1 The Board of Directors exercises this delegation of financial and performance reporting arrangements by:

- (a) the continuous appraisal of the affairs of the Trust by means of the receipt of reports as it sees fit from Executive Directors, committees and associate directors of the Trust;
- (b) the approval of the opening or closing of any bank or investment accounts;
- (c) the receipt and approval of a schedule of NHS contracts signed in accordance with arrangements approved by the Chief Executive;
- (d) the consideration and approval of the Trust's Annual Report including the annual accounts;
- (e) the receipt and approval of the Annual Report(s) for funds held on Trust.

3.8.2 The Board of Directors shall, in accordance with the Trust's *Constitution*, present performance information and the annual accounts and report to the Council of Governors.

3.9 Audit Arrangements

3.9.1 The Board of Directors exercises this delegation of audit arrangements by:

- (a) approving audit arrangements (including arrangements for the separate audit of funds held on Trust) and to receive reports of the Audit Committee meetings and take appropriate action;
- (b) the receipt of the annual management letter received from the external auditor and agreement of action on the recommendation where appropriate of the Audit Committee;
- (c) the receipt of the Annual Internal Audit Report from the internal auditor and the agreement of action on the recommendation where appropriate of the Audit Committee.

3.9.2 The Board of Directors note, in accordance with the Trust's *Constitution*, that the Council of Governors is responsible for the appointment, re-appointment and removal of the External Auditor, advised by the Board of Directors' Audit Committee.

4 DELEGATION OF POWERS

4.1 Delegation to Committees

- 4.1.1 The Board of Directors may determine that certain of its powers shall be exercised by Standing Committees, taking account the Trust's *Constitution* and guidance issued by Monitor / NHS Improvement. The composition and terms of reference of such committees shall be that determined by the Board of Directors from time to time taking into account where necessary the requirements of the Monitor / NHS Improvement and / or the Charity Commissioners (including the need to appoint an Audit Committee and a Remuneration and Terms of Service Committee). The Board shall determine the reporting requirements in respect of these committees. In accordance with *Standing Orders for the Board of Directors* (section 6, Annex 9 of the Trust's *Constitution*) committees may not delegate executive powers to committees unless expressly authorised by the Board of Directors.

5 SCHEME OF RESERVATIONS AND DELEGATIONS TO OFFICERS

5.1 Introduction

- 5.1.1 The Trust's *Constitution* and *Standing Financial Instructions* set out in some detail the financial responsibilities of the Chief Executive, the Executive Director of Finance and other directors. These responsibilities are summarised below.
- 5.1.2 Delegated matters in respect of decisions which may have a far reaching effect must be reported to the Chief Executive.
- 5.1.3 The delegation shown below is the lowest level to which authority is delegated.
- (a) **Table A – Delegated Authority:**
- The Board of Directors delegated authority to Committees, Executive Directors and other officers of the Trust as set out in Table A.
- (b) **Table B – Delegated Financial Limits:**
- Delegation to lower levels is only permitted with written approval of the Chief Executive who will, before authorising such delegation, consult with other Senior Managers as appropriate. All items concerning Finance must be carried out in accordance with Standing Financial Instructions and Standing Orders.
- (c) **Table C – Mental Health Act Scheme of Delegation**
- Table C outlines the statutory roles and responsibilities of the Board of Directors (and its Hospital Managers¹) in respect of the Mental Health Act 1983 (and associated legislation and guidelines), together with those that have been delegated to clinicians / officers. Only the Board of Directors may agree changes to Table C.

¹ As defined in the Mental Health Act 1983 and also referred to interchangeably as 'Hospital Managers', 'Mental Health Act Managers' and 'Mental Health Act Associate Managers' within Mersey Care NHS Foundation Trust

5.2 Table A - Delegated Authority

DELEGATED MATTER	DELEGATED AUTHORITY		OPERATIONAL DELIVERY	
	Mersey Care	Informatics Merseyside	Mersey Care	Informatics Merseyside
Standing Orders for the Board of Directors / Standing Financial Instructions / Scheme of Reservation and Delegation				
a) Approval of the Trust's Standing Orders for the Board of Directors, Standing Financial Instructions and Scheme of Reservation and Delegation of Powers (including variations and amendments)	Board of Directors	As Trust	Board of Directors (supported by the Trust Secretary)	As Trust
b) Final authority in interpretation of Standing Orders	Chairman	As Trust	Chief Executive / Trust Secretary	As Trust
c) Notifying Directors and employees of their responsibilities within the Standing Orders and Standing Financial Instructions and ensuring that they understand the responsibilities	Chief Executive	Director of Informatics Merseyside	Executive Directors / Associate Medical Directors (Clinical Divisions) / Director of Integration (for SSCSD) / Chief Operating Officers (Divisions) / Associate Director (SSCSD) / Associate Director of Finance / Heads of Department	Department Heads
d) Responsibility for security of the Trust's property, avoiding loss, exercising economy and efficiency in using resources and conforming with Trust's Constitution, Standing Orders for the Board of Directors, Financial instructions and financial procedures	Executive Director of Finance	Director of Informatics Merseyside	All Employees	All Employees

Table A – Delegated Authority

DELEGATED MATTER	DELEGATED AUTHORITY		OPERATIONAL DELIVERY	
	Mersey Care	Informatics Merseyside	Mersey Care	Informatics Merseyside
e) Ensuring Standing Orders for the Board of Directors / Standing Financial Instructions are compatible with Department of Health requirements re building and engineering contracts	Chief Executive	As Trust	Executive Director of Finance	As Trust
f) Suspension of Standing Orders for the Board of Directors / Standing Financial Instructions	Board of Directors	As Trust	Board of Directors	As Trust
g) Review suspension of Standing Orders for the Board of Directors / Standing Financial Instructions	Chairman	As Trust	Audit Committee	As Trust
h) Suspension of Standing Orders for the Board of Directors / Standing Financial Instructions / Scheme of Reservation and Delegation of Powers	Board of Directors	As Trust	Board of Directors	As Trust
i) Review suspension of Standing Orders for the Board of Directors / Standing Financial Instructions / Scheme of Reservation and Delegation of Powers	Audit Committee	As Trust	Audit Committee	As Trust
j) Use of emergency powers relating to the authorities retained by the Board of Directors	Chairman and Chief Executive with two Non Executive Directors	As Trust	Chairman and Chief Executive with two Non Executive Directors	As Trust
k) Advice on the interpretation or application of the Standing Financial Instructions	Executive Director of Finance	As Trust	Associate Director of Finance / Trust Secretary	As Trust

Table A – Delegated Authority

DELEGATED MATTER	DELEGATED AUTHORITY		OPERATIONAL DELIVERY	
	Mersey Care	Informatics Merseyside	Mersey Care	Informatics Merseyside
l) Advice on the interpretation or application of the Scheme of Reservation and Delegation of Powers	Executive Director of Corporate Governance and Communications	As Trust	Trust Secretary	As Trust
m) Disclosure of non-compliance with Standing Orders (as per the Constitution) to the Chief Executive (report to the Board of Directors)	Chief Executive	As Trust	All Employees	All Employees
n) Disclosure of non-compliance with Standing Financial Instructions to the Executive Director of Finance (report to the Board of Directors)	Executive Director of Finance	As Trust	All Employees	All Employees
o) Disclosure of non-compliance with the Scheme of Reservation and Delegation of Powers to the Executive Director of Corporate Governance and Communications (report to the Board of Directors)	Executive Director of Corporate Governance and Communications	As Trust	All Employees	All Employees

Table A – Delegated Authority

DELEGATED MATTER	DELEGATED AUTHORITY		OPERATIONAL DELIVERY		
	Mersey Care	Informatix Merseyside	Mersey Care	Informatix Merseyside	
A1. Audit Arrangements					
a)	Advise the Board of Directors on internal audit services.	Audit Committee	As Trust	Executive Director of Finance	As Trust
b)	Advise the Council of Governors on external audit services.	Audit Committee	As Trust	Executive Director of Finance	As Trust
c)	Review, appraise and report in accordance with NHS internal audit manual and best practice.	Audit Committee	As Trust	Executive Director of Finance	As Trust
d)	Provide an independent and objective view on internal control and probity.	Audit Committee	As Trust	Executive Director of Finance	As Trust
e)	Advising the Council of Governors to ensure cost-effective external audit.	Audit Committee	As Trust	Executive Director of Finance	As Trust
f)	Implement recommendations	Chief Executive	Director of Informatix Merseyside	Relevant Executive Directors / Executive Team members	Relevant Officers
A2. Authorisation of Clinical Trials					
a)	Develop a policy / procedure for the authorisation of clinical trials, including the appropriate ethical approval, intellectual property and patient confidentiality measures	Medical Director	Not Applicable	Research Governance Manager	Not Applicable

Table A – Delegated Authority

DELEGATED MATTER	DELEGATED AUTHORITY		OPERATIONAL DELIVERY	
	Mersey Care	Informatics Merseyside	Mersey Care	Informatics Merseyside
b) Authorisation of clinical trials in accordance with the policy / procedure for the authorisation of clinical trials	Medical Director (with advice from the Drugs and Therapeutics Sub-Committee and / or the Centre for Perfect Care Sub Committee, as appropriate)	Not Applicable	Research Governance Manager	Not Applicable
A3. Authorisation of New Drugs				
a) Develop a policy / procedure for the authorisation of new drugs with advice from the Drugs and Therapeutics Sub-Committee)	Medical Director	Not Applicable	Chief Pharmacist	Not Applicable
b) Approval of expenditure on new drugs in accordance with the policy / procedure for the authorisation of new drugs (with advice from the Medical Director and the Drugs and Therapeutics Sub-Committee)	Refer to paragraph B2(c) in Table B – Delegated Limits	Not Applicable	Refer to paragraph B2(c) in Table B – Delegated Limits	Not Applicable
A4. Authorisation of Product Trials				
a) Develop a policy / procedure for the authorisation of product trials including the appropriate ethical approval, intellectual property and patient confidentiality measures (with advice from the Centre for Perfect Care Sub Committee and the Drugs and Therapeutics Sub-Committee)	Medical Director	As Trust	Research Governance Manager	As Trust

Table A – Delegated Authority

DELEGATED MATTER	DELEGATED AUTHORITY		OPERATIONAL DELIVERY	
	Mersey Care	Informatics Merseyside	Mersey Care	Informatics Merseyside
b) Authorisation of product trials in accordance with the policy / procedure for the authorisation of product trials (with advice from the Medical Director and the Drugs and Therapeutics Sub-Committee, as appropriate)	Centre for Perfect Care Sub Committee	As Trust	Research Governance Manager	As Trust
A5. Authorisation of Research Projects				
a) Discharge the duties of Lead Director of Research Governance	Medical Director	As Trust	Research Governance Manager	As Trust
b) Develop a policy / procedure for the authorisation of research projects including the appropriate ethical approval, intellectual property and patient confidentiality measures (with advice from the Centre for Perfect Care Sub Committee and the Drugs and Therapeutics Sub-Committee)	Medical Director	As Trust	Research Governance Manager	As Trust
c) Authorisation of research projects trials in accordance with the policy / procedure for the authorisation of research projects (with advice from the Prefect Care and Wellbeing Sub-Committee and the Drugs and Therapeutics Sub-Committee, as appropriate)	Medical Director	As Trust	Research Governance Manager	As Trust

Table A – Delegated Authority

DELEGATED MATTER	DELEGATED AUTHORITY		OPERATIONAL DELIVERY	
	Mersey Care	Informatics Merseyside	Mersey Care	Informatics Merseyside
d) Ensure compliance with statutory requirements and procedures under research governance	Medical Director	Director of Informatics Merseyside	Research Governance Manager	As Trust
e) Comply with statutory requirements and procedures under research governance	Medical Director	As Trust	All Employees	All Employees
A6. Bank Accounts (Excluding Charitable Fund Accounts)				
a) Operation: <ul style="list-style-type: none"> Managing banking arrangements and operation of bank accounts Opening bank accounts Authorisation of transfers between Trust bank accounts Authorisation of: BACS schedules; Automated cheque schedules; Manual cheques 	Executive Director of Finance	Not Applicable	Associate Director of Finance	Not Applicable
	Executive Director of Finance	Not Applicable	Executive Director of Finance	Not Applicable
	Executive Director of Finance	Not Applicable	In accordance with the bank mandate / internal procedures.	Not Applicable.
	Executive Director of Finance	Not Applicable	To be completed in accordance with bank mandate / internal procedures	Not Applicable
b) Investments: <ul style="list-style-type: none"> Investment of surplus funds in accordance with the Trusts investment policy 	Executive Director of Finance	Not Applicable	Associate Director of Finance	Not Applicable

Table A – Delegated Authority

DELEGATED MATTER	DELEGATED AUTHORITY		OPERATIONAL DELIVERY	
	Mersey Care	Informatics Merseyside	Mersey Care	Informatics Merseyside
A7. Capital Investment				
a) Programme:				
<ul style="list-style-type: none"> • Ensure that there is an adequate appraisal and approval process for determining capital expenditure priorities and the effect that has on each business plan 	Executive Director of Finance	Not Applicable	Associate Director of Finance	Not Applicable
<ul style="list-style-type: none"> • Preparation of Capital Investment Programme 	Executive Director of Finance	Not Applicable	Associate Medical Directors (Clinical Divisions) / Director of Integration (for SSCSD) / Chief Operating Officers (Divisions) / Associate Director (SSCSD) / Associate Director of Finance / Director of Estates	Not Applicable
<ul style="list-style-type: none"> • Preparation of a business case 	Executive Director of Finance	Not Applicable	Associate Medical Directors (Clinical Divisions) / Director of Integration (for SSCSD) / Chief Operating Officers (Divisions) / Associate Director (SSCSD) with advice from Associate Director of Finance, Head of Finance	Not Applicable
<ul style="list-style-type: none"> • Authorisation of capital requisitions 	Refer to Table B – Authorisation Limits	Not Applicable	Refer to Table B – Authorisation Limits	Not Applicable

Table A – Delegated Authority

DELEGATED MATTER	DELEGATED AUTHORITY		OPERATIONAL DELIVERY	
	Mersey Care	Informatics Merseyside	Mersey Care	Informatics Merseyside
<ul style="list-style-type: none"> Responsibility for the management of capital schemes and for ensuring that they are delivered on time and within cost 	Chief Executive	Not Applicable	Executive Director of Finance	Not Applicable
<ul style="list-style-type: none"> Financial monitoring and reporting on all capital scheme expenditure including variations to contract 	Executive Director of Finance	Not Applicable	Associate Medical Directors (Clinical Divisions) / Director of Integration (for SSCSD) / Chief Operating Officers (Divisions) / Associate Director (SSCSD) / Associate Director of Finance / Head of Finance	Not Applicable
<ul style="list-style-type: none"> Additions, variations and amendments to the Capital Investment Programme (within limits stipulated in Table B) 	Executive Director of Finance	Not Applicable	Executive Director of Finance	Not Applicable
<ul style="list-style-type: none"> Issue procedures governing capital investment projects, including variation to contract, covering <ul style="list-style-type: none"> Financial management Staged payments 	Executive Director of Finance	Not Applicable	Associate Director of Finance	Not Applicable
<p>b) Contracting:</p> <ul style="list-style-type: none"> Selection of architects, quantity surveyors, consultant engineer and other professional advisors within EU regulations and Trust tender procedures 	Chief Executive	Not Applicable	Director of Estates	Not Applicable

Table A – Delegated Authority

DELEGATED MATTER	DELEGATED AUTHORITY		OPERATIONAL DELIVERY	
	Mersey Care	Informatics Merseyside	Mersey Care	Informatics Merseyside
c) Private Finance: <ul style="list-style-type: none"> Demonstrate that the use of private finance represents best value for money and transfers risk to the private sector 	Chief Executive	Not Applicable	Executive Director of Finance	Not Applicable
A8. Carbon Reduction Commitment (see also A15 – Environmental Regulations)				
a) Develop and approve a Sustainable Development Management Plan which sets out clear and measurable milestones to measure, monitor and reduce direct carbon emissions	Board of Directors	As Trust	Chief Executive	As Trust
b) Implement and monitor the Trust's Sustainable Development Management Plan	Chief Executive	As Trust	Executive Director of Finance	As Trust
A9. Clinical Audit				
a) Development of a strategy and policy for clinical audit	Executive Director of Nursing	Not Applicable	Head of Nursing / Associate Medical Directors	Not Applicable
b) Implementing and monitoring the clinical audit programme(s)	Executive Director of Nursing	Not Applicable	Head of Nursing / Associate Medical Directors / Director of Integration (for SSCSD)	Not Applicable
c) Adhering and contributing to the clinical audit policy and programme(s)	Executive Director of Nursing	Not Applicable	All Employees	Not Applicable

Table A – Delegated Authority

DELEGATED MATTER	DELEGATED AUTHORITY		OPERATIONAL DELIVERY	
	Mersey Care	Informatics Merseyside	Mersey Care	Informatics Merseyside
A10. Commercial Sponsorship (see also A22 – Hospitality, Gifts and Individual Commercial Sponsorship)				
a) Develop a policy for the acceptance of commercial sponsorship	Chief Executive	As Trust	Executive Director of Finance	As Trust
b) Agreement to proposal	Chief Executive	As Trust	Executive Director of Finance	As Trust
• Up to £10,000	Chief Executive	As Trust	Chief Executive	As Trust
• Over £10,000 and up to £50,000	Chief Executive	As Trust	Chief Executive	As Trust
• Over £50,000	Board of Directors	As Trust	Chief Executive	As Trust
c) Maintain a register for the receipt of commercial sponsorship	Chief Executive	As Trust	Trust Secretary	As Trust
A11. Confidential Information				
a) Discharge the duties of the Trust's Senior Information Risk Owner and Information Asset Owner	Chief Executive	As Trust	Director of Informatics and Performance Improvement	As Trust
b) Develop, maintain and implement the Trust's Information Risk Policy	Chief Executive	As Trust	Director of Informatics and Performance Improvement	As Trust
c) Ensure Trust's Information Risk Policy is adhered to	Chief Executive	As Trust	All Employees	All Employees
d) Review of the Trust's compliance code of Practice for handling confidential information in the contracting environment and the compliance with "safe haven" per EL 92/60 (Caldicott)	Medical Director (Caldicott Guardian)	As Trust	e-Governance Manager	As Trust

Table A – Delegated Authority

DELEGATED MATTER	DELEGATED AUTHORITY		OPERATIONAL DELIVERY	
	Mersey Care	Informatics Merseyside	Mersey Care	Informatics Merseyside
e) Develop robust systems and policies to ensure patient confidentiality and confidentiality of person identifiable data	Medical Director (Caldicott Guardian)	As Trust	e-Governance Manager	As Trust
f) Ensure Trust's policies for protecting patients / person identifiable data are adhered to	Medical Director (Caldicott Guardian)	As Trust	All Employees	All Employees
g) Developing Information Sharing Protocols (as appropriate) with partner agencies	Executive Director of Communications and Corporate Governance (with advice from the Medical Director and the Trust's Senior Information Risk Owner)	As Trust, but the Director of Informatics Merseyside (solely in relation to ISPs between Informatics Merseyside and those organisations who are partners / members of Informatics Merseyside)	e-Governance Manager	As Trust
A12. Data Protection Act				
a) Review of Trust's compliance and ensure appropriate policies and procedures are in place	Medical Director (Caldicott Guardian)	As Trust, supported by the Director of Informatics Merseyside	e-Governance Manager	As Trust
b) Ensure Trust's policies for data protection are adhered to	Medical Director (Caldicott Guardian)	Director of Informatics Merseyside	e-Governance Manager	As Trust, supported by Informatics Merseyside

Table A – Delegated Authority

DELEGATED MATTER	DELEGATED AUTHORITY		OPERATIONAL DELIVERY	
	Mersey Care	Informatics Merseyside	Mersey Care	Informatics Merseyside
c) Complying with the Trust's policies for data protection are adhered to	Medical Director (Caldicott Guardian)	As Trust	All Employees	All Employees
A13. Declaration of Interest				
a) Maintaining a register of interests encompassing the Council of Governors, Board of Directors, all employees and external consultants (including for hosted services)	Chief Executive	As Trust	Trust Secretary	As Trust
b) Declaring relevant and material interests (including interests which may be of relevance to purchasing and tendering decisions)	Board of Directors	Informatics Merseyside Board	All employees and external consultants	All employees and external consultants
A14. Disposal and Condemnations				
a) Items obsolete, obsolescent, redundant, irreparable or cannot be repaired cost effectively (to be recorded in the appropriate Losses Register)	Executive Director of Finance	As Trust	Associate Medical Directors (Clinical Divisions) / Director of Integration (for SSCSD) / Chief Operating Officers (Divisions) / Associate Director (SSCSD) Approved by – Associate Director of Finance and Head of Financial Services	(Director of Informatics Merseyside / Heads of department) Approved by – Associate Director of Finance and Head of Financial Services

Table A – Delegated Authority

DELEGATED MATTER	DELEGATED AUTHORITY		OPERATIONAL DELIVERY	
	Mersey Care	Informatics Merseyside	Mersey Care	Informatics Merseyside
b) Develop arrangements for the sale of assets	Executive Director of Finance	As Trust	Associate Director of Finance	As Trust
A15. Environmental Regulations (see also A8 – Carbon Reduction Commitment)				
c) Review of compliance with environmental regulations, for example those relating to clean air and waste disposal	Executive Director of Finance	As Trust	Director of Estates	As Trust
A16. External Borrowing				
a) Advise the Board of Directors of the requirements to repay / draw down Public Dividend Capital.	Executive Director of Finance	Not Applicable	Associate Director of Finance	Not Applicable
b) Application for draw down of Public Dividend Capital and overdrafts	Executive Director of Finance	Not Applicable	In accordance with relevant mandate	Not Applicable
c) Preparation of procedural instructions	Executive Director of Finance	Not Applicable	Associate Director of Finance	Not Applicable
A17. Financial Planning / Budgetary Responsibility				
a) Setting: <ul style="list-style-type: none"> Submit business plan to the Board of Directors 	Executive Director of Finance	As Trust	Associate Director of Finance / Head of Finance / Individual Nominated Budget Holders	Director of Informatics Merseyside / Associate Director of Finance Head of Finance/ Individual Nominated Budget Holders

Table A – Delegated Authority

DELEGATED MATTER	DELEGATED AUTHORITY		OPERATIONAL DELIVERY	
	Mersey Care	Informatics Merseyside	Mersey Care	Informatics Merseyside
<ul style="list-style-type: none"> Submit budgets to the Board of Directors 	Executive Director of Finance	As Trust	Associate Director of Finance/ Head of Finance / Individual Nominated Budget Holders	Director of Informatics Merseyside / Associate Director of Finance / Head of Finance / Individual Nominated Budget Holders
<ul style="list-style-type: none"> Submit to the Board of Directors financial estimates and forecasts 	Executive Director of Finance	As Trust	Associate Director of Finance/ Head of Finance / Individual Nominated Budget Holders	Director of Informatics Merseyside / Associate Director of Finance / Head of Finance / Individual Nominated Budget Holders
<p>b) Monitoring:</p> <ul style="list-style-type: none"> Devise and maintain systems of budgetary control Monitor performance against budget 	Executive Director of Finance Executive Director of Finance	As Trust As Trust	Associate Director of Finance Associate Director of Finance / Head of Finance / Individual Nominated Budget Holders	As Trust Director of Informatics Merseyside / Associate Director of Finance / Head of Finance / Individual Nominated Budget Holders

Table A – Delegated Authority

DELEGATED MATTER	DELEGATED AUTHORITY		OPERATIONAL DELIVERY	
	Mersey Care	Informatics Merseyside	Mersey Care	Informatics Merseyside
<ul style="list-style-type: none"> Submit quarterly financial monitoring returns 	Executive Director of Finance	As Trust	Associate Director of Finance / Head of Financial Services	Director of Informatics Merseyside / Associate Director of Finance / Head of Financial Services
<ul style="list-style-type: none"> Delegate budgets to budget holders (where appropriate) 	Executive Director of Finance	As Trust	Associate Director of Finance Head of Finance	Director of Informatics Merseyside / Associate Director of Finance Head of Finance
<ul style="list-style-type: none"> Ensuring adequate training is delivered to budget holders to facilitate their management of the allocated budget 	Executive Director of Finance	As Trust	Associate Director of Finance	As Trust
<p>c) Preparation of:</p> <ul style="list-style-type: none"> Annual accounts 	Executive Director of Finance	As Trust	Associate Director of Finance / Head of Financial Services	As Trust
<ul style="list-style-type: none"> Annual report 	Executive Director of Communications and Corporate Governance	As Trust	Head of Communications and Marketing	As Trust

Table A – Delegated Authority

DELEGATED MATTER	DELEGATED AUTHORITY		OPERATIONAL DELIVERY	
	Mersey Care	Informatics Merseyside	Mersey Care	Informatics Merseyside
<p>d) Budget responsibilities</p> <ul style="list-style-type: none"> Ensure that no overspend or reduction of income that cannot be met from virement is incurred without prior consent of the Board of Directors Ensure that approved budget is not used for any other than the specified purpose subject to rule of virement Ensure that no permanent employees are appointed without the approval of the Chief Executive other than those provided for within available resources and manpower establishment 	<p>Executive Director of Finance</p> <p>Executive Director of Finance</p> <p>Chief Executive</p>	<p>As Trust</p> <p>As Trust</p> <p>As Trust</p>	<p>Budget Holders</p> <p>Budget Holders</p> <p>Executive Director of Workforce</p>	<p>Budget Holders</p> <p>Budget Holders</p> <p>Informatics Merseyside Director</p>
<p>e) Authorisation of Virement:</p> <ul style="list-style-type: none"> It is not possible for any officer to vire from non-recurring headings to recurring headings or from capital to revenue / revenue to capital. Virement between different budget holders requires the agreement of both parties 	<p>Refer To Table B Delegated Limits</p>	<p>Refer To Table B Delegated Limits</p>	<p>Refer to Table B Delegated Limits</p>	<p>Refer To Table B Delegated Limits</p>

Table A – Delegated Authority

DELEGATED MATTER	DELEGATED AUTHORITY		OPERATIONAL DELIVERY	
	Mersey Care	Informatics Merseyside	Mersey Care	Informatics Merseyside
A18. Financial Procedures				
a) Maintenance & Updating of Trust Financial Procedures	Executive Director of Finance	As Trust	Associate Director of Finance	As Trust
b) Responsibilities <ul style="list-style-type: none"> • Implement the Trust's financial policies and coordinate corrective action • Ensure that adequate records are maintained to explain the Trust's transactions and financial position • Providing financial advice to the Board of Directors and employees • Ensure that appropriate statutory records are maintained across the organisation • Designing and monitoring compliance with all financial systems 	Executive Director of Finance	As Trust	Associate Director of Finance	As Trust

Table A – Delegated Authority

DELEGATED MATTER	DELEGATED AUTHORITY		OPERATIONAL DELIVERY	
	Mersey Care	Informatics Merseyside	Mersey Care	Informatics Merseyside
<p>c) Responsibilities</p> <ul style="list-style-type: none"> • Adherence to the Trust's financial policies • Assist with ensuring that appropriate statutory records are maintained • Seeking financial advice from the Executive Director of Finance • Providing advice on compliance with all financial systems 	Executive Director of Finance	As Trust	All Employees	All Employees
A19. Fixed Assets				
a) Maintenance of asset register	Executive Director of Finance	As Trust	Associate Director of Finance	As Trust
b) Calculate and pay capital charges in accordance with Monitor / NHS Improvement guidance	Executive Director of Finance	As Trust	Associate Director of Finance	As Trust
c) Responsibility for security of Trust assets including notifying discrepancies to the Executive Director of Finance and accordance reporting losses in with Trust procedures	Chief Executive	As Trust	All Employees	All Employees

Table A – Delegated Authority

DELEGATED MATTER	DELEGATED AUTHORITY		OPERATIONAL DELIVERY		
	Mersey Care	Informatics Merseyside	Mersey Care	Informatics Merseyside	
A20. Fraud					
a)	Monitor and ensure compliance with statute and Secretary of State Directions on fraud and corruption	Executive Director of Finance	As Trust	Anti Fraud Specialist	As Trust
b)	Appoint a Anti Fraud Specialist	Executive Director of Finance	As Trust	Executive Director of Finance	As Trust
c)	Prepare an Anti Fraud, Corruption and Bribery Policy and response Plan (F06)	Executive Director of Finance	As Trust	Associate Director of Finance / Anti Fraud Specialist	As Trust
d)	Inform Counter Fraud and Security Management, the Audit Committee and External Auditors of frauds that have taken place in the Trust	Executive Director of Finance	As Trust	Anti Fraud Specialist	As Trust
A21. Freedom of Information Act					
a)	Development of Freedom of Information Act policies and the Trust's Publication Scheme in accordance with statute and guidance	Chief Executive	As Trust	Director of Informatics and Performance Improvement	As Trust
b)	Ensure Freedom of information Act policies are adhered in respect of requests received under the Freedom of Information Act within the correct timescales	Chief Executive	Director of Informatics Merseyside (in respect of FOI requests received on Informatics Merseyside activities)	Director of Informatics and Performance Improvement	As Trust

Table A – Delegated Authority

DELEGATED MATTER	DELEGATED AUTHORITY		OPERATIONAL DELIVERY	
	Mersey Care	Informatics Merseyside	Mersey Care	Informatics Merseyside
A22. Funds Held on Trust <i>(Please Note – at present the Trust does not hold any Charitable funds, but retains the right to hold funds if appropriate)</i>				
a) Management: <ul style="list-style-type: none"> Funds held on Trust are managed appropriately Maintenance of authorised signatory list of nominated fund holder Expenditure Limits Dealing with Legacies 	Executive Director of Finance Executive Director of Finance Refer to Table B Delegated Limits Executive Director of Finance	Not Applicable Not Applicable Not Applicable Not Applicable	Associate Director of Finance / Head of Financial Services Associate Director of Finance / Head of Financial Services Refer to Table B Delegated Limits Associate Director of Finance / Head of Financial Services	Not Applicable Not Applicable Not Applicable As Trust
b) Fundraising Appeals: <ul style="list-style-type: none"> Preparation and monitoring of budget Reporting progress and performance against budget 	Executive Director of Finance Executive Director of Finance	Not Applicable Not Applicable	Associate Director of Finance / Head of Financial Services Associate Director of Finance / Head of Financial Services	Not Applicable Not Applicable
c) Operation of Bank Accounts: <ul style="list-style-type: none"> Managing banking arrangements and operation of bank accounts Opening bank accounts 	Executive Director of Finance in conjunction with Trustees Executive Director of Finance	Not Applicable Not Applicable	Associate Director of Finance / Head of Financial Services Executive Director of Finance	Not Applicable Not Applicable

Table A – Delegated Authority

DELEGATED MATTER	DELEGATED AUTHORITY		OPERATIONAL DELIVERY	
	Mersey Care	Informatics Merseyside	Mersey Care	Informatics Merseyside
d) Investments: <ul style="list-style-type: none"> Nominating deposit taker Placing transactions 	Charitable Trustees Committee Executive Director of Finance	Not Applicable Not Applicable	Executive Director of Finance Associate Director of Finance / Head of Financial Services	Not Applicable Not Applicable
e) Charities Commission: <ul style="list-style-type: none"> Registration of fund(s) with the Charity Commission 	Executive Director of Finance	Not Applicable	Associate Director of Finance / Head of Financial Services	Not Applicable
A23. Health and Safety				
a) Review of all statutory compliance legislation and Health and Safety requirements including control of Substances Hazardous to Health Regulations	Executive Director of Finance	As Trust	Director of Estates	As Trust
b) Develop policies and procedures to comply with statutory requirements, including control of Substances Hazardous to Health Regulations	Executive Director of Finance	As Trust	Director of Estates	As Trust
c) Ensure compliance with statutory requirements and Trust policies and procedures	Executive Director of Finance	Director of Informatics Merseyside	Director of Estates	As Trust
d) Comply with statutory requirements and Trust policies and procedures	Executive Director of Finance	As Trust	All Employees	All Employees

Table A – Delegated Authority

DELEGATED MATTER	DELEGATED AUTHORITY		OPERATIONAL DELIVERY	
	Mersey Care	Informatics Merseyside	Mersey Care	Informatics Merseyside
A24. Hospitality, Gifts and Individual Commercial Sponsorship (see also A10 – Commercial Sponsorship)				
a) Keeping of hospitality / gifts / individual sponsorship register in line with the Trust's <i>Standards of Business Conduct Policy</i>	Chief Executive	As Trust	Trust Secretary	As Trust
b) Declaring the receipt of gifts and hospitality and / or individual sponsorship in the hospitality, gifts and individual sponsorship register (Applies to both individual and collective hospitality / gifts / sponsorship received in excess of £25.00 received)			All staff must make declarations as required in the <i>Standards of Business Conduct Policy</i> .	All staff must make declarations as required in the <i>Standards of Business Conduct Policy</i> .
c) Approving the retention of gifts and the receipt of hospitality / sponsorship <ul style="list-style-type: none"> • For Non Executive Directors • For all other employees 	Refer to <i>Standards of Business Conduct Policy</i> Chairman Chief Executive	Refer to <i>Standards of Business Conduct Policy</i> As Trust Director of Informatics Merseyside	Refer to <i>Standards of Business Conduct Policy</i> As Trust Directors	Refer to <i>Standards of Business Conduct Policy</i> As Trust Directors
d) Monitoring compliance with these arrangements (Refer to <i>Standards of Business Conduct Policy</i>)	Audit Committee	As Trust	Trust Secretary	As Trust

Table A – Delegated Authority

DELEGATED MATTER	DELEGATED AUTHORITY		OPERATIONAL DELIVERY	
	Mersey Care	Informatics Merseyside	Mersey Care	Informatics Merseyside
A25. Legal Proceedings				
a) Engagement of Trust’s Solicitors	Chief Executive	As Trust	Executive Director of Communications and Corporate Governance	As Trust
b) Approve and sign all documents which will be necessary in legal proceedings, i.e., executed as a deed	Chief Executive	As Trust	Chief Executive	As Trust
c) Sign on behalf of the Trust any agreement or document not requested to be executed as a deed	Chief Executive	As Trust	Executive Directors	As Trust
A26. Losses, Write-off & Compensation				
a) Losses & Special Payments: <ul style="list-style-type: none"> Prepare procedures for recording and accounting for losses and special payments Approving payments - Financial Limits (NB – all payments are subject to formally being reported to, and ratified by, the Trust’s Audit Committee) 	Executive Director of Finance For Financial Limits refer to Table B	As Trust For Financial Limits refer to Table B	Associate Director of Finance For Financial Limits refer to Table B	As Trust For Financial Limits refer to Table B

Table A – Delegated Authority

DELEGATED MATTER	DELEGATED AUTHORITY		OPERATIONAL DELIVERY	
	Mersey Care	Informatics Merseyside	Mersey Care	Informatics Merseyside
b) Compensation Payments: <ul style="list-style-type: none"> Expedite compensation payments by Court Order (also refer to Table B - Financial Limits) Notify the Board of Directors and the Audit Committee 	Chief Executive	As Trust	Executive Director of Finance	As Trust
	Chief Executive	As Trust	Executive Director of Finance	As Trust
c) Ex-Gratia Payments: <ul style="list-style-type: none"> to patients / staff for loss of personal effects For clinical negligence after legal advice For personal injury after legal advice Other clinical negligence and personal injury Other ex-gratia payments 	For Financial Limits refer to Table B	For Financial Limits refer to Table B	For Financial Limits refer to Table B	For Financial Limits refer to Table B
d) Write Offs: <ul style="list-style-type: none"> Write off of Non NHS Debtors 	Chief Executive	As Trust	Associate Director of Finance reported to Audit Committee for information	As Trust
e) Review the appropriateness of insurance arrangements to meet these various losses, write offs and other claims	Executive Director of Finance	As Trust	Associate Director of Finance	As Trust

Table A – Delegated Authority

DELEGATED MATTER	DELEGATED AUTHORITY		OPERATIONAL DELIVERY	
	Mersey Care	Informatics Merseyside	Mersey Care	Informatics Merseyside
f) Collate and maintain a register of all of the payments made across the Trust which should be available for inspection	Executive Director of Finance	As Trust	Associate Director of Finance	As Trust
A27. Medicines Inspectorate Regulations				
a) Review Regulations and ensure Trust policies and procedures adhere to these statutory requirements	Medical Director	Not Applicable	Chief Pharmacist	Not Applicable
b) Discharge the duties of Accountable Officer for Controlled Drugs for the Trust	Medical Director	Not Applicable	Chief Pharmacist	Not Applicable
c) Officers designated by the Accountable Officer for Controlled Drugs for the Trust to act as an Authorised Witness for the disposal of Controlled Drugs	Medical Director	Not Applicable	Chief Pharmacist / Deputy Chief Pharmacist	Not Applicable
d) Ensure Trust staff dispose of Controlled Drugs in accordance with statute and Trust Policy	Medical Director	Not Applicable	Chief Pharmacist / Deputy Chief Pharmacist	Not Applicable
e) Dispose of Controlled Drugs, as used by the Trust, in the manner laid out by statute and Trust policy	Medical Director	Not Applicable	Chief Pharmacist / Deputy Chief Pharmacist	Not Applicable
f) Responsibility for controls of all pharmaceutical stock as used by the Trust	Medical Director	Not Applicable	All Employees	Not Applicable

Table A – Delegated Authority

DELEGATED MATTER	DELEGATED AUTHORITY		OPERATIONAL DELIVERY	
	Mersey Care	Informatics Merseyside	Mersey Care	Informatics Merseyside
A28. Meetings				
a) Calling meetings of the Trust and the Board of Directors	Chairman	Chairman of the Informatics Merseyside Board (in respect of Informatics Merseyside Board Meetings)	Trust Secretary	Director of Informatics Merseyside
b) Chair all Board meetings and associated responsibilities	Chairman	Chairman of the Informatics Merseyside Board (in respect of Informatics Merseyside meetings only)	Chairman	Chairman of the Informatics Merseyside Board (in respect of Informatics Merseyside meetings only)
A29. Non Pay Expenditure				
a) Maintenance of a list of managers authorised to place requisitions / orders and accept goods	Executive Director of Finance	As Trust	Associate Director of Finance	As Trust
b) Obtain the best value for money when requisitioning goods/services	Executive Director of Finance	As Trust	All staff / Head of Procurement	As Trust
c) Non-Pay Expenditure for which no specific budget has been set up and which is not subject to funding under delegated powers of virement. (Subject to the limits specified above in A17(e) of Table A)	Chief Executive	As Trust	Executive Director of Finance	As Trust

Table A – Delegated Authority

DELEGATED MATTER	DELEGATED AUTHORITY		OPERATIONAL DELIVERY	
	Mersey Care	Informatics Merseyside	Mersey Care	Informatics Merseyside
d) Develop and maintain systems for the prompt payment of accounts in accordance with national guidance	Executive Director of Finance	As Trust	Associate Director of Finance	As Trust
e) For the approval of the Board of Directors, develop a schedule of Delegated Financial Limits (see table B)	Executive Director of Finance	As Trust	Associate Director of Finance	As Trust
f) Financial Limits	Refer To Table B Delegated Limits	Refer To Table B Delegated Limits	Refer To Table B Delegated Limits	Refer To Table B Delegated Limits
g) Develop and maintain systems to comply with the Monitor / NHS Improvement's consultancy spending guidance controls	Executive Director of Finance	As Trust	Associate Director of Finance	As Trust
A30. Patients & Relatives Complaints				
a) Overall responsibility for ensuring that all complaints are dealt with effectively	Executive Director of Nursing	As Trust	Director of Patient Safety	As Trust
b) Responsibility for ensuring complaints relating to a Divisional Directorate / Hosted Service are investigated thoroughly.	Executive Director of Nursing	As Trust	Associate Medical Directors (Clinical Divisions) / Director of Integration (for SSCSD) / Chief Operating Officers (Divisions) / Associate Director (SSCSD) / Complaints Manager	Director of Informatics Merseyside / Complaints Manager
c) Medico - Legal Complaints Coordination and management	Executive Director of Nursing	As Trust	Complaints Manager	As Trust

Table A – Delegated Authority

DELEGATED MATTER	DELEGATED AUTHORITY		OPERATIONAL DELIVERY	
	Mersey Care	Informatics Merseyside	Mersey Care	Informatics Merseyside
A31. Patient and Non Patient Services Agreements				
a) Negotiation of Service Level Agreements, Contracts and Non Commercial Contracts	Executive Director of Finance	Director of Informatics Merseyside (for agreements and contracts relating to the services provided by Informatics Merseyside) with advice from Executive Director of Finance	Associate Director of Finance / Head of Finance / Director of Commissioning / Associate Medical Directors (Clinical Divisions) / Director of Integration (for SSCSD) / Chief Operating Officers (Divisions) / Associate Director (SSCSD)	Associate Director of Finance / Head of Finance / Director of Informatics Merseyside
b) Quantifying and monitoring out of area treatments	Executive Director of Finance	Not Applicable	Associate Director of Finance / Director of Commissioning / Head of Finance	Not Applicable
c) Reporting actual and forecast income	Executive Director of Finance	As Trust	Associate Director of Finance / Head of Finance	As Trust
d) Costing all SLA's, Contracts and Non Commercial Contracts	Executive Director of Finance	As Trust	Associate Director of Finance / Head of Finance	Associate Director of Finance / Head of Finance / Director of Informatics Merseyside

Table A – Delegated Authority

DELEGATED MATTER	DELEGATED AUTHORITY		OPERATIONAL DELIVERY	
	Mersey Care	Informatics Merseyside	Mersey Care	Informatics Merseyside
e) Ad hoc costing relating to changes in activity, developments, business cases and bids for funding	Executive Director of Finance	As Trust	Associate Director of Finance / Head of Finance or nominated deputy	Associate Director of Finance / Head of Finance or nominated deputy / Director of Informatics Merseyside
A32. Patients' Money and Property				
a) Ensuring patients and guardians are informed about patients' monies and property procedures on admission	Executive Director of Finance	Not Applicable	General Managers / Department Heads / Modern Matrons	Not Applicable
b) Prepare detailed written instructions for the administration of patients' property and money, excluding patients at Ashworth Hospital (all Clinical Divisions)	Executive Director of Finance	Not Applicable	Associate Director of Finance / Head of Financial Services	Not Applicable
c) Prepare detailed written instructions for the administration of patients' monies for those patients at Ashworth Hospital (Secure Division only)	Executive Director of Finance	Not Applicable	Associate Director of Finance / Head of Financial Services	Not Applicable
d) Prepare detailed written instructions for the administration of patients' property for those patients at Ashworth Hospital (Secure Division only)	Lead Executive Director for Secure Services	Not Applicable	Director of Security	Not Applicable

Table A – Delegated Authority

DELEGATED MATTER	DELEGATED AUTHORITY		OPERATIONAL DELIVERY	
	Mersey Care	Informatics Merseyside	Mersey Care	Informatics Merseyside
e) Informing staff of their duties in respect of patients' property and money.	Executive Director of Finance / Executive Director of Secure Services	Not Applicable	Associate Medical Directors (Clinical Divisions) / Director of Integration (for SSCSD) / Chief Operating Officers (Divisions) / Associate Director (SSCSD) / General Managers / Department Heads / Modern Matrons	Not Applicable
f) For deceased patients, issuing property valued >£10,000 only on production of a probate letter of administration	Executive Director of Finance	Not Applicable	Associate Director of Finance	Not Applicable
A33. Personnel & Pay				
a) Nominate officers to enter into contracts of employment regarding staff, agency staff or consultancy service contracts	Executive Director of Workforce	As Trust	Associate Medical Directors (Clinical Divisions) / Director of Integration (for SSCSD) / Chief Operating Officers (Divisions) / Associate Director (SSCSD) / Department Heads	Director of Informatics Merseyside (in respect of staff working within Informatics Merseyside only)
b) Authority to fill funded post on the establishment with permanent staff.	Executive Director of Workforce	As Trust	Associate Medical Directors (Clinical Divisions) / Director of Integration (for SSCSD) / Chief Operating Officers (Divisions) / Associate Director (SSCSD) / Department Heads	Director of Informatics Merseyside / Departmental Heads (in respect of staff working within Informatics Merseyside only)

Table A – Delegated Authority

DELEGATED MATTER	DELEGATED AUTHORITY		OPERATIONAL DELIVERY	
	Mersey Care	Informatics Merseyside	Mersey Care	Informatics Merseyside
c) The granting of additional increments to staff within budget	Executive Director of Workforce	As Trust	Associate Medical Directors (Clinical Divisions) / Director of Integration (for SSCSD) / Chief Operating Officers (Divisions) / Associate Director (SSCSD) / Department Heads	Director of Informatics Merseyside / Departmental Heads (in respect of staff working within Informatics Merseyside only)
d) All requests for upgrading / regarding / major skill mix changes shall be dealt with in accordance with Trust Procedure	Executive Director of Workforce	As Trust	Associate Medical Directors (Clinical Divisions) / Director of Integration (for SSCSD) / Chief Operating Officers (Divisions) / Associate Director (SSCSD) / Department Heads	Director of Informatics Merseyside / Departmental Heads (in respect of staff working within Informatics Merseyside only)
e) Establishments <ul style="list-style-type: none"> Additional staff to the agreed establishment with specifically allocated finance. 	Executive Director of Workforce	As Trust	Associate Medical Directors (Clinical Divisions) / Director of Integration (for SSCSD) / Chief Operating Officers (Divisions) / Associate Director (SSCSD) / Department Heads	Director of Informatics Merseyside / Departmental Heads (in respect of staff working within Informatics Merseyside only)

Table A – Delegated Authority

DELEGATED MATTER	DELEGATED AUTHORITY		OPERATIONAL DELIVERY	
	Mersey Care	Informatics Merseyside	Mersey Care	Informatics Merseyside
<ul style="list-style-type: none"> Additional staff to the agreed establishment without specifically allocated finance. 	Chief Executive	As Trust	Executive Director of Finance	Director of Informatics Merseyside (in respect of staff working within Informatics Merseyside only and subject to consultation with the Chief Executive / Executive Director of Finance / Informatics Merseyside Board)
f) Pay <ul style="list-style-type: none"> Authority to complete standing data forms effecting pay, new starters, variations and leavers 	Executive Director of Workforce	As Trust	Executive Directors / Associate Medical Directors (Clinical Divisions) / Director of Integration (for SSCSD) / Chief Operating Officers (Divisions) / Associate Director (SSCSD) / Department Heads	Director of Informatics Merseyside / Departmental Heads (in respect of staff working within Informatics Merseyside only)

Table A – Delegated Authority

DELEGATED MATTER	DELEGATED AUTHORITY		OPERATIONAL DELIVERY	
	Mersey Care	Informatics Merseyside	Mersey Care	Informatics Merseyside
<ul style="list-style-type: none"> Authority to complete and authorise positive reporting forms 	Executive Director of Workforce	As Trust	Associate Medical Directors (Clinical Divisions) / Director of Integration (for SSCSD) / Chief Operating Officers (Divisions) / Associate Director (SSCSD) / Department Heads	Director of Informatics Merseyside / Departmental Heads (in respect of staff working within Informatics Merseyside only)
<ul style="list-style-type: none"> Authority to authorise overtime (subject to resources being available) 	Executive Director of Workforce	As Trust	Associate Medical Directors (Clinical Divisions) / Director of Integration (for SSCSD) / Chief Operating Officers (Divisions) / Associate Director (SSCSD) / Department Heads	Director of Informatics Merseyside / Departmental Heads (in respect of staff working within Informatics Merseyside only)
<ul style="list-style-type: none"> Authority to authorise travel & subsistence expenses 	Executive Director of Workforce	As Trust	Executive Directors / Associate Medical Directors (Clinical Divisions) / Director of Integration (for SSCSD) / Chief Operating Officers (Divisions) / Associate Director (SSCSD) / Department Heads	Director of Informatics Merseyside / Departmental Heads (in respect of staff working within Informatics Merseyside only)
g) Leave <ul style="list-style-type: none"> Approval of annual leave 	Executive Director of Workforce	As Trust	Line / Departmental Manager	Departmental Heads (in respect of staff working within Informatics Merseyside only)

Table A – Delegated Authority

DELEGATED MATTER	DELEGATED AUTHORITY		OPERATIONAL DELIVERY	
	Mersey Care	Informatics Merseyside	Mersey Care	Informatics Merseyside
<ul style="list-style-type: none"> Annual leave - approval of carry forward (up to maximum of 5 days or in the case of Ancillary & Maintenance staff as defined in their initial conditions of service). 	Executive Director of Workforce	As Trust	Line / Departmental Manager	Departmental Heads (in respect of staff working within Informatics Merseyside only)
<ul style="list-style-type: none"> Annual leave – approval of carry forward over 5 days (to occur in exceptional circumstances only) 	Executive Director of Workforce	As Trust	Associate Medical Directors (Clinical Divisions) / Director of Integration (for SSCSD) / Chief Operating Officers (Divisions) / Associate Director (SSCSD) / General Managers	Director of Informatics Merseyside (in respect of staff working within Informatics Merseyside only)
<ul style="list-style-type: none"> Compassionate leave 	Executive Director of Workforce	As Trust	Associate Medical Directors (Clinical Divisions) / Director of Integration (for SSCSD) / Chief Operating Officers (Divisions) / Associate Director (SSCSD) / Department Heads	Director of Informatics Merseyside / Departmental Heads (in respect of staff working within Informatics Merseyside only)
<ul style="list-style-type: none"> Special leave arrangements for domestic/personal/family reasons <ul style="list-style-type: none"> paternity leave carers leave adoption leave (to be applied in accordance with Trust Policy) 	Executive Director of Workforce	As Trust	Associate Medical Directors (Clinical Divisions) / Director of Integration (for SSCSD) / Chief Operating Officers (Divisions) / Associate Director (SSCSD) / Department Heads	Director of Informatics Merseyside / Departmental Heads (in respect of staff working within Informatics Merseyside only)

Table A – Delegated Authority

DELEGATED MATTER	DELEGATED AUTHORITY		OPERATIONAL DELIVERY	
	Mersey Care	Informatics Merseyside	Mersey Care	Informatics Merseyside
<ul style="list-style-type: none"> Special Leave – this includes <ul style="list-style-type: none"> Jury Service, Armed Services School Governor 	Executive Director of Workforce	As Trust	Associate Medical Directors (Clinical Divisions) / Director of Integration (for SSCSD) / Chief Operating Officers (Divisions) / Associate Director (SSCSD) / Department Heads	Director of Informatics Merseyside / Departmental Heads (in respect of staff working within Informatics Merseyside only)
<ul style="list-style-type: none"> Leave without pay 	Executive Director of Workforce	As Trust	Associate Medical Directors (Clinical Divisions) / Director of Integration (for SSCSD) / Chief Operating Officers (Divisions) / Associate Director (SSCSD) / Department Head	Director of Informatics Merseyside / Departmental Heads (in respect of staff working within Informatics Merseyside only)
<ul style="list-style-type: none"> Medical Staff Leave of Absence – paid and unpaid 	Executive Director of Workforce	Not Applicable	Associate Medical Directors (Clinical Divisions) / Director of Integration (for SSCSD) with advice from the Medical Director	Not Applicable
<ul style="list-style-type: none"> Time off in lieu 	Executive Director of Workforce	As Trust	Line Manager / Departmental Manager	Departmental Heads (in respect of staff working within Informatics Merseyside only)
<ul style="list-style-type: none"> Maternity Leave - paid and unpaid 	Executive Director of Workforce	As Trust	Automatic approval with guidance	Automatic approval with guidance

Table A – Delegated Authority

DELEGATED MATTER	DELEGATED AUTHORITY		OPERATIONAL DELIVERY	
	Mersey Care	Informatics Merseyside	Mersey Care	Informatics Merseyside
h) Sick Leave <ul style="list-style-type: none"> Extension of sick leave on pay Return to work part-time on full pay to assist recovery 	Executive Director of Workforce	As Trust	Associate Medical Directors (Clinical Divisions) / Director of Integration (for SSCSD) / Chief Operating Officers (Divisions) / Associate Director (SSCSD) / General Manager	Director of Informatics Merseyside (in respect of staff working within Informatics Merseyside only)
	Executive Director of Workforce	As Trust	Associate Medical Directors (Clinical Divisions) / Director of Integration (for SSCSD) / Chief Operating Officers (Divisions) / Associate Director (SSCSD) / General Manager	Director of Informatics Merseyside (in respect of staff working within Informatics Merseyside only)
i) Study Leave <ul style="list-style-type: none"> Study leave outside the UK Medical staff study leave (UK) <ul style="list-style-type: none"> Career Grade Non Career Grade 	Executive Director of Workforce	As Trust	Associate Medical Directors (Clinical Divisions) / Director of Integration (for SSCSD) / Chief Operating Officers (Divisions) / Associate Director (SSCSD)	Director of Informatics Merseyside (in respect of staff working within Informatics Merseyside only)
	Executive Director of Workforce	Not Applicable	Associate Medical Director	Not Applicable
		Not Applicable	Post Graduate Tutor	Not Applicable

Table A – Delegated Authority

DELEGATED MATTER	DELEGATED AUTHORITY		OPERATIONAL DELIVERY	
	Mersey Care	Informatics Merseyside	Mersey Care	Informatics Merseyside
<ul style="list-style-type: none"> All other study leave (UK) 	Executive Director of Workforce	As Trust	Associate Medical Directors (Clinical Divisions) / Director of Integration (for SSCSD) / Chief Operating Officers (Divisions) / Associate Director (SSCSD) with Department Heads	Director of Informatics Merseyside / Departmental Heads (in respect of staff working within Informatics Merseyside only)
<p>j) Removal Expenses, Excess Rent and House Purchases</p> <ul style="list-style-type: none"> Authorisation of payment of removal expenses incurred by officers taking up new appointments (providing consideration was promised at interview) 	Executive Director of Workforce Refer to Table B Delegated Limits	As Trust Refer to Table B Delegated Limits	Executive Director or Associate Medical Directors (Clinical Divisions) / Director of Integration (for SSCSD)	Director of Informatics Merseyside (in respect of staff working within Informatics Merseyside only)
<p>k) Grievance Procedure</p> <ul style="list-style-type: none"> All grievances cases must be dealt with strictly in accordance with the Grievance Procedure. 	Executive Director of Workforce	As Trust	Executive Director or Associate Medical Directors (Clinical Divisions) / Director of Integration (for SSCSD) or Appeals Board	Director of Informatics Merseyside (in respect of staff working within Informatics Merseyside only) / Appeals Board

Table A – Delegated Authority

DELEGATED MATTER	DELEGATED AUTHORITY		OPERATIONAL DELIVERY	
	Mersey Care	Informatics Merseyside	Mersey Care	Informatics Merseyside
l) Authorised - Car Users	Executive Director of Workforce	As Trust	Associate Medical Directors (Clinical Divisions) / Director of Integration (for SSCSD) / Chief Operating Officers (Divisions) / Associate Director (SSCSD) / Department Head	Director of Informatics Merseyside / Departmental Heads (in respect of staff working within Informatics Merseyside only)
m) Mobile Phone Users	Executive Director of Finance	As Trust	Associate Medical Directors (Clinical Divisions) / Director of Integration (for SSCSD) / Chief Operating Officers (Divisions) / Associate Director (SSCSD) / Department Head	Director of Informatics Merseyside / Departmental Heads (in respect of staff working within Informatics Merseyside only)
n) Renewal of Fixed Term Contract	Executive Director of Workforce	As Trust	Budget Holder on advice from Business Analyst	Budget Holder on advice from Trust's Business Analyst
o) Staff Retirement Policy <ul style="list-style-type: none"> • Authorisation of extensions of contract beyond normal retirement age in exceptional circumstances 	Executive Director of Workforce	As Trust	Executive Director of Workforce	As Trust

Table A – Delegated Authority

DELEGATED MATTER	DELEGATED AUTHORITY		OPERATIONAL DELIVERY	
	Mersey Care	Informatics Merseyside	Mersey Care	Informatics Merseyside
p) Redundancy	Chief Executive	As Trust	Executive Director and Remuneration and Terms of Service Committee	Director of Informatics Merseyside (in respect of staff working within Informatics Merseyside only) and Remuneration and Terms of Service Committee
q) Ill Health Retirement	Executive Director of Workforce	As Trust	Executive Director of Workforce	As Trust
r) Disciplinary Procedure (excluding Executive Director and some very senior managers)	Executive Director of Workforce	As Trust	To be applied in accordance with the Trust's Disciplinary Procedure	To be applied in accordance with the Trust's Disciplinary Procedure
s) Salary Sacrifice Schemes (i.e. Bikes and Cars)	Executive Director of Finance	As Trust	Associate Director of Finance	As Trust

Table A – Delegated Authority

DELEGATED MATTER	DELEGATED AUTHORITY		OPERATIONAL DELIVERY	
	Mersey Care	Informatics Merseyside	Mersey Care	Informatics Merseyside
A34. Professional Leadership				
a) Medical Professionals <ul style="list-style-type: none"> Provide professional leadership in respect of professional standards, education and training for all of the Trust's medical employees Ensuring compliance with statutory and regulatory arrangements relating to medical professionals Quality assurance of medical professionals processes 	Medical Director	Not Applicable	Medical Director	Not Applicable
	Medical Director	Not Applicable	Associate Medical Directors / Associate Medical Directors (Clinical Divisions)	Not Applicable
	Medical Director	Not Applicable	Associate Medical Directors / Associate Medical Directors (Clinical Divisions)	Not Applicable
b) Nursing Professionals <ul style="list-style-type: none"> Provide professional leadership in respect of professional standards, education and training for all of the Trust's nursing professionals Ensuring compliance with statutory and regulatory arrangements relating to nursing professionals 	Executive Director of Nursing	As Trust	Executive Director of Nursing	As Trust
	Executive Director of Nursing	Not Applicable	Associate Medical Directors (Clinical Divisions) / Director of Integration (for SSCSD) / Nursing Leads for Divisions	Not Applicable

Table A – Delegated Authority

DELEGATED MATTER	DELEGATED AUTHORITY		OPERATIONAL DELIVERY	
	Mersey Care	Informatics Merseyside	Mersey Care	Informatics Merseyside
<ul style="list-style-type: none"> Quality assurance of nursing professionals processes 	Executive Director of Nursing	Not Applicable	Associate Medical Directors (Clinical Divisions) / Director of Integration (for SSCSD) / Nursing Leads for Divisions	Not Applicable
<p>c) Allied Health Professionals</p> <ul style="list-style-type: none"> Provide professional leadership in respect of professional standards, education and training for all of the Trust's allied health professionals Ensuring compliance with statutory and regulatory arrangements relating to allied health professionals Quality assurance of allied health professionals processes 	Executive Director of Nursing	As Trust	Executive Director of Nursing	As Trust
	Executive Director of Nursing	Not Applicable	Associate Medical Directors (Clinical Divisions) / Director of Integration (for SSCSD) / Allied Health Professional Leads for Divisions / Chief Pharmacist / Lead Psychologist	Not Applicable
	Executive Director of Nursing	Not Applicable	Associate Medical Directors (Clinical Divisions) / Director of Integration (for SSCSD) / Nursing Leads for Divisions / Chief Pharmacist / Lead Psychologist	Not Applicable

Table A – Delegated Authority

DELEGATED MATTER	DELEGATED AUTHORITY		OPERATIONAL DELIVERY	
	Mersey Care	Informatics Merseyside	Mersey Care	Informatics Merseyside
<p>d) Financial Employees</p> <ul style="list-style-type: none"> Provide professional leadership in respect of professional standards, education and training for all of the Trust's financial employees 	Executive Director of Finance	As Trust	Executive Director of Finance	As Trust
A35. Quotation, Tendering & Contract Procedures				
<p>a) Services:</p> <ul style="list-style-type: none"> Best value for money is demonstrated for all services provided under contract or in-house Nominate officers to oversee and manage the contract on behalf of the Trust. 	Chief Executive	As Trust	Executive Director of Finance / Associate Medical Directors (Clinical Divisions) / Director of Integration (for SSCSD) / Department Heads / Head of Procurement	As Trust, but also Director of Informatics Merseyside (in respect of activities within Informatics Merseyside's remit)
	Executive Director of Finance	As Trust	Head of Procurement/ Associate Director of Finance / Director of Estates / Director of Commissioning	As Trust, but also Director of Informatics Merseyside (in respect of activities within Informatics Merseyside's remit)
<p>b) Competitive Tenders:</p> <ul style="list-style-type: none"> Authorisation Limits 	Chief Executive	As Trust	Refer To Table B Delegated Limits	Refer To Table B Delegated Limits

Table A – Delegated Authority

DELEGATED MATTER	DELEGATED AUTHORITY		OPERATIONAL DELIVERY	
	Mersey Care	Informatics Merseyside	Mersey Care	Informatics Merseyside
<ul style="list-style-type: none"> Receipt and custody of tenders prior to opening (where a paper-based tender process is being used) 	Chief Executive or their nominated representative	As Trust	Executive Director of Finance	Director of Informatics Merseyside (in respect of activities within Informatics Merseyside's remit)
<ul style="list-style-type: none"> Receipt and custody of tenders prior to opening (where the Trust's designated e-tendering portal is being used) Opening Tenders for goods and services (using a paper-based tender process) Opening Tenders (using the Trust's designated e-portal system) Decide if late tenders should be considered (paper-based tender process) Maintain a list of approved firms for tenders 	<p>Chief Executive or their nominated representative</p> <p>Chief Executive or their nominated representative</p> <p>Chief Executive or their nominated representative</p> <p>Not Applicable (see SFIs paragraph 7.5.9)</p>	<p>As Trust</p> <p>As Trust</p> <p>As Trust</p> <p>Not Applicable (see SFIs paragraph 7.5.9)</p>	<p>Head of Procurement</p> <p>Two Senior Managers designated by the Chief Executive</p> <p>Lead Buyer</p> <p>Not Applicable (see SFIs paragraph 7.5.9)</p> <p>Director of Estates / Head of Procurement</p>	<p>Head of Procurement</p> <p>Two Senior Managers designated by the Chief Executive)</p> <p>Lead Buyer</p> <p>Not Applicable (see SFIs paragraph 7.5.9)</p> <p>Director of Informatics Merseyside (in respect of activities within Informatics Merseyside's remit) / Head of Procurement</p>

Table A – Delegated Authority

DELEGATED MATTER	DELEGATED AUTHORITY		OPERATIONAL DELIVERY	
	Mersey Care	Informatics Merseyside	Mersey Care	Informatics Merseyside
<ul style="list-style-type: none"> Maintain an organisational wide register to show the tenders received for each competitive tendering exercise 	Executive Director of Finance	As Trust	Head of Procurement	Head of Procurement – supported by the Director of Informatics Merseyside (in respect of activities within Informatics Merseyside’s remit)
<ul style="list-style-type: none"> Ensure that appropriate checks are carried out as to the technical and financial capability of the firms invited to tender or quote 	Executive Director of Finance	As Trust	Director of Estates / Head of Procurement	Head of Procurement – supported by the Director of Informatics Merseyside (in respect of activities within Informatics Merseyside’s remit)
<p>c) Waive the requirement to request</p> <ul style="list-style-type: none"> Tenders - refer to paragraphs 7.4.3 (a) and (b) of the Standing Financial instructions, subject to the completion of an Application to Waiver Competitive Tenders Procedure form (see Annex 1 of the SFIs) 	Chief Executive	As Trust	Head of Procurement (reported to the Audit Committee)	Head of Procurement (reported to the Audit Committee)

Table A – Delegated Authority

DELEGATED MATTER	DELEGATED AUTHORITY		OPERATIONAL DELIVERY	
	Mersey Care	Informatics Merseyside	Mersey Care	Informatics Merseyside
<ul style="list-style-type: none"> Quotes - refer to paragraphs 7.4.3 and 7.4.6 of the Standing Financial Instructions, subject to the completion of an Application to Waiver Competitive Tenders Procedure form (see Annex 1 of the SFIs) 	Executive Director of Finance	As Trust	Head of Procurement	Head of Procurement
A36. Records				
a) Review Trust's compliance with the Public Records Act 1958, the Data Protection Act 1998 and the Freedom of Information Act 2000 (together with any other statutory requirement and any subsequent amendments / additions)	Chief Executive	As Trust	Medical Director / Director of Informatics and Performance Delivery / e-Governance Manager / Records Manager	As Trust
b) Ensure records are retained in accordance with the Department of Health's <i>Records Management: NHS Code of Practice</i> and subsequent / relevant guidance: <ul style="list-style-type: none"> For Clinical Records For Non-Financial Corporate records 	Medical Director Chief Executive	As Trust As Trust	Heads of Department / Records Manager Director of Informatics and Performance Delivery / Heads of Department / Records Manager / e-Governance Manager	As Trust As Trust

Table A – Delegated Authority

DELEGATED MATTER	DELEGATED AUTHORITY		OPERATIONAL DELIVERY	
	Mersey Care	Informatics Merseyside	Mersey Care	Informatics Merseyside
<ul style="list-style-type: none"> For Financial Corporate records 	Executive Director of Finance	As Trust	Associate Director of Finance / Records Manager / e-Governance Manager	
c) Ensure record, retain and dispose of records in accordance with Trust records management policies and procedures	Chief Executive	As Trust	All Employees	All Employees
A37. Reporting of Incidents to the Police				
a) Where a criminal offence has occurred or is suspected to have occurred, such as <ul style="list-style-type: none"> criminal offence of a violent nature arson or theft 	Chief Executive	As Trust	Director On-call / General Manager / Department Heads	As Trust
b) Where a fraud is involved (reporting to the CFSMS)	Executive Director of Finance	As Trust	Executive Director of Finance / Local Counter Fraud Officer	As Trust
A38. Review of Fire Precautions				
a) Review and ensure that the Trust's fire safety precautions and prevention policies and procedures are adequate and that the fire safety and integrity of the estate is intact	Chief Executive	As Trust	Director of Patient Safety / Fire Safety Officer	As Trust
b) Develop fire precautions and prevention policies and procedures that comply with statute and guidance	Executive Director of Finance	As Trust	Fire Safety Officer	As Trust

Table A – Delegated Authority

DELEGATED MATTER	DELEGATED AUTHORITY		OPERATIONAL DELIVERY	
	Mersey Care	Informatics Merseyside	Mersey Care	Informatics Merseyside
c) Ensure compliance with the fire precautions and prevention policies and procedures within the premises for which you have responsibility	Executive Director of Finance	Director of Informatics Merseyside	Associate Medical Directors (Clinical Divisions) / Director of Integration (for SSCSD) / Chief Operating Officers (Divisions) / Associate Director (SSCSD) / Heads of Department	Heads of Department
d) Comply with the fire precautions and prevention policies and procedures	Executive Director of Finance	Director of Informatics Merseyside	All Employees	All Employees
A39. Risk Management				
a) Ensure the Trust has robust risk management processes in place	Chief Executive	As Trust	Executive Director of Nursing	As Trust
b) Review and maintain the Trust's Risk Management Strategy, for approval by the Board of Directors	Executive Director of Nursing	As Trust	Head of Risk and Resilience / Trust Secretary	As Trust
c) Review and maintain / develop the Trust's systems for the management of risk	Executive Director of Nursing	As Trust	Head of Risk and Resilience	As Trust
d) Review and maintain / develop the Trust's systems for incident / accident reporting	Executive Director of Nursing	As Trust	Director of Patient Safety	As Trust
e) Ensure compliance with the Trust's systems for the management of risk and incident / accident reporting	Executive Director of Nursing	Director of Informatics Merseyside	Executive Team / Associate Medical Directors (Clinical Divisions) / Director of Integration (for SSCSD) / Chief Operating Officers (Divisions) / Associate Director (SSCSD) / Heads of Department	Director of Informatics Merseyside / Heads of Department

Table A – Delegated Authority

DELEGATED MATTER	DELEGATED AUTHORITY		OPERATIONAL DELIVERY	
	Mersey Care	Informatics Merseyside	Mersey Care	Informatics Merseyside
f) Comply with the Trust's systems for the management of risk and incident / accident reporting	Executive Director of Nursing	As Trust	All Employees	All Employees
A40. Safeguarding – Adults				
a) Discharge the duties of the Board of Directors Level Lead for Safeguarding Vulnerable Adults	Executive Director of Nursing	As Trust	Named Nurse for Safeguarding Children and Adults	As Trust
b) Review and maintain the Trust's <i>Policy for Safeguarding Vulnerable Adults from Abuse</i>	Executive Director of Nursing	As Trust	Named Nurse for Safeguarding Children and Adults	As Trust
c) Contribute to the development of multi-agency strategies, policies and procedures to safeguarding vulnerable adults in conjunction with: <ul style="list-style-type: none"> • Knowsley Council • Lancashire County Council • Liverpool City Council • Rochdale Council • Sefton Council 	Executive Director of Nursing	As Trust	Named Nurse for Safeguarding Children and Adults	As Trust
d) Ensure compliance with statutory requirements and policies and procedures for safeguarding vulnerable adults	Executive Director of Nursing	Director of Informatics Merseyside	Executive Team / Associate Medical Directors (Clinical Divisions) / Director of Integration (for SSCSD) / Chief Operating Officers (Divisions) / Associate Director (SSCSD) / Heads of Department	Director of Informatics Merseyside / Heads of Department

Table A – Delegated Authority

DELEGATED MATTER	DELEGATED AUTHORITY		OPERATIONAL DELIVERY	
	Mersey Care	Informatics Merseyside	Mersey Care	Informatics Merseyside
e) Comply with statutory requirements and policies and procedures for safeguarding vulnerable adults	Chief Executive	As Trust	All Employees	All Employees
A41. Safeguarding – Children				
a) Discharge the duties of the Board of Directors Level Lead for Safeguarding Children	Executive Director of Nursing	As Trust	Named Nurse for Safeguarding Children and Adults	As Trust
b) Review and maintain the Trust's <i>Policy and Procedure for the Safeguarding and Protection of Children</i>	Executive Director of Nursing	As Trust	Named Nurse for Safeguarding Children and Adults	As Trust
c) Contribute to the development of multi-agency strategies, policies and procedures to safeguarding children through membership of the following Local Safeguarding Children's Boards <ul style="list-style-type: none"> • Knowsley • Lancashire • Liverpool • Rochdale • St Helens • Sefton 	Executive Director of Nursing	As Trust	Named Nurse for Safeguarding Children and Adults	As Trust

Table A – Delegated Authority

DELEGATED MATTER	DELEGATED AUTHORITY		OPERATIONAL DELIVERY	
	Mersey Care	Informatics Merseyside	Mersey Care	Informatics Merseyside
d) Ensure compliance with statutory requirements and policies and procedures for safeguarding children	Executive Director of Nursing	Director of Informatics Merseyside	Executive Team / Associate Medical Directors (Clinical Divisions) / Director of Integration (for SSCSD) / Chief Operating Officers (Divisions) / Associate Director (SSCSD) / Heads of Department	Director of Informatics Merseyside / Heads of Department
e) Comply with statutory requirements and policies and procedures for safeguarding children	Chief Executive	As Trust	All Employees	All Employees
A42. Seal				
a) The keeping of a register of seal and safekeeping of the seal	Chief Executive	As Trust	Trust Secretary	As Trust
b) Attestation of seal in accordance with Standing Orders for the Board of Directors	Chief Executive	As Trust	Two Executive Directors	As Trust
A43. Security Management				
a) Discharge the Lead Executive Director Responsibility for Security Management, including complying with statute and guidance issued by NHS Protect	Executive Director of Nursing	As Trust	Director of Security / Local Security Management Specialist	As Trust

Table A – Delegated Authority

DELEGATED MATTER	DELEGATED AUTHORITY		OPERATIONAL DELIVERY	
	Mersey Care	Informatics Merseyside	Mersey Care	Informatics Merseyside
b) Discharge the Lead Executive Director Responsibility for Secure Services as a provider of high security psychiatric services under paragraph 15(2) of Schedule 4 of the NHS Act 2006, including complying with statute and guidance	Medical Director	Not Applicable	Director of Security	Not Applicable
c) Review, maintain and develop Trust policies and procedures for security management	Medical Director / Executive Director of Nursing	Not Applicable	Director of Security / Local Security Management Specialist	Not Applicable
d) Ensure compliance with statutory requirements and Trust policies and procedures for security management	Medical Director / Executive Director of Nursing	Director of Informatics Merseyside	Executive Team / Associate Medical Directors (Clinical Divisions) / Director of Integration (for SSCSD) / Chief Operating Officers (Divisions) / Associate Director (SSCSD) / Heads of Department	Director of Informatics Merseyside / Heads of Department
e) Comply with statutory requirements and Trust policies and procedures for security management	Chief Executive	Not Applicable	All Employees	All Employees
A44. Setting of Fees and Charges				
a) Private Patient, Overseas Visitors, Income Generation and other patient related services.	Executive Director of Finance	Not Applicable	Associate Director of Finance	Not Applicable
b) Non patient care income	Executive Director of Finance	As Trust	Associate Director of Finance	As Trust

Table A – Delegated Authority

DELEGATED MATTER	DELEGATED AUTHORITY		OPERATIONAL DELIVERY	
	Mersey Care	Informatics Merseyside	Mersey Care	Informatics Merseyside
c) Informing the Executive Director of Finance of monies due to the Trust	Executive Director of Finance	As Trust	All Employees	All Employees
d) Recovery of debt	Executive Director of Finance	As Trust	Associate Director of Finance	As Trust
e) Security of cash and other negotiable instruments	Executive Director of Finance	As Trust	Associate Director of Finance	As Trust
A45. Stores and Receipt of Goods				
a) Responsibility for systems of control over stores and receipt of goods, issues and returns	Executive Director of Finance	As Trust	Associate Medical Directors (Clinical Divisions) / Director of Integration (for SSCSD) / Chief Operating Officers (Divisions) / Associate Director (SSCSD) / General Managers / Department Heads / Head of Procurement	Director of Informatics Merseyside / Department Heads
b) Stocktaking arrangements	Executive Director of Finance	As Trust	Associate Medical Directors (Clinical Divisions) / Chief Operating Officers (Clinical Divisions) / General Managers / Department Heads	Director of Informatics Merseyside / Department Heads

5.3 Table B – Delegated Limits

- 5.3.1 **Delegated Authority** - the delegation shown below is the lowest level to which authority is delegated. Delegated authority to a named position cannot be further delegated to another officer or Board member.
- 5.3.2 **Absence of the Chief Executive** - if the Chief Executive is absent, powers delegated to him / her may be exercised by the Executive Director of Finance (as the nominated Deputy Chief Executive) or, if both are absent, by a nominated Executive Director.
- 5.3.3 **Absence of a director or officer other than the Chief Executive** - in the absence of a director or officer to whom powers have been delegated, that director's or officer's superior shall exercise those powers unless alternative arrangements have been approved in writing by the Board of Directors.
- 5.3.4 **Financial limits** – financial limits are subject to funding available within relevant budget(s) and are exclusive of VAT.
- 5.3.5 **Failure to comply with the delegated limits - *the failure to comply with delegated limits below could be regarded as a disciplinary matter that could result in dismissal.***

Table B – Delegated Limits

DELEGATED MATTER	DELEGATED LIMIT	OPERATIONAL RESPONSIBILITY	
		Mersey Care	Informatics Merseyside
B1. Use Quotations / Tenders			
a) Quotations: <ul style="list-style-type: none"> Obtaining a minimum of 3 written quotations for goods or services (following the official Trust Procedure). <p><i>Note</i> – see also paragraphs 7.4.3(a)(i) and 7.6.1(a) in the <i>Standing Financial Instructions</i></p>	£16,000 to £49,999 (excl. VAT)	<ul style="list-style-type: none"> Head of Procurement or Associate Medical Director (appropriate Clinical Division) / Director of Integration (for SSCSD) / Chief Operating Officer (appropriate Clinical Division) / Associate Director (SSCSD) or Director of Service 	<ul style="list-style-type: none"> Head of Procurement or Director of Informatics Merseyside or Department Head
b) Competitive Tenders: <ul style="list-style-type: none"> Obtaining a minimum of 3 written competitive tenders for goods or services (following the official Trust Procedure) <p><i>Note</i> – see also paragraph 7.4.3(a)(i) in the <i>Standing Financial Instructions</i></p>	£50,000 to £164,176 (excl. VAT)	<ul style="list-style-type: none"> Head of Procurement or Director of Service 	<ul style="list-style-type: none"> Head of Procurement or Director of Informatics Merseyside

Table B – Delegated Limits

DELEGATED MATTER	DELEGATED LIMIT	OPERATIONAL RESPONSIBILITY	
		Mersey Care	Informatics Merseyside
<ul style="list-style-type: none"> Obtaining a minimum of 3 written competitive tenders for goods or services. <p><u>Note</u> - Appropriate OJEU legislation must be complied with</p>	£164,176 to £300,000 (excl. VAT)	Associate Director of Finance with one of the following officers <ul style="list-style-type: none"> Executive Director or Associate Medical Director (appropriate Clinical Division) / Director of Integration (for SSCSD) / Chief Operating Officer (appropriate Clinical Division) / Associate Director (SSCSD) 	Associate Director of Finance with one of the following officers <ul style="list-style-type: none"> Executive Director or Director of Informatics Merseyside
<ul style="list-style-type: none"> Obtaining a minimum of 3 written competitive tenders for goods or services. <p><u>Note</u> - Appropriate OJEU legislation must be complied with</p>	Over £300,000 (excl. VAT)	Chief Executive or nominated Executive Director with one of the following officers <ul style="list-style-type: none"> Executive Director of Finance or Executive Director or Associate Medical Director (appropriate Clinical Division) / Director of Integration (for SSCSD) / Chief Operating Officer (appropriate Clinical Division) / Associate Director (SSCSD) 	Chief Executive or nominated Executive Director with one of the following officers <ul style="list-style-type: none"> Executive Director of Finance or Executive Director or Director of Informatics Merseyside

Note - Authorisation of requisitions via the E-Procurement System (which are required without exception) should be adequately supported and evidenced by the Trust Officers identified for each delegated limit.

Table B – Delegated Limits

DELEGATED MATTER	DELEGATED LIMIT	OPERATIONAL RESPONSIBILITY	
		Mersey Care	Informatics Merseyside
B2. Non Pay Expenditure			
a) Revenue expenditure. <ul style="list-style-type: none"> Requisitioning, Ordering, payment of goods and services. Except ordering and paying for pharmacy, building works and computer equipment (see below)	Sundry consumable items up to £4,000 (excl. VAT)	Assistant to Budget Holders	Assistant to Budget Holders
	Up to £9,000 (excl. VAT)	Budget Holder	Budget Holder
	Up to £16,000 (excl. VAT)	Deputy Director	Deputy Director of Informatics Merseyside
	Up to £26,000 (excl. VAT)	<ul style="list-style-type: none"> Associate Medical Director (appropriate Clinical Division) / Director of Integration (for SSCSD) or Chief Operating Officer (appropriate Clinical Division) / Associate Director (SSCSD) 	Director of Informatics Merseyside
	Up to £57,000 (excl. VAT) where a staged payment or call off order	<ul style="list-style-type: none"> Associate Medical Director (appropriate Clinical Division) / Director of Integration (for SSCSD) / Chief Operating Officer (appropriate Clinical Division) / Associate Director (SSCSD) or Associate Director of Finance 	<ul style="list-style-type: none"> Director of Informatics Merseyside or, Associate Director of Finance
<p><u>Note</u> - any expenditure relating to consultancy costs over £50,000 or likely to be more than £50,000 in the lifetime of a project now requires prior approval from Monitor / NHS Improvement before the Trust signs / varies the consultancy contract or the Trust agrees to spend more money with the consultant. Please notify the Head of Procurement prior to entering / varying / spending more money on consultancy contracts.</p>			

Table B – Delegated Limits

DELEGATED MATTER	DELEGATED LIMIT	OPERATIONAL RESPONSIBILITY	
		Mersey Care	Informatics Merseyside
	Up to £57,000 (excl. VAT)	<ul style="list-style-type: none"> Executive Director or Associate Medical Director (appropriate Clinical Division) / Director of Integration (for SSCSD) / Chief Operating Officer (appropriate Clinical Division) / Associate Director (SSCSD) 	<ul style="list-style-type: none"> Executive Director or Director of Informatics Merseyside
	Up to £108,000 (excl. VAT)	<ul style="list-style-type: none"> Executive Director or Associate Medical Director (appropriate Clinical Division) / Director of Integration (for SSCSD) / Chief Operating Officer (appropriate Clinical Division) / Associate Director (SSCSD) and Associate Director of Finance 	<ul style="list-style-type: none"> Executive Director or Director of Informatics Merseyside and Associate Director of Finance
	Up to £325,000 (excl. VAT)	Chief Executive or nominated Executive Director and <ul style="list-style-type: none"> Executive Director of Finance or Associate Director of Finance 	Chief Executive or nominated Executive Director and <ul style="list-style-type: none"> Executive Director of Finance or Associate Director of Finance
	Over £325,000 (excl. VAT)	Chief Executive or Nominated Executive Director and <ul style="list-style-type: none"> Non-Executive Director 	Chief Executive or Nominated Executive Director and <ul style="list-style-type: none"> Non-Executive Director

Note - Authorisation of requisitions via the E-Procurement System (which are required without exception) should be adequately supported and evidenced by the Trust Officers identified for each delegated limit

Table B – Delegated Limits

DELEGATED MATTER	DELEGATED LIMIT	OPERATIONAL RESPONSIBILITY	
		Mersey Care	Informatics Merseyside
b) Bulk invoicing	Up to £6,000 (excl. VAT)	Appropriate technical manager	Appropriate technical manager
	Over £6,000 (excl. VAT)	Associate Director of Finance and Appropriate technical manager	Associate Director of Finance and Appropriate technical manager
c) Pharmacy Note – process for the Authorisation of New Drugs (see A3 in Table A above)	Up to £4,000 (excl. VAT)	<ul style="list-style-type: none"> • Operations Manager or • Head of Procurement or • Specialist Clinical Pharmacist or • Deputy Chief Pharmacist 	Not Applicable
	Up to £9,000 (excl. VAT)	<ul style="list-style-type: none"> • Specialist Clinical Pharmacist or • Deputy Chief Pharmacist 	Not Applicable
	Up to £16,000 (excl. VAT)	<ul style="list-style-type: none"> • Deputy Chief Pharmacist or • Chief Pharmacist 	Not Applicable
	Up to £57,000 (excl. VAT)	<ul style="list-style-type: none"> • Deputy Chief Pharmacist or • Chief Pharmacist. 	Not Applicable
	Over £57,000 (excl. VAT)	<ul style="list-style-type: none"> • Chief Pharmacist 	Not Applicable
<i>Note - Authorisation of requisitions via the E-Procurement System (which are required without exception) should be adequately supported and evidenced by the Trust Officers identified for each delegated limit.</i>			

Table B – Delegated Limits

DELEGATED MATTER	DELEGATED LIMIT	OPERATIONAL RESPONSIBILITY	
		Mersey Care	Informatics Merseyside
d) Building works and computer equipment only Note - Capital Expenditure (only where included in the approved annual programme and within budget).	Up to £6,000 (excl. VAT)	<ul style="list-style-type: none"> Associate Director of Finance or Director of Estates or Assistant Director of ICT 	<ul style="list-style-type: none"> Associate Director of Finance or Director of Estates or Deputy Director of Informatics Merseyside Heads of Department (ICT only)
	Up to £16,000 (excl. VAT)	Any two from: <ul style="list-style-type: none"> Associate Director of Finance or Director of Estates or Deputy Director of ICT 	Any two from: <ul style="list-style-type: none"> Associate Director of Finance or Director of Estates or Deputy Director of Informatics Merseyside
	Up to £108,000 (excl. VAT)	<ul style="list-style-type: none"> Executive Director of Finance or Associate Director of Finance or Director Informatics and Performance Improvement or The deputies of the three officers listed above together with the Associate Director of Finance. 	<ul style="list-style-type: none"> Executive Director of Finance or Associate Director of Finance or Director of Informatics Merseyside or Their deputies of the three officers listed above together with the Associate Director of Finance
	Over £108,000 (excl. VAT)	<ul style="list-style-type: none"> Chief Executive or Nominated Executive Director and Associate Director of Finance or Director of Informatics and Performance Improvement As per the delegated authority for non pharmacy, building work and computer equipment except approved capital expenditure up to £1,130,000	<ul style="list-style-type: none"> Chief Executive or Nominated Executive Director and Associate Director of Finance or Director of Informatics Merseyside As per the delegated authority for non pharmacy, building work and computer equipment except approved capital expenditure up to £1,130,000

Note - Authorisation of requisitions via the E-Procurement System (which are required without exception) should be adequately supported and evidenced by the Trust Officers identified for each delegated limit.

Table B – Delegated Limits

DELEGATED MATTER	DELEGATED LIMIT	OPERATIONAL RESPONSIBILITY	
		Mersey Care	Informatics Merseyside
e) Capital construction and annual building maintenance.	Capital Expenditure only where included in the approved annual programme (as approved by the Board of Directors) and within budget		
<ul style="list-style-type: none"> Additions, amendments and variations to the Capital Programme 	Up to £108,000 (excl. VAT)	Executive Director of Finance	As Trust
	Between £108,000 and £360,000 (excl. VAT)	The Chief Executive or his nominated Executive Director and the Executive Director of Finance (or another Executive Director if the Executive Director of Finance is deputising for the Chief Executive)	As Trust
	Over £360,000 (excl. VAT)	The Board of Directors	As Trust
<ul style="list-style-type: none"> Capital building works and stage payments to the Capital Programme 	Between £108,000 and £360,000 (excl. VAT)	Any two from the: <ul style="list-style-type: none"> Associate Director of Finance Director of Estates Executive Director of Finance 	As Trust
<ul style="list-style-type: none"> Stage payments for building works 	Between £360,000 and £1,130,000 (excl. VAT)	Any one from the: <ul style="list-style-type: none"> Associate Director of Finance Director of Estates with either the: <ul style="list-style-type: none"> Executive Director of Finance or an Executive Director 	As Trust

Table B – Delegated Limits

DELEGATED MATTER	DELEGATED LIMIT	OPERATIONAL RESPONSIBILITY	
		Mersey Care	Informatics Merseyside
<ul style="list-style-type: none"> • Payments for building works 	Over £1,130,000 (excl. VAT) (If over £5,000,000 see below)	Any one from the: <ul style="list-style-type: none"> • Associate Director of Finance • Director of Estates with either the <ul style="list-style-type: none"> • Chief Executive or • an Executive Director 	As Trust
<ul style="list-style-type: none"> • Payments for building works 	Over £5,000,000 (excl. VAT) or 3% of turnover (whichever is the lower)	Requires additional scrutiny by NHS Improvement	As Trust
<ul style="list-style-type: none"> • Carbon Reduction Commitment 	Up to £108,000 (excl. VAT)	Executive Director of Finance	As Trust
<ul style="list-style-type: none"> • Carbon Reduction Commitment 	Over £108,000 (excl. VAT)	Chief Executive or Nominated Executive Director and <ul style="list-style-type: none"> • Executive Director of Finance or • Director of Estates 	As Trust
<p>Note - Authorisation of requisitions via the E-Procurement System (which are required without exception) should be adequately supported and evidenced by the Trust Officers identified for each delegated limit</p>			
B3. Petty Cash Disbursements			
a) Individual items (only on authorised, approved purposes of Trust business where the use of the normal ordering system would be too slow or inappropriate)	Up to £50	<ul style="list-style-type: none"> • Budget Holder or • Delegated Signatory 	As Trust
	£50 to £150	<ul style="list-style-type: none"> • Budget Holder or • Delegated Signatory plus Business Manager (i.e. 2 signatories)	<ul style="list-style-type: none"> • Budget Holder or • Delegated Signatory plus Department Head

Table B – Delegated Limits

DELEGATED MATTER	DELEGATED LIMIT	OPERATIONAL RESPONSIBILITY	
		Mersey Care	Informatics Merseyside
	Over £150	<ul style="list-style-type: none"> Budget Holder or Delegated Signatory plus <ul style="list-style-type: none"> Associate Medical Director (appropriate Clinical Division) / Director of Integration (for SSCSD) / Chief Operating Officer (appropriate Clinical Division) / Associate Director (SSCSD) plus <ul style="list-style-type: none"> Business Manager (i.e. 3 signatories)	<ul style="list-style-type: none"> Budget Holder or Delegated Signatory plus <ul style="list-style-type: none"> Department Head and Director of Informatics Merseyside
b) Patients' Monies – Leave of Absence only (for patients at Ashworth Hospital only)	Up to £100	<ul style="list-style-type: none"> Ward Team Leader 	Not Applicable
c) Patients Monies - for patients under the care of the Local Services Division, the SSCSD or the Secure Division but <u>excluding</u> <ul style="list-style-type: none"> patients at Ashworth Hospital (see section B3(b) of Table B above) Note – patients at Ashworth Hospital can only access cash for a leave of absence, see also section B4 of Table B below <ul style="list-style-type: none"> patients under the care of the Specialised Learning Disability Division (see section B3(d) of Table B below) 	Up to £200	<ul style="list-style-type: none"> Ward Team Leader or Delegated Signatory 	Not Applicable
	£200 up to £300	<ul style="list-style-type: none"> Ward Manager 	Not Applicable
	£300 up to £1,000	<ul style="list-style-type: none"> Ward Manager and Modern Matron (i.e. 2 signatories) 	Not Applicable
	Over £1,000	<ul style="list-style-type: none"> Modern Matron and Associate Medical Director (appropriate Clinical Division) / Director of Integration (for SSCSD) / Chief Operating Officer (appropriate Clinical Division) / Associate Director (SSCSD) or (i.e. 2 signatories)	Not Applicable

Table B – Delegated Limits

DELEGATED MATTER		DELEGATED LIMIT	OPERATIONAL RESPONSIBILITY	
			Mersey Care	Informatics Merseyside
d)	Patient Monies – for patients under the care of the Specialised Learning Disability Division	Up to £250	<ul style="list-style-type: none"> Deputy Ward Manager or Senior Staff Nurse 	Not Applicable
		£250 up to £500	<ul style="list-style-type: none"> Ward Manager or Acting Ward Manager 	Not Applicable
		£500 up to £2,500	<ul style="list-style-type: none"> Clinical Nurse Manager with one of the following: <ul style="list-style-type: none"> (Acting) Ward Manager or Deputy Ward Manager (i.e., in total 2 signatories) 	Not Applicable
		£2,500 up to £5,000	<ul style="list-style-type: none"> Operational Support Manager with one of the following: <ul style="list-style-type: none"> Clinical Nurse Manager or (Acting) Ward Manager or Deputy Ward Manager (i.e., in total 2 signatories) 	Not Applicable
		Over £5,000	<ul style="list-style-type: none"> Chief Operating Officer or Associate Medical Director and Financial Accountant (i.e. 2 signatories in total) 	Not Applicable
e)	Visitors Travel	Up to £100	Financial Accountant or Income Manager	Not Applicable
		Over £100	Head of Financial Services with the Financial Accountant or Income Manager (i.e. 2 signatories)	Not Applicable

Table B – Delegated Limits

DELEGATED MATTER	DELEGATED LIMIT	OPERATIONAL RESPONSIBILITY	
		Mersey Care	Informatics Merseyside
B4. Patient's Expenditure (for patients at Ashworth Hospital only) – Cash Prohibited)			
a) Patient Requisitions	Up to £200	Ward Team Leader	Not Applicable
	£200 to £300	Ward Manager	Not Applicable
	Over £300	Ward Manager and Financial Accountant (i.e. 2 signatories)	Not Applicable
B5. Contracted Services			
a) Services covered by Contract, Service Level Agreement (including negotiation and contract variations)	Up to £108,000	Strategic Planning and Contracts Accountant	Strategic Planning and Contracts Accountant
	Over £108,000 and up to £360,000	Strategic Planning and Contracts Accountant with any one from the: <ul style="list-style-type: none"> Senior Assistant Director of Contracting or Associate Director of Finance 	Strategic Planning and Contracts Accountant with any one from the: <ul style="list-style-type: none"> Senior Assistant Director of Contracting or Associate Director of Finance or Director of Informatics Merseyside
	Over £360,000 and up to £1,130,000	Senior Assistant Director of Contracting with any one from the: <ul style="list-style-type: none"> Associate Director of Finance or Executive Director of Finance 	Any one from the: <ul style="list-style-type: none"> Senior Assistant Director of Contracting or Director of Informatics Merseyside with any one from the: <ul style="list-style-type: none"> Associate Director of Finance or Executive Director of Finance

Table B – Delegated Limits

DELEGATED MATTER	DELEGATED LIMIT	OPERATIONAL RESPONSIBILITY	
		Mersey Care	Informatics Merseyside
	Over £1,130,000	Any one from the: <ul style="list-style-type: none"> • Senior Assistant Director of Contracting or • Associate Director of Finance with any one from the: <ul style="list-style-type: none"> • Chief Executive • Any Executive Director 	Any one from the: <ul style="list-style-type: none"> • Senior Assistant Director of Contracting or • Director of Informatics Merseyside • Associate Director of Finance with any one from the: <ul style="list-style-type: none"> • Chief Executive • Any Executive Director
b) Tax, National Insurance, Superannuation, ongoing premature retirement,	Any amount	Any two from the: <ul style="list-style-type: none"> • Associate Director of Finance • Head of Finance • Head of Financial Services 	As Trust
c) Intra NHS invoices	Any amount	<ul style="list-style-type: none"> • Associate Director of Finance or • Head of Finance 	<ul style="list-style-type: none"> • Associate Director of Finance or • Head of Finance (advised by the Director of Informatics Merseyside re Informatics Merseyside activities)

Table B – Delegated Limits

DELEGATED MATTER	DELEGATED LIMIT	OPERATIONAL RESPONSIBILITY	
		Mersey Care	Informatics Merseyside
B6. Removal Expenses			
a) Removal expenses, excess rent and home purchase incurred by officers taking up new appointments (providing consideration was promised at interview)	Up to £9,800	<ul style="list-style-type: none"> Executive Director or Associate Medical Director (appropriate Clinical Division) / Director of Integration (for SSCSD) / Chief Operating Officer (appropriate Clinical Division) / Associate Director (SSCSD) and Associate Director of Finance (i.e. 2 signatories) 	<ul style="list-style-type: none"> Executive Director or Director of Informatics Merseyside and Associate Director of Finance
	Over £9,800	<ul style="list-style-type: none"> Chief Executive or in the case of the appointment of a Chief Executive, the Chair 	As Trust
B7. Charitable Funds			
<i>(Please Note – at present the Trust does not hold any Charitable funds, but retains the right to hold funds if appropriate)</i>			
a) Expenditure authorisation	Up to £500	Any two from: <ul style="list-style-type: none"> Associate Director of Finance Head of Finance Head of Financial Services 	Not Applicable
	Over £500	Chair of Charitable Funds Committee and Associate Director of Finance. (i.e. 2 signatories)	Not Applicable

Table B – Delegated Limits

DELEGATED MATTER	DELEGATED LIMIT	OPERATIONAL RESPONSIBILITY	
		Mersey Care	Informatics Merseyside
B8. Losses and Special Payments <i>Note - All payments made under losses and special payments are subject to formally being reported to, and ratified by the Trust's Audit Committee.</i>			
a) Losses <ul style="list-style-type: none"> Losses of cash due to theft, fraud, overpayment & others. 	Up to £1,600	Head of Financial Services or Financial Accountant (Assurance)	As Trust
	Up to £5,700	Associate Director of Finance	As Trust
	Up to £10,800	Executive Director of Finance	As Trust
	Over £10,800	<ul style="list-style-type: none"> Executive Director of Finance and Chief Executive (or another Executive Director if the Executive Director of Finance is deputising for the Chief Executive). 	As Trust
<ul style="list-style-type: none"> Fruitless payments (including abandoned Capital Schemes) 	Any amount	<ul style="list-style-type: none"> Executive Director of Finance and Associate Medical Director (appropriate Clinical Division) / Director of Integration (for SSCSD) / Chief Operating Officer (appropriate Clinical Division) / Associate Director (SSCSD) 	Executive Director of Finance and Director of Informatics Merseyside
<ul style="list-style-type: none"> Bad debts and claims abandoned. 	Up to £10,300	Associate Director of Finance	As Trust
	Over £10,300	Executive Director of Finance	As Trust

Table B – Delegated Limits

DELEGATED MATTER	DELEGATED LIMIT	OPERATIONAL RESPONSIBILITY	
		Mersey Care	Informatics Merseyside
<ul style="list-style-type: none"> Damage to buildings, fittings, furniture and equipment and loss of equipment and property in stores and in use due to: Culpable causes (e.g. fraud, theft, arson). 	Up to £1,500	<ul style="list-style-type: none"> Associate Director of Finance and Associate Medical Director (appropriate Clinical Division) / Director of Integration (for SSCSD) / Chief Operating Officer (appropriate Clinical Division) / Associate Director (SSCSD) 	Associate Director of Finance and Director of Informatics Merseyside
	Over £1,500	<ul style="list-style-type: none"> Executive Director of Finance and Associate Medical Director (appropriate Clinical Division) / Director of Integration (for SSCSD) / Chief Operating Officer (appropriate Clinical Division) / Associate Director (SSCSD) 	Executive Director of Finance and Director of Informatics Merseyside
b) Special Payments <ul style="list-style-type: none"> Compensation payments by Court Order 	Any amount	Director of Patient Safety or the Executive Director of Finance	As Trust
c) Ex gratia Payments:- <ul style="list-style-type: none"> To patients and staff for loss of personal effects 	Up to £100	Line Manager.	As Trust
	Up to £600	Line Manager together with either: <ul style="list-style-type: none"> Head of Financial Services, or Financial Accountant (Assurance) 	As Trust
	Up to £1,100	<ul style="list-style-type: none"> Associate Medical Director (appropriate Clinical Division) / Director of Integration (for SSCSD) / Chief Operating Officer (appropriate Clinical Division) / Associate Director (SSCSD) and Associate Director of Finance 	Associate Director of Finance and Director of Informatics Merseyside

Table B – Delegated Limits

DELEGATED MATTER	DELEGATED LIMIT	OPERATIONAL RESPONSIBILITY	
		Mersey Care	Informatics Merseyside
	Over £1,100	Executive Director of Finance and <ul style="list-style-type: none"> Executive Director or Associate Medical Director (appropriate Clinical Division) / Director of Integration (for SSCSD) / Chief Operating Officer (appropriate Clinical Division) / Associate Director (SSCSD) 	Executive Director of Finance and <ul style="list-style-type: none"> Executive Director or Director of Informatics Merseyside
<ul style="list-style-type: none"> For clinical negligence after legal advice 	Any amount	Director of Patient Safety or the Executive Director of Finance	Not Applicable
<ul style="list-style-type: none"> For personal injury after legal advice 	Any amount	Director of Patient Safety or the Executive Director of Finance	As Trust
<ul style="list-style-type: none"> Other clinical negligence and personal injury 	Any amount	Director of Patient Safety or the Executive Director of Finance	As Trust (re personal injury)
<ul style="list-style-type: none"> Other ex gratia payments 	Up to £1,100	Director of Patient Safety Associate Director of Finance	As Trust
	Over £1,100	Director of Patient Safety and the Executive Director of Finance	As Trust
B9. Virement			
<i>Note - Outside of budget holders area of responsibility (excl. movement of reserves)</i>			
a) Virement	Up to £10,800	Respective budget holders and Head of Financial Management	As Trust
	Up to £57,000	Respective budget holders and Associate Director of Finance	As Trust

Table B – Delegated Limits

DELEGATED MATTER	DELEGATED LIMIT	OPERATIONAL RESPONSIBILITY		
		Mersey Care	Informatics Merseyside	
	£57,000 to £113,000	Either the <ul style="list-style-type: none"> Respective Executive Director or Associate Medical Director (appropriate Clinical Division) / Director of Integration (for SSCSD) / Chief Operating Officer (appropriate Clinical Division) / Associate Director (SSCSD) together with the Executive Director of Finance.	Either the <ul style="list-style-type: none"> Respective Executive Director or Director of Informatics Merseyside together with the Executive Director of Finance.	
	Over £113,000	Chief Executive	As Trust	
Note - For Virement within Budgets, refer to the Budget Virement Procedure.				
B10. Bank Account Cheque Signatories				
a)	Bank account cheque signatories	Up to £5,000	One signature from those on the bank mandate	As Trust
		Over £5,000	Two signatures from those on the bank mandate	As Trust
B11. Short Term Borrowing				
a)	Short term borrowings	Any amount	Any two from the: <ul style="list-style-type: none"> Executive Director of Finance Associate Director of Finance Head of Finance. Head of Financial Services 	As Trust
B12. Use of Seal				
a)	All contracts for the purchase or lease of land or buildings	Any amount	Two Executive Directors nominated by the Chief Executive	As Trust
b)	Any lease agreement			

Table B – Delegated Limits

DELEGATED MATTER	DELEGATED LIMIT	OPERATIONAL RESPONSIBILITY	
		Mersey Care	Informatics Merseyside
B13. Setting Fees and charges			
a) Private Patient, Overseas Visitors, Income Generation and other patient related services.	Any amount	Executive Director of Finance	Not Applicable
b) Non patient care income	Any amount	Executive Director of Finance	As Trust
B14. Agreements and licences			
a) Signature of tenancy agreements and licences for all staff subject to Trust Policy on accommodation for staff.	Any amount	Either the <ul style="list-style-type: none"> Executive Director of Finance or Deputy Director of Finance together with the Director of Estates 	As Trust
b) Extensions to existing leases.	Any amount	Either the <ul style="list-style-type: none"> Executive Director of Finance or Associate Director of Finance together with the Director of Estates 	As Trust
c) Letting of premises to outside organisations.	Any amount	Chief Executive and Executive Director of Finance	As Trust
d) Approval of rent based on professional assessment.	Any amount	Executive Director of Finance	As Trust
B15. Condemning and Disposal			
a) Items obsolete, obsolescent, redundant, and irreparable or cannot be repaired cost effectively.	Estimated worth up to £150	Budget Holder	As Trust
	Estimated worth over £150	Head of Procurement and Budget Holder	As Trust
b) Disposal of mechanical and engineering plant	Estimated worth between £150 and £1,100	Either the <ul style="list-style-type: none"> Associate Director of Finance or Director of Estates 	As Trust

Table B – Delegated Limits

DELEGATED MATTER	DELEGATED LIMIT	OPERATIONAL RESPONSIBILITY	
		Mersey Care	Informatics Merseyside
	Estimated worth over £1,100	Both the <ul style="list-style-type: none"> Associate Director of Finance and Director of Estates 	As Trust
B16. Engagement of staff not on the establishment			
a) Non medical consultancy staff <u>Note</u> - any expenditure relating to consultancy costs over £50,000 or likely to be more that £50,000 in the lifetime of a project now requires prior approval from Monitor / NHS Impvment before the Trust signs / varies the consultancy contract or the Trust agrees to spend more money with the consultant. Please notify the Head of Procurement prior to entering / varying / spending more money on consultancy contracts.	Up to aggregated commitment of £36,000 in any financial year	Associate Medical Director (appropriate Clinical Division) / Director of Integration (for SSCSD) / Chief Operating Officer (appropriate Clinical Division) / Associate Director (SSCSD)	Director of Informatics Merseyside
	Aggregated commitment between £36,000 and £82,000 in any financial year.	<ul style="list-style-type: none"> Director of Finance and Associate Medical Director (appropriate Clinical Division) / Director of Integration (for SSCSD) / Chief Operating Officer (appropriate Clinical Division) / Associate Director (SSCSD) 	Director of Informatics Merseyside and Director of Delivery
	Where the aggregated commitment is greater than £82,000 in any financial year.	Either the <ul style="list-style-type: none"> Executive Director or Associate Medical Director (appropriate Clinical Division) / Director of Integration (for SSCSD) / Chief Operating Officer (appropriate Clinical Division) / Associate Director (SSCSD) or together with the Executive Director of Finance	Either the <ul style="list-style-type: none"> Executive Director or Director of Informatics Merseyside together with the Executive Director of Finance

Table B – Delegated Limits

DELEGATED MATTER	DELEGATED LIMIT	OPERATIONAL RESPONSIBILITY	
		Mersey Care	Informatics Merseyside
b) Original Engagement of Solicitors	Any amount	One of the following officers: <ul style="list-style-type: none"> • Chief Executive or • Executive Director of Communications and Corporate Governance or • Director of Patient Safety 	As Trust
c) Re engagement of Solicitors	Any amount	Director of Patient Safety	As Trust
d) Engagement of Bank staff, Agency Staff, Medical Locums, Nursing or Clerical staff	Up to aggregated commitment of £36,000 in any financial year	Budget Holder	As Trust (clerical staff only)
	Aggregate commitment greater than £36,000 in any financial year.	Associate Medical Director (appropriate Clinical Division) / Director of Integration (for SSCSD) / Chief Operating Officer (appropriate Clinical Division) / Associate Director (SSCSD)	Director of Informatics Merseyside (clerical staff only)
B17. Grants to other bodies			
a) For the provision of patient services	Up to £1,100	Associate Medical Director (appropriate Clinical Division) / Director of Integration (for SSCSD) / Chief Operating Officer (appropriate Clinical Division) / Associate Director (SSCSD)	Not Applicable

Table B – Delegated Limits

DELEGATED MATTER	DELEGATED LIMIT	OPERATIONAL RESPONSIBILITY	
		Mersey Care	Informatics Merseyside
	Up to £26,000	<ul style="list-style-type: none"> Executive Director of Finance and Associate Medical Director (appropriate Clinical Division) / Director of Integration (for SSCSD) / Chief Operating Officer (appropriate Clinical Division) / Associate Director (SSCSD) 	Not Applicable
	Over £26,000	Chief Executive and Executive Director of Finance (and another Executive Director if the Executive Director of Finance is deputising for the Chief Executive)	Not Applicable

5.4 Table C – ‘Mental Health Act Scheme of Delegation’

5.4.1 Table C outlines the statutory roles and responsibilities of the Board of Directors (and its Hospital Managers²) in respect of the Mental Health Act 1983 (and associated legislation and guidelines), together with those that have been delegated to clinicians / officers. Table C is split into 3 parts:

- (a) Part 1 – functions reserved to Mental Health Act Managers
- (b) Part 2 – functions routinely carried out by the Trust’s Mental Health Act Managers, but may be separately delegated to other Trust officers acting on behalf of the Mental Health Act Managers
- (c) Part 3 – functions that may be delegated to other Trust officers acting on behalf of the Trust’s Mental Health Act Managers

5.4.2 Table C should be read in conjunction with the Trust’s *Over-arching Policy and Procedure for the Mental Health Act 1983 (MH01)*.

² As defined in the Mental Health Act 1983 and also referred to interchangeably as ‘Hospital Managers’, ‘Mental Health Act Managers’ and ‘Mental Health Act Associate Managers’ within Mersey Care NHS Foundation Trust

Table C – Mental Health Act Scheme of Delegation

SECTION	FUNCTION	STATUTORY REFERENCE	MHA 1983 CODE OF PRACTICE (2015 Edition) REFERENCE	AUTHORISED PERSONNEL	SUPPORT & ADMINISTRATION
<p>'MHA' stands for <i>Mental Health Act 1983</i> and 'Regulation' refers to the <i>Mental Health (Hospital, Guardianship and Consent to Treatment)(England) Regulations 2008 (SI 2008 No. 1184)</i>; 'MCA' stand for the <i>Mental Capacity Act</i> and 'DoLS' stands for the <i>Deprivation of Liberty Safeguards</i>.</p>					
C1	PART 1 - FUNCTIONS RESERVED TO MENTAL HEALTH ACT MANAGERS				
C1.1	Review of patient's detention	MHA Section 20(3),	Chapter 38	MHA Managers	N/A
C1.2	Review of patient's extension of a Community Treatment Order	MHA Section 20A,	Chapter 38	MHA Managers	N/A
C1.3	Discharge of unrestricted patients either detained in hospital or receiving supervised community treatment (SCT)	MHA Section 23,	Chapter 38	MHA Managers	N/A
C2	FUNCTIONS ROUTINELY CARRIED OUT BY THE TRUST'S MENTAL HEALTH ACT MANAGERS, BUT MAY BE SEPARATELY DELEGATED TO OTHER TRUST OFFICERS ACTING ON BEHALF OF THE MENTAL HEALTH ACT MANAGERS				
C2.1	MHA Audit and Monitoring		Chapter 37 (37.11)	MHA Managers	Any person authorised on behalf of the MHA Managers (either by the MHA Managers Committee or the MHA Managers Law Governance Group)
C3	FUNCTIONS THAT MAY BE DELEGATED TO OTHER TRUST OFFICERS ACTING ON BEHALF OF THE TRUST'S MENTAL HEALTH ACT MANAGERS				
C3.1	Admission and detention of patients under the MHA	MHA Sections 6(2), 40(1),40(3), 47(3), 45B(2)	Chapter 37 (37.12)	Any employee of the Trust	
C3.2	Receipt, administrative, scrutiny and rectification of statutory admission documents for detained patients	MHA Section 15 Regulations 3 and 4	Chapter 35	Nurse in charge of the ward, Unit Manager, MH Law Administrator, Lead for MH & Mental Capacity Law	MCA & DoLS Lead

Table C – Mental Health Act Scheme of Delegation

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C3.3	Clinical Scrutiny of statutory documentation	Regulations 4(3)	Chapter 35	Any Consultant Psychiatrist (but consultant psychiatrists cannot scrutinise their own documentation).	
C3.4	Recording admission (Form H3) (For section 2, 3 & 4)	MHA Sections 2, 3 and 4 Regulation 4(4) and 4(5)	Chapter 35	Nurse in charge of the ward, Unit Manager, MH Law Administrator, Lead for MH & Mental Capacity Law	MCA & DoLS Lead
C3.5	Recording admission (For section 5(2) – Form H1) (For section 5(4) – Form H2)	MHA Sections 5(2) and 5(4) Regulation 4(1)(g) Regulation 4(1)(h)	Chapter 35	Nurse in charge of the ward, Unit Manager, MH Law Administrator, Lead for MH & Mental Capacity Law	MCA & DoLS Lead
C3.6	Receipt of Renewal documentation on behalf of Hospital Managers (Form H5)	MHA Section 20(3)(b) Regulation 13(3)	Chapter 32	Nurse in Charge of the Ward, Unit Manager, MH Law Administrator, Lead for MH & Mental Capacity Law	
C3.7	Receipt of order by nearest relative for discharge of patient or notice of intention to make such an order	MHA Section 23 Regulation 3	Chapter 32	Nurse in Charge of the Ward, Unit Manager, MH Law Administrator, Lead for MH & Mental Capacity Law	
C3.8	Receipt of Community Treatment Order (Form CTO1)	MHA Section 17A Regulation 6(1)(a), (b) and 6(2)(a)	Chapter 29 (29.26)	Nurse in Charge of the Ward, Unit Manager, MH Law Administrator, Lead for MH & Mental Capacity Law	
C3.9	Receipt of order varying Community Treatment Order conditions (Form CTO2)	MHA Section 17B(4) Regulation 6(2)(b)	Chapter 29 (29.40)	Nurse in Charge of the Ward, Unit Manager, MH Law Administrator, Lead for MH & Mental Capacity Law	

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C3.10	Receipt of extension report of Community Treatment Order (Form CTO7)	MHA Section 20A(4)(b) Regulation 13(6)(a) and (b), and 13(7)	Chapter 32 (32.14)	Nurse in Charge of the Ward, Unit Manager, MH Law Administrator, Lead for MH & Mental Capacity Law	
C3.11	Receipt of notice recalling patient from Community Treatment Order (Form CTO3)	MHA Section 17E(6) Regulation 6(3)(a)	Chapter 29 (29.60)	Nurse in Charge of the Ward, Unit Manager, MH Law Administrator, Lead for MH & Mental Capacity Law	
C3.12	Record of detention in hospital after recall (Form CTO4)	MHA Section 17E Regulation 6(3)(d)	Chapter 29	Nurse in Charge of the Ward, Unit Manager, MH Law Administrator, Lead for MH & Mental Capacity Law	
C3.13	Receipt of Community Treatment revocation order (Form CTO5)	MHA Section 17F(4) Regulation 6(8)(a) and (b)	Chapter 29 (29.68)	Nurse in Charge of the Ward, Unit Manager, MH Law Administrator, Lead for MH & Mental Capacity Law	
C3.14	Transfer of recalled Community Treatment Order patient to a hospital under different managers (Form CTO6)	MHA Section 17F(2) Regulation 9(3)(a) and (5)	Chapter 37 (27.30)	Transfer decision made by patient's Responsible Clinician (out of hours the on-call Responsible Clinician), Nurse in Charge of the Ward, Unit Manager Completion of the Form Responsible Clinician, On-call Responsible Clinician, Nurse in Charge of the Ward, Unit Manager, MH Law Administrator, Lead for MH & Mental Capacity Law	Receipt of Form CTO6 retained and stored by: MH Law Administrator, Lead for MH and Mental Capacity Law, MCA & DoLS Lead

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C3.15	Return and readmission of patients absent without leave (Written authority of Hospital Managers)	MHA Section 18(1), (2A), 138 Regulation 19	Chapter 28 (28.6)	Persons / staff of establishment as authorised in writing by Hospital Managers of the detaining hospital. The Letter of Authority may be written by a patient's Responsible Clinician, any staff member authorised to take charge of a shift from the ward where 'P' is to be returned to, any MH Law Administrator, Lead for MH & Mental Capacity Law, the MHA Trust Lead, the MCA / DoLS Trust Lead or any Trust Executive Board Member	
C3.16	Transfer of detained patients to another hospital (Form H4) or guardianship (Form G6) (For restricted patients, consent of the Ministry of Justice required).	MHA Section 19 Regulation 7	Chapter 37	Transfer decision is made by the Responsible Clinician, Nurse in Charge of the Ward, Unit Manager <u>Completion of the Form</u> Responsible Clinician, On-call Responsible Clinician, Nurse in Charge of the Ward, Unit Manager, MH Law Administrator, Lead for MH & Mental Capacity Law	<u>Receipt of Form H4 retained and stored by:</u> MH Law Administrator, Lead for MH and Mental Capacity Law, MCA & DoLS Lead

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C3.17	Authorisation by Hospital Managers to keep a patient in custody during transfer to another hospital (Written authorisation of Hospital Managers)	MHA Section 19 Regulation 7(2), 11	Chapter 37	Persons / staff of establishment as authorised in writing by Hospital Managers of the detaining hospital. The Letter of Authority may be written by a patient's Responsible Clinician, any MH Law Administrator, Lead for MH & Mental Capacity Law, the MHA Trust Lead, the MCA / DoLS Trust Lead or any Trust Executive Board Member	
C3.18	Referral of cases to a First Tier Mental Health Tribunal	MHA Section 68	Chapter 12	MH Law Administrator, Lead for MH & Mental Capacity Law, MCA & DoLS Lead	
C3.19	Appointment by Hospital Managers of person(s) to carry out their functions in relation to withholding of correspondence (postal package)	MHA Section 134 Regulation 29	Chapter 37 (37.37 and 37.38)	<u>Schedule 1 – To inspect letter and parcels:</u> Executive Director of Operations; Director of Security & Deputy; Associate Medical Director; Service Managers (In-patient Service); Health Records Manager; All Consultant Psychiatrists (Responsible Clinicians - RC);	

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				<p>All Modern Matrons; Duty Managers; All Ward Managers and Charge Nurse; any other Registered Nurse during the time they are temporarily acting in the capacity of Charge Nurse or Ward Manager; Social Workers and Psychology staff as members of Patient Care Team; Head of Social Care / Nominated Officer for Safeguarding Children; All Mail Room Staff; All Clinical Liaison Nurses (Security).</p> <p><u>Schedule 2 - To Withhold Letters and Parcels:</u> Director of Security & Deputy; Associate Medical Director; All Consultant Psychiatrists</p>	
C3.20	Information for detained and Supervised Community Treatment (SCT) patients and nearest relatives	MHA Section 132, 132A and 133 Regulation 6, 26	Chapter 37	Admitting Nurse, Nurse in Charge of the Ward, Unit Manager, Social Worker, Care Coordinator, Approved MH Practitioners (AMHPs)	<u>Administrative management:</u> MH Law Administrator, Lead for MH and Mental Capacity Law, MCA & DoLS Lead

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C3.21	Application for warrant to enter, search and remove a person from private property to a designated place of safety	MHA Section 135(2)	Chapter 16	Any Qualified 1 st Level Nurse (or equivalent) or above employed by the Trust.	
C3.22	Information for Victims (in regard to certain Part 3 unrestricted patients)	Domestic Violence, Crime and Victims Act 2004 (as amended by the MHA 2007) Regulation 20	Chapter 37 (37.34) Chapter 40	MH Law Administrators, Lead for MH & Mental Capacity Law, Social Worker	<p>MHA Administrators will:</p> <ol style="list-style-type: none"> 1) contact Victim Liaison Office / Probation requesting identification of victims requiring information; 2) inform Responsible Clinicians of information that is required and when it is required; 3) notify identified victims of their rights and of any events they may require information about / attend etc. 4) liaise with Hospital Managers / Mental Health Teams re relevant information for hearings as appropriate

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C3.23	Authorisation by Hospital Managers to keep a patient in custody during leave granted by the patient's Responsible Clinician (Written authority of Hospital Managers)	MHA Section 17(3) Regulation 19(b)	Chapter 27 (27.27)	<p>Decision made by patient's Responsible Clinician</p> <p>Persons / Establishment as authorised in writing by Hospital Managers of the detaining hospital.</p> <p>The Letter of Authority may be written by a patient's Responsible Clinician, any MH Law Administrator, Lead for MH & Mental Capacity Law, the MHA Trust Lead, the MCA / DoLS Trust Lead or any Trust Executive Board Member</p>	
C3.24	Duty to give information about Independent Mental Health Advocates	MHA Section 130D	Chapter 37 (37.14 and 37.15)	<p>Admitting Nurse, Nurse in Charge of the Ward, Unit Manager, Social Worker, Care Coordinator, Approved MH Practitioners (AMHPs)</p>	<p><u>Administrative management:</u> MH Law Administrator, Lead for MH and Mental Capacity Law, MCA & DoLS Lead</p>

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C3.25	Assignment of responsibility for community patients to another hospital	MHA Section 19A Regulation 17	Chapter 37 (37.31)	Transfer decision to be made by the Responsible Clinician <u>Completion of the Form</u> Responsible Clinician, On-call Responsible Clinician, Nurse in Charge of the Ward, Unit Manager, MH Law Administrator, Lead for MH & Mental Capacity Law	
C3.26	Procedures on receipt of a patient removed from Scotland, Northern Ireland, Channel Islands or Isle of Man to England (Form M1) and provision of information	MHA Sections 82, 84 and 85 Section 290 of the Mental Health (Care and Treatment) (Scotland) Act 2003 Regulations 15 and 16		Nurse in Charge of the Ward, Unit Manager, Care Coordinator, MH Law Administrator, Lead for MH & Mental Capacity Law	
C3.27	Any record or report or other decision required to be made by Hospital Managers under the MHA or Regulations	MHA Regulation 3(9)		Any Trust Executive Board Member, Duty Manager, Nurse in Charge of the Ward, Unit Manager, MH Law Administrator, Lead for MH & Mental Capacity Law	
C3.28	Decision to accept service by a particular model	Regulation 3(10)		Any Trust Executive Board Member, MH Law Administrator, Lead for MH & Mental Capacity Law	

AUDIT COMMITTEE TERMS OF REFERENCE

1 CONSTITUTION

- 1.1 The Board of Directors hereby resolves to establish a committee of the Board of Directors to be known as the Audit Committee ('the Committee'). The Committee is a non-executive committee of the Board of Directors and has no executive powers, other than those specifically delegated in these terms of reference.

2 ACCOUNTABILITY

- 2.1 The Committee is accountable to the Board of Directors and any changes to these terms of reference must be approved by the Board of Directors.

3 PURPOSE

- 3.1 The purpose of the Audit Committee is to:
- (a) provide assurance to the Board of Directors that its systems of governance, risk management and internal control for clinical and non clinical activities are effective and are being maintained across the organisation;
 - (b) monitor compliance with the Trust's Standing Orders for the Board of Directors and Standing Financial Instructions and other principal policies;
 - (c) advise the Board of Directors on internal audit services;
 - (d) advise the Council of Governors on external audit services;
 - (e) make recommendations to the Board of Directors in respect of the Committee's reviews of:
 - (i) schedules of losses and compensations,
 - (ii) annual financial statements,
 - (iii) suspension of standing orders for the Board of Directors.

4 MEMBERSHIP

- 4.1 The Committee shall comprise three Non-Executive Directors, each of whom will be voting members.
- 4.2 The membership of the Committee will be disclosed in the annual report.

- 4.3 The Trust's Chairman shall not be a member of the Committee. The chair and all other non-executive directors / advisory board members (associate members) may attend meetings of the Audit Committee if they wish.

5 ATTENDANCE

- 5.1 The following non-voting members will attend meetings of the Committee:
- (a) Executive Director of Finance;
 - (b) Deputy Director of Finance;
 - (c) Executive Director of Nursing or their representative (in respect of their lead responsibility for risk management);
 - (d) Executive Director of Operations or their representative;
 - (e) representatives of the Trust's internal and external audit services;
 - (f) a service user;
 - (g) a carer;
 - (h) the local counter fraud specialist;
 - (i) Trust Secretary / Deputy Trust Secretary.
- 5.2 The Committee may also extend invitations to the Chief Executive and other directors when the Committee is discussing areas of risk or operation that are the responsibility of that director.
- 5.3 The Chief Executive will normally be invited to attend the Committee to discuss the process for assurance that supports the Annual Governance Statement and to discuss the annual accounts.
- 5.4 The Trust Secretary shall be secretary to the committee and shall attend to take minutes of the meeting and provide appropriate support to the Committee chair and committee members.
- 5.5 At least once a year the Committee should meet privately with the external and internal auditors.

6 QUORUM

- 6.1 A quorum shall be two voting members.

7 FREQUENCY

- 7.1 Meetings shall be held six times a year. The external auditor, head of internal audit or the chair of the Committee may request a meeting if they consider that one is necessary.

8 AUTHORITY

- 8.1 The Committee is authorised by the Board of Directors to:
- (a) investigate any activity within its terms of reference, and will utilise this authorisation rigorously should the need arise;
 - (b) seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee;
 - (c) obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary.

9 DUTIES

- 9.1 The Audit Committee will act as the central means by which the Board of Directors is assured that effective internal control arrangements are in place and provide a form of independent check upon the executive arm of the Board of Directors. It will achieve this by:

Governance, Risk Management and Internal Control

- 9.2 Concluding upon the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the organisation's activities (both clinical and non-clinical), that supports the achievement of the organisation's objectives and takes account of the Foundation Trust Code of Governance and the Trust's NHS Provider Licence and terms of Authorisation.
- 9.3 Reviewing the adequacy of all risk and control related disclosure statements (in particular the Annual Governance Statement), together with any accompanying head of internal audit statement, external audit opinion or other appropriate independent assurances, prior to endorsement by the Board of Directors.
- 9.4 Reviewing the adequacy of underlying assurance processes that indicate the degree of the achievement of strategic objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements within the organisational priority areas of:
- (a) improving the quality and increasing the value of services;
 - (b) enhancing partnership arrangements to deliver a better range of integrated services;
 - (c) consolidating, developing and expanding the range of services provided;
 - (d) becoming a better organisation by building on involvement with stakeholders and strengthening governance.
- 9.5 Reviewing policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements; as well as policies for all work related to fraud and

corruption as set out in Secretary of State Directions, guidance issued by Monitor / NHS Improvement and as required by the NHS Protect.

- 9.6 Reviewing committees of the Board of Directors in meeting their terms of reference, and supporting the delivery of strategic objectives.
- 9.7 Reviewing the effectiveness of the organisational risk management function as a whole system.
- 9.8 Reviewing systems to obtain assurances relating to the organisational approach to its use of resources and ensuring value for money.
- 9.9 Monitoring and reviewing the executive processes for assessing, reporting and owning business risks and their financial implications.
- 9.10 In carrying out this work the Committee will primarily utilise the work of internal audit, external audit and other assurance functions, but will not be limited to these audit functions. It will also seek reports and assurances from directors and managers as appropriate, concentrating on the overarching systems of integrated governance, risk management and internal control, together with indicators of their effectiveness.
- 9.11 This will be evidenced through the Committee's use of an effective assurance framework to guide its work and that of the audit and assurance functions that report to it.

Internal Audit

- 9.12 Ensuring an effective internal audit function is established by management, which meets mandatory *Public Sector Internal Audit Standards 2013 (as amended)*, guidance issued by Monitor / NHS Improvement and provides appropriate independent assurance to the Committee, Chief Executive and Board of Directors. This will be achieved by:
 - (a) consideration of the provision of the internal audit service, the cost of the audit and any questions of resignation and dismissal;
 - (b) review and approval of the annual internal audit plan and more detailed programme of work, ensuring that this is consistent with the audit needs of the organisation as identified in the assurance framework;
 - (c) consideration of the major findings of internal audit work (and management's response), and ensure co-ordination between the internal and external auditors to optimise audit resources;
 - (d) ensuring that the internal audit function is adequately resourced and has appropriate standing within the organisation;
 - (e) an annual review of the effectiveness of internal audit.

External Audit

- 9.13 The Committee will review and monitor the External Auditors' independence and objectivity as well as the effectiveness of the external audit process. In particular the Committee will review the work and findings of the External Auditors and consider management's response to the auditor's work. This will be achieved by
- (a) assessing the External Auditor's work, performance and fees annually and making a recommendation to the Council of Governors regarding the re-appointment or removal of the auditors;
 - (b) discussing with the External Auditor, before the audit commences and as set out in the annual plan, the nature and scope of the audit so ensuring co-ordination, where appropriate, with other external auditors in the local health economy and consideration of issues or concerns raised by the Council of Governors;
 - (c) reviewing all external audit reports, including the Annual Audit Letter and any reports to those charged with governance, together with the appropriateness of the management response;
 - (d) discussion with the external auditors of their local evaluation of audit risks and assessment of the Trust and associated impact on the audit fee (although such fees are approved by the Council of Governors);
 - (e) ensuring there is a clear policy in place on the engagement of the external auditor to supply non-audit services;
 - (f) overseeing a market testing / procurement exercise for the appointment of external auditors at least every five years;
 - (g) making recommendation(s) to the Council of Governors in relation to:
 - (i) the appointment, re-appointment or removal of the external auditor, and
 - (ii) the approval of the remuneration and terms of engagement
- 9.14 Should the Council of Governors reject the Committee's recommendations, or terminate an auditor's appointment in disputed circumstances, the Committee will prepare an appropriate statement for the Board of Directors to include in the annual report and will also inform Monitor / NHS Improvement of the reasons behind that decision

Other Assurance Functions

- 9.15 The Audit Committee shall review the findings of other significant assurance functions, both internal and external to the organisation, and consider the implications to the governance of the organisation. These will include, but will not be limited to, any reviews by Department of Health or Regulators / Inspectors (e.g. Monitor / NHS Improvement, Care Quality Commission, NHS Litigation Authority, etc.) and professional bodies with responsibility for the performance of staff or functions (e.g. Royal Colleges, accreditation bodies, etc.). As a mental health Trust

the committee will seek to take specific note of assurances relating to Mental Health Act compliance.

- 9.16 In addition, the Committee will review the work of other Board of Directors committees, whose work can provide relevant assurance to the audit committee's own scope of work. The Committee will satisfy itself that its work and that of other committees are co-ordinated to avoid duplication or omission. In reviewing issues relating to clinical risk management, the Audit Committee will wish to satisfy themselves on the assurance that can be gained from the clinical audit function.

Management

- 9.17 The Committee shall request and review reports and positive assurances from directors and managers on the overall arrangements for governance, risk management and internal control.
- 9.18 They may also request specific reports from individual functions within the organisation (e.g. clinical audit) as they may be appropriate to the overall arrangements.

Financial Reporting

- 9.19 The Audit Committee shall review the annual report and financial statements before submission to the Board of Directors, focusing particularly on:
- (a) the wording in the Annual Governance Statement and other disclosures relevant to the terms of reference of the Committee;
 - (b) changes in, and compliance with, accounting policies, practices and estimation techniques;
 - (c) unadjusted mis-statements in the financial statements;
 - (d) significant judgements in preparation of the financial statements;
 - (e) significant adjustments resulting from the audit;
 - (f) letters of representation;
 - (g) explanations for significant variances.
- 9.20 The Committee shall also ensure that the systems for financial reporting to the Board of Directors, including those of budgetary control, are subject to review as to completeness and accuracy of the information provided to the Board of Directors.

Raising Concerns at Work (including whistleblowing)

- 9.21 The Committee shall review the effectiveness of the arrangements for allowing staff to raise (in confidence) concerns about possible improprieties in financial, clinical or safety matters and ensure that any such concerns are investigated proportionately and independently.

10 REPORTING

- 10.1 The Committee will have the following reporting requirements:
- (a) to ensure that the minutes of its meetings are formally recorded and submitted to the Board of Directors supported by a chair's report highlighting:
 - (i) key risks identified through the work of the Committee
 - (ii) the impact of assurance reports received relating to existing risks in the corporate assurance framework.
 - (iii) any issues that require disclosure to the full Board of Directors, or require executive action.
- 10.2 The Committee will report to the Board of Directors annually on its work in support of the annual governance statement, specifically commenting on the fitness for purpose of the assurance framework, the completeness and embeddedness of risk management in the organisation, the integration of governance arrangements and the appropriateness of the self-assessment for the production of the Trust's Quality Account.
- 10.3 The Committee will outline its work to the Board of Directors through an annual business cycle and will provide assurance to the Board of Directors of compliance with the requirements of these terms of reference through the development and presentation of an Audit Committee annual report, presented following the end of the financial year.
- 10.4 There are no sub-committees which report to the Audit Committee.

11 RESPONSIBILITY OF COMMITTEE MEMBERS AND ATTENDEES

- 11.1 Members of the Committee have a responsibility to:
- (a) attend a minimum of four meetings a year, having read all papers beforehand;
 - (b) agree an annual business cycle for the Committee;
 - (c) act as 'champions', disseminating information and good practice as appropriate,

12 ADMINISTRATIVE ARRANGEMENTS

- 12.1 The Trust Secretary will ensure:
- (a) that the Committee receives sufficient resources to undertake its duties
 - (b) correct minutes of meetings are taken and once agreed by the chair that they are distributed to the members;
 - (c) the minutes of the meeting are distributed within 10 working days of the meeting taking place;
 - (d) a record of matters arising is produced with issues to be carried forward;

- (e) an action list is produced following each meeting and any outstanding action is carried forward on the action list until complete;
- (f) conflicts of interest are recorded along with the arrangements for managing those conflicts;
- (g) appropriate support to the chair and Committee members to enable them to fulfil their role;
- (h) that advice is provided to the Committee on pertinent areas;
- (i) the agenda is agreed with the chair prior to sending papers to members no later than five working days before the meeting;
- (j) management of the Committee's annual cycle of business;
- (k) the papers of the Committee are filed in accordance with the Trust's policies and procedures.

12.2 The Trust Secretary will collate the Committee's annual report and agree new ways of working to enable the Committee to meet the wide range of responsibilities set out in these terms of reference.

13 REVIEW

13.1 Terms of reference will be reviewed at least annually and any proposed amendments to these terms of reference will be considered by the Audit Committee prior to approval by the Board of Directors.

14 DATE OF REVIEW

14.1 These terms of reference are to be reviewed annually.

14.2 Date for next review is March 2017.

EXECUTIVE COMMITTEE TERMS OF REFERENCE

1 CONSTITUTION

- 1.1 The Board of Directors hereby resolves to establish a committee of the Board of Directors to be known as the *Executive Committee* ('the Committee'). The Committee has no powers, other than those specifically delegated in these terms of reference.

2 ACCOUNTABILITY

- 2.1 The Committee is accountable to the Board of Directors and any changes to these terms of reference must be approved by the Board of Directors.

3 PURPOSE

- 3.1 Its purpose is to:
- (a) support the Board of Directors in setting and delivering the organisation's strategic direction and priorities;
 - (b) oversee effective operational management of the Trust and delivery of continuous improvement in quality;
 - (c) assess and control risk.

4 MEMBERSHIP

- 4.1 The Committee shall comprise the following voting members:
- (a) the Chief Executive;
 - (b) other Executive Directors of the Board of Directors;
 - (c) the non-voting Directors of the Board of Directors.
- 4.2 The Chief Executive will chair the Committee and membership of the Committee will be disclosed in the annual report.
- 4.3 There is no provision for deputies to represent voting members at meetings of the Committee unless they are formally acting-up in accordance with the Trust's Constitution.

5 ATTENDANCE

- 5.1 The following non-voting members will attend meetings of the Committee:
- (a) Associate Medical Director – Local Services Division;

- (b) Associate Medical Director – Secure Division;
- (c) Associate Medical Director – Specialist Learning Disability Division;
- (d) Chief Operating Officer – Local Services Division;
- (e) Chief Operating Officer – Secure Division;
- (f) Chief Operating Officer – Specialist Learning Disability Division;
- (g) Associate Director – South Sefton Community Services Division;
- (h) Deputy Director of Nursing;
- (i) Deputy Director of Workforce;
- (j) Associate Director of Finance;
- (k) Director of Estates;
- (l) Commercial Director;
- (m) Director of Social Care and Safeguarding;
- (n) Director of Social Inclusion and Participation;
- (o) Director of Patient Safety;
- (p) Trust Secretary;
- (q) Minute Secretary.

5.2 The Chair of the Committee may also extend invitations to other personnel with relevant skills, experience or expertise as necessary to enable it to deal with matters before the Committee. An open invitation exists for all members of the Board of Directors to attend the Committee.

6 QUORUM

6.1 A quorum shall be three voting members.

7 FREQUENCY

7.1 Meetings shall be held a minimum of ten times a year. Voting members of the Committee may request a meeting if they consider that one is necessary.

7.2 Any matters requiring urgent consideration may, by exception, be dealt with via email, and noted in the minutes of the following Committee meeting.

8 AUTHORITY

8.1 The Committee is authorised by the Board of Directors to:

- (a) investigate any activity within its terms of reference;

- (b) make recommendations to the Board of Directors;
- (c) to act in accordance with the Trust's *Scheme of Reservation and Delegation*;
- (d) approve policies for which the committee is the responsible body;
- (e) establish and approve the terms of reference of such sub-reporting groups, or task and finish groups as the Committee believes necessary to fulfil its terms of reference.

8.2 The Board of Directors also delegates decisions that are not of a significant nature. In practice, what is significant will depend upon the judgement of members but the Committee must refer the following types of issue to the Board of Directors:

- (a) any matter which will:
 - (i) change the strategic direction of the Trust;
 - (ii) conflict with strategic obligations;
 - (iii) contravene national policy decisions or Government directives;
 - (iv) have significant revenue implications;
 - (v) is likely to arouse significant public or media interest;

9 DUTIES

9.1 *General*

- (a) Provide corporate leadership to the organisation.
- (b) Promote partnership working with, and engagement of, service users, carers, staff and other stakeholders in the development of the Trust's strategy and its operational plans.
- (c) Consider matters arising from the day to day management of the Trust and, where necessary, agree appropriate management action.
- (d) Recommend for inclusion of items on the annual business cycle for the Board of Directors, subject to the approval of the Board of Directors;
- (e) Undertake an annual assessment of the Committee's effectiveness

9.2 *Strategy and objectives*

- (a) Oversee:
 - (i) the development of the Trust's strategy, the identification of priorities and Trust wide objectives;
 - (ii) the development of the Trust's annual operational plan and objectives, including revenue and capital budgets to support its delivery;

- (iii) the development and implementation of integrated plans / frameworks, including [but not limited to] Quality, Workforce, Organisational Development, Stakeholder Engagement, Communications, Health & Safety, Estates and Information Management & Technology that support delivery of the Trust's strategic objectives.
- (b) Agree objectives for the Trust's divisions based on the Trust's approved strategy.
- (c) Maintain operational oversight of the implementation of the Trust's strategy and its operating plans.
- (d) Consider and agree proposed business cases for major service and strategic development against the Trust's priorities and objectives prior to them being recommended to the Performance, Investment and Finance Committee.

9.3 Assurance

- (a) Provide assurance to the Board of Directors on the effectiveness and robustness of the operational arrangements that are in place to deliver the organisation's objectives and statutory duties;
- (b) Monitor the effectiveness of the governance and operational management of the Trust's divisions.
- (c) Agree statements concerning the governance and services provided by the Trust prior to submission to the relevant Board committee or Board of Directors (quality account, submissions to Care Quality Commission, NHS Litigation Authority, Information Governance returns etc.).

9.4 Performance and financial management

- (a) Oversee the:
 - (i) development of a comprehensive corporate reporting system that tracks Trust wide progress against strategic and operational objectives.
 - (ii) routine collection of service user, carer, staff and stakeholder' opinion to inform the development of services provided.
- (b) Regularly review the Trust's overall performance, including compliance with its statutory duties, standards, quality improvement and outcome targets, other key performance indicators and other obligations on a regular basis. Agree actions and responsibilities for addressing adverse performance or development requirements.
- (c) Agree actions and responsibilities in relation to key performance issues escalated from the Trust's business divisions.
- (d) Consider and agree within the delegated limits of the Committee's membership:
 - (i) requests for resourcing changes;

- (ii) proposals to resolve operational issues that have a Trust wide impact and that may affect Trust wide plans.

9.5 *Risk management and internal control*

- (a) Through receipt of reports from the Risk Management Group and the Executive Director of Nursing, be assured on the robustness of the Trust's risk register and Board Assurance Framework, as it pertains to regulatory matters, and in receiving this assurance it will consider:
 - (i) whether future risks to matters within the Committee's scope are being comprehensively assessed,
 - (ii) the assessment of risks to performance matters arising from cost improvement plans and post-implementation reviews,
 - (iii) whether the plans for mitigating strategically significant risks to matters within the Committee's scope are adequate, and
 - (iv) consider whether any of these risks should be regarded as strategically significant and be recommended to the Board of Directors for inclusion in the Board Assurance Framework;

The Committee will also seek to advise the Board of Directors on reputational matters that should appear in the Trust's risk register and Board Assurance Framework

- (b) Ensure the development and recommendation to the Board of Directors, of an effective system of risk management;
- (c) Taking account of the recommendations of the Board of Directors and Board Committees keep under review all risks to the delivery of the Trust's objectives, and agree:
 - (i) action necessary to mitigate or manage risk, including the use of resources,
 - (ii) whether further recommendations need to be made to the Board of Directors, Board Committees, the Risk Management Group or the Executive Director of Nursing (as appropriate) in respect of the risks shown in the risk register or the Board Assurance Framework;
- (d) Ensure that there are effective arrangements in place to protect the health and safety of staff, service users, and people working at, or visiting the Trust.

9.6 *Quality and Safety*

- (a) Oversee the development and implementation of continuous improvements in the quality and outcomes of care for service users.
- (b) Maintain oversight of the programmes of work (and their effectiveness) to further develop clinical leadership throughout the Trust, integrated care pathways, clinical audit, training and education and revalidation.

- (c) Consider the impact and ensure robust management of serious untoward incidents, legal challenges and complaints, ensuring that trends are identified, that the Trust takes appropriate and speedy action at the right time and that lessons are learnt and implemented.
- (d) Maintain oversight of the implementation of actions arising from internal or external reports, including inquiries and investigations that relate to services provided by the Trust, providing assurance as necessary to the Quality Assurance Committee.
- (e) Agree and keep under review the Trust's quality account.

9.7 *Operational Management*

- (a) Keep under review:
 - (i) the organisational structure, where appropriate implementing or making recommendations to the Board of Directors for change;
 - (ii) the robust implementation of the Trust's health and safety responsibilities.
- (b) Ensure:
 - (i) appropriate levels of authority are delegated to senior management throughout the Trust;
 - (ii) the control, co-ordination and monitoring within the Trust of risk and internal controls;
 - (iii) compliance with relevant legislation and regulations;
 - (iv) there is clarity on the responsibility for developing, approving and promulgation of operational policies and procedures;
 - (v) the integrity of management information and financial reporting systems;
 - (vi) the Executive Committee reviews, considers and approves the policy documents for which it has responsibility.

10 REPORTING

- 10.1 The Committee will have the following reporting requirements:
- (a) to ensure that the minutes of its meetings are formally recorded and submitted to the Board of Directors supported by a chair's report;
 - (b) to ensure that any issues that require disclosure to the Board of Directors are brought to the Board of Directors' attention.
- 10.2 The Committee will report to the Board of Directors annually on its work.

- 10.3 The Committee will outline its work to the Board of Directors through an annual work plan and will provide assurance to the Board of Directors of compliance with the requirements of these terms of reference through the development and presentation of an annual report, presented at the end of the financial year.
- 10.4 The following sub-committees and working groups report to the Executive Committee:
- (a) Capital Investment Group;
 - (b) Centre for Perfect Care Sub Committee;
 - (c) Data Quality Steering Group;
 - (d) Emergency Preparedness and Resilience Group;
 - (e) Health Records Group;
 - (f) Health and Safety Sub-committee;
 - (g) Human Rights & Equality Sub Group;
 - (h) Digital Board;
 - (i) Informatics Merseyside Partnership Board;
 - (j) Integration Committee;
 - (k) Joint Negotiation and Consultation Committee;
 - (l) Joint Senior Information Risk Owner and Caldicott Sub-committee;
 - (m) Local Negotiating Committee;
 - (n) Operational Management Board;
 - (o) Patient Safety Group;
 - (p) Policy Group;
 - (q) Risk Management Group;
 - (r) [Shadow] South Sefton Community Services Operational Management Board;
 - (s) Strategic Planning Group;
 - (t) Strategic Workforce Group;

whilst directors / other groups may provide assurance through dedicated reports identified on the annual work plan.

11 RESPONSIBILITY OF COMMITTEE MEMBERS AND ATTENDEES

- 11.1 Members of the Committee have a responsibility to:
- (a) attend a minimum of 75% of meetings a year, having read all papers beforehand;
 - (b) agree an annual business cycle for the committee;
 - (c) act as ‘champions’, disseminating information and good practice as appropriate.

12 ADMINISTRATIVE ARRANGEMENTS

- 12.1 The Trust Secretary will ensure:
- (a) that the Committee receives sufficient resources to undertake its duties;
 - (b) correct minutes of meetings are taken and once agreed by the chair that they are distributed to the members;
 - (c) the minutes of the meeting are distributed within 10 working days of the meeting taking place;
 - (d) a record of matters arising is produced with issues to be carried forward;
 - (e) an action list is produced following each meeting and any outstanding action is carried forward on the action list until complete;
 - (f) conflicts of interest are recorded along with the arrangements for managing those conflicts;
 - (g) appropriate support to the chair and Committee members to enable them to fulfil their role;
 - (h) that advice is provided to the Committee on pertinent areas;
 - (i) the agenda is agreed with the chair prior to sending papers to members no later than five working days before the meeting;
 - (j) management of the Committee's annual business cycle;
 - (k) the papers of the Committee are filed in accordance with the Trust's policies and procedures.
- 12.2 The Trust Secretary will collate the committee's annual report and agree new ways of working to enable the committee to meet the wide range of responsibilities set out in these terms of reference.

13 REVIEW

- 13.1 Terms of reference will be reviewed at least annually. Date for review March 2018.

PERFORMANCE, INVESTMENT AND FINANCE COMMITTEE

TERMS OF REFERENCE

1 CONSTITUTION

- 1.1 The Board of Directors hereby resolves to establish a committee of the Board of Directors to be known as the *Performance, Investment and Finance Committee* ('the Committee'). The Committee has no powers, other than those specifically delegated in these terms of reference.

2 ACCOUNTABILITY

- 2.1 The Committee is accountable to the Board of Directors and any changes to these terms of reference must be approved by the Board of Directors.

3 PURPOSE

- 3.1 Provide objective scrutiny of the key performance and outcome measures in delivering the Trust's strategy. Scrutinise delivery of the Trust's strategy and associated (annual) operating plans. Provide assurance to the Board of Directors on the systems and processes that the Trust has in place to monitor.
- 3.2 Undertake objective scrutiny of the Trust's:
- (a) in year performance against the agreed measures and provide assurance to the Board of Directors on the quality and reliability of the information that it receives;
 - (b) in year financial performance against the Trust's financial budgets and plans, providing assurance and recommendations (were necessary) to the Board of Directors on the financial position and robustness of the information that it receives;
 - (c) strategic financial management, specifically the Five year Financial Framework and the delivery of the cost improvement programme both short and long term;
 - (d) investment policy and major investment proposals, prior to consideration by the Board of Directors, and maintain oversight of the implementation of those investments.

4 MEMBERSHIP

- 4.1 The Committee shall comprise the following voting members:
- (a) three Non-Executive Directors;

- (b) three Executive Directors:
 - (i) Executive Director of Finance,
 - (ii) Executive Director of Workforce,
 - (iii) Executive Director of Operations.

4.2 A Non-Executive Director will chair the Committee and in the event of a vote will have a second casting vote. Membership of the Committee will be disclosed in the annual report.

4.3 Although a voting member can be substituted by an appropriate voting member of the Board of Directors (i.e., a Non-Executive substituting for a Non-Executive or an Executive Director substituting for an Executive Director) there is no provision for deputies to represent voting members at meetings of the Committee unless they are formally acting-up in accordance with the Trust's Constitution.

5 ATTENDANCE

5.1 The following non-voting members will attend meetings of the Committee as required:

- (a) Director of Integration (or their representative from South Sefton Community Services Division));
- (b) Director of Strategy and Planning;
- (c) Director of Informatics and Knowledge Management
- (d) Associate Medical Director, Local Services Division (or their representative);
- (e) Associate Medical Director, Secure Division (or their representative);
- (f) Associate Medical Director, Specialist Learning Disability Division (or their representative);
- (g) Associate Director of Finance (or their representative);
- (h) Director of Estates (or their representative);
- (i) Commercial Director (or their representative);
- (j) A Service User;
- (k) A Carer;
- (l) Trust Secretary or the Deputy Trust Secretary;
- (m) Minute Secretary.

5.2 The Committee may also extend invitations to other personnel with relevant skills, experience or expertise as necessary to enable it to deal with matters before the

Committee. An open invitation exists for all members of the Board of Directors to attend the Committee.

6 QUORUM

6.1 A quorum shall be four voting members, comprising two Non-Executive and two Executive Directors.

7 FREQUENCY

7.1 Meetings shall be held a minimum of six times a year. Voting members of the Committee may request a meeting if they consider that one is necessary.

8 AUTHORITY

8.1 The Committee is authorised by the Board of Directors to:

- (a) investigate any activity within its terms of reference;
- (b) make recommendations to the Board of Directors;
- (c) approve policies for which the Committee is the responsible body;
- (d) establish and approve the terms of reference of such sub-reporting groups, or task and finish groups as the Committee believes necessary to fulfil its terms of reference.

8.2 The Board of Directors also delegates decisions that are not of a significant nature. In practice, what is significant will depend upon the judgement of members but the committee must refer the following types of issue to the Board of Directors:

- (a) any matter which will:
 - (i) change the strategic direction of the Trust;
 - (ii) conflict with strategic obligations;
 - (iii) contravene national policy decisions or Government directives;
 - (iv) have significant revenue implications;
 - (v) are likely to arouse significant public or media interest.

8.3 The Committee Chair is authorised to work with the Chair of the Quality Assurance Committee to agree the oversight of performance measures and of risk assurance between the two committees (to be endorsed by the Board of Directors).

9 DUTIES

9.1 Scrutinise:

- (a) the development; underlying assumptions and methodologies of the Trust's strategy and associated operational plans, prior to review and approval by the Board of Directors;

- (b) the development and implementation of the performance and outcome measures that will enable the Board of Directors to monitor the Trust's progress towards full implementation of its strategy, operational plans, national targets and core standards;
 - (c) the detailed financial performance reporting against budgets and financial plans in order to provide assurance and advice to the Board of Directors so as to ensure robust financial management and delivery of statutory financial duties;
 - (d) strategic financial plans; specifically the Five Year Financial Framework and the delivery of the cost improvement programme both short and long term.
- 9.2 Review and be assured of the mechanisms for reporting performance to the Board of Directors and ensure that they are consistent with best practice; that they are efficient and effective; that they incorporate benchmarking, that they provide the Board of Directors with a clear line of sight between its strategic objectives and operational delivery and that they provide the means to interrogate adverse performance and the reasons for this.
- 9.3 Be assured of performance against the Trust's agreed performance measures and, where appropriate, identify the key issues requiring discussion or decision by the Board of Directors; keep under review plans to address corrective action.
- 9.4 Be assured that the Trust's service delivery agreements and key contractual agreements are robust and that effective actions are being taken to manage areas of adverse performance.
- 9.5 Where the Board of Directors requires additional scrutiny and assurance, review specific aspects of performance and ensure that the outcome of such work is completed to the Board of Directors' satisfaction.
- 9.6 Be assured of financial performance against the Trust's budgets and financial plans, paying particular note to reporting in respect of reserves, expenditure by divisions and the 13-week cash flow forecast. Where appropriate, identify the key issues requiring discussion or decision by the Board of Directors and keep under review plans to address corrective action(s).
- 9.7 Where significant underspends against budgets are forecast, to consider options and make recommendation to the Board of Directors as to how these underspends should be allocated
- 9.8 Scrutinise cost improvement plans prior to consideration by the Board of Directors and provide assurance that the plans have been appropriately formulated and robustly assessed for delivery and that they minimise the impact on the quality outcomes of care for service users.
- 9.9 Receive and scrutinise in-year changes to / re-prioritisation of cost improvement plans, ensuring that these have been appropriately formulated and robustly assessed for delivery and that they minimise the impact on the quality outcomes of care for service users.

- 9.10 Undertake an annual review of service line reporting and reference costs / payment by results and consider proposals for investing or disinvesting in services, prior to a recommendation being considered by the Board of Directors.
- 9.11 Where appropriate, recommend and keep under review the Trust's investment and borrowing strategy and associated policies and ensure they accord with national guidance by the appropriate regulatory body.
- 9.12 Evaluate, scrutinise and agree the financial validity of individual investment decisions with an investment value in excess of £1 million and, where appropriate, approve amendments to the annual capital programme. Review all requests for asset disposals in excess of £1 million.
- 9.13 Consider the annual review of Trust's Estate Framework, making recommendations for the consideration by the Board of Directors.
- 9.14 Where appropriate, receiving assurance that major business cases have considered the advice of the Design Champions Board and are aligned with the aims and objectives of the Estates Framework and the Trust's strategy. Where the Board of Directors needs to approve major business cases or recommend approval to / consideration by Monitor / NHS Improvement or HM Treasury undertake detailed scrutiny of the business cases, making recommendations for the consideration by the Board of Directors.
- 9.15 Consider post-implementation investment audits undertaken by or on behalf of the Trust. These should be carried out 12 months after business case approval.
- 9.16 Be assured of compliance with regulatory and departmental requirements and procedures.
- 9.17 Review proposals to establish joint ventures or other commercial partnerships including the incorporation of start-up companies and make recommendations to the Board of Directors in relation to any due diligence, warranties, assignments, investment agreements, etc. related to joint ventures, commercial partnerships or incorporation of start-up companies.
- 9.18 Ensure that policies and procedures relevant to the areas of work of the Committee are developed, implemented and reviewed;
- 9.19 Through receipt of reports from the Risk Management Group, be assured on the robustness of the Trust's risk register, as it pertains to financial, performance and investment matters, and in receiving this assurance it will consider:
- (i) whether future risks to matters within the Committee's scope are being comprehensively assessed,
 - (ii) the assessment of risks to performance matters arising from cost improvement plans and post-implementation reviews,
 - (iii) whether the plans for mitigating strategically significant risks to matters within the Committee's scope are adequate, and

- (iv) consider whether any of these risks should be regarded as strategically significant and be recommended to the Board of Directors for inclusion in the Board Assurance Framework.

10 REPORTING

- 10.1 The Committee will have the following reporting requirements:
 - (a) to ensure that the minutes of its meetings are formally recorded and submitted to the Board of Directors supported by a chair's report;
 - (b) to ensure that any issues that require disclosure to the full Board of Directors are brought to the Board of Directors attention.
- 10.2 The Committee will report to the Board of Directors annually on its work.
- 10.3 The Committee will outline its work to the board through an annual business cycle and will provide assurance to the Board of Directors of compliance with the requirements of these terms of reference through the development and presentation of an annual report, presented at the end of the financial year.

11 RESPONSIBILITY OF COMMITTEE MEMBERS AND ATTENDEES

- 11.1 Members of the Committee have a responsibility to:
 - (a) attend a minimum of 75% of meetings a year, having read all papers beforehand;
 - (b) agree an annual business cycle for the Committee;
 - (c) act as 'champions', disseminating information and good practice as appropriate,

12 ADMINISTRATIVE ARRANGEMENTS

- 12.1 The Trust Secretary will ensure:
 - (a) that the Committee receives sufficient resources to undertake its duties;
 - (b) correct minutes of meetings are taken and once agreed by the chair that they are distributed to the members;
 - (c) a record of matters arising is produced with issues to be carried forward;
 - (d) an action list is produced following each meeting and any outstanding action is carried forward on the action list until complete;
 - (e) conflicts of interest are recorded along with the arrangements for managing those conflicts;
 - (f) appropriate support to the Chair and Committee members to enable them to fulfil their role;
 - (g) that advice is provided to the Committee on pertinent areas
 - (h) the agenda is agreed with the chair prior to sending papers to members no later than five working days before the meeting;

- (i) management of the Committee's annual business cycle;
- (j) the papers of the Committee are filed in accordance with the Trust's policies and procedures.

12.2 The Trust Secretary will collate the Committee's annual report and agree new ways of working to enable the Committee to meet the wide range of responsibilities set out in these terms of reference.

13 REVIEW

13.1 These terms of reference are to be reviewed annually. Date for review March 2018.

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QUALITY ASSURANCE COMMITTEE

TERMS OF REFERENCE

1 CONSTITUTION

- 1.1 The Board of Directors hereby resolves to establish a committee of the Board of Directors to be known as the *Quality Assurance Committee* ('the Committee'). The Committee has no powers, other than those specifically delegated in these terms of reference.

2 ACCOUNTABILITY

- 2.1 The Committee is accountable to the Board of Directors and any changes to these terms of reference must be approved by the Board of Directors.

3 PURPOSE

- 3.1 The Board of Directors defines high quality care as being safe, effective with a positive experience for service users and carers, which is also delivered efficiently, on time and equitably. Quality assurance is the process of testing the systems and processes designed to ensure the quality of the Trust's services.
- 3.2 The Quality Assurance Committee has been established to provide assurance to the board that quality in the Trust is of the highest standard. In discharging its responsibilities, the Committee will assure itself of Trust wide approaches to:
- (a) planning and driving continuous improvement;
 - (b) identifying, sharing and ensuring delivery of best-practice;
 - (c) ensuring that required standards and quality goals are achieved;
 - (d) investigating and taking action on substandard performance;
 - (e) identifying risks to quality of care.
- 3.3 In fulfilling its purpose the Committee will demonstrate respect for the needs, opinions and preferences of service users and carers.

4 MEMBERSHIP

- 4.1 The Committee shall comprise the following voting members:
- (a) three Non-Executive Directors;

- (b) three Executive Directors:
 - (i) Executive Director of Nursing,
 - (ii) Medical Director,
 - (iii) Executive Director of Workforce.

4.2 A Non-Executive Director will chair the Committee and in the event of a vote will have a second casting vote. Membership of the Committee will be disclosed in the annual report.

4.3 Although a voting member can be substituted by an appropriate voting member of the Board of Directors (i.e., a Non-Executive substituting for a Non-Executive or an Executive Director substituting for an Executive Director) there is no provision for deputies to represent voting members at meetings of the Committee unless they are formally acting-up in accordance with the Trust's Constitution.

5 ATTENDANCE

5.1 The following non-voting members will attend meetings of the committee:

- (a) Director of Integration (or their representative from South Sefton Community Services Division);
- (b) Director of Patient Safety;
- (c) Associate Medical Director, Local Services Division (or their representative);
- (d) Associate Medical Director, Secure Division (or their representative);
- (e) Associate Medical Director, Specialist Learning Disability Division (or their representative);
- (f) Director of Infection Prevention and Control (Deputy Director of Nursing);
- (g) Associate Director of Finance (or their representative);
- (h) a Service User;
- (i) a Carer;
- (j) a Staff Side Representative;
- (k) Head of Quality and Risk;
- (l) Trust Secretary.

5.2 The Committee may also extend invitations to other personnel with relevant skills, experience or expertise as necessary to enable it to deal with matters before the Committee.

6 QUORUM

- 6.1 A quorum shall be four voting members, comprising two Non-Executive Directors and two Executive Directors.

7 FREQUENCY

- 7.1 Meetings shall be held a minimum of six times a year. Voting members of the Committee may request a meeting if they consider that one is necessary.

8 AUTHORITY

- 8.1 The Committee is authorised by the Board of Directors to:
- (a) investigate any activity within its terms of reference;
 - (b) make recommendations to the Board of Directors;
 - (c) approve policies for which the Committee is the responsible body;
 - (d) establish and approve the terms of reference of such sub-reporting groups, or task and finish groups as the Committee believes necessary to fulfil its terms of reference.
- 8.2 The Board of Directors also delegates decisions that are not of a significant nature. In practice, what is significant will depend upon the judgement of members but the Committee must refer the following types of issue to the Board of Directors
- (a) any matter which will:
 - (i) change the strategic direction of the Trust;
 - (ii) conflict with strategic obligations;
 - (iii) contravene national policy decisions or Government directives;
 - (iv) have significant revenue implications;
 - (v) are likely to arouse significant public or media interest;
- 8.3 The Committee chair is authorised to work with the chair of the Performance, Investment and Finance Committee to agree the allocation of oversight of performance measures and of risk assurance between the two committees and this will be endorsed by the Board of Directors.

9 DUTIES

- 9.1 *Strategy*
- (a) The Committee will consider the extent to which quality drives the Trust's strategy and provide assurance to the board that potential risks to quality are being mitigated. It will be assured that:

- (i) the quality strategy is embedded throughout the Trust and is kept under review,
- (ii) quality goals are ambitious,
- (iii) quality goals are aligned across the organisation and that there is systematic reporting against quality goals,
- (iv) metrics for measuring progress towards quality goals are clearly defined and continually reviewed;

9.2 *Risk*

- (a) The Committee will, through reports from the Risk Management Group, be assured on the robustness of the Trust's risk register, as it pertains to quality, and in receiving this assurance it will consider:
 - (i) the top 3 risks from each of the clinical divisions,
 - (ii) whether future risks to quality are being comprehensively assessed,
 - (iii) the assessment of risks to quality arising from cost improvement plans and post-implementation reviews,
 - (iv) the impact of the largest cost improvement plans, for example, in relation to headcount, and their affect on quality,
 - (v) whether the plans for mitigating strategically significant risks to quality are adequate, and
 - (vi) consider whether any of these risks should be regarded as strategically significant and be recommended to the Board of Directors for inclusion in the Board Assurance Framework;

9.3 *Capabilities and culture*

- (a) The Committee will be assured that the Trust has the capability and culture to implement its quality strategy and deliver its quality goals. It will receive assurance:
 - (i) on the quality outcomes, relative to other providers, of the different services provided by the Trust;
 - (ii) that benchmarking and best practice are used for the purpose of comparison, including in respect of the trust's mortality data;
 - (iii) clinicians have access to knowledge of evidence based practice and effective methods for ensuring consistent uptake / application are in place;
 - (iv) that there is a well developed needs based education and training programme on quality available to staff;
 - (v) persistent staff underperformance is being addressed;

- (vi) on the effectiveness of board walk-arounds;
- (vii) that feedback from ward visits is analysed and acted on;
- (viii) on the contribution of quality briefings to front-line staff;
- (ix) on the arrangements for seeking external assurance

9.4 *Processes and structure*

- (a) The Committee will be assured that there are clear roles and accountabilities in relation to quality governance (the combination of structure and processes); clearly defined, well understood processes for escalating and resolving issues and managing quality performance and that patients, staff and other key stakeholders actively inform the Trust's plans for quality. The Committee will review the systems and processes in relation to this aspect of quality governance, including:
 - (i) the alignment and effectiveness of its own sub-committees in supporting quality assurance;
 - (ii) the reporting mechanisms for chairs of sub-committee;
 - (iii) whether the delivery of action plans for resolving issues are robust enough to stop recurrences;
 - (iv) timeliness of response to poor performance;
 - (v) how the outputs and actions arising from clinical audit influence Trust wide quality improvements;
 - (vi) how conflicting feedback from staff and service user feedback is handled;
 - (vii) the effectiveness of the systems for gathering staff feedback about quality;
 - (viii) the effectiveness of the systems for gathering patient and carer feedback about quality;
 - (ix) the effectiveness of the systems for gathering external feedback about quality;
 - (x) the Trust's arrangements for responding to adverse incidents and for ensuring that lessons are learnt and promulgated throughout the Trust;
 - (xi) that significant national and local reports are acted on by the Trust;
 - (xii) that the Trust is complying with the requirements of mental health legislation;
 - (xiii) the effectiveness of the Trust's arrangements for promoting innovation and conducting research;

- (xiv) provide assurance to the Audit Committee on the Trust's clinical audit arrangements (in line with the self-assessment in the NHS Audit Committee Handbook)

9.5 *Measurement*

- (a) The Committee will be assured that appropriate quality information is analysed and challenged. In determining this it will:
 - (i) review the quality metrics to ensure that they are consistent with the Trust's quality strategy, quality account and strategic objectives,
 - (ii) review performance data to ensure that it is focused on more than meeting targets,
 - (iii) review the appropriateness of external benchmarking of data to ensure that it is appropriate,
 - (iv) be assured on the quality of data,
 - (v) review reports for consistency at each level,
 - (vi) utilise clinical and internal audit to assess implementation,
 - (vii) assure itself that quality information is driving performance improvement,
 - (viii) consider examples of good quality practice based on what is measured and monitored and be assured on the mechanisms for rolling this out across the Trust;
- (b) The Committee will be assured of the Trust's performance in the following areas:
 - (i) improving patient experience,
 - (ii) safety of care provided by the Trust,
 - (iii) reducing mortality,
 - (iv) supporting carers,
 - (v) reductions in hospital admissions,
 - (vi) timely access to treatment and care,
 - (vii) efficiency,
 - (viii) treating people equitably;
- (c) It will review the Trust's compliance with regulatory, statutory requirements and national guidance.

10 REPORTING

- 10.1 The Committee will have the following reporting requirements:
- (a) to ensure that the minutes of its meetings are formally recorded and submitted to the Board of Directors supported by a chair's report;
 - (b) to ensure that any issues that require disclosure to the full Board of Directors are brought to the Board of Directors' attention.
- 10.2 The Committee will report to the Board of Directors annually on its work.
- 10.3 The Committee will outline its work to the Board of Directors through an annual work plan and will provide assurance to the Board of Directors of compliance with the requirements of these terms of reference through the development and presentation of an annual report, presented at the end of the financial year.
- 10.4 The following sub-committees report to the Quality Assurance Committee:
- (a) Drugs and Therapeutics Sub-committee;
 - (b) Infection Control Sub-committee;
 - (c) Mental Health Act Manager Committee;
 - (d) Safeguarding Strategy Group;
 - (e) Mortality Committee;

whilst directors / other groups may provide assurance through dedicated reports identified on the annual work plan.

11 RESPONSIBILITY OF COMMITTEE MEMBERS AND ATTENDEES

- 11.1 Members of the Committee have a responsibility to:
- (a) attend a minimum of 75% of meetings a year, having read all papers beforehand;
 - (b) agree an annual work programme for the committee;
 - (c) act as 'champions', disseminating information and good practice as appropriate,

12 ADMINISTRATIVE ARRANGEMENTS

- 12.1 The Trust Secretary will ensure:
- (a) that the Committee receives sufficient resources to undertake its duties
 - (b) correct minutes of meetings are taken and once agreed by the chair that they are distributed to the members;
 - (c) a record of matters arising is produced with issues to be carried forward;

- (d) an action list is produced following each meeting and any outstanding action is carried forward on the action list until complete;
- (e) conflicts of interest are recorded along with the arrangements for managing those conflicts;
- (f) appropriate support to the chair and Committee members to enable them to fulfil their role;
- (g) that advice is provided to the Committee on pertinent areas
- (h) the agenda is agreed with the chair prior to sending papers to members no later than five working days before the meeting;
- (i) management of the Committee's annual business cycle;
- (j) the papers of the Committee are filed in accordance with the Trust's policies and procedures.

12.2 The Trust Secretary will collate the Committee's annual report and agree new ways of working to enable the Committee to meet the wide range of responsibilities set out in these terms of reference.

13 REVIEW

13.1 These terms of reference are to be reviewed annually. Date for review March 2018.

REMUNERATION AND TERMS OF SERVICE COMMITTEE

TERMS OF REFERENCE

1 CONSTITUTION

- 1.1 The Board of Directors hereby resolves to establish a Committee of the Board of Directors to be known as the Remuneration and Terms of Service Committee (the Committee). The Committee is a non-executive committee of the Board of Directors and only has those powers specifically delegated in these terms of reference.

2 MEMBERSHIP:

- 2.1 The committee shall be appointed by the Board of Directors and will consist of all Non-Executive Directors of the Trust. The Trust's Chairman shall be Chair of the Committee.
- 2.2 The composition of the Committee shall be included in the Annual Report.

3 QUORUM:

- 3.1 A quorum shall be four members, including the Committee Chair.

4 ATTENDANCE:

- 4.1 Advisory Board Members (associate members) may attend meetings
- 4.2 The Chief Executive may attend as an adviser to the Committee for the approval of Executive Directors and other Directors' terms and conditions of service. The Chief Executive will not attend for discussions about his/her own remuneration and terms of service.
- 4.3 Other Directors may be invited to attend the meeting for the purpose of providing advice and/or clarification to the Committee. However care must be taken to recognise and avoid conflicts of interest.
- 4.4 The Trust Secretary shall be Secretary to the Committee and shall attend to take minutes of the meeting and provide appropriate support to the Chairman and committee members.
- 4.5 Priority is to be given to attendance at these meetings. In the event of a Committee member being unable to attend, deputies will not be permitted. However the committee will nominate an appropriate deputy chair (Non-Executive Director) should the need arise.

5 FREQUENCY:

- 5.1 The committee shall arrange to meet as frequently as the business demands. However should a formal meeting be required, this will normally take place following a Board of Directors meeting. The committee will meet formally at least once a year in January to approve the appropriate remuneration for the Chief Executive; Executive Directors and other Directors.

6 AUTHORITY:

- 6.1 As a Committee of the Board of Directors the committee will approve the appropriate remuneration and terms of service for the Chief Executive; Executive Directors and other Directors. In addition the committee will consider some issues in relation to all staff employed by Mersey Care NHS Foundation Trust.

7 DUTIES:

- 7.1 The duties of the Committee in relation to the Chief Executive, Executive Directors and other Directors are:
- (a) All aspects of salary (including any performance-related elements, bonuses[Q], see Annex 1 to these Terms of Reference);
 - (b) Provisions for other benefits, including pensions and cars;
 - (c) Arrangements for termination of employment and other contractual terms [B] (decisions requiring dismissal shall be referred to the Board of Directors);
 - (d) Ensuring that officers are fairly rewarded for their individual contribution to the organisation – having proper regard to the organisations circumstances and performance and to the provisions of any national arrangements for such staff*;
 - (e) Proper calculation and scrutiny of termination payments taking account of such national guidance as is appropriate, advise on and oversee appropriate contractual arrangements for such staff (this will apply to all Mersey Care NHS Foundation Trust Staff);
 - (f) Be responsible for appointing any independent consultants in respect of Executive Director remuneration. Where remuneration consultants are appointed, a statement should be made available of whether they have any other connection with the Trust.
 - (g) Developing a formal and transparent procedure for developing policy on executive remuneration and for fixing the remuneration packages of individual directors.
 - (h) Advise on and oversee appropriate contractual arrangements for such staff.

- 7.2 For all Mersey Care NHS Foundation Trust Staff:
- (a) Approval of all redundancy payments.
 - (b) Proper calculation; scrutiny and approval of payments in addition to contractual terms taking account of such national guidance as is appropriate;
- 7.3 The committee should take note of the Scheme of Reservation and Delegation and recognise those powers reserved for the board which include:
- (a) Disciplining Directors who are in breach of Statutory Requirements or Standing Orders
 - (b) Approval of the disciplinary procedure for executive directors of the Trust
 - (c) The appointment, appraisal, disciplining and dismissal of executive directors (in accordance with the Constitution and Trust policies).

8 REPORTING:

- 8.1 The minutes of the Remuneration and Terms of Service Committee meetings shall be formally recorded by the Trust Secretary.
- 8.2 The Chair of the Committee shall highlight any issues that require attention by the Board of Directors, and specifically report the outcomes/ decisions of the committee. Minutes of the Board of Directors Meetings should record such decisions.

9 OTHER MATTERS

- 9.1 The Committee may set up permanent groups or time-limited working groups to deal with specific issues and report back to it. Precise Terms of Reference for these groups shall be determined and approved by the Committee. However, the Committee is neither entitled to further delegate its powers to other bodies nor establish sub-committees unless expressly authorised by the Board of Directors.

10 ADMINISTRATIVE ARRANGEMENTS

- 10.1 The Trust secretary will ensure:
- (a) that the committee receives sufficient resources to undertake its duties
 - (b) correct minutes of meetings are taken and once agreed by the chair that they are distributed to the members;
 - (c) a record of matters arising is produced with issues to be carried forward;
 - (d) an action list is produced following each meeting and any outstanding action is carried forward on the action list until complete;
 - (e) conflicts of interest are recorded along with the arrangements for managing those conflicts;

- (f) appropriate support to the chair and committee members to enable them to fulfill their role;
 - (g) that advice is provided to the committee on pertinent areas
 - (h) the agenda is agreed with the chair prior to sending papers to members no later than five working days before the meeting;
 - (i) management of the committee's annual cycle of business;
 - (j) the papers of the committee are filed in accordance with the Trust's policies and procedures.
- 10.2 The Trust secretary will collate the committee's annual report and agree new ways of working to enable the committee to meet the wide range of responsibilities set out in these terms of reference.
- 10.3 Any proposed amendments to these Terms of Reference must be agreed by both the Remuneration and Terms of Service Committee and the Board of Directors.

11 AUDIT COMMITTEE REVIEW

- 11.1 The chair will ensure that the committee supports the requirements of the Audit Committee in its annual review of effectiveness of all Board Committees, in meeting these terms of reference.
- 11.2 In addition the committee will take note of the Audit Committee terms of reference to avoid duplication of effort or omission of coverage.

12 DATE OF REVIEW

- 12.1 The Terms of Reference are to be reviewed annually. Date for review March 2017.

REMUNERATION AND TERMS OF SERVICE COMMITTEE

TERMS OF REFERENCE

ANNEX 1

1 **[Ω] Main Principle:**

- 1.1 Levels of remuneration should be sufficient to attract, retain and motivate directors of the quality required to run a NHS Foundation Trust successfully, but should avoid paying more than is necessary.

2 **Supporting Principles:**

- 2.1 The remuneration committee should decide if a proportion of executive directors' remuneration should be structured so as to link reward to corporate and individual performance. The remuneration committee should judge where to position the Trust relative to other NHS foundation Trusts and comparable organisations. Such comparisons, however, should be used with caution in view of the risk of an upward ratchet of remuneration level with no corresponding improvement in performance.
- 2.2 The remuneration committee should also be sensitive to pay and employment conditions elsewhere in the organisation especially when determining annual salary increases.

3 **Code Provisions: Remuneration Policy:**

- 3.1 Any performance-related elements of the remuneration of executive directors should be designed to align their interest with those of patients; service users and taxpayers and to give these directors keen incentives to perform at the highest levels. In designing schemes of performance-related remuneration, the remuneration committee should follow the following provisions:
- 3.2 The remuneration committee should consider whether the directors should be eligible for annual bonuses. If so, performance conditions should be relevant, stretching and designed to match the long term interests of the public. Upper limits should be set and disclosed.
- 3.3 Payouts or grants under all incentive schemes should be subject to challenging performance criteria reflecting the objectives of Mersey Care NHS Foundation Trust relative to a group or comparator Trust in some key indicators.
- 3.4 In general, only basic salary should be pensionable.
- 3.5 The remuneration committee should consider the pension consequences and associated costs to the organisation of basic salary increase and any other changes in pensionable remuneration, especially for directors close to retirement.
- 4 **[β]** The remuneration committee should carefully consider what compensation commitment (including pension contributions and all other elements) their directors terms of appointment would entail in the event of early termination. The aim should be to avoid rewarding poor performance. The committee should take a robust line on reducing compensation to reflect departing directors' obligations to mitigate loss.

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Appendix F – Not Allocated

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PERFECT CARE AND WELLBEING ADVISORY PANEL

TERMS OF REFERENCE

1 CONSTITUTION

- 1.1 The Board of Directors hereby resolves to establish an advisory committee to the Board of Directors to be known as the Perfect Care and Wellbeing Advisory Panel (the “Advisory Panel”). The Advisory Panel is an advisory committee of the Board of Directors and as such has no delegated powers.

2 MEMBERSHIP

- 2.1 The composition of the Advisory Panel shall be as follows:
- (a) Mike Farrar (as chair of the Advisory Panel);
 - (b) a number of external advisors and Fellows of the Centre for Perfect Care and Wellbeing:
 - (i) Dr Charles Alessi,
 - (ii) Dr Ed Coffey,
 - (iii) Dr Nadim Fazlini,
 - (iv) Dr Liz Mear,
 - (v) Lyn Romeo,
 - (vi) Jude Stansfield,
 - (vii) Oliver Smith,
 - (viii) Dr Geraldine Strathdee,
 - (ix) Professor Minior Pirmohammed,
 - (x) Harvey Chochinov,
 - (xi) Professor Michael West;
 - (c) a number of representatives from Mersey Care NHS Foundation Trust:
 - (i) Dr Joe Rafferty (Chief Executive),
 - (ii) Dr David Fearnley (Medical Director),
 - (iii) Professor Brenda Roe (Non Executive Director).
 - (iv) Dr Rob Beardall (Non Executive Director);
 - (v) Dr Cecil Kullu (Associate Medical Director for Research Development and Innovation, Lead Consultant Acute Care),

3 IN ATTENDANCE

- 3.1 The following may be in attendance:
- (a) any Non-Executive Director or Director of the Trust may attend without invitation;
 - (b) Louise Edwards (Director of Strategy);
 - (c) Steve Bradbury (Head of Quality and Risk);
 - (d) Steve Morgan (Director of Patient Safety);
 - (e) Jennie Winhall (Project Support);
 - (f) Andy Meadows (Trust Secretary).
- 3.2 The Advisory Panel may invite any member of staff to attend to discuss or present on a relevant issue. In addition, through the chair, any Advisory Panel member can propose other individuals who may:
- (a) be considered for membership of the Advisory Panel;
 - (b) be invited to present to the Advisory Panel.

4 QUORUM

- 4.1 No business shall be transacted unless, in addition to the chair:
- (a) at least three associate members / Fellows are in attendance, and
 - (b) at least two Mersey Care NHS Foundation Trust members are in attendance.

5 FREQUENCY

- 5.1 Meetings of the Advisory Panel shall be held twice a year, one of which will be regarded as an Annual General Meeting.

6 AUTHORITY

- 6.1 As an advisory committee of the Board of Directors, the Advisory Panel has no formal delegated authority to act on behalf of the Trust. However the Advisory Panel has been established to provide the Board of Directors, through the Trust's Chief Executive, with advice on the development of the Centre for Perfect Care and Wellbeing. The Advisory Panel may establish working groups to assist in its work, which should provide reports to the Advisory Panel.

7 DUTIES

- 7.1 The Advisory Panel will:
- (a) stimulate new thinking in mental health and wellbeing;
 - (b) provide independent advice on the Centre for Perfect Care and Wellbeing to the Trust;

- (c) help support the Trust's thinking to using perfect care as a systematic, evidenced-based and robust model improving mental health services to our services users, their friends and families and our local community;
- (d) offer advice to help cultivate a culture of innovation and improvement in mental health and wellbeing in Mersey Care NHS Foundation Trust and other NHS / non-NHS organisations;
- (e) offer advice to help develop standard setting, research, development and innovation in the approaches to care provided by the Trust;
- (f) help build partnerships with other organisations in order to collaborate for improvement and innovation in mental health and wellbeing.

8 REPORTING

- 8.1 The minutes of the meeting shall be drawn up by the Trust Secretary and circulated to members for comment, prior to being approved by the chair of the meeting.
- 8.2 The minutes of the Advisory Panel shall be submitted to the Board of Directors, supported by a Chief Executive's Report drawing to the attention of the Board of Directors any issues that require attention by the Board of Directors.
- 8.3 The Advisory Panel shall produce an annual report on its activities for consideration by the Board of Directors.

9 RESPONSIBILITY OF ADVISORY PANEL MEMBERS

- 9.1 Members of the Advisory Panel have a responsibility to:
 - (a) attend at least two meetings a year;
 - (b) act as 'champions', disseminating information and good practice as appropriate;
 - (c) act in accordance with the governance arrangements for the Trust.

10 ADMINISTRATIVE ARRANGEMENTS

- 10.1 The Trust Secretary will ensure:
 - (a) correct minutes of meetings are taken and distributed to the members (with minutes being distributed within 10 working days of the meeting taking place);
 - (b) a record of matters arising, together with an action plan, is maintained;
 - (c) conflicts of interest are recorded along with the arrangements for managing those conflicts;
 - (d) appropriate support to the chair and committee members to enable them to fulfil their role, as well as providing advice on pertinent areas;
 - (e) the agenda is agreed with the chair and Medical Director prior to sending papers to members no later than five working days before the meeting;

- (f) the papers of the committee are filed in accordance with the Trust's policies and procedures.

11 DATE OF REVIEW

- 11.1 The Advisory Panel will review its terms of reference at least annually. Date for review July 2016.



SERVICE USER AND CARER ASSEMBLY STANDING COMMITTEE TERMS OF REFERENCE

1 CONSTITUTION

- 1.1 The Board of Directors recognises the Service User and Carer Assembly which has established a committee known as the Service User and Carer Assembly Standing Committee (referred to as the “*Standing Committee*” below). The Standing Committee is an advisory committee to the Board of Directors and as such has no delegated powers.

2 ACCOUNTABILITY

- 2.1 As an advisory committee of the Board of Directors, the Standing Committee has been established to provide the Board of Directors, through the Trust’s Chief Executive, with advice on a wide range of issues, including being a critical friend to the Trust. The Moderator of the Standing Committee will meet on a quarterly basis with the Chief Executive.
- 2.2 The Standing Committee is accountable to the Service User and Carer Assembly and the Board of Directors. Any changes to these terms of reference must be subject to consultation with the Service User and Carer Assembly and the Standing Committee and approval by the Board of Directors.

3 PURPOSE

- 3.1 Its purpose is to:
- (a) provide a mechanism through which service users and carers can engage with Board of Directors, through the Chief Executive;
 - (b) provide a mechanism through which service user and carer representatives can be recruited to Trust committees and groups.

4 MEMBERSHIP

- 4.1 The Standing Committee shall comprise the following voting members³ who have been appointed by the Trust to undertake the following roles:
- (a) the four service users or carers appointed to the Operational Management Board(s) to represent service users and carers on the following clinical divisions:
 - (i) Local Services Division,
 - (ii) Secure Division,
 - (iii) South Sefton Community Services Division,

³ Note – members of the Council of Governors may not be appointed as voting members to any of the service user and / or carer roles on the Standing Committee.

- (iv) Specialist Learning Disabilities Division;
- (b) the three service users and the three carers appointed to represent the services users and carers on the following Board committees:
 - (i) the Audit Committee,
 - (ii) the Performance, Investment and Finance Committee,
 - (iii) the Quality Assurance Committee.
- 4.2 The Moderator will chair the Standing Committee, with deputy chairs from the Assistant Moderators.

5 ATTENDANCE

- 5.1 The following non-voting members will attend meetings of the Standing Committee:
 - (a) Members of the Council of Governors from the Service User and Carer Constituency;
 - (b) Deputy Director, People Participation (or deputy);
 - (c) Director of Social Inclusion and Participation (or deputy);
 - (d) Trust Secretary (or deputy);
 - (e) Minute Secretary.
- 5.2 The Chair of the Standing Committee may also extend invitations to other personnel with relevant skills, experience or expertise as necessary to enable it to deal with matters before the Standing Committee.

6 QUORUM

- 6.1 A quorum shall be six voting members and shall include at least the Moderator or one of the Assistant Moderators.

7 MODERATOR / ASSISTANT MODERATORS

- 7.1 A Moderator shall be elected from within the Standing Committee and shall chair both the Standing Committee and the Service Users and Carers Assembly.
- 7.2 Two Assistant Moderators shall be elected from within the Standing Committee to deputise for the Moderator.

8 FREQUENCY

- 8.1 Meetings shall normally be held monthly, but as a minimum nine times a year. Voting members of the Standing Committee may request a meeting if they consider that one is necessary.

9 AUTHORITY

- 9.1 The Standing Committee has authority to represent the Service User & Carer Assembly and those service users and / or carers involved in Mersey Care's governance structure⁴.
- 9.2 In addition the Standing Committee is authorised to:
- (a) investigate any activity within its terms of reference;
 - (b) make recommendations to the Service User and Carer Assembly;
 - (c) through the Moderator, to raise issues with the Chief Executive;
 - (d) to act in accordance with the Trust's *Scheme of Reservation and Delegation*;
 - (e) in consultation with the Service User and Care Assembly, establish and approve the terms of reference of such task and finish groups believed to necessary.

10 DUTIES

10.1 *General Duties*

- (a) to represent the voice and views of service users and carers in community and inpatient settings;
- (b) to communicate service user and carer feedback to Trust leaders and service managers;
- (c) to maintain and develop credible relationships with individual service users and service user and carer groups;
- (d) to maintain and develop credible partnership relationships with the Trust's senior leadership;
- (e) to gather and share information for the benefit of service users and carers;
- (f) to highlight issues and assist problem solving;
- (g) to be a critical friend to Mersey Care;
- (h) to be a forum for consultation and engagement on issues of service development and delivery;
- (i) to promote good two-way communication between Mersey Care and service users and carers;
- (j) to facilitate and oversee the activity of task and finish groups;
- (k) to consider issues that relate to service user and carer engagement;
- (l) to liaise with Governors elected to the Service User and Carer Constituency to highlight good practice, areas of concerns and provide feedback from service users and / or carers.

10.2 *Service User and Carer Representatives on Trust Committees*

⁴ Note – with the exception of Governors elected to the Service User and Carer Constituency, who have access to other mechanisms.

- (a) assist with the advertisement of vacancies for service user and carer representatives who will attend Trust committees;
- (b) through the Moderator, identify a member of the Standing Committee who will take part in the selection panels which appoint a service user and carer representative to attend a Trust committee.

11 REPORTING

11.1 The Standing Committee will have the following reporting requirements:

- (a) to ensure that the minutes of its meetings are formally recorded and submitted to the Service User and Carer Assembly, supported by a chair's report;
- (b) to ensure that the issues it discusses are reflected in the regular Chief Executive's Report to the Board of Directors, through the Director of Social Inclusion and Participation
- (c) to ensure that any issues that require disclosure to the Board of Directors are brought to the Chief Executive's attention, through the Moderator.

12 RESPONSIBILITY OF STANDING COMMITTEE MEMBERS AND ATTENDEES

12.1 Members of the Standing Committee have a responsibility to:

- (a) attend a minimum of six meetings a year, having read all papers beforehand;
- (b) act as 'champions', disseminating information and good practice as appropriate,

13 ADMINISTRATIVE ARRANGEMENTS

13.1 The Director of Social Inclusion and Participation will ensure:

- (a) that the Standing Committee receives sufficient resources to undertake its duties;
- (b) correct minutes of meetings are taken and once agreed by the chair that they are distributed to the members;
- (c) the minutes of the meeting are distributed within 10 working days of the meeting taking place;
- (d) a record of matters arising is produced with issues to be carried forward;
- (e) an action list is produced following each meeting and any outstanding action is carried forward on the action list until complete;
- (f) conflicts of interest are recorded along with the arrangements for managing those conflicts;
- (g) appropriate support to the chair and Standing Committee members to enable them to fulfil their role;
- (h) that advice is provided to the Standing Committee on pertinent areas;
- (i) the agenda is agreed with the chair prior to sending papers to members no later than five working days before the meeting;

- (j) the papers of the Standing Committee are filed in accordance with the Trust's policies and procedures.

13.2 The Director of Social Inclusion and Participation will collate the Standing Committee's annual report.

14 REVIEW

14.1 Terms of reference will be reviewed at least annually. Date for the next review will be September 2018.