Southern Health and Social Care Trust

Quality Care - for you, with you

STANDING ORDERS

including RESERVATION AND DELEGATION of POWERS

May 2025

Working together Excellence Openness & Honesty Compassion

Page

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Foreword

The Southern Health and Social Care Trust (the Trust) is required to have Standing Orders, Schedules of Powers Reserved to the Board and Powers Delegated by the Board and Standing Financial Instructions (SFIs).

The Standing Orders, Reserved and Delegated Powers and Standing Financial Instructions provide a comprehensive business framework for the Trust and enable the organisation to discharge its functions. They are split into two documents with Standing Orders, Reservation and Delegation of Powers in one and SFIs in another.

The Standing Orders and Reservation and Delegation of Powers cover the governance of the Trust Board and its Committees whilst the SFIs outline the delegated financial responsibilities from the Accounting Officer and Trust Board.

The Chair, Board Members, Directors and all members of staff shall be aware of the existence of these documents and, where necessary, be familiar with the detailed provisions required to comply fully with the regulations.

These current Standing Orders Reservation and Delegation of Powers were approved by Trust Board at its meeting on xx.

_____	_____
Chair	**Chief Executive**

Southern Health and Social Care Trust

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SECTION A

STANDING ORDERS

1. INTRODUCTION

1.1 Statutory Framework

The Southern Health and Social Care Trust (the Trust) is a statutory body which came into existence on 1st April 2007 under the Southern Health and Social Care Trust (Establishment) Order (Northern Ireland) 2006.

The principal place of business of the Trust is at 68 Lurgan Road, Portadown, Craigavon, BT63 5QQ.

The Trust is provided for under Article 10(1) of the Health and Personal Social Services (NI) Order 1991.

The functions of the Trust are conferred by this legislation.

As a statutory body, the Trust has specified powers to contract in its own name and to act as a corporate trustee.

Schedule 3 to the HPSS (NI) Order 1991 specifies the duties, powers and status of HSC Trusts.

The Trust will also be bound by such other statutes and legal provisions which govern the conduct of its affairs.

1.2 Functions of the Trust

The Trust has a range of statutory duties and shall, as a corporate body, exercise the functions assigned to it, including the specific duty set out in Section 21 of the Health and Social Care (Reform) Act (NI) 2009 to exercise its functions with the aim of improving the health and social well-being of, and reducing health inequalities, between those for whom it provides, or may provide, health and social care.

1.3 Health and Social Care Framework

In addition to the statutory requirements, the Minister for Health, through the Department of Health, issues directions and guidance. Where appropriate, these are incorporated within the Trust's Standing Orders or other corporate governance documentation. Principal examples are the Code of Conduct and Code of Accountability for Board Members of Health and Social Care Bodies (October 2022) and the HPSS Code of Practice on Openness.

The Code of Accountability requires the Board of the Trust to adopt Standing Orders (SOs) for the regulation of its proceedings and business. The Trust must also adopt Standing Financial Instructions (SFIs) as an integral part of Standing Orders setting out the financial responsibilities of budget-holders and individuals. Additionally, it specifies that the Board shall draw up a Schedule of Powers Reserved to the Board, and a Scheme of Delegation to enable responsibility to be clearly delegated to senior executives. The Code also requires the establishment of Audit and Remuneration Committees with formally agreed Terms of Reference.

The Code of Conduct draws attention to the requirement for public service values to be at the heart of Health and Social Care (HSC) in Northern Ireland. High standards of corporate and personal conduct, based on a recognition that patients and clients come first, have been a requirement throughout the HSC since its inception. Moreover, as the HSC is publicly funded, it is accountable to the Northern Ireland Assembly for the services provided

and for the effective and economical use of taxpayers' money. It also sets out measures to deal with possible conflicts of interest in Board members.

The Code of Practice on Openness in the HPSS sets out the requirements for public access to information and for the conduct of Board meetings. The Trust is required to ensure appropriate compliance with the Freedom of Information Act (2000).

The Trust will comply with all existing legislation, Department of Health Framework Document, Partnership Agreement between the Department of Health and the SHSCT, Code of Conduct and Code of Accountability for Board Members of HSC bodies, Circulars and Regulations insofar as these impact upon Health and Social Care functions, activities and conduct. Where these are replaced or updated throughout the year, the new provision shall apply.

1.4 Financial and Performance Framework

The performance framework for the Trust is determined by the Department of Health in light of its wider strategic aims and of current Programme for Government objectives and Commissioning Plan Direction.

Enhanced performance management arrangements, defined in the Performance Management Framework for the Health and Social Care system, identify the key features of the enhanced system for managing performance and accountability including:-

- The need for a broad suite of clinically agreed population health and well-being outcome measures;
- Targets must be deliverable and drive improvement;
- Clarifying accountability roles and responsibilities to focus on performance improvement;
- Internal Trust accountability processes to be strengthened;
- Effective service improvement support; and
- Effective escalation measures.

The key targets, standards and actions for the Trust are defined by the Department of Health within 'Objectives and Goals for Improvement' and approved by the Minister.

The Department of Health has strengthened its assurance and accountability arrangements in business planning of its Arm's Length Bodies and, as such, the Trust is required to reflect these within its annual Business Plans (including the Trust Delivery Plan and Corporate Plan).

Consistent with the timetable for the Northern Ireland Executive budget process reviews, the Trust shall submit to the Department of Health, a draft of its Corporate Plan normally covering the four years ahead. The Trust's planning process (including the Corporate Plan and the Trust Delivery Plan) outlines the Trust's key objectives and associated key performance targets for the forward years, its strategy for achieving those objectives and an estimate of performance in the current year. The Corporate Plan shall be published by the Trust and made available on its website.

At the end of each financial year, the Trust shall publish, as a single document, an annual report of its activities together with its audited annual accounts. The report shall also cover the activities of any corporate bodies under the control of the Trust.

The Trust has a number of financial targets and policies within which it is obliged to operate. These are as follows:

- To break even on an annual basis by containing its Net Expenditure to within 0.25% of the Revenue Resource Limit;
- To promote financial stability;
- To operate within the Resource Limits, both Capital and Revenue set by the SPPG and Department of Health;
- To pay non HSC trade creditors in accordance with applicable terms and appropriate Government Accounting guidance. This includes a target of 95% of payments to be made within 30 calendar days of the receipt of goods or undisputed invoice and promotion of achievement of a 10 working day payment target.

1.5 Delegation of Powers

The Trust has powers to delegate and make arrangements for delegation. The Standing Orders set out the detail of these arrangements. Under the Standing Orders relating to the Arrangements for the Exercise of Functions (SO 5), the Trust is given powers as follows:

"Subject to such directions as may be given by the Department of Health, the Board may make arrangements for the exercise, on behalf of the Trust, of any of its functions by a committee, sub-committee or joint committee appointed by virtue of Standing Order 4 or by an officer of the Trust, in each case subject to such restrictions and conditions as the Board thinks fit or as the Minister for Health may direct".

Delegated Powers are covered in a separate section of this document entitled Reservation of Powers to the Board and Delegation of Powers.

1.6 Governance

Trust Boards are required to have in place integrated governance structures and arrangements that will lead to good governance and to ensure that decision-making is informed by intelligent information covering the full range of corporate, financial, clinical, social care, information and research governance aspects. This will better enable the Trust Board to take a holistic view of the organisation and meet its legal and statutory requirements and clinical, social care, quality, safety and financial objectives.

The Trust has an Integrated Governance and Assurance Framework 2024-2027 in place. This identifies the integrated governance and assurance arrangements in place, describing how Trust Board's responsibilities are fulfilled.

1.7 Interpretation and Definitions of Terms

Save as otherwise permitted by law, at any meeting the Chair of the Board shall be the final authority on the interpretation of Standing Orders (on which they should be advised by the Chief Executive and/or the Secretary to the Board).

Any expression to which a meaning is given in the HPSS (NI) Order 1991 and the Health and Social Care (Reform) Act (Northern Ireland) 2009 shall have the same meaning in these Standing Orders and Standing Financial Instructions and in addition:

"**Accounting Officer"** shall be the Chief Executive who is personally responsible for safeguarding the public funds of which he/she has charge; for ensuring propriety and regularity in the handling of those public funds; and for the day to day operations and management of the Trust.

"Trust" means the Southern Health and Social Care Trust.

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

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

"Budget holder" means the director or employee with delegated authority to manage finances (Income and Expenditure) for a specific area of the organisation.

"Chair of the Board (or Trust)" is the person appointed by the Minister to lead the Board and to ensure that it successfully discharges its overall responsibility for the Trust as a whole. The expression "the Chair of the Board" shall be deemed to include the member of the Board deputising for the Chair if the Chair is absent from the meeting or is otherwise unavailable.

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

"Commissioning" means the process for determining the need for and for obtaining the supply of healthcare, social care and related services by the Trust within available resources.

"Committee" means a committee or sub-committee created and appointed by the Board either for its own good governance or by Department of Health direction or by legislation.

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

"Contracting and procuring" means the systems for obtaining the supply of goods, materials, manufactured items, services, building and engineering services, works of construction and maintenance and for disposal of surplus and obsolete assets.

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

"Funds held on trust" shall mean those funds which the Trust holds on date of incorporation, receives on distribution by statutory instrument or chooses subsequently to accept under powers derived under Article 16 of the HPSS (NI) Order 1991. Such funds may or may not be charitable.

"Member" means executive or non-executive member of the Board as the context permits. Member in relation to the Board does not include its Chair.

"Associate Member" means a person appointed to perform specific statutory and non-statutory duties which have been delegated by the Trust Board for them to perform and these duties have been recorded in an appropriate Trust Board minute or other suitable record.

"Membership, Procedure and Administration Arrangements Regulations" means HSS Trusts (Membership and Procedure) Regulations (Northern Ireland) 1994.

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

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

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

"SFIs" means Standing Financial Instructions.

"SOs" means Standing Orders.

"SPPG" means Strategic Planning and Performance Group

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

"Voting member" means the Chair, Non Executive Directors and Executive Directors of the Board.

2. THE TRUST BOARD: COMPOSITION OF MEMBERSHIP, TENURE AND ROLE OF MEMBERS

2.1 Composition of the Membership of the Trust Board

In accordance with Health and Social Services Trusts (Membership and Procedure) (Amendment) Regulations (NI) 2007, Article 2 states that 'The maximum number of directors of an HSS Trust shall be thirteen.' The composition of the SHSCT Board comprises:-

(1) A Non-Executive Chair;

(2) Seven Non-Executive members to include six Lay Members and a Lay Member with financial experience;

(3) Up to 5 executive members (but not exceeding the number of non-executive members) including:
- the Chief Executive;
- the Executive Director of Finance;
- the Executive Medical Director;
- the Executive Director of Nursing;
- the Executive Director of Social Work

(4) Other Directors in Attendance at Board meetings
- Director of Planning, Performance and Informatics
- Director of Adult Community Services
- Director of Human Resources and Organisational Development
- Director of Medicine and Unscheduled Care
- Director of Surgery and Clinical Services
- Director of Mental Health and Disability Services
- Director of Transformation and Improvement

2.2 Appointment of Chair and Members of the Trust Board

The Chair and Non-Executive Directors of the Trust are appointed by the Minister following an open and transparent public appointment competition carried out in line with the Code of Practice issued by the Commissioner for Public Appointments NI.

2.3 Terms of Office of the Chair and Members

The regulations setting out the period of tenure of office of the Chair and members and for the termination or suspension of office of the Chair and members are contained in Part 2, Articles 7 – 9 of the HSS Trusts (Membership and Procedure) Regulations (NI) 1994. Appointments are normally for a four-year term and are restricted to two terms. Notwithstanding the length of individual appointment terms, the maximum period in post must not exceed 10 years.

2.4 Appointment and Powers of Vice/Deputy Chair

Subject to Standing Order 2.4 (2) below, the Chair and members of the Trust may appoint one of their numbers, who is not also an executive member, to be Vice-Chair, for such period, not exceeding the remainder of his/her term as a member of the Trust, as they may specify on appointing him/her.

Any member so appointed may at any time resign from the office of Vice-Chair by giving notice in writing to the Chair. The Chair and members may thereupon appoint another member as Vice-Chair in accordance with the provisions of Standing Order 2.4 (1).

Where the Chair of the Trust has died or has ceased to hold office, or where they have been unable to perform their duties as Chair owing to illness or any other cause, the Vice-Chair shall act as Chair until a new Chair is appointed or the existing Chair resumes their duties, as the case may be; and references to the Chair in these Standing Orders shall, so long as there is no Chair able to perform those duties, be taken to include references to the Vice-Chair.

2.5 Joint Members

Where more than one person is appointed jointly to a post mentioned in Part 2, regulation 6 of the HSS Trusts (Membership and Procedure) Regulations (NI) 1994, those persons shall count for the purpose of Standing Order 2.1 as one person.

2.6 Corporate role of the Board

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

All funds received in trust shall be held in the name of the Trust as corporate trustee.

The powers of the Trust established under statute shall be exercised by the Board meeting in public session except as otherwise provided for in Standing Order No. 3.

The Board shall define and regularly review the functions it exercises on behalf of the Minister.

2.7 Role of Members

The Board will function as a corporate decision-making body, executive and non-executive Members will be full and equal members. Their role as members of the Trust Board will be to consider the key strategic and managerial issues facing the Trust in carrying out its statutory and other functions.

Chair

The Chair is responsible for leading the Board and for ensuring that it successfully discharges its overall responsibility for the organisation as a whole in line with the Code of Conduct and Code of Accountability.

The Chair is accountable to the Minister through the Departmental Accounting Officer. The Chair shall ensure that the Trust's policies and actions support the wider strategic policies of the Minister and that the Trust's affairs are conducted with probity.

The Chair sets the agenda and manages the Board to enable collaborative and robust discussion of issues. The Chair's role is to develop and motivate the Board and ensure effective relationships in order that the Board can work collaboratively to reach a consensus on decisions. To achieve this, the Chair should ensure:

- The Board has an appropriate balance of skills appropriate to its business;
- Ensure that all members of the Board, when taking up office, are fully briefed on the terms of their appointment and on their duties, rights and responsibilities, and receive appropriate induction training, including on the financial management and reporting requirements of public sector bodies and on any differences which may exist between private and public sector practice;
- The Minister is advised of SHSCT's needs when Board vacancies arise;
- There is a Board Operating Framework (Standing Orders) in place setting out the roles and responsibilities of the Board in line with relevant guidance

The Chair has a particular leadership responsibility on:-

- Formulating the Board's strategy for discharging its duties;
- Ensuring that the Board, in reaching decisions, takes proper account of guidance provided by the Minister, the sponsor department, the SPPG or the PHA;
- Ensuring that risk management is regularly and formally considered at Board meetings;
- Promoting the efficient, economic and effective use of staff and other resources;
- Encouraging and delivering high standards of regularity and propriety;
- Representing the views of the Board to the general public;
- Ensuring that the Board meets at regular intervals throughout the year and that the minutes of meetings accurately record the decisions taken and, where appropriate, the views of individual Board members. Meetings must be open to the public, the public should be advised in advance of meetings through the press or other media such as the Trust's website and the minutes must be placed on the Trust's website after formal approval.

The Chair will also:

- Assess the performance of individual Board Members. Board Members will be subject to ongoing performance appraisal, with a formal assessment being completed in consultation with Committee Chairs as appropriate by the Chair of the Board at the end of each year and prior to any proposed re – appointment or extension of the term of appointment of individual members taking place. Members will be made aware that they are being appraised, the standards against which they will be appraised, and will have an opportunity to contribute to and view their report. The Chair of the Board will also be appraised on an annual basis by the Departmental EBM.

- Ensure the completion of a Board Governance Self Assessment on an annual basis. Assurance will be provided through the mid-year assurance statement that this tool is being completed, actions are being addressed and that any exception issues will be raised with the Department.

- The Chair shall also ensure that Trust Board Members are made aware of the Code of Conduct for Board Members of HSC Bodies (2022) including the Nolan "seven principles of public life", and the requirement for a comprehensive and publicly available register of Board Members' interests. Communications between the Board, the Minister and the Department shall normally be through the Chair. The Chair shall ensure that the other Board Members are kept informed of such communications on a timely basis.

- The Chair shall be responsible for the operation of the Board and chair all Board meetings when present. The Chair has certain delegated executive powers. The Chair must comply with the terms of appointment and with these Standing Orders.

- The role of the Chair also requires the establishment of an effective working relationship with the Chief Executive that is simultaneously collaborative and challenging. The Chair shall work closely with the Chief Executive and

shall ensure that key and appropriate issues are discussed by the Board in a timely manner with all the necessary information and advice being made available to the Board to inform the debate and ultimate resolutions.

- The Chair has a presence in the Trust and cultivates external relationships which provide useful links for the Trust while being mindful of overstepping boundaries and becoming too involved in day-to-day operations or executive activities.

Non-Executive Members

Non-Executive members are appointed by the Minister to bring an independent judgement to bear on issues of strategy, performance, key appointments and accountability, through the Department to the Minister and to the local community.

The Non-Executive members shall not be granted nor shall they seek to exercise any individual executive powers on behalf of the Trust. They may however, exercise collective authority when acting as members of, or when chairing a committee of the Trust, which has delegated powers.

The Non Executive members shall also undertake specific functions agreed by the Board including an oversight of staff, relations with the general public and the media, participation in professional conduct and competency enquiries, staff disciplinary appeals and procurement of information management and technology. This exercise of such functions shall be in a non executive capacity.

Chief Executive

The Chief Executive shall be responsible for the overall performance of the executive functions of the Trust. He/she is the **Accounting Officer** for the Trust and shall be responsible for safeguarding the public funds in their charge and ensuring they are applied only to the purposes for which they were voted and more generally for efficient, effective and economical administration.

The Chief Executive is accountable to the Board for the Trust's performance and delivery of outcomes and targets and is responsible for implementing the decisions of the Board and its Committees. The Chief Executive maintains a dialogue with the Chair on the important strategic issues facing the organisation and for proposing Board agendas to the Chair to reflect these. The Chief Executive ensures effective contribution with stakeholders and communication on this to the Board. The Chief Executive also ensures that the Chair is alerted to forthcoming complex, contentious or sensitive issues, including risks affecting the Trust.

The Chief Executive should be allowed full scope, within clearly defined delegated powers, for action fulfilling the decisions of the Board.

Executive Board Members

Executive Board Members are senior members of Trust staff who have been appointed to lead each of its major professional and corporate functions. They shall exercise their authority within the terms of these Standing Orders and Standing Financial Instructions and the Scheme of Delegation.

Director of Finance

The Director of Finance shall be responsible for the provision of financial advice to the Trust and to its members and for the supervision of financial control and accounting systems. He/she shall be responsible along with the Chief Executive for ensuring the discharge of obligations under relevant Financial Directions.

Medical Director

The Medical Director shall take executive responsibility for all professional medical issues.

Executive Director of Nursing, Midwifery and AHPs

The Executive Director of Nursing shall take executive responsibility for all professional nursing, midwifery and Allied Health Profession issues.

Executive Director of Social Work

The Executive Director of Social Work shall take executive responsibility for all professional social work issues.

Other Directors

Directors shall exercise their authority within the terms of these Standing Orders and Standing Financial Instructions and the Scheme of Delegation. They shall be in attendance at all meetings.

2.8 Lead Roles for Board Members

The Chair will ensure that the designation of lead roles or appointments of Board members as required by the Department of Health or as set out in any statutory or other guidance will be made in accordance with that guidance or statutory requirement (e.g. appointing a Lead Board Member with responsibility for Infection Control, Whistleblowing, Adoption Panel, Maternity Safety Champion, Clinical and Social Care Governance etc).

2.9 Functions of the Board

The Board has corporate responsibility for ensuring that the Trust fulfills the aims and objectives set by the Department and approved by the Minister in light of the Department's wider strategic aims, current Programme for Government objectives and targets and the Commissioning Plan Direction, and for promoting the efficient, economic and effective use of staff and other resources by the Trust. To this end, and in pursuit of its wider corporate responsibilities, the Board shall:-

- Establish the overall strategic direction of the Trust within the policy and resources framework determined by the Department and Minister;

- Oversee the delivery of planning results by monitoring performance against objectives and ensure corrective action is taken when necessary;

- Ensure effective financial stewardship through value for money, financial control and financial planning and strategy
- Ensure that high standards of corporate governance and personal behaviour are maintained in the conduct of the business of the whole Trust;

- Appoint, appraise and remunerate Senior Executives;

- Ensure that there is effective dialogue between the Trust and the local community on its plans and performance and that these are responsive to the community's needs; and

- Ensure that the Trust has robust and effective arrangements in place for clinical and social care governance and risk management.

2.10 Schedule of Matters reserved to the Board and Scheme of Delegation

The matters reserved to the Board of each HSC organisation are derived from the Code of Conduct and Code of Accountability for Board members of HSC organisations (October 2022).

The Board has resolved that certain powers and decisions may only be exercised by the Board in formal session. These powers and decisions are set out in the 'Schedule of Matters Reserved to the Board' and shall have effect as if incorporated into the Standing Orders. Those powers which it has delegated to officers and other bodies are contained in the Scheme of Delegation.

These matters are to be regarded as a guideline to the minimum requirement and shall not be interpreted so as to exclude any other issues which it might be appropriate, because of their exceptional nature, to bring to the Board.

The Chair, in consultation with the Chief Executive, shall determine whether other issues outwith the ‘Schedule of Matters Reserved to the Board’ shall be brought to the Board for consideration.

3. MEETINGS OF THE TRUST BOARD

3.1 The Board shall pursue the aims of the Code of Practice on Openness:

'to ensure that people may easily obtain an understanding of all services that are provided by the HSC and, particularly, changes to those services that may affect them or their families.'

The Board shall hold all its Board meetings in public, although, certain matters may be taken in a confidential section of the meeting (SO 3.19).

Meetings held in public shall be held in easily accessible venues within Northern Ireland and at times when the public are able to attend (Code of Practice on Openness: Annex A, para 3.1).

The Board shall accept the strong duty imposed on it by the Code to be positive in providing access to information; the presumption shall be in favour of openness and transparency in all its proceedings. The Trust is required to ensure appropriate compliance with the Freedom of Information Act (2000).

3.2 Calling meetings

Ordinary meetings of the Board shall be held at regular intervals at such times and places as the Board may determine. The Board shall determine the minimum number of meetings to be held each year.

The Chair of the Trust may call a meeting of the Board for a special purpose (including in the event of an emergency) at any time.

If requested by at least one third of the whole number of members, the Chair shall call a meeting of the Board for a special purpose. If the Chair refuses, or fails, to call a meeting within seven days after such a request, such one third of members may forthwith call a meeting.

The Board shall agree an annual schedule of meetings to be held in public which shall be posted on the Trust website: www.southerntrust.hscni.net

3.3 Notice of Meetings and the Business to be transacted

Before each meeting of the Board a written notice specifying the business proposed to be transacted shall be delivered to every member and to everyone on the Board distribution list and posted on the Trust website at least five working days before the meeting. Lack of service of such a notice on any member shall not affect the validity of a meeting.

In the case of a meeting called by members in default of the Chair, those members shall sign the notice and no business shall be transacted at the meeting other than that specified in the notice.

No business shall be transacted at the meeting other than that specified on the agenda, or emergency motions allowed under Standing Order 3.7.

A member desiring a matter to be included on an agenda shall make his/her request in writing to the Chair at least 10 working days before the meeting. The request should state whether the item of business is proposed to be transacted in the presence of the public and should include appropriate supporting information. Requests made less than 10 working days before a meeting may be included on the agenda at the discretion of the Chair.

Before each meeting of the Board a public notice in accordance with circular HSS (PPM) 4/2001 shall be issued detailing the time and place of the meeting. The public part of the agenda shall be posted on the Trust website www.southerntrust.hscni.net at least one week before the meeting (required by section 54 of the Health and Personal Social Services Act (Northern Ireland) 2001).

Any member of the public may request access to a paper on the agenda. Papers will be made publicly available, on the Trust website, as soon as practicable after the meeting.

3.4 Agenda and Supporting Papers

The Agenda will be sent to members at least 5 working days before the meeting and supporting papers, whenever possible, shall accompany the agenda, but will be dispatched no later than three working days before the meeting, except in cases of emergency.

3.5 Petitions

Where a petition has been received by the Trust, the Chair shall include the petition as an item for the agenda of the next meeting providing it is appropriate for consideration by the Board. The Chair shall advise the meeting of any petitions that are not granted and the grounds for refusal.

3.6 Notice of Motion

With reference to matters included in the notice of meetings, a member of the Board may amend or propose a motion in writing to the Chair at least 10 clear days before the meeting. The Chair shall include in the agenda for the meeting all notices so received that are in order and permissible under the appropriate regulations. This paragraph shall not prevent any motion being withdrawn or moved, without notice, on any business mentioned on the agenda for the meeting.

3.7 Emergency Motions

Subject to the agreement of the Chair, and subject also to the provision of Standing Order 3.8, a member of the Board may give written notice of an emergency motion after the issue of the notice of meeting and agenda, up to one hour before the time fixed for the meeting. The notice shall state the grounds of urgency. If in order, it shall be declared to the Board at the commencement of the business of the meeting as an additional item included in the agenda. The Chair's decision to include the item shall be final.

3.8 Motions: Procedure at and during a meeting

A motion may be proposed by the Chair of the meeting or any member present. It must also be seconded by another member.

The mover of a motion shall have a right of reply at the close of any discussion on the motion or any amendment thereto.

When a motion is under discussion, or immediately prior to discussion, it shall be open to a member to move:-

- an amendment to the motion;
- the adjournment of the discussion or the meeting;
- that the meeting proceeds to the next business;
- that the motion should be now put;
- a motion resolving to exclude the public (including the Press).

In those cases where the motion is either that the meeting proceeds to the next business or that the question be now put, to ensure objectivity, only a member who has not previously taken part in the debate may put motions.

When an adjourned item of business is re-commenced or a meeting is reconvened, any provisions for deputations or speaking rights, not previously undertaken, or other arrangements shall be treated as though no interruption had occurred.

<u>Withdrawal of Motion or Amendments</u>

The proposer may withdraw a motion or an amendment once moved and seconded with the concurrence of the seconder and the consent of the Chair.

<u>Motion to Rescind a Resolution</u>

Notice of motion to amend or rescind any resolution (or the general substance of any resolution) that has been passed within the preceding six calendar months, shall bear the

signature of the member who gives it and also the signature of three other members, and before considering any such motion of which notice shall have been given, the Board may refer the matter to any appropriate Committee or the Chief Executive for recommendation.

When any such motion has been dealt with by the Board, it shall not be appropriate for any member other than the Chair to propose a motion to the same effect within six months. This Standing Order shall not apply to motions moved in pursuance of a report or recommendations of a Committee or the Chief Executive.

3.9 Chair of Meeting

At any meeting of the Board the Chair, if present, shall preside. If the Chair is absent from the meeting, the deputising arrangements in place for the Chair shall take effect. If the Chair is absent temporarily on the grounds of a declared conflict of interest, such Non-Executive Director, in line with the deputising arrangements, shall preside.

3.10 Chair's Ruling

The decision of the Chair of the meeting on questions of order, relevancy and regularity (including procedure on handling motions) and their interpretation of the Standing Orders and Standing Financial Instructions, at the meeting, shall be final.

3.11 Quorum

(i) No business shall be transacted at a meeting unless at least half of the whole number of the Chair and members (including at least two members who are also executive Members of the Trust and two members who are not) is present.

(ii) An Officer in attendance for an Executive Director but without formal acting up status may not count towards the quorum.

(iii) If the Chair or member has been disqualified from participating in the discussion on any matter and/or from voting on any resolution by reason of a declaration of a conflict of interest, that person shall no longer count towards the quorum. If a quorum is then not available for the discussion and/or the passing of a resolution on any matter, that matter may not be discussed further or voted upon at that meeting. Such a position shall be recorded in the minutes of the meeting. The meeting must then proceed to the next business.

3.12 Voting

(i) Every item or question put to a vote at a meeting shall be determined by a majority of the votes of members present and voting on the question. In the case of an equal vote, the Chair of the meeting shall have a second or casting vote.

(ii) At the discretion of the Chair, all questions put to the vote shall be determined by oral expression or by a show of hands. A paper ballot may also be used if a majority of the members present so request.

(iii) If at least one third of the members present so request, the voting on any question may be recorded so as to show how each member present voted or did not vote (except when conducted by paper ballot).

(iv) If a member so requests, their vote shall be recorded by name.

(v) In no circumstances may an absent member vote by proxy. Absence is defined as being absent at the time of the vote.

(vi) An Officer who has been appointed formally by the Board to act up for an Officer Member during a period of incapacity or temporarily to fill an Officer Member vacancy, shall be entitled to exercise the voting rights of the Officer Member.

(vii) An Officer attending the Trust Board meeting to represent an Officer Member during a period of incapacity or temporary absence without formal acting up status may not exercise the voting rights of the Officer Member. An Officer's status when attending a meeting shall be recorded in the minutes.

(viii) For the voting rules relating to joint members see Standing Order 2.5.

3.13 Suspension of Standing Orders

(i) Except where this would contravene any statutory provision or any direction made by the Department of Health, any one or more of the Standing Orders may be suspended at any meeting, provided that at least two-thirds of the Board are present (including at least one member who is an Officer Member of the Trust and one member who is not) and that at least two-thirds of those members present signify their agreement to such suspension. The reason for the suspension shall be recorded in the Trust Board's minutes.

(ii) A separate record of matters discussed during the suspension of Standing Orders shall be made and shall be available to the Chair and members of the Board.

(iii) No formal business may be transacted while Standing Orders are suspended.

(iv) The Audit and Risk Assurance Committee shall review every decision to suspend Standing Orders.

3.14 Variation and amendment of Standing Orders

These Standing Orders shall not be varied except in the following circumstances:

- upon a notice of motion under the appropriate Standing Order;
- upon a recommendation of the Chair or Chief Executive included on the agenda for the meeting;

- that two thirds of the Board members are present at the meeting where the variation or amendment is being discussed, and that at least half of the Trust's Non-Executive members vote in favour of the amendment;
- providing that any variation or amendment does not contravene a statutory provision or direction made by the Department for Health.

3.15 Record of Attendance

The names of the Chair, members and Directors present at the meeting shall be recorded in the minutes. The point at which they join, leave or resume their place at the meeting shall also be noted.

3.16 Minutes

The minutes of the proceedings of a meeting shall be drawn up and submitted for agreement at the next ensuing meeting where they shall be signed by the person presiding at it.

No discussion shall take place upon the minutes except upon their accuracy or where the Chair considers discussion appropriate.

A copy of the approved minutes will be posted on the Trust website www.southerntrust.hscni.net following their approval at the next ensuing meeting.

A copy of the final approved minutes shall be provided to the Department in a timely way.

3.17 Committee Minutes

The minutes of all Board Committee meetings shall be brought to the public Board meeting for information immediately following Committee approval except where confidentiality needs to be expressly protected.

3.18 Admission of the public and the media

The Trust Board shall undertake the necessary arrangements in order to encourage and facilitate the public at open Board meetings. Reasonable facilities shall be made available to enable representatives of the press and broadcasting media to report the meetings.

The Chair shall give such directions as he/she thinks fit with regard to the arrangements for meetings and accommodation of the public and representatives of the press and broadcasting media, such as to ensure that the Trust's business shall be conducted without interruption and disruption and, without prejudice to the power to exclude on grounds of the confidential nature of the business to be transacted, the public will be required to withdraw upon the Board resolving as follows:-

"*That in the interests of public order the meeting adjourn for (the period to be specified) to enable the Trust Board to complete its business without the presence of the public'*. Section 23 (2) of the Local Government Act (NI) 1972.

Nothing in these Standing Orders require the Board to allow members of the public, or press representatives and broadcasting media to record proceedings in any manner whatsoever, other than in writing, or to make an oral report of proceedings as they take place from within the meeting, without prior agreement of the Chair.

Virtual Meeting Etiquette – Attendance of Public and the Press

Where members of the public and the press attend an open meeting of the Trust in an on-line / virtual capacity, the following Virtual Meeting Etiquette must be strictly complied with:

i. Be on time;
ii. Ensure you record your name as a meeting guest if/ where prompted;

iii. Video must be switched on and in a well lit environment so that the attendee is clearly visible;
iv. Microphone must be muted.

Attendees may be excluded from attendance where the Etiquette has not been fully complied with.

3.19 Confidential Section of Meetings

Matters to be dealt with by the Trust Board following the exclusion of representatives of the press, and other members of the public shall be confidential to the members of the Board.

Members and Officers or any employee of the Trust in attendance shall not reveal or disclose the contents of papers or minutes marked 'Confidential' outside of the Trust, without the express permission of the Trust. This prohibition shall apply equally to the content of any discussion during the Board meeting which may take place on such reports or papers.

3.20 Observers at Trust Board meetings

See Standing Order 3.1 and 3.18

The Board will decide what arrangements and terms and conditions it feels are appropriate to offer in extending an invitation to observers to attend and address any of the Trust Board's meetings and may change, alter or vary these terms and conditions as it deems fit.

3.21 Procedures for Addressing the Board

(i) Deputations from any meeting, association, public body or an individual may be permitted to address a meeting of the Board, subject to the following conditions:

- The subject is on the agenda;
- The Board Assurance Manager has received 3 working days notice, in writing, of the intended deputation, its purpose and a brief synopsis of

content. The Chair will decide on the appropriateness of the presentation.

The specified notice may be waived at the discretion of the Chair. Any deputation will be confined to a presentation by not more than 2 persons, per agenda item, and not to exceed 10 minutes duration. The Chair may at his/her discretion vary the number of individuals permitted to address the meeting. The Chair will decide if a Trust response is appropriate and there will be no right of reply by the speaker. The decision of the Chair will be final on this matter.

The Chair will also consider requests for questions from the public based on the following conditions:

- all questions must be relevant to an item included on the agenda;
- individuals will be restricted to a maximum of 2 questions each
- once a question is answered by a member of the Board as directed by the Chair, there will be no further discussions on this question; and
- the decision of the Chair will be final in relation to public questions

3.21 Approval of Business Outside of Formal Trust Board and Committee Meetings

On occasions, where a business item requires Trust Board or a Trust Board sub-committee approval outside of the time timings of the formal meeting schedule, this may be facilitated via email circulation to members. Members will be provided with relevant documentation and requested to confirm their approval electronically. Any such approvals obtained in this manner shall be formally recorded in the minutes of the next scheduled meeting under the appropriate agenda item.

4. APPOINTMENT OF COMMITTEES AND SUB-COMMITTEES

4.1 Appointment of Committees

Subject to such directions as may be given by the Minister, the Board may appoint committees of the Trust.

The Board shall determine the membership and terms of reference of committees and sub-committees and shall if it requires to, receive and consider reports of such committees. The Terms of Reference pertaining to each Board Committee are included at Appendix 1.

4.2 Applicability of Standing Orders and Standing Financial Instructions to Committees

The Standing Orders and Standing Financial Instructions of the Trust, as far as they are applicable, shall as appropriate apply to meetings and any committees established by the Trust. In which case the term “Chair” is to be read as a reference to the Chair of other committee as the context permits, and the term “member” is to be read as a reference to a member of other committee also as the context permits. (There is no requirement to hold meetings of committees established by the Trust in public.)

4.3 Terms of Reference

Each such committee shall have such terms of reference and powers and be subject to such conditions (as to reporting back to the Board), as the Board shall decide and shall be in accordance with any legislation and regulation or direction issued by the Minister for Health. Each Committees’ Terms of Reference will be reviewed and approved annually by the Committee and provided to the Board for information.

4.4 Delegation of powers by Committees to Sub-Committees

Where committees are authorised to establish sub-committees they may not delegate executive powers to the

sub-committee unless expressly authorised by the Trust Board.

4.5 Approval of Appointments to Committees

The Board shall approve the appointments to each of the committees which it has formally constituted. Where the Board determines, and regulations permit, that persons, who are neither members nor officers, shall be appointed to a committee the terms of such appointment shall be within the powers of the Board as defined by the Minister for Health. The Board shall define the powers of such appointees and shall agree allowances, including reimbursement for loss of earnings, and/or expenses in accordance where appropriate with national guidance.

4.6 Appointments for Statutory Functions

Where the Board is required to appoint persons to a committee and/or to undertake statutory functions as required by the Minister for Health and where such appointments are to operate independently of the Board such appointment shall be made in accordance with the regulations and directions made by the Minister for Health.

4.7 Committees established by the Trust Board

The committees established by the Board are:

- Audit and Risk Assurance Committee - see page 38
- Remuneration and Terms of Service Committee – see page 38
- Charitable Trust Funds Committee – see page 39
- Governance Committee – see page 39
- Patient and Service User Experience Committee – see page 40
- Finance, Performance and Workforce Committee – see page 40
- Strategy and Transformation Committee – see page 41

4.7.1. Audit and Risk Assurance Committee

In accordance with current Cabinet Office Guidance and in line with the Department of Finance Audit and Risk Assurance Committee Handbook NI (April 2018), Codes of Conduct and Accountability (2022), the Trust Board will establish an Audit and Risk Assurance Committee to support the Board and the Accounting Officer with regard to their responsibilities for issues of risk management, internal control and governance by reviewing the comprehensiveness, reliability and integrity of assurances in meeting the Board and Accounting Officer's assurance needs.

The Committee will be comprised exclusively of Non-Executive Directors, with a minimum of three, of which one must have significant, recent and relevant financial experience. A quorum shall be two members. None of these members should be the Chair or members of the Remuneration and Terms of Service Committee. The Committee will meet on at least four occasions per year.

A Department of Health representative will attend at least one Audit and Risk Assurance Committee meeting per year as an observer and will not participate in any Committee discussion.

The Committee should complete the N.I. Audit Office Checklist on an annual basis. Assurance on completion of the checklist will be provided through the mid-year assurance statement. Any exception issues should be reported to the Department.

4.7.2 Remuneration and Terms of Service Committee

In line with the requirements of the Codes of Conduct and Accountability, a Remuneration and Terms of Service Committee will be established and constituted.

The Committee will be comprised exclusively of the Trust Chair and at least two Non-Executive Directors.

The primary responsibility of the Remuneration and Terms of Service Committee is to make recommendations to the Board on all aspects of remuneration and terms and conditions of employment for the Chief Executive, Senior Executives and all other Directors who operate at Board level within the Trust. Meetings should be held at least twice per year,

4.7.3 Charitable Trust Funds Committee

The Trust Board will establish a Charitable Trust Funds Committee to assist the Board and the Accounting Officer in exercising its key function of ensuring Charitable Trust Funds are administered by the Trust Board as Trustees under the Health and Personal Social Services (NI) Order 1972, as amended by Article 16 of the Health and Personal Social Services (NI) Order 1991.

The Committee will ensure that the appropriate arrangements are in place to oversee the administration, including banking arrangements, of Charitable Trust Funds, their investment and disbursement. The normal purposes to which funds may be applied include all relevant expenditure likely to enhance the provision of health and social services in accordance with current legislation relating to Charitable Trust Funds as well as Standing Financial Instructions, associated operational procedures of the Trust and the wishes of the donor.

Membership will be comprised three Non-Executive Directors and the Executive Director of Finance. A quorum shall be 3 members, two of which must be Non Executive Directors. The Committee will meet on a least four occasions per year.

4.7.4 Governance Committee

The Board will establish a Governance Committee to hold the Trust to account for the quality of care it provides and ensure that the systems of control and impact measurement are robust and reliable. It will provide the Trust with a clear strategic direction and leadership for good Governance that will assist the Trust to meet its quality improvement challenges.

The Governance Committee will oversee all aspects of integrated governance (excluding finance and performance) and to ensure that a robust Integrated Governance and Assurance Framework is maintained.

Within the Audit and Risk Assurance Committee Handbook (2018), there is a strong emphasis on risk and assurance for the Trust and this is delivered by both the Governance and Audit and Risk Assurance Committees.

The Committee will be a Non-Executive and Executive Director Committee of the Board and will have no executive powers, other than those specifically delegated in its Terms of Reference. The Committee will meet on at least four occasions per year.

4.7.5 Patient and Service User Experience Committee

The Trust Board will establish a Patient and Service User Experience Committee to provide assurance that the Trust's services, systems and processes provide effective measures of patient, service user and carer experience and involvement. The Committee will identify gaps and areas of opportunity for development to ensure continuous, positive improvement to the patient, service user and carer experience.

The Committee will be comprised of Non-Executive Directors and a minimum of three Service User/Carer representatives. A quorum shall be three members, two of which must be Non-Executive Directors and one Service User/Carer representative. The Committee will meet on at least four occasions per year.

4.7.6 Finance, Performance and Workforce Committee

The Trust Board will establish a Finance, Performance and Workforce Committee to assist the Board in exercising its key functions of:

- overseeing the delivery of planned results by monitoring performance against objectives and ensuring corrective

actions are taken when necessary within agreed timelines.

- the achievement of financial targets (break-even) and oversight of financial plans through the provision of accurate and timely financial analysis, effective budget management and leadership

The Committee will be a Non-Executive and Executive Director Committee of the Board. The Committee will meet on at least four occasions per year.

4.7.7 Strategy and Transformation Committee

The Trust Board will establish a Strategy and Transformation Committee to assist the Board and the Accounting Officer in exercising its key function of establishing the overall strategic direction of the Trust within the policy and resources framework determined by the Department/Minister. The Committee will provide assurance and identify any issues to the Trust Board in relation to the delivery of the Trust's Strategy and Transformation agenda.

The Committee will be a Non-Executive and Executive Director Committee of the Board. The Committee will meet on at least four occasions per year. A quorum shall be three members, two of which must be Non-Executive Directors and one Executive Director. The Committee will meet on four occasions per year.

5. ARRANGEMENTS FOR THE EXERCISE OF TRUST FUNCTIONS FOR DELEGATION BY THE BOARD

5.1 Delegation of Functions to Committees, Officers or other bodies

5.1.1 Subject to such directions as may be given by the Department of Health, the Board may make arrangements for the exercise, on behalf of the Trust, of any of its functions by a committee, sub-committee appointed by virtue of Standing Order 4, or by an officer of the Trust, or by another body as defined in Standing Order 5.1.2 below, in each case subject to such restrictions and conditions as the Board thinks fit.

5.1.2 Section 13, Schedule 3 of the HPSS (NI) Order 1991 allows for functions of the Trust to be carried out in the following ways:-

(i) by another Trust;

(ii) jointly with any one or more of the following: Health and Social Care Trusts, Boards, agencies or a Centre of Procurement Expertise (in respect of procurement and logistics);

5.1.3 Where a function is delegated by these Regulations to another Trust, then that Trust or health service body exercises the function in its own right; the receiving Trust has responsibility to ensure that the proper delegation of the function is in place. In other situations, i.e. delegation to committees, sub-committees or officers, the Trust delegating the function retains full responsibility.

5.2 Emergency Powers and urgent decisions

The powers which the Board has reserved to itself within these Standing Orders (see Standing Order 2.10) may in emergency or for an urgent decision be exercised by the Chief Executive and the Chair after having consulted at least two non-executive members. The exercise of such powers by the Chief Executive and Chair shall be reported to the next formal meeting of the Trust Board in public session for formal ratification.

5.3 Delegation to Committees

5.3.1 The Board shall agree any amendment to the delegation of executive powers to be exercised by committees, or sub-committees, or joint-committees, which it has formally constituted as part of the review of Standing Orders, or, as required. The constitution and terms of reference of these committees, or sub-committees, or joint committees, and their specific executive powers shall be approved by the Board.

5.3.2 When the Board is not meeting as the Trust in public session it shall operate as a committee and may only exercise such powers as may have been delegated to it by the Trust in public session.

5.4 Delegation to Officers

5.4.1 Those functions of the Trust which have not been retained as reserved by the Board or delegated to other committee or sub-committee or joint-committee shall be exercised on behalf of the Trust by the Chief Executive. The Chief Executive shall determine which functions she/he shall perform personally and shall delegate to nominated officers the remaining functions for which she/he shall still retain accountability to the Board.

5.4.2 The Chief Executive shall prepare a Scheme of Delegation identifying the areas for delegation which shall be considered and approved by the Board. The Chief Executive may periodically propose amendment to the Scheme of Delegation which shall be considered and approved by the Board.

5.4.3 Nothing in the Scheme of Delegation shall impair the discharge of the direct accountability to the Board of the Director of Finance or any other Lead Director to provide information and advise the Board in accordance with statutory or Department of Health requirements. Outside these statutory requirements, the roles of the Director of Finance and all other Lead Directors shall be accountable to the Chief Executive for operational matters.

5.5 Schedule of Matters Reserved to the Trust and Scheme of Delegation of powers

5.5.1 The arrangements made by the Board as set out in the "Schedule of Matters Reserved to the Board" and “Scheme of Delegation” of powers shall have effect as if incorporated in these Standing Orders.

5.6 Duty to report non-compliance with Standing Orders and Standing Financial Instructions

If for any reason these Standing Orders or the Standing Financial Instructions are not complied with in any significant or material respect, full details of the non-compliance and any justification for non-compliance and the circumstances around the non-compliance, shall be reported to the next formal meeting of the Board for action or ratification. All members of the Trust Board and staff have a duty to disclose any significant or material non-compliance with these Standing Orders to the Chief Executive as soon as possible.

6. CODES OF CONDUCT AND ACCOUNTABILITY

Introduction

The Code of Conduct and Code of Accountability for Board Members of Health and Social Care Bodies (2022), provide the basis on which HSC bodies should seek to fulfill the duties and responsibilities conferred upon them by the Department of Health. All members must subscribe to these Codes and will be judged upon the way the codes are observed.

The HSC Code of Conduct (2016) incorporates the principles contained within the Code of Conduct for HPSS Managers 2013 and supercedes it. It is applicable to all HSC employees, including managers, and sets out the core standards of conduct expected by all HSC staff.

6.1 Openness and Public Responsibilities

The Code of Conduct advises that there should be a willingness to be open and to actively involve the public, patients, clients and staff as the need for change emerges. The reasons for change should be fully explained and views from the public, patients and clients sought and taken into account before decisions are reached.

Health and social care business should be conducted in a way that is socially responsible and forges an open relationship with local communities and conducts dialogue with clients, patients and their carers about the planning and provision of the services provided. Health and Social Care bodies should demonstrate to the public that they are concerned with the wider health and social wellbeing of the population.

The duty of confidentiality of personal and individual patient/client information must be respected at all times.

6.2 Declaration of Interests

6.2.1 Requirements for Declaring Interests

Board members and all staff should act impartially and should not be influenced by social, political or business relationships. They should not use information gained in the course of their public service for personal gain or for political purposes nor seek to use the opportunity of public service to promote private interests or those of connected persons, firms, businesses or other organisations. Where there is a potential for private, voluntary, charitable etc. interests to be material and relevant to HSC business, the relevant interest should be declared.

The Trust has a Conflicts of Interest Policy in place to promote high standards in public life and ensure that Board members and staff follow the characteristics of propriety as defined in the Nolan Principles. This policy sets out the standards of conduct expected of Board members and staff where their private interests might conflict with their duties as a Trust employee and the steps the Trust will take to safeguard itself against potential conflicts of interest. In accordance with the Policy, all Board members and staff shall declare such interests. A heavier duty applies to certain groups of staff due to their close involvement in the selection of suppliers and to purchasing decisions. Staff in these groups are required to provide an annual declaration return – this includes a nil return where there are no interests to declare.

6.2.2 Interests which are relevant and material

(i) Interests which should be regarded as "relevant and material" are:

a) Directorships, including Non-Executive Directorships held in private companies or Private Limited Companies (with the exception of those of dormant companies);

b) Ownership or part-ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the Trust;

c) Majority or controlling share holdings in organisations likely or possibly seeking to do business with the Trust;

d) A position of trust in a charity or voluntary organisation involved in the field of health and social care;

e) Any connection with a voluntary or other organisation contracting for Trust services;

f) Any other commercial interest in the decision before the meeting.

6.2.3 Advice on Interests

If Board members have any doubt about the relevance of an interest, this should be discussed with the Chair of the Trust or with the Trust's Board Secretary.

Influence rather than the immediacy of the relationship is more important in assessing the relevance of an interest. The interests of partners in professional partnerships including general practitioners should also be considered.

6.2.4 Recording of Interests in Trust Board minutes

Where there is a potential for private, voluntary, charitable etc. interests to be material and relevant to HSC business, the relevant interest should be declared by the Board member and recorded in the Board minutes and entered into the register which is publically available. Where a conflict of interest is established or perceived, the Board member shall withdraw and play no part in the relevant discussion.

6.2.5 Publication of declared interests in Annual Report

Where a Board member has an interest in any body which has transacted with the Trust, then the financial quantification of that transaction(s) shall be published in the Trust's Annual Report and Accounts for the year in question, together with an appropriate description of the members' interest.

6.2.6 **Conflicts of interest which arise during the course of a meeting**

During the course of a Board meeting, if a conflict of interest is established, the Board member concerned should, as soon as he/she is able after its commencement, disclose the fact. It shall be disclosed in a manner that cannot be perceived to influence subsequent discussion or decision. The member shall withdraw from the meeting and play no part in the relevant discussion or decision.

6.3 Register of Interests

6.3.1 The Chief Executive will ensure that a Register of Interests is established to record formally any declarations of interests of Board and staff members.

6.3.2. These details will be kept up to date by means of an annual review of the Register in which any changes to interests declared during the preceding twelve months will be incorporated.

6.3.3 The Register of Interests for Board members will be made available to the public via the Trust's website. .

6.4 Definition of terms used in interpreting director or indirect pecuniary interests

Please refer to HSS Trusts (Membership and Procedure) Regulations (Northern Ireland) 1994.

6.5 Standards of Business Conduct

6.5.1 **Trust Policy**

All Trust staff and Board members must comply with the Trust's Policy on Gifts, Hospitality and Sponsorship and Conflicts of Interests Policy.

The Trust's Gifts, Hospitality and Sponsorship Policy provides advice on the expected standards of conduct and to those staff who, in the course of their day to day work or as a result of their employment, either receive offers of gifts,

hospitality or considerations of any kind from contractors, agents, organisations, firms or individuals. The policy also provides advice on the provision of gifts and hospitality to others on behalf of the Trust. All offers of gifts, prizes, invitations, hospitality, sponsorship of courses, conferences and meetings valued at over £50 must be recorded on the register.

The Code of Conduct for HSC Employees (September 2016) also refers.

6.5.2 Canvassing of and Recommendations by Members in Relation to Appointments

i) Canvassing of members of the Trust or of any Committee of the Trust directly or indirectly for any appointment under the Trust shall disqualify the candidate for such appointment. The contents of this paragraph of the Standing Order shall be included in application forms or otherwise brought to the attention of candidates.

ii) Members of the Trust shall not solicit for any person any appointment under the Trust or recommend any person for such appointment; but this paragraph of this Standing Order shall not preclude a member from giving written testimonial of a candidate's ability, experience or character for submission to the Trust.

6.5.3 Relatives of Members or Officers

i) Candidates for any staff appointment under the Trust shall, when making an application, disclose in writing to the Trust whether they are related to any member or the holder of any office under the Trust. Failure to disclose such a relationship shall disqualify a candidate and, if appointed, render him liable to instant dismissal.

ii) The Chair and every member and officer of the Trust shall disclose to the Trust Board any relationship between himself and a candidate of whose candidature

that member or officer is aware. It shall be the duty of the Chief Executive to report to the Trust Board any such disclosure made.

iii) On appointment, members (and prior to acceptance of an appointment in the case of Executive Directors) should disclose to the Trust whether they are related to any other member or holder of any office under the Trust.

7. CUSTODY OF SEAL, SEALING OF DOCUMENTS AND SIGNATURE OF DOCUMENTS

7.1 Custody of Seal

The Chief Executive's office has responsibility for the safe-keeping and use of the Trust Common Seal.

The seal is kept in a secure location within Trust Headquarters.

The use of the seal is controlled by the Chief Executive's office and authority to use the seal is restricted to the Office Manager for the Chief Executive or Board Assurance Manager.

7.2 Sealing of Documents

Documents should only be sealed following a resolution by the Trust Board. In exceptional circumstances, a document shall be sealed in advance of a resolution by the Trust Board and retrospective resolution sought at the following Trust Board meeting. Where it is necessary that a document shall be sealed, the seal shall be affixed in the presence of a Director of the Trust and of the Chief Executive/or other officer at Director level nominated by the Chief Executive and shall be attested by them. The Chair may also sign. Those present must not be from the originating department seeking application of the Trust seal.

7.3 Register of Sealing

A register is maintained by the Office Manager for the Chief Executive of all documents sealed.

7.4 Signature of documents

Where the signature of any document will be a necessary step in legal proceedings on behalf of the Trust, it shall, unless any enactment otherwise requires or authorises, be signed by the Chief Executive or any Director.

Southern Health and Social Care Trust

Quality Care - for you, with you

SECTION B

SCHEME OF RESERVATION AND DELEGATION OF POWERS

1.1 SCHEDULE OF POWERS RESERVED TO THE BOARD

The 'Schedule of Powers reserved to the Board' is sub-divided to correspond with the seven key functions of the Board for which it is held accountable by the Department of Health on behalf of the Minister. These are:-

1. To establish the overall strategic direction of the organisation within the policy and resources framework determined by the Department/Minister

2. To oversee the delivery of planned results by monitoring performance against objectives and ensuring corrective action is taken when necessary;

3. To ensure effective financial stewardship through value for money, financial control and financial planning and strategy;

4. To ensure that high standards of corporate governance and personal behaviour are maintained in the conduct of the business of the whole organisation;

5. To appoint the Chief Executive and consider the appraisal and remuneration of the Chief Executive and Directors;

6. To ensure effective dialogue between the organisation and the local community on its plans and performance and that these are responsive to the community's needs;

7. To ensure that the Trust has robust and effective arrangements in place for clinical and social care governance and risk management.

These matters are to be regarded as a guideline to the minimum requirement and shall not be interpreted as to exclude any other issues which it might be appropriate, because of their exceptional nature, to bring to the Board.

The Chair, in consultation with the Chief Executive shall determine whether other issues outwith the following schedules of reserved powers shall be brought to the Board for consideration.

RESERVED TO / DELEGATED TO	AREAS INCLUDED IN SCHEME OF RESERVATION AND DELEGATION
Trust Board	**General Enabling Provision** The Board may determine any matter, for which it has delegated or statutory authority, in full session within its statutory powers.
Trust Board	**Regulations and Control** 1. HSC Trust Boards must comply with legislation and guidance issued by the Department of Health on behalf of the Minister for Health, respect agreements entered into by themselves or on their behalf and establish terms and conditions of service that are fair to the staff and represent good value for taxpayers' money. 2. Approve Standing Orders (SOs), a schedule of matters reserved to the Board and Standing Financial Instructions for the regulation of its proceedings and business. 3. Suspend Standing Orders. 4. Vary or amend the Standing Orders. 5. Ratify any urgent decisions taken by the Chair and Chief Executive in public session in accordance with SO 5.2 6. Approve a scheme of delegation of powers from the Board to committees**.**

RESERVED TO / DELEGATED TO	AREAS INCLUDED IN SCHEME OF RESERVATION AND DELEGATION
TRUST BOARD	**Establish Strategic Direction** 1. Establish the overall strategic direction of the Trust and approve any associated plans. 2. Approve Outline and Final Business Cases with capital costs in excess of £300,000 and/or revenue costs which are in excess of £300,000 per annum on a recurrent or non-recurrent basis. 3. Approve budgets on an annual basis. 4. Ratify proposals for acquisition, disposal or change of use of land and/or buildings. 5. Approve PFI proposals. 6. Approve Corporate Plan. 7. Receive and approve update on Corporate Plan on a six monthly basis.
TRUST BOARD	**Monitor Performance** 1. Continuous appraisal of the affairs of the Trust by means of the provision to the Board as the Board may require from directors, committees, and officers of the Trust as set out in management policy statements. Monitoring returns required by the Department of Health shall be reported, at least in summary, to the Board. This includes an annual monitoring report on the delivery of statutory functions with a mid-year return on Corporate Parenting.

RESERVED TO / DELEGATED TO	AREAS INCLUDED IN SCHEME OF RESERVATION AND DELEGATION
	2. Receive reports as are required by statute or Department of Health regulation and other such reports as the Board sees fit from committees in respect of their exercise of powers delegated and take action on as appropriate. 3. Receive reports on financial performance against budget and Trust Delivery Plan, including progress in meeting specific strategic, HSCB and DoH objectives and targets. 4. Receive and approve the Trust's Equality Scheme Report for submission to Equality Commission.
TRUST BOARD	**Financial Stewardship** **Annual Reports and Accounts** 1. Receipt and approval of the monthly financial performance report 2. Receipt and approval of the Trust's Annual Report and Annual Accounts. 3. Receipt and approval of the Trustees Annual Report and Accounts for Charitable Trust funds. 4. Receipt and approval of the Accounts for patients'/residents property. 5. Approve the opening of bank accounts and Trust banking arrangements. 6. Approve proposals in individual cases for the write off of losses or making of special payments in line with HSC delegated limits and requirements.

RESERVED TO / DELEGATED TO	AREAS INCLUDED IN SCHEME OF RESERVATION AND DELEGATION
	Audit 1. Receipt of the annual Report to those charged with Governance from the external auditor and agreement of proposed action, taking account of the advice, where appropriate, of the Audit and Risk Assurance Committee. Receipt of an annual report from the Internal Auditor and agree action on recommendations where appropriate of the Audit and Risk Assurance Committee.
TRUST BOARD	**Corporate Governance and Personal Behaviour and Conduct** 1. Comply with the Codes of Conduct and Accountability 2. Require and receive the declaration of Board members' interests. 3. Comply with the Trust's Policy on Gifts, Hospitality and Sponsorship 4. Disclose relationships between self and candidates for staff appointment 5. Act in good faith and in the interests of the Trust
TRUST BOARD	**Appoint, Appraise and Remunerate Senior Executives** 1. Appoint and dismiss committees (and individual members) that are directly accountable to the Board. 2. Appoint, appraise, and remunerate Senior Executives (subject to SO 2.2). 3. Confirm appointment of members of any committee of the Trust as representatives on outside bodies. 4. Approve recommendations of the Remuneration and Terms of Service Committee regarding the Chief Executive, Executives Directors and all other Directors that operate at Board level within the Trust.

RESERVED TO / DELEGATED TO	AREAS INCLUDED IN SCHEME OF RESERVATION AND DELEGATION
TRUST BOARD	**Public Engagement** **1.** Hold meetings in public **2.** Invite and receive views from the public on proposals for strategic change **3.** Approve Annual Report
TRUST BOARD	**Governance – inclusive of Clinical and Social Care and Risk Management** 1. Approval of Annual Governance Statement and Mid Year Assurance Statement 2. Approval of Board Assurance Framework and Corporate Risk Register on an annual basis 3. Complete Board Governance Self-Assessment on an annual basis

1.2 DECISIONS/DUTIES DELEGATED BY THE BOARD TO COMMITTEES

COMMITTEE	DECISIONS/DUTIES DELEGATED BY THE BOARD TO COMMITTEES, WITH CLEAR REPORTING LINES AND ACCOUNTABILITY
AUDIT AND RISK ASSURANCE COMMITTEE	The Committee will: • Oversee the maintenance of an effective system of integrated governance, risk management and internal control. • Review the adequacy of all risk and control related disclosure statements in particular the Mid-Year Assurance Statement and the 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. • Review the adequacy of the policies for ensuring compliance with relevant regularity, legal and code of conduct requirements, including revised versions of the Trust's Standing Orders and Standing Financial Instructions. • Review and approval of the policies and procedures for all work related to bribery, fraud and corruption as required by the Counter Fraud and Probity Service at the Business Services Organisation for onward submission to the Trust's Policy Scrutiny Committee for ratification. • Review the annual schedule of losses and compensation payments and make recommendations to the Board regarding their approval. • Review a summary of Post Project Evaluations on capital and revenue proposals greater than £300k. • Review the Trust Procurement Board Annual report including all approved Direct Award Contracts. • Receive regular updates in relation to fraud cases under investigation. • Oversee the adequacy and effectiveness of the risk management framework in the Trust, through receiving regular updates in relation to the Corporate Risk Register.

COMMITTEE	DECISIONS/DUTIES DELEGATED BY THE BOARD TO COMMITTEES, WITH CLEAR REPORTING LINES AND ACCOUNTABILITY
	In addition, the Committee will: • Complete the Northern Ireland Audit Office Effectiveness Tool on an annual basis and develop an action plan if necessary. The Committee will work closely with the Governance Committee whose work will provide comprehensive assurance to the Audit and Risk Assurance Committee. Each Committee will remain within its own scope of work. **Internal Audit** Ensure there is an effective internal audit function established by management that meets the Public Sector Internal Audit Standards (PSIAS) and provides appropriate independent assurance to the Committee, Accounting Officer and Board. *This will be achieved by:* Consideration of the provision of the Internal Audit service, the cost of the audit and any questions of resignation and dismissal. Review and approval of the Internal Audit strategy, operational plan and more detailed programme of work, ensuring that this is consistent with the audit needs of the organization. Consideration of the Head of Internal Audit's mid-year assurance and annual report, major findings of internal audit work (and management's response), and ensure co-ordination between the Internal and External Auditors to optimise audit resources. Ensuring that the Internal Audit function is adequately resourced and has appropriate standing within the organization.

COMMITTEE	DECISIONS/DUTIES DELEGATED BY THE BOARD TO COMMITTEES, WITH CLEAR REPORTING LINES AND ACCOUNTABILITY
	Annual review of the effectiveness of internal audit. Assure itself that Trust management has implemented the agreed recommendations of Internal Audit reports in a timely and effective way by reviewing at each meeting the on-going progress of the Internal Audit Forum. **External Audit** - Review the work and findings of the External Auditor and consider the implications of, and management's responses to, their work. *This will be achieved by:* - Consideration of the performance of the External Auditor. - Discussion and agreement with the External Auditor, before the audit commences, of the nature and scope of the audit as set out in the External Audit Strategy. - Discussion with the External Auditors of their local evaluation of audit risks and assessment of the Trust. - Review of all External Audit reports, including consideration of the Report to those charged with Governance before submission to the Board and any work carried out outside the annual audit plan, together with the appropriateness of management responses. **HSC Business Services Organisation Shared Services** - Obtain assurance annually of the governance arrangements in operation across the HSC Business Services Organisation. - Give consideration to the performance of the HSC Business Services Organisation.

COMMITTEE	DECISIONS/DUTIES DELEGATED BY THE BOARD TO COMMITTEES, WITH CLEAR REPORTING LINES AND ACCOUNTABILITY
	Financial Reporting - Monitor the integrity of the Trust's Financial Statements. - Review the Trust's Annual Report, Governance Statement and the Financial Statements before submission to the Board in order to determine their completeness, integrity and accuracy. This includes Public Funds, Residents and Patients' Monies and Charitable Trust Funds. This review will cover but is not limited to: - the adequacy and completeness of the Governance Statement and other disclosures relevant to the Terms of Reference of the Committee. - the Schedule of Losses and Special Payments. - the Letter of Representation to the Comptroller and Auditor General - the meaning and significance of the figures, notes and significant changes - changes in, and compliance with, accounting policies and practices - explanation of estimates or provisions having material effect - areas where judgement has been exercised - significant adjustments resulting from the audit - any reservations and disagreements between the external auditors and management which have not been satisfactorily resolved Recommend to the Board that the Annual Report, Governance Statement and Financial Statements are approved Review all accounting and reporting systems for reporting to the Board including in respect of budgetary control

COMMITTEE	DECISIONS/DUTIES DELEGATED BY THE BOARD TO COMMITTEES, WITH CLEAR REPORTING LINES AND ACCOUNTABILITY
REMUNERATION AND TERMS OF SERVICE COMMITTEE	The Committee will: a) Advise and make recommendations in writing to the Board on performance, development, succession planning and appropriate remuneration and terms of service for the Chief Executive, Executive Directors and all other Directors who operate at Board level within the Trust, guided by Department of Health policy and best practice. Advice to the Board on remuneration includes all aspects of salary, allowances and expenses, as well as arrangements for termination of employment and other contractual terms. b) Ensure that in advance of recruitment to Chief Executive, Executive Director and all other Director roles which operate at Board level, terms of service have been agreed before the posts are advertised. c) Ensure robust objectives, performance measures and evaluation processes are in place within the Trust in respect of the Chief Executive, Executive Directors and all other Directors. At mid and end year (May and October), the Committee will review the performance of the Chief Executive on the advice of the Chair, and the performance of the Executive Directors and all other Directors, on the advice of the Chief Executive. This will include an appraisal of their performance in relation to their role as a Board member. d) Advise the Board and oversee appropriate contractual arrangements for the Chief Executive, Executive Directors and all other Directors including secondment requests and the proper calculation and scrutiny of termination payments taking account of relevant guidance as appropriate. e) To ensure compliance with HM Revenue and Customs' requirements concerning payments, including expenses.

COMMITTEE	DECISIONS/DUTIES DELEGATED BY THE BOARD TO COMMITTEES, WITH CLEAR REPORTING LINES AND ACCOUNTABILITY
GOVERNANCE COMMITTEE	The Committee will: • Hold the Trust to account for the quality of care it provides and ensure that the systems of control and impact measurement are robust and reliable. • Provide the Trust with a clear strategic direction and leadership for good Governance that will assist the Trust to meet its quality improvement challenges. • Foster a culture at every level of the Trust which is focused on enabling staff (and subcontractors) to learn from past experiences and mistakes. • Ensure that the Trust possesses the necessary capability to identify learning and its implementation. • Oversee all aspects of integrated governance (excluding finance and performance) and to ensure that a robust Integrated Governance and Assurance Framework is maintained. • Ensure that there are effective structures in place to support the effective implementation and continued development of integrated governance across the Trust ensuring that there is sufficient assurance as to the robustness of key processes across all areas of governance. • Receive a report and assurances from the Chief Executive as Chair of the Senior Leadership Team Risk and Assurance (SLTRA) Group whose work provides relevant assurance to the Committee's remit. Receive assurances from the following Steering Groups via reports by the Chair as a standing agenda item: - Organisational Governance Steering Group - Safety and Quality Steering Group - Standards, Compliance and Regulation Steering Group • Receive the Corporate Risk Register at each meeting and receive assurance via the summary report from the Chair of the SLTRA that the risks listed are appropriate for inclusion on the Corporate Risk Register.

COMMITTEE	DECISIONS/DUTIES DELEGATED BY THE BOARD TO COMMITTEES, WITH CLEAR REPORTING LINES AND ACCOUNTABILITY
	The Committee will work closely with the Audit and Risk Assurance Committee (ARAC) whose work will provide comprehensive assurance to the Governance Committee. There will be a standing item on the Governance Committee agenda during which the Chair of the ARAC can raise any area where the Committee requires further assurance, particularly in relation to those governance domains concerning clinical and social care governance, safety and quality. - Receive the findings of other significant assurance functions, (regulatory, professional and judicial) external to the organisation, and consider the implications for the governance of the organisation. Where appropriate, seek assurance that action plans developed as a result of external reviews/progress reports are being progressed and implemented. - Seek assurance that where concerns have arisen that relate to the committee's remit that appropriate measures have been taken, any agreed actions delivered, and any appropriate learning has been identified and shared. - Ensure robust and formal independent oversight of 'Whistleblowing' cases activity within the Trust. - Receive the minutes of the Trust's Mid-Year and End-Year Ground Clearing meetings for information. - Escalate any risks or other areas of concern identified through the above responsibilities that require Trust Board scrutiny and/or decision making. In fulfilling its remit, the committee will utilise information from a range of governance systems and other areas as it deems necessary.

COMMITTEE	DECISIONS/DUTIES DELEGATED BY THE BOARD TO COMMITTEES, WITH CLEAR REPORTING LINES AND ACCOUNTABILITY
CHARITABLE TRUST FUNDS COMMITTEE	The Committee will: • Assist the Board and the Accounting Officer in exercising its key functions of ensuring Charitable Trust Funds are administered by the Trust Board as Trustees under the Health and Personal Social Services (NI) Order 1972, as amended by Article 16 of the Health and Personal Social Services (NI) Order 1991 • Satisfy itself that Charitable Trust Funds are managed in line with guidance in the Trust's Standing Financial Instructions, Departmental guidance and legislation. • Ratify the creation of a new fund by the Executive Director of Finance, Procurement and Estates where funds and/or other assets are received from donors in circumstances where the wishes of the donor cannot be accommodated within the scope of an existing fund. • Make recommendations on the potential for rationalisation of funds within statutory guidelines. • Seek assurance that assets in ownership of, or used by, the Charitable Trust Funds will be maintained with the Trust's general estate and inventory of assets. • Seek assurance that funds are not unduly or unnecessarily accumulated. • Ensure that a Trustees Report is produced as part of the production of annual accounts for Charitable Trust Funds. • Seek assurance that expenditure from Charitable Trust Funds is subject to appropriate value for money considerations including proper procurement procedures where applicable. • Ensure that Annual Accounts are prepared in accordance with Department of Health (DoH) guidelines and submitted to the Board within agreed timescales. • On behalf of the Board, and on the advice of the Senior Leadership Team, the Committee will authorize appropriate policies and procedures in relation to Charitable Trust Funds.

COMMITTEE	DECISIONS/DUTIES DELEGATED BY THE BOARD TO COMMITTEES, WITH CLEAR REPORTING LINES AND ACCOUNTABILITY
PATIENT AND SERVICE USER EXPERIENCE COMMITTEE	The Committee will: • Provide assurance to the Trust Board that the Trust's services, systems and processes provide effective measures of patient, service user and carer experience and involvement. • Identify gaps and areas of opportunity for development to ensure continuous, positive improvement to the patient, service user and carer experience. • Ensure that patient, service user and carer experience improvement initiatives are in place to address identified shortcomings and that these are monitored. • Provide oversight of the Trust's Working Together Strategy. • Review in detail the associated action plan and key performance indicators to seek assurance that the Trust has effective and regularly reviewed mechanisms and systems in place to capture the views and experiences of patients, service users and carers and is continuously improving on these. In carrying out its work, the Committee will utilise information from the following four strands of work which underpin the Working Together Strategy: a) Patient and Service User Experience - Review and analyse trends emerging from users' feedback on their experience of care. Reviews and analysis of trends will focus on themes, service areas and professional matters. b) Quality Improvement - Assess the evidence that effective learning and Quality Improvement approaches are occurring in relation to the user and carer experience. c) Personal and Public Involvement - To ensure service users and carers inform and drive change.

COMMITTEE	DECISIONS/DUTIES DELEGATED BY THE BOARD TO COMMITTEES, WITH CLEAR REPORTING LINES AND ACCOUNTABILITY
	d) Clinical and social care governance - Review data on incidents and complaints and identify areas for changes. • Review progress of the Trust's Carers Action Plan • Receive update from the Patient and Client Council • Agree service improvement/learning from staff and service user experience item for Trust Board meetings • Make recommendations to Trust Board for consideration.
FINANCE, PERFORMANCE AND WORKFORCE COMMITTEE	The Committee will: Assist the Board and the Accounting Officer in exercising its key functions of: • overseeing the delivery of planned results by monitoring performance against objectives and ensuring corrective actions are taken when necessary within agreed timelines. • the achievement of financial targets (break-even) and oversight of financial plans through the provision of accurate and timely financial analysis, effective budget management and leadership **Finance** • To review in detail the financial strategy, so as to be able to confirm to the Trust Board the basis of acceptance. • To review the financial monitoring process and reporting in sufficient detail to advise the Trust Board, with confidence, concerning the financial performance of the Trust. • To be assured that Directors are effectively carrying out duties as Budget Holders

COMMITTEE	DECISIONS/DUTIES DELEGATED BY THE BOARD TO COMMITTEES, WITH CLEAR REPORTING LINES AND ACCOUNTABILITY
	and are well informed regarding the financial outlook for the Trust, and monitoring their achievement of financial targets • To review achievement of cost improvements and income generation activities in line with the Trust Delivery Plan and holding budget holders to account for financial performance. • To review financial reporting (ongoing on a regular basis). • To receive regular updates on actions taken by SLT to improve the financial position within the Trust. • To ensure the Director of Finance and Estates provides assurance that adequate training is delivered an ongoing basis to budget holders to enable them to manage their responsibilities. • To provide assurance to the Board that the Trust operates under a sound performance management framework, and that performance risks are understood and mitigated. • To review in detail any areas of Trust financial performance that are appropriate for further Board scrutiny, as agreed by Committee members. • To consider Trust financial performance in a regional context and identify areas for additional scrutiny. • To review financial and estates benchmarking data as it relates to Trust services. **Value for Money** • Oversee the adequacy of the Trust's arrangements for ensuring that value for money is obtained in the expenditure of all public funds entrusted to its care. This will include a review of the findings from, and management's response to, all value for money audit reports issued to the Trust from the Comptroller and Auditor General (C&AG).

COMMITTEE	DECISIONS/DUTIES DELEGATED BY THE BOARD TO COMMITTEES, WITH CLEAR REPORTING LINES AND ACCOUNTABILITY
	Operational Performance • Provide oversight of the Trust's Performance Management Framework ensuring that there are effective and regularly reviewed structures in place to support the effective implementation and continued development of integrated performance management arrangements across the Trust. • Ensure there is sufficient independent and objective assurance as to the robustness of key processes across all areas of performance. • Identify risks and gaps in control and assurance and seek assurance that risks are mitigated and being managed effectively. • Review the monitoring information in sufficient detail to advise the Trust Board, with confidence, concerning the performance of the Trust. • Receive internal and external reports on performance improvement initiatives, including efficiency and benchmarking and review progress • Ensure timely reports are made to the Trust Board, including recommendations and remedial action taken or proposed with timeframes, if there is an internal failing in systems or services. • Ensure recommendations considered appropriate by the Committee are made to the Trust Board **Planning** • To provide oversight to the corporate planning process, development of business cases and post project evaluations for revenue and capital, including review of assurance/test drilling etc. • To review business cases process for capital spend over £300k and the annual allocation of capital. • Highlight potential risks that could impact on the Trust's ability to deliver on its strategic direction and bring these to the attention of the Trust Board and the Strategic Planning and Performance Group and PHA.

COMMITTEE	DECISIONS/DUTIES DELEGATED BY THE BOARD TO COMMITTEES, WITH CLEAR REPORTING LINES AND ACCOUNTABILITY
	Workforce • Monitor an agreed set of workforce related metrics (Workforce Dashboard) to ensure that expected standards/targets are being achieved. • Identify risks and gaps in compliance and assurance, and seek assurance that risks are mitigated and being managed effectively.
STRATEGY AND TRANSFORMATION COMMITTEE	The Committee will: Assist the Board and the Accounting Officer in exercising its key function of: • Establishing the overall strategic direction of the Trust within the policy and resources framework determined by the Department/Minister. **Strategy** • Review and when satisfied recommend the Trust's vision and strategy for approval to Trust Board • Review Trust-wide strategic objectives prior to discussion by the Board. • Identify strategic opportunities whilst ensuring transformation schemes are developed and delivered to support sustainability not only within the Trust but in the local and regional integrated health and social care system. • Receive regular updates from the Trust's Strategic Implementation Programme Board on the implementation of strategic programmes and system wide developments. • Review the Trust's Capital Plan to ensure alignment with key Trust strategies, plans and sustainable development principles. • Monitor progress against major projects such as redevelopment of sites and large scale digital change projects. • Review Trust developments involving significant investment or modernisation.

COMMITTEE	DECISIONS/DUTIES DELEGATED BY THE BOARD TO COMMITTEES, WITH CLEAR REPORTING LINES AND ACCOUNTABILITY
	Transformation • Monitor progress against the Transformation Priorities in line with the Regional Transformation programmes applicable to this Trust. **Organisation Development** • Ensure the Trust has in place an Organisational Development Plan to support the implementation of the Strategic Plan. • Receive regular updates from the People and Culture Steering Group To fulfil its duties, the Committee's programme of work will be designed to provide assurance that: • Risks to achievement of strategy and transformation are identified and monitored through the Trust's Board Assurance Framework and /or corporate risk register. • The Trust communicates and engages effectively with internal and external stakeholders regarding its strategic priorities and programmes. • Clarity is provided regarding those areas that are commercially sensitive. • There is clear, consistent strategic direction, strong leadership and transparent lines of accountability.

1.3 CHIEF EXECUTIVE'S SCHEME OF DELEGATION

This refers to Section 5.4 of the Standing Orders

DELEGATED TO	DUTIES TO BE DELEGATED / RESERVED
CHIEF EXECUTIVE	Accountable through Department of Health Accounting Officer to Parliament / NI Assembly for stewardship of Trust resources
CHIEF EXECUTIVE	As Accounting Officer, is personally responsible for safeguarding the public funds of which he/she has charge for: • Ensuring propriety and regularity in the handling of public funds • Day to day operations and management of the Trust • Selection and appraisal of programmes and projects • Adhering to affordability and sustainability in the use of resources • Achieving value for money and avoiding waste and extravagance in the organisation's activities • Having appropriate control over major project or policy initiatives • Managing opportunity and risk to achieve the right balance commensurate with Trust business and risk appetite • Applying learning from experience • Accurately account for the organisation's financial position and transactions

DELEGATED TO	DUTIES TO BE DELEGATED / RESERVED
CHIEF EXECUTIVE	Ensure that proper records are kept relating to the accounts of the Trust and that the accounts of the Trust are prepared under principles and in a format directed by the Department of Health. Accounts must disclose a true and fair view of the Trust's income and expenditure and its state of affairs.
CHIEF EXECUTIVE	Sign a Mid-Year Assurance Statement on the condition of the Trust's system of internal control which details significant internal control divergences. Sign the Performance Report and Accountability Report within the Annual Report. The Accountability Report includes the Governance report, Remuneration and staff report and Accountability and Audit report.
CHIEF EXECUTIVE	For the purposes of the whole of Government Accounts, act as the Trust's Consolidation Officer and be personally responsible for :- • Preparing the consolidation information, which sets out the financial results and position of the Trust; for arranging for its audit; and for sending the information and the audit report to the Principal Consolidation Officer nominated by the Department of Finance. • Ensuring that the Trust has in place and maintains sets of accounting records that will provide the necessary information for the consolidation process; and • Prepare the consolidation information in accordance with the consolidation instructions and directions.

DELEGATED TO	DUTIES TO BE DELEGATED / RESERVED
CHIEF EXECUTIVE	Give evidence, normally with the Accounting Officer of the Department of Health, if summoned before the Public Accounts Committee on the use and stewardship of public funds by the Trust.
DIRECTOR OF **F**INANCE	Day to day administration of the Accounting and Consolidation Officer responsibilities.
CHIEF **E**XECUTIVE	Implement requirements of corporate governance.
CHIEF EXECUTIVE	Supported by Director of Finance, ensure appropriate advice is given to the Board on all matters of probity, regularity, prudent and economical administration, efficiency and effectiveness.
CHIEF EXECUTIVE	As the Principal Officer for handling cases involving the Northern Ireland Commissioner for Complaints, inform the Permanent Secretary of the Department of Health of any complaints about the Trust accepted by the Ombudsman for investigation, and about the Trust's proposed response to any subsequent recommendations from the Ombudsman.
CHIEF EXECUTIVE AND MEDICAL DIRECTOR	Supported by the Medical Director, ensure that a system of risk management is maintained to inform decisions on financial and operational planning and to assist in achieving objectives and targets.
CHIEF EXECUTIVE	Ensure that an effective system of programme and project management and contract management is maintained.
CHIEF EXECUTIVE	Ensure compliance with the NI Public Procurement Policy
CHIEF EXECUTIVE	Ensure that all public funds made available to the Trust including any income for

DELEGATED TO	DUTIES TO BE DELEGATED / RESERVED
	any receipts are used for the purpose intended by the Assembly and that such monies, together with the Trust's assets, equipment and staff are used economically, efficiently and effectively.
CHIEF EXECUTIVE	Ensure that adequate internal management and financial controls are maintained by the Trust including effective measures against fraud and theft.
CHIEF EXECUTIVE	Maintain a comprehensive system of internal delegated authorities that are notified to all staff, together with a system for regularly reviewing compliance with these delegations.
DIRECTOR OF **H**UMAN **R**ESOURCES & **O**RGANISATIONAL **D**EVELOPMENT	Ensure that effective personnel management policies are maintained.
CHIEF EXECUTIVE	**Planning and Monitoring** 1. Establish, with approval of the Department, as appropriate, the Trust's corporate and business plans in support of the Department's wider strategic aims and current PfG objectives and targets. 2. Inform the HSCB and the sponsor Department as appropriate of the Trust's progress in helping to achieve the Department's policy objectives and in demonstrating how resources are being used to achieve those objectives 3. Ensure that timely forecasts and monitoring information on performance and finance are provided to the HSCB and the Department as appropriate including prompt notification if overspends or underspends are likely and that

DELEGATED TO	DUTIES TO BE DELEGATED / RESERVED
	corrective action is taken. 4. Ensure that any significant problems, whether financial or otherwise, and whether detected by internal audit or by other means, are notified to the HSCB or the Department as appropriate in a timely fashion.
CHIEF EXECUTIVE	**Advising the Board** 1. Ensure that appropriate advice is given to the Board on the discharge of its responsibilities according to relevant legislation and guidance that may be issued from time to time from the Department of Finance or the Department. 2. Advise the Board on the Trust's performance compared with its aims and objectives. 3. Ensure that financial considerations are taken fully into account by the Trust Board at all stages in reaching and executing its decisions, and that standard financial appraisal techniques are followed appropriately. **4.** Take action if the Board, or its Chair, is contemplating a course of action that raises an issue involving a transaction which the Chief Executive considers would infringe the requirements of propriety or regularity or does not represent prudent or economical administration, efficiency or effectiveness.

MEDICAL DIRECTOR	Ensure that effective procedures for handling complaints about the Trust are established and made widely known within the Trust.
CHIEF EXECUTIVE AND DIRECTOR OF HUMAN RESOURCES AND ORGANISATIONAL DEVELOPMENT	Ensure the Trust's Equality Scheme is in place, reviewed and equality impact assessed as required by the Equality Commission and The Executive Office
DIRECTOR OF PLANNING, PERFORMANCE AND INFORMATICS	Ensure that the requirements of the GDPR 2018 and the Freedom of Information Act 2000 are complied with
CHIEF EXECUTIVE	Ensure that a business continuity plan is developed and maintained
CHIEF EXECUTIVE AND MEDICAL DIRECTOR	Ensure that copies of adverse inspection reports are shared with the relevant policy lead in the Department
CHIEF EXECUTIVE	Ensure full compliance with the requirements of relevant statutes, court rulings and departmental directions
DIRECTOR OF FINANCE	Ensure that a policy on acceptance of provision of Gifts and Hospitality is in place.
CHIEF EXECUTIVE	Maintain a Register of Interests
CHIEF EXECUTIVE	Keep seal in safe place and maintain a register of sealing.

1.6 SCHEME OF DELEGATION FROM STANDING FINANCIAL INSTRUCTIONS

SFI REF	DELEGATED TO	AUTHORITIES/DUTIES TO BE DELEGATED OR RESERVED
1.1.3	DIRECTOR OF FINANCE	Approval of all financial procedures.
1.1.4	DIRECTOR OF FINANCE	Advice on interpretation or application of SFIs.
1.1.6	ALL MEMBERS OF TRUST BOARD AND TRUST EMPLOYEES	Have a duty to disclose any significant / material non-compliance with the Standing Financial Instructions to the Director of Finance as soon as possible.
1.2.3	CHIEF EXECUTIVE	Responsible as the Accounting Officer to ensure financial targets and obligations are met and has overall responsibility for the System of Internal Control.
1.2.3	CHIEF EXECUTIVE AND DIRECTOR OF FINANCE	Accountable for financial control but will, as far as possible, delegate their detailed responsibilities.
1.2.4	CHIEF EXECUTIVE	To ensure all Board members, officers and employees, present and future, are notified of and understand Standing Financial Instructions.
1.2.5	DIRECTOR OF FINANCE	Responsible for: • Implementing the Trust's financial policies and coordinating corrective action; • Maintaining an effective system of financial control including ensuring detailed financial procedures and systems are prepared and documented; • Ensuring that sufficient records are maintained to explain Trust's transactions and financial position; • Providing financial advice to members of Board and staff; • Design, implementation and supervision of systems of internal financial control • Maintaining such accounts, certificates etc as are required for the Trust to carry out its statutory duties.

SFI REF	DELEGATED TO	AUTHORITIES/DUTIES TO BE DELEGATED OR RESERVED
1.2.6	ALL MEMBERS OF TRUST BOARD AND TRUST EMPLOYEES	Responsible for security of the Trust's property, avoiding loss, exercising economy and efficiency in using resources and conforming to Standing Orders, Financial Instructions and financial procedures.
1.2.7	CHIEF EXECUTIVE	Ensure that any contractor or employee of a contractor who is empowered by the Trust to commit the Trust to expenditure or who is authorised to obtain income are made aware of these instructions and their requirement to comply.
2.1.1	AUDIT AND RISK ASSURANCE COMMITTEE	Provide independent and objective review of systems of internal control.
2.1.2	CHAIR OF AUDIT AND RISK ASSURANCE COMMITTEE	Raise the matter at the Board meeting where Audit and Risk Assurance Committee considers there is evidence of ultra vires transactions or improper acts.
2.2.1	DIRECTOR OF FINANCE	Ensure an adequate internal audit service, for which he/she is accountable, is provided and meets the mandatory Public Sector Internal Audit Standards (PSIAS) having due regard to DoH guidance detailing Internal Audit arrangements.
2.2.1	DIRECTOR OF FINANCE	Decide at what stage to involve police in cases of misappropriation and other irregularities in accordance with the Trust's Anti-Fraud and Anti-Bribery Response Plan. To ensure an internal audit strategic plan is produced and to ensure an annual internal audit report is prepared for consideration by Audit and Risk Assurance Committee.
2.3	HEAD OF INTERNAL AUDIT	Review, appraise and report in accordance with Public Sector Internal Audit Standards and best practice.
2.5	CHIEF EXECUTIVE AND DIRECTOR OF FINANCE	Monitor and ensure compliance with Department of Health Directions on fraud, bribery and corruption including ensuring an Anti Fraud Anti-Bribery Policy and Response plan is in place which is reviewed at least every 5 years.

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2.5.3	DIRECTOR OF FINANCE	Ensure the Trust has a nominated Fraud Liaison Officer and will provide an annual report to Audit and Risk Assurance Committee on counter fraud work within the Trust.
4.2.1	CHIEF EXECUTIVE	Compile and submit to the Board and Commissioning Body a Trust Financial Plan which takes into account financial targets and forecast limits of available resources. The Financial Plan will contain: • a statement of the significant assumptions on which the plan is based; • details of major changes in workload, delivery of services or resources required to achieve the plan. • details of the Trust's priorities and objectives
4.2.2 & 4.2.3	DIRECTOR OF FINANCE	Submit budgets to the Board for approval. Monitor performance against budget; submit to the Board financial estimates and forecasts.
4.2.5	DIRECTOR OF FINANCE	Ensure adequate training is delivered on an on going basis to budget holders.
4.3.1	CHIEF EXECUTIVE	Delegate management of budget to budget holders.
4.3.2	CHIEF EXECUTIVE AND BUDGET HOLDERS	Must not exceed the budgetary total Revenue Resource limit set by the Commissioning Body.
4.4.1	DIRECTOR OF FINANCE	Devise and maintain systems of budgetary control.

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4.4.2	BUDGET HOLDERS	Ensure that a) no overspend or reduction of income that cannot be met from virement is incurred without prior consent of Trust Board or its delegated representative; b) approved budget is not used for any other than specified purpose subject to rules of virement; c) no permanent employees are appointed without the approval of the Chief Executive or delegated officer, other than those provided for within available resources and manpower establishment. d) attend training as deemed necessary
4.4.3	DIRECTOR OF FINANCE	Identify and implement cost improvements and income generation initiatives in accordance with the requirements of the Trust's financial plan and a balanced budget.
4.5.1	DIRECTOR OF FINANCE	Submit monitoring returns
5.1	DIRECTOR OF FINANCE	Preparation of annual accounts and reports.
6.1 – 6.3	DIRECTOR OF FINANCE	Managing banking arrangements, including provision of banking services, operation of accounts, preparation of instructions and list of those authorized to sign cheques or other orders drawn on Trust bank accounts. (Trust Board approves arrangements.)
7.1	DIRECTOR OF FINANCE	Ensuring that there are appropriate systems in place for recording, invoicing, collection and coding of income due to the Trust.
7.2.2	DIRECTOR OF FINANCE	Approving and reviewing the level of all fees and charges other than those determined by statute or Department of Health.

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7.2.4	ALL EMPLOYEES	Duty to inform Director of Finance of money due from transactions which they initiate/deal with.
7.4	DIRECTOR OF FINANCE	Responsible for prescribing systems and procedures to the handling of cash and negotiable securities on behalf of the Trust
8.6.1	DIRECTOR OF FINANCE	Ensure that the Trust has appropriate systems in place for controlling the risks associated with purchasing activities
8.8.2	DIRECTOR OF FINANCE	Compile and submit to the Trust Board a Trust Procurement Strategy
8.8.3	DIRECTOR OF FINANCE	Prepare a Procurement Plan and submit for approval by the Trust Board or other nominated Committee.
8.8.7	DIRECTOR OF FINANCE	Ensure that adequate training and documented procedures are available to Trust employees commensurate with their roles and responsibilities. These procedures will include appropriate guidance on procurement, management of contracts and the management of contractor performance.
8.8.8	DIRECTOR OF FINANCE	Report to the Audit and Risk Assurance Committee annually, any contracts > £20k awarded where competitive tendering was not employed.

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8.8.9	ALL EMPLOYEES	Ensure that: (a) Comply fully with Trust guidance on procurement and contract management (b) Complete a declaration of objectivity and interests when participating in a tender evaluation (c) Accept tenders which provide the best value for money overall i.e. the optimum combination of whole life cost, quality and sustainability
8.7	DIRECTOR OF FINANCE	Responsible for managing the relationship with COPEs
8.8	DIRECTOR OF FINANCE	Responsible for ensuring compliance with procurement guidance for Estate services
8.9	DIRECTOR OF PHARMACY	Responsible for ensuring Trust participation in the Regional Pharmaceutical Contracting Executive Group and monitoring and reporting to Trust Procurement Board on the Regional Pharmaceutical Procurement Service.
8.11.3	CHIEF EXECUTIVE	Will nominate an officer to participate in the tender evaluation and adjudicate the contract on behalf of the Trust. In so doing, the Chief Executive will delegate authority to that officer to award the contract on behalf of the Trust.
8.15.1	CHIEF EXECUTIVE	The Chief Executive shall be responsible for ensuring that best value for money can be demonstrated for all services provided on an in-house basis.

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9.1.1	CHIEF EXECUTIVE	Must ensure the Trust enters into suitable commissioning arrangements with service commissioners for the provision of health and social care services
9.3	CHIEF EXECUTIVE	As the Accounting Officer, ensure that regular reports are provided to the Trust Board detailing actual and forecast income
10.1.1	TRUST BOARD	Establish a Remuneration & Terms of Service Committee
10.1.2	REMUNERATION AND TERMS OF SERVICE COMMITTEE	Advise the Board on and make recommendations on the remuneration and terms of service of the Chief Executive, Executive Directors and all other Directors who operate at Board level within the Trust. Ensure robust objectives, performance measures and evaluation processes are in place in respect of the Chief Executive, Executive Directors and all other Directors who operate at Board level within the Trust and review the performance at mid and end year. dvise on and oversee appropriate contractual arrangements for such staff, including proper calculation and scrutiny of termination payments.
10.1.3	REMUNERATION AND TERMS OF SERVICE COMMITTEE	Report in writing to the Board its advice and its basis for decisions on remuneration and terms of service of directors and senior executives.
10.1.5	TRUST BOARD	Approve proposals presented by the Chair of the Remuneration and Terms of Service Committee for the setting of remuneration and conditions of service for the Chief Executive, Executive Directors and all other Directors who operate at Board level.
10.2.2	CHIEF EXECUTIVE/ DIRECTOR OF FINANCE	Approval of variation to funded establishment of any department.
10.3	DIRECTOR OF FINANCE	Approves staff, including agency staff, appointments and re-grading.

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10.4.4	DIRECTOR OF FINANCE	Payroll responsibilities include: a) specifying timetables for submission of properly authorised time records and other notifications; b) final determination of pay and allowances; c) making payments on agreed dates; d) agreeing method of payment e) issuing instructions/guidance.
10.4.6	NOMINATED MANAGERS	Submit time records in line with timetable. Complete contract amendments and other notifications in required form. Submitting claims for reimbursement of expenses in agreed format and in line with agreed timetables.
10.4.7	DIRECTOR OF FINANCE	Ensure that the chosen method for payroll processing is supported by appropriate (contracted) terms and conditions, adequate internal controls and audit review procedures and that suitable arrangements are made for the collection of payroll deductions and payment of these to appropriate bodies.
10.5.1	NOMINATED MANAGER	Ensure that all employees are issued with a Contract of Employment in a form approved by the Trust Board and which complies with employment legislation; and Deal with variations to, or termination of, contracts of employment; and ensuring compliance with the EU Directives on contract workers.
11.1 & 11.1.2	CHIEF EXECUTIVE	Determine, and set out, level of delegation of non-pay expenditure to budget managers, including a list of managers authorised to place requisitions for the supply of goods, services and minor works, the maximum level of each requisition and the system for authorisation above that level. Authorisation limits for Non Pay expenditure are contained in the Trust Authorisation and Approvals Framework.

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11.1.3	CHIEF EXECUTIVE	Set out procedures on the seeking of professional advice regarding the supply of goods and services.
11.1.5	DIRECTOR OF FINANCE	Ensuring that there are appropriate systems in place for processing and payment of non pay expenditure
11.1.10	DIRECTOR OF FINANCE	a) Advise the Board regarding the thresholds above which quotations (competitive or otherwise) or formal tenders must be obtained; b) Prepare procedural instructions [where not already provided in the Scheme of Delegation or procedure notes for budget holders] on the obtaining of goods, works and services incorporating the thresholds; c) Be responsible for the prompt payment of all properly authorised accounts and claims; d) Be responsible for designing and maintaining a system of verification, recording and payment of all amounts payable; e) A timetable and process for submission of accounts for payment; f) Instructions to employees regarding the handling and payment of accounts within the Business Services Organisation; g) Be responsible for ensuring that payment for goods and services is only made once the goods and services are received.
11.2.2	CHIEF EXECUTIVE	Authorise who may use and be issued with official orders.
11.2.3	DIRECTOR OF FINANCE	Shall be responsible for the prompt payment of accounts and claims.
11.2.4	APPROPRIATE OFFICER	Make a written case to support the need for a prepayment.
11.2.4	DIRECTOR OF FINANCE	Approve proposed prepayment arrangements.

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11.2.4	BUDGET HOLDER	Ensure that all items due under a prepayment contract are received (and immediately inform DoF if problems are encountered).
11.2.5	MANAGERS AND OFFICERS	Ensure that they comply fully with the guidance and limits specified by the Director of Finance.
11.2.6	CHIEF EXECUTIVE AND DIRECTOR OF FINANCE	Ensure that the arrangements for financial control and financial audit of design and construction contracts and property transactions comply with the guidance. The technical audit of these contracts shall be the responsibility of the relevant Director.
11.2.9	DIRECTOR OF FINANCE	Will issue guidance on the use of consultants in line with DoH guidance
12.1	DIRECTOR OF FINANCE	Prepare procedural instructions concerning payment of grants in accordance with Department of Health guidance
12.4	MANAGERS AND OFFICERS	Comply with guidance on grant payments
13.3	DIRECTOR OF FINANCE	Ensure cash balances are kept at a minimum level
13.5	DIRECTOR OF FINANCE	Will advise the Board on investments and report, periodically, on performance of same.
13.6	DIRECTOR OF FINANCE	Prepare detailed procedural instructions on the operation of investments held.
14.1.1 & 14.1.2	CHIEF EXECUTIVE	Capital investment programme: a) ensure that there is adequate appraisal and approval process for determining capital expenditure priorities and the effect that each has on business plans b) responsible for the management of capital schemes and for ensuring that they are delivered on time and within cost; c) ensure that capital investment is not undertaken without availability of resources to finance all revenue consequences; d) ensure that a business case is produced for each proposal.

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14.1.2	DIRECTOR OF FINANCE	Certify professionally the costs and revenue consequences detailed in the business case for capital investment.
14.1.3	CHIEF EXECUTIVE	Issue procedures for management of contracts involving stage payments.
14.1.4	DIRECTOR OF FINANCE	Advise on procedures for the operation of the construction industry taxation deduction scheme.
14.1.5	DIRECTOR OF FINANCE	Issue procedures for the regular reporting of expenditure and commitment against authorised capital expenditure.
14.1.6	CHIEF EXECUTIVE	Issue manager responsible for any capital scheme with authority to commit expenditure, authority to proceed to tender and approval to accept a successful tender. Issue a scheme of delegation for capital investment management.
14.1.7	DIRECTOR OF FINANCE	Issue procedures governing financial management, including variation to contract, of capital investment projects and valuation for accounting purposes.
14.2.1	DIRECTOR OF FINANCE	Demonstrate that the use of private finance represents value for money and genuinely transfers significant risk to the private sector.
14.2.1	TRUST BOARD	Proposal to use Private Finance must be specifically agreed by the Board.
14.3	CHIEF EXECUTIVE	Obtain approval from Department of Health for all property and finance leases.
14.4.1	CHIEF EXECUTIVE	Maintenance of asset registers (on advice from DoF).
14.4.5	DIRECTOR OF FINANCE	Approve procedures for reconciling balances on non current assets accounts in ledgers against balances on asset registers.
14.5.1	CHIEF EXECUTIVE	Overall responsibility for control of non current assets.
14.5.2	DIRECTOR OF FINANCE	Approval of asset control procedures.

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14.5.3 & 14.5.4	MANAGERS AND OFFICERS	Responsibility for security of Trust assets including notifying discrepancies to DoF, and reporting losses in accordance with Trust procedure.
15.2	CHIEF EXECUTIVE	Delegate overall responsibility for control of stores (subject to DoF responsibility for systems of control) to nominated officers. Further delegation for day-to-day responsibility subject to such delegation being recorded.
15.2.2	NOMINATED OFFICERS	Security arrangements and custody of keys for any stores
15.2.3	DIRECTOR OF FINANCE	Responsible for systems of control and procedures over stores and receipt of goods.
15.2.4	DIRECTOR OF FINANCE	Agree stocktaking arrangements.
15.2.5	DIRECTOR OF FINANCE	Approve alternative arrangements where a complete system of stores control is not justified.
15.2.6	DIRECTOR OF FINANCE	Approve system for review of slow moving and obsolete items and for condemnation, disposal and replacement of all unserviceable items.
15.2.6	NOMINATED OFFICERS	Operate system for slow moving and obsolete stock, and report to DoF evidence of significant overstocking.
15.3.1	CHIEF EXECUTIVE	Identify persons authorised to requisition and accept goods from the regional warehouse maintained by BSO PaLS
16.1.1	DIRECTOR OF FINANCE	Prepare detailed procedures for disposal of assets including condemnations and ensure that these are notified to managers.
16.2.1	DIRECTOR OF FINANCE	Prepare procedures for recording and accounting for losses and special payments in line with Department of Health guidance

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16.2.2	ALL STAFF	Discovery or suspicion of loss of any kind must be reported immediately to either head of department or nominated officer. The head of department / nominated officer should then inform the DoF.
16.2.3	DIRECTOR OF FINANCE	Where a criminal offence is suspected, DoF must inform the PSNI.
16.2.4	DIRECTOR OF FINANCE OR NOMINATED OFFICER	Notify Counter Fraud and Probity Services (CFPS) within BSO of all frauds (proven or suspected), including attempted fraud. Complete annual fraud return.
16.2.5	TRUST BOARD	Approve write off of losses (within limits delegated by Department of Health).
16.2.7	DIRECTOR OF FINANCE	Consider whether any insurance claim can be made.
16.2.11	DIRECTOR OF FINANCE	Maintain losses and special payments register and report to Audit and Risk Assurance Committee annually
17.1.1	DIRECTOR OF FINANCE	Responsible for accuracy and security of computerised financial data.
17.1.2	DIRECTOR OF FINANCE	Satisfy himself/herself that new financial systems and amendments to current financial systems are developed in a controlled manner and thoroughly tested prior to implementation. Where this is undertaken by another organization, assurances of adequacy must be obtained from them prior to implementation.
17.2.1 & 17.2.2	DIRECTOR OF FINANCE	Ensure that contracts with other bodies for the provision of computer services for financial applications clearly define responsibility of all parties for security, privacy, accuracy, completeness and timeliness of data during processing, transmission and storage, and allow for audit review. Seek periodic assurances from the provider that adequate controls are in operation.

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17.3	DIRECTOR OF PERFORMANCE AND REFORM	Ensure that risks to the Trust from use of IT are identified and considered and that disaster recovery plans are in place.
17.4	DIRECTOR OF FINANCE	Where computer systems have an impact on corporate financial systems satisfy himself that: a) systems acquisition, development and maintenance are in line with corporate policies; b) data assembled for processing by financial systems is adequate, accurate, complete and timely, and that a management rail exists; c) Finance staff have access to such data; Such computer audit reviews are being carried out as are considered necessary.
18.2	CHIEF EXECUTIVE	Responsible for ensuring patients and guardians are informed about patients' money and property procedures on admission.
18.3	DIRECTOR OF FINANCE	Provide detailed written instructions on the collection, custody, investment, recording, safekeeping, and disposal of patients' property (including instructions on the disposal of the property of deceased patients and of patients transferred to other premises) for all staff whose duty is to administer, in any way, the property of.
18.16	DIRECTOR OF FINANCE	Responsible for investing patients' and clients monies in accordance with Department of Health guidance
18.17	DEPARTMENTAL MANAGERS	Inform staff of their responsibilities and duties for the administration of the property of patients/clients.
18.18	DIRECTOR OF FINANCE	Responsible for seeking consent from RQIA to hold monies in excess of limit set by Department of Health

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19.1	DIRECTOR OF FINANCE	Shall ensure that each trust fund which the Trust is responsible for managing is managed appropriately.
19.3	DIRECTOR OF FINANCE	Arrange for the administration of all Charitable Trust Funds
19.11	DIRECTOR OF FINANCE	Responsible for all aspects of management of the investment of Charitable Trust Funds
19.13	DIRECTOR OF FINANCE	Ensure appropriate banking services are available to the Charitable Trust fund.
19.15 & 19.16	DIRECTOR OF FINANCE	Ensure that regular reports are made available to the Charitable Trust Funds Committee and will prepare the Trustee's report and Annual Accounts in line with Department of Health guidelines and timetables
20.1	DIRECTOR OF FINANCE	Ensure all staff are made aware of the Trust policy on the acceptance of gifts and other benefits in kind by staff
20.2	CHIEF EXECUTIVE	Ensure a written record is maintained of any gifts, bequests or donations and of their estimated value and whether they are disposed of or retained
21	CHIEF EXECUTIVE	Retention of document procedures in accordance with Department of Health guidance.
22	CHIEF EXECUTIVE	Ensure Trust has a risk management programme, which must be approved and monitored by the Trust Board
23	DIRECTOR OF FINANCE	Ensure Trust Board aware of extant finance guidance from Department of Health