



**Blood and Transplant**

# **NHS BLOOD AND TRANSPLANT SCHEME OF DELEGATION**

**Reservation of Powers to the Authority**

**and**

**Delegation of Powers**

**18 May 2026**

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## **1. INTRODUCTION**

### **1.1 Objectives**

NHSBT Standing Orders paragraph 4.1 provides that “subject to such directions as may be given by the Secretary of State, the Authority may decide for the exercise, on behalf of the Authority, of any of its functions by a committee, sub-committee, or joint committee, or by an officer of the Authority, in each case subject to such restrictions and conditions as the Authority thinks fit.”

The purpose of this document is to describe:

- the powers that are reserved to the Authority
- the powers that are delegated to the Authority’s Committees
- the powers delegated to officers of the Authority
- the responsibilities of officers for the application of policies and procedures.

NHS Blood and Transplant (NHSBT) holds funds in trust. These delegations of powers are to be deemed to cover the exercise of these powers in relation to the responsibility of the Authority as a corporate trustee.

### **1.2 Role of the Chief Executive**

The Chief Executive, as NHSBT Accounting Officer, is responsible to Parliament for the stewardship of the resources provided to the Authority.

The Chief Executive shall exercise the powers of the Authority that have not been retained as reserved by the Authority or delegated to a sub-committee or joint committee on behalf of the Authority. The Chief Executive shall prepare a Scheme of Delegation identifying which functions they shall perform personally and which functions have been delegated to other officers. The term ‘Officer’ includes officer members, executive directors, and any other employees of the Authority to whom powers have been delegated.

All powers delegated to officers by the Chief Executive can be re-assumed by the Chief Executive should the need arise.

### **1.3 Caution over the use of delegated powers**

Powers are delegated to officers on the understanding that they would not exercise delegated powers in a matter that, in their judgement, was likely to be a cause for public concern.

### **1.4 Directors ability to delegate their delegated powers**

The Scheme of Delegation shows only the “first level” of delegation within the Authority. The Scheme is to be used in conjunction with the system of budgetary control and other established procedures within the Authority.

### **1.5 Absence of an officer to whom powers have been delegated**

In the absence of an officer to whom powers have been delegated, the powers shall be exercised by the officer’s superior unless temporary alternative arrangements have been formally delegated and the Chief Financial Officer notified of this temporary delegation.

## **2. OVERALL ACCOUNTABILITY**

- 2.1** The NHSBT Board is responsible for establishing and delivering NHSBT's strategic objectives and for ensuring the effectiveness of the Authority's internal controls and risk management processes.
- 2.2** The Chief Executive of NHSBT is responsible for executing the statutory and strategic objectives of the Authority and for delivering the relevant objectives and targets that apply to each of the organisational units within the Authority. The Chief Executive of NHSBT is responsible for monitoring performance against those objectives and targets and taking corrective action as necessary.
- 2.3** The Chief Executive of NHSBT is accountable for preparing an annual business plan and budget that are presented to the Board for approval. Once agreed, officers have the authority to implement the proposals contained in the Business Plan that relate to their area of accountability, subject to any limits imposed by the Scheme of Delegation.
- 2.4** The submission of the annual budget to the Department of Health and Social Care (DHSC), which encompasses requests for capital and programme funding, is the responsibility of the Authority. Once agreed the final capital and programme funding allocations are applied to the organisational units of the Authority in accord with its annual business plan.
- 2.5** NHSBT is subject to expenditure controls and delegated limits determined by the Cabinet Office and deployed by the DHSC. These are described in detailed expenditure rules and delegations provided by the DHSC. They are captured within Section 10 as a high-level summary, particularly with regard to expenditure on professional services, marketing, ICT and estates. Further guidance can be found in the detailed guidance and interpretation of Departmental controls issued by the Chief Financial Officer.

## **3. RESERVATION OF POWERS TO THE AUTHORITY**

- 3.1.** The Code of Accountability which has been adopted by the Authority requires the Authority to determine those matters on which decisions are reserved to itself. These reserved matters are set out below.
- 3.2. General Enabling Provision**
- The Authority may determine any matter it wishes in full session within its statutory powers.
- 3.3. Regulations and Control**
- 3.3.1** Requiring and receiving the declaration of members' interests and determining the extent to which a member with any conflict of interest may remain involved with a matter under consideration.
- 3.3.2** Requiring and receiving the declaration of interests from officers.
- 3.3.3** Disciplining members who are in breach of statutory requirements or Standing Orders.

- 3.3.4 Approval of the disciplinary procedure for officers of the Authority.
- 3.3.5 The adoption of the high level corporate organisational structure, processes and policies necessary to facilitate the discharge of the strategy of the Authority and to agree modifications thereto.
- 3.3.6 To receive reports from committees, which the Authority is required by the Secretary of State or other regulation to establish, and to take appropriate action thereon.
- 3.3.7 To confirm the recommendations of the Authority's Committees, where the committees do not have executive powers to establish terms of reference, and reporting arrangements of all sub-committees (and other committees if required).
- 3.3.8 Ratification of any urgent decisions taken by the Chair in accordance with SO 4.2 (Discretionary Powers).

### **3.4 Appointments**

- 3.4.1 The appointment and dismissal of committees, sub-committees or joint committees.
- 3.4.2 The processes by which the approval of the appointment, appraisal, disciplining and dismissal of the officer members is conducted.
- 3.4.3 The processes for the appointment of officers who report to the Chief Executive and which of the officers are appointed as Officer Members.

### **3.5 Corporate & Business Plans, and Budgets**

- 3.5.1 Definition of the strategic aims and objectives of the Authority.
- 3.5.2 Approval of the rolling 5-year NHSBT Business Plan.
- 3.5.3 Approval of the Annual Budget.

### **3.6 Direct Operational Decisions**

- 3.6.1 Approval of significant business cases and projects, including the acquisition, disposal or change of use of land and/or buildings, consistent with the financial limits in Section 10.
- 3.6.2 To agree action on serious litigation, against or on behalf of the Authority, as described in the Scheme of Delegation.

### **3.7 Financial and Performance Reporting Arrangements**

- 3.7.1 Approve the distribution of the Authority's financial allocation.
- 3.7.2 Continuous appraisal of the affairs of the Authority by means of the receipt of reports as it sees fit from members, committees, associate members and officers of the Authority as set out in management policy statements.
- 3.7.3 Approval of the opening or closing of any bank or investment account.

### **3.8 Audit Arrangements**

- 3.8.1 To receive reports from the Audit, Risk and Governance Committee (ARGC) meetings on audit matters and to take appropriate action.

### **3.9 Governance and Assurance**

- 3.10.1 To receive reports on other governance and assurance matters from the Audit, Risk and Governance Committee (ARGC) and Clinical Governance Committee (CGC) meetings and take appropriate action.

### **3.10 Approval of Annual Report and Accounts**

- 3.10.1 Adoption of the Authority's Annual Report and Accounts following their approval by the ARGC.

### **3.11 Financial Limits**

- 3.11.1 The financial limits reserved by the Board as set out in Section 10.

## **4 DELEGATION OF POWERS**

### **4.1 Delegation to Committees**

The Authority may determine that certain of its powers shall be exercised by its committees. The composition and terms of reference of such committees shall be determined by the Authority. The Authority shall determine the reporting requirements in respect of these committees. In accordance with SO 5.6 committees may not delegate executive powers to sub-committees unless expressly authorised by the Authority. The full delegations are in Appendix 1.

### **4.2 Powers Delegated to the NHSBT Charity Committee**

- 4.2.1 Overall responsibility for managing the funds held on trust in accordance with the Terms of Reference agreed by the Authority.
- 4.2.2 Preparation of the Annual Report and Accounts of the NHSBT Charity.

### **4.3 Powers Delegated to the Audit Risk and Governance Committee**

- 4.3.1 Overall responsibility for managing governance and audit matters in accordance with the Terms of Reference agreed by the Authority. This includes the implementation of an appropriate and independent internal audit service.
- 4.3.2 Approval of the Annual Report and Accounts of the Authority, on behalf of the Board, is delegated to the ARGC, and
- 4.3.3 Approval of:
- a. Standing Orders (SOs)
  - b. Standing Financial Instructions (SFIs) for the regulation of its proceedings and business
  - c. The Scheme of Delegation (SoD), describing the matters reserved to the Authority and the powers delegated to officers of the Authority.

#### **4.4 Powers Delegated to the People Committee**

- 4.4.1 Overall responsibility for the remuneration and contractual arrangements of the Chief Executive and Executives of NHSBT in accordance with the Terms of Reference agreed by the Authority. This includes the power to decide matters which cannot, for reasons of confidentiality, be reported in detail to the Board for ratification.
- 4.4.2 Notwithstanding the above, the power, via the Chair (in respect of the Chief Executive) and the Chair and the Chief Executive (in respect of Officers) to monitor and evaluate the performance of the Chief Executive and Officers of NHSBT. The Committee will also oversee and advise the Board on termination and severance arrangements and, on request of the Board, will undertake duties relevant to ensuring that a stable, experienced and viable team is in place at executive level.

#### **4.5 Powers Delegated to the Clinical Governance Committee**

- 4.5.1 The Clinical Governance Committee's purpose is to provide assurance to the Board that the NHSBT has a robust framework for the management of all critical clinical systems and processes and in delivering patient safety. This is a framework through which NHSBT is accountable for continuously improving the quality of services and safe-guarding high standards of care by creating an environment in which excellence in clinical care will flourish. It sets the tone and direction for patient/donor safety, clinical effectiveness, patient outcomes and patient/donor experience. It supports the operating directorates in the development, implementation and monitoring of a robust framework for clinical governance, meeting donors' and patients' needs.

#### **4.6 Powers Delegated to the Chair**

- 4.6.1 Final authority in the interpretation of Standing Orders.
- 4.6.2 Calling meetings.
- 4.6.3 To act as the Chair in all Board meetings.
- 4.6.4 Discretionary powers as described under Section 4.2 of NHSBT Standing Orders.
- 4.6.5 Approval of the Annual Report and Accounts of the NHSBT Charity.

### **5 SCHEME OF DELEGATION TO OFFICERS**

- 5.1 Standing Orders and Standing Financial Instructions set out the financial responsibilities of the Chief Executive, the Chief Financial Officer and other Directors.
- 5.2 This Scheme of Delegation covers only matters delegated by the Authority to Directors and certain other specific matters referred to in SFIs. Each Director is responsible for the delegation within their jurisdiction.
- 5.3 The Scheme of Delegation should be read in conjunction with the DHSC/NHSBT Framework Agreement which further describes the accountabilities of Directors for delivery of strategic and operational plans, management of risk and compliance (with law and regulatory matters).

## **6. POWERS DELEGATED TO THE NHSBT CHIEF EXECUTIVE**

### **6.1. Administration**

- 6.1.1 Ensure existing Directors and employees and all new appointees are notified of and understand their responsibilities within Standing Orders, this Scheme of Delegations and Standing Financial Instructions.
- 6.1.2 To act as a signatory for the Authority on legal documents and contracts above the regulatory tender limits including leases and agreements under seal.

### **6.2. Finance**

- 6.2.1 To approve any changes of Directorate/departmental budgets within overall agreed cash limits.
- 6.2.2 Demonstrate that the use of private finance represents best value for money and transfers risk to the private sector where Public/Private Partnership contracts are being considered.
- 6.2.3 Nominate the Director of Legal Services to maintain an up-to-date Register of Contracts (non-Procurement and employee contracts) which the Authority has signed. Procurement and employee contracts are held and maintained by the Commercial Director (as nominated by the Chief Financial Officer) and the Chief People Officer respectively.
- 6.2.4 Authority to approve items under the financial limits set out in Section 10.
- 6.2.5 Authority to release monies from any agreed Transition Fund (in consultation with the Chief Financial Officer).

### **6.3 Workforce**

- 6.3.1 Approve organisational re-structuring proposals of a significant and fundamental nature to Directorates/departments.
- 6.3.2 Approval of appointment and grading of all staff who report to officers having a direct reporting line to the Chief Executive. This can be delegated to the People and Culture Partners in conjunction with Executive Directors.
- 6.3.3 Approval of all new posts appointed to Senior Manager Pay scales above Agenda for Change Band 8a or equivalent. This can be delegated to the People and Culture Partners in conjunction with Executive Directors.

## **7. POWERS DELEGATED TO THE NHSBT CHIEF FINANCIAL OFFICER**

### **7.1. Administration**

- 7.1.1 To keep the Seal of the Authority in a secure place and maintain a register of sealings.
- 7.1.2. To act as a signatory for the Authority on legal documents, contracts above the EU tender limits, including leases and agreements under seal.

## **7.2. Finance**

- 7.2.1. Presentation of finance plans and budgets to the Board for approval and providing monthly reports to identify key variances.
- 7.2.2. Submitting the Authority's Statutory Annual Accounts to the Board.
- 7.2.3. To investigate any suspected cases of irregularity related to fraud or corruption in accordance with Secretary of State Directions.
- 7.2.4. To control the annual cash limits of the Authority and to agree with the DHSC any brokerage arrangements.
- 7.2.5. Authority to approve items under the financial limits set out in Section 10.
- 7.2.6. Authority to release monies from any agreed Transition Fund, having the agreement of the Chief Executive.

## **7.3. Personnel**

- 7.3.1. Approval of overseas travel outside of Europe for all Group Directors in the absence of the Chief Executive.
- 7.3.2. Approval of overseas travel outside of the UK for all Finance staff and for all other Authority staff in the absence of the relevant Executive Director.

## **8. POWERS DELEGATED TO DIRECTORS WITHIN THE NHSBT EXECUTIVE**

**8.1.** The following powers are delegated to officers who are part of the NHSBT Executive within their own area of responsibility:

- To carry out the detailed proposals in the agreed annual Business Plan, subject to any restrictions on delegations of power as detailed in Section 10.
- To determine policies and procedures providing that they are in line with overall Authority Policies and Guidelines.

## **8.2. Assets**

8.2.1 Overall responsibility for all physical and information assets, and other assets under their control.

## **8.3. Personnel**

- 8.3.1 Approval of overseas travel outside the UK for relevant staff in their Directorate.
- 8.3.2 Approval of confidentiality and non-disclosure agreements for staff, in consultation with the Chief People Officer.

## **8.4. Finance**

8.4.1 Authority to approve items under the financial limits set out in Section 10, relevant to their own Directorate/Department.

## **9. POWERS DELEGATED TO INDIVIDUAL EMPLOYEES OF NHS BLOOD AND TRANSPLANT**

- 9.1** In general, but subject to the financial limits described in Section 10, budget holders have delegated powers to spend up to the limit of their approved annual budget. However, all budget holders have a responsibility to improve cost effectiveness and to advise their relevant Executive Team Director of any significant under-spends as soon as possible. Where increases in expenditure budgets are deemed necessary, due to additional activity, these must be approved by the Chief Executive.
- 9.2.** A project manager specifically appointed to manage a major capital project may have specific powers delegated to them which shall be approved in advance by the Chief Executive.
- 9.3.** All employees are responsible for security of the Authority's property, avoiding loss, exercising economy and efficiency in using resources and conforming to Standing Orders, this Scheme of Delegations and Standing Financial Instructions and financial procedures.
- 9.4.** All employees are responsible for reporting losses to their line manager in accordance with Authority procedure.
- 9.5.** All employees are responsible for abiding by the policies and procedures of the Authority which have been agreed by the NHSBT Executive Team and NHSBT Board.
- 9.6.** The NHSBT National Claims Managers nominated to administer the NHS Resolution insurance schemes have the power to authorise losses and special payments and DHSC check lists, subject to the limits set out for Finance and Executive Directors and in accordance with DHSC and Treasury guidelines.

10. SUMMARY OF FINANCIAL DELEGATED LIMITS Category of delegation	Director responsible for compliance	External	NHSBT Board	Chief Executive	Other NHSBT (as indicated in the table)	Notes
New policy (inc. VAT) [DHSC v8]	CFO	All (DHSC & HMT)	All			New policy announcements / proposals are all subject to DHSC and HM Treasury approval, via DHSC Sponsor Team and DHSC Finance Business Partner (Five Case Model)

10. SUMMARY OF FINANCIAL DELEGATED LIMITS Category of delegation	Director responsible for compliance	External	NHSBT Board	Chief Executive	Other NHSBT (as indicated in the table)	Notes
<p><b>Projects, Programmes, Capital and Commercial Expenditure</b></p> <p>[DHSC 6 September 2024, DHSC 12 June 2025, DHSC Spend Controls 2 April 2026]</p> <p>Additional notes:</p> <p>(1) where expenditure relates to IT, see also the Digital and Technology sections which must also be complied with.</p> <p>(2) where Projects and Programmes expenditure contains a mix of revenue, capital and IT, the lowest relevant approval threshold applies.</p> <p>(3) an Accounting Officer Assessment (AOA) is required where an activity for which a high-risk approach is proposed, either (a) under procurement law i.e. in the event that a procurement was legally challenged, that such challenge had more than a low risk of being successful; or (b) where an exceptional proposed action would benefit from specific assessment against the four Accounting Officer standards set out in Managing Public Money (regularity, propriety, value for money, feasibility). [NHSBT internal control, based on Managing Public Money best practice]</p>	CFO	<p><b>External spend with suppliers</b></p> <p>&gt; £20m (exc. VAT) and &lt; £50m (inc. VAT) DHSC Commercial Assurance Board</p> <p><b>Projects and programmes</b></p> <p>≥ £50m (inc. VAT) and ≤ £150m (inc. VAT) DHSC Investment Committee and disclosure to HMT</p> <p>&gt; £150m (inc. VAT) DHSC Investment Committee, minister and HMT</p> <p><b>except capital and IT projects / programmes which are as follows:</b></p> <p>≥ £25m (inc. VAT) and &lt; £30m (inc. VAT) DHSC Sponsor Team and Finance Business Partner</p> <p>≥ £30m (inc. VAT) and &lt; £50m (inc. VAT) DHSC Investment Committee and disclosure to HMT</p> <p>≥ £50m (inc. VAT) DHSC Investment Committee, minister and HMT</p>	<p><b>External spend with suppliers</b></p> <p>&gt; £20m (exc. VAT) (endorsement prior to submission to DHSC)</p> <p><b>Projects and programmes</b></p> <p>&gt; £20m (exc. VAT) and &lt; £50m (inc. VAT)</p> <p>≥ £50m (inc. VAT) (endorsement prior to submission to DHSC)</p> <p><b>Capital and IT projects / programme</b></p> <p>&gt; £20m (exc. VAT) and &lt; £25m (inc. VAT)</p> <p>≥ £25m (inc. VAT) (endorsement prior to submission to DHSC)</p>	<p>&gt; £3m (exc. VAT) and ≤ £20m (exc. VAT)</p> <p>All Accounting Officer Assessments</p>	<p><b>Projects, Programmes and Capital expenditure</b></p> <p>≤ £0.05m (exc. VAT) Assistant Director (8D)</p> <p>≤ £0.25m (exc. VAT) Director (Band 9)</p> <p>≤ £0.5m (exc. VAT) Executive Director</p> <p>&gt; £0.5m (exc. VAT) and ≤ £3m (exc. VAT) Investment Committee</p> <p>&gt; £3m (exc. VAT) Investment Committee (endorsement before Chief Executive approval)</p> <p><b>plus CDIO approval for IT spend plus where external spend with suppliers, Commercial approval</b></p> <p><b>Procurement/contractual agreements (external spend with suppliers)</b></p> <p>≤ £3.0m (exc. VAT) Executive Director <b>plus</b></p> <p>≤ £0.25m (exc. VAT) Head of Commercial</p> <p>≤ £1m (exc. VAT) Assistant Director Commercial</p> <p>≤ £3m (exc. VAT) Commercial Director</p> <p>&gt; £3m (exc. VAT) Investment Committee (endorsement before Chief Executive approval)</p> <p><b>plus CDIO approval where contains IT spend</b></p>	<p>Costs must be on a whole life cost basis, based on asset life or contract length, whichever is longer, but may default to five years in absence of clear alternative. Where the expenditure will change a business process, the business case must include the cost impact on all areas of the process. Where costs include capital expenditure, business cases must include the impact of capital charges for the whole life of the asset.</p> <p>Applies to 'projects and programmes', and external spend with suppliers including new procurements, replacement contracts and call-offs, contract changes or extensions, and MOUs with public sector bodies. External spend with suppliers is whole life cost, including contract extension options.</p> <p>'Projects and programmes' are any temporary team and use of resources to deliver change. Larger change projects and programmes will be listed on the NHSBT Portfolio maintained by the Central Portfolio Management Office, and available on the intranet.</p> <p>Where DHSC approval is also required, OBC/FBC to be submitted to DHSC Commercial Assurance Board 'CAB' (<a href="mailto:commercialassurance@dhsc.gov.uk">commercialassurance@dhsc.gov.uk</a>) or DHSC Investment Committee (<a href="mailto:IA@dhsc.gov.uk">IA@dhsc.gov.uk</a>) as appropriate, <b>once all NHSBT internal approval steps have been completed.</b> Where DHSC Investment Committee approval is required the DHSC Sponsor Team and DHSC Finance Business Partner should be kept informed.</p>

10. SUMMARY OF FINANCIAL DELEGATED LIMITS	Director responsible for compliance	External	NHSBT Board	Chief Executive	Other NHSBT (as indicated in the table)	Notes
Category of delegation						
<b>Asset Sales</b> (inc. VAT)  [DHSC v8]	CFO	> £5m and < £30m DHSC Sponsor Team  > £30m and < £50m DHSC Investment Committee  > £50m DHSC IC, minister & HMT	> £5m  (endorsement prior to submission to DHSC)	≤ £5m	≤ £1m CFO	All submissions to DHSC must be via DHSC Sponsor Team and DHSC Finance Business Partner
<b>Increase in permanent staff above the established whole time equivalent (WTE)</b>  [NHSBT ET 3 June 2025]	CFO				All Investment Committee	Fixed term appointments and secondees are counted as part of the establishment.  Requests to exceed establishment will be submitted by the Executive Director to the Investment Committee.
<b>Property</b> (acquisition/disposal, new build, new or changes to leases)  [DHSC 12 July 2023]	CFO	> £0m DHSC Property				All new or renewal of leases, non-exercise of lease break options, new property acquisitions, new build developments, sale and leaseback, and freehold sales as part of national property controls, regardless of cost require DHSC approval via <a href="mailto:DHSCProperty@dhsc.gov.uk">DHSCProperty@dhsc.gov.uk</a>
<b>Facilities management</b>  [DHSC 12 June 2025]	CFO	New FM contracts and extensions > £0m DHSC Property  FM contract variations ≥ £10m DHSC Property			follow 'Projects, Programmes and Commercial Expenditure' category requirements above	For approvals contact <a href="mailto:DHSCProperty@dhsc.gov.uk">DHSCProperty@dhsc.gov.uk</a> with the business case
<b>Advertising, marketing and communications</b>  [DHSC 12 July 2023]	DDx	> £0m DHSC Director of Comms				Spend must be approved by DHSC Director of Communications. Proposed activity should be set out using the 'Under £100k comms business case' form available from <a href="mailto:dhscmarketingcontrols@dhsc.gov.uk">dhscmarketingcontrols@dhsc.gov.uk</a>
<b>Digital</b>  [DHSC 12 July 2023, DHSC 12 June 2025]	CDIO	> £0m  DHSC Standards and Assurance Team, Digital Policy Unit				Pipeline reviewed at monthly NHSBT/DHSC Assurance Board  Approvals via <a href="mailto:dhsc.digitatechcontrols@nhs.net">dhsc.digitatechcontrols@nhs.net</a>

10. SUMMARY OF FINANCIAL DELEGATED LIMITS Category of delegation	Director responsible for compliance	External	NHSBT Board	Chief Executive	Other NHSBT (as indicated in the table)	Notes
<b>Technology</b> [DHSC 12 July 2023, DHSC 12 June 2025]	CDIO	> £0.1m DHSC Standards and Assurance Team, Digital Policy Unit			≤ £0.1m CDIO	Pipeline reviewed at monthly NHSBT/DHSC Assurance Board  Approvals via <a href="mailto:dhsc.digitaltechcontrols@nhs.net">dhsc.digitaltechcontrols@nhs.net</a>
<b>External equality, diversity and inclusion expenditure (EDI)</b> [DHSC 6 September 2024]	CFO			all external EDI related expenditure (in consultation with the Board)		Includes expenditure on benchmarks and accreditation schemes, external organisational memberships, use of consultancy, use of externally provided learning and development, and events. See: <a href="https://www.gov.uk/government/publications/civil-service-equality-diversity-and-inclusion-expenditure-guidance/civil-service-equality-diversity-and-inclusion-expenditure-guidance">https://www.gov.uk/government/publications/civil-service-equality-diversity-and-inclusion-expenditure-guidance/civil-service-equality-diversity-and-inclusion-expenditure-guidance</a>
<b>External Conferences and Events</b> [Cabinet Office 4 April 2025, DHSC 12 June 2025]	CFO				All Executive Director	External or private venues (e.g., hotels) for away days and events should only be booked when space in NHS or government buildings is unavailable. The use of a private venue in these instances will need to be reviewed and approved by the relevant Executive Director. This does not include external venues used for delivery-related activity, for example mobile donation sessions or donor recognition events.

10. SUMMARY OF FINANCIAL DELEGATED LIMITS Category of delegation	Director responsible for compliance	External	NHSBT Board	Chief Executive	Other NHSBT (as indicated in the table)	Notes
<p><b>Contingent labour (agency workers)</b></p> <p>[DHSC 12 June 2025, DHSC Spend Controls 2 April 2026]</p> <p>(see separate Professional Services Business Case (PSBC) <a href="#">guidance</a>)</p>	CFO	<p>DHSC Professional Services Approval Panel, plus minister:</p> <p>≥ £500/day (inc. agency fee, exc. VAT) <b>or</b> duration ≥ 6 months</p> <p>Bulk cases (more than one worker via a single business case) ≥ £100k (inc. agency fee and VAT) <b>or</b> duration ≥ 6 months</p>		<p>≥ £500/day (inc. agency fee, exc. VAT) <b>or</b> duration ≥ 6 months <i>plus</i> SCAP</p> <p>Bulk cases (more than one worker via a single business case) ≥ £100k (inc. agency fee and VAT) <b>or</b> duration ≥ 6 months <i>plus</i> SCAP</p>	<p>&lt; £245/day (<b>exc.</b> agency fee and VAT) <b>and</b> duration &lt; 6 months – Director (Band 9 or Executive Director)</p> <p>≥ £245/day (<b>exc.</b> agency fee and VAT) <b>and</b> &lt; £500/day (<b>inc.</b> agency fee, <b>exc.</b> VAT) <b>and</b> duration &lt; 6 months – CFO <i>plus</i> SCAP</p>	<p>PSBC approval required in advance for all expenditure, see guidance on Finance intranet page.</p> <p>Chief Executive endorsement is required for all cases requiring approval by DHSC.</p> <p>PSBC forms endorsed by the Chief Executive are submitted by SCAP to the DHSC Professional Services Approval Panel via <a href="mailto:psbc@dhsc.gov.uk">psbc@dhsc.gov.uk</a>.</p> <p>Any worker who is rehired within a 3-month period in the same role will be seen as a continued tenure and will require approval by DHSC.</p>
<p><b>Consultancy and professional services</b></p> <p>(see separate Professional Services Business Case (PSBC) <a href="#">guidance</a>)</p> <p>Includes reports, surveys, data collection and evaluations</p> <p>[DHSC 6 September 2024]</p>	CFO	<p>DHSC Professional Services Approval Panel, plus minister:</p> <p>≥ £100k (exc. VAT)</p>		<p>≥ £100k (exc. VAT) <i>plus</i> SCAP</p>	<p>&lt; £50k (exc. VAT) - Directors</p> <p>&lt; £100k (exc. VAT) –CFO <i>plus</i> SCAP</p>	<p>PSBC approval required in advance for all expenditure, see guidance on Finance intranet page.</p> <p>Chief Executive endorsement is required for all cases requiring approval by DHSC.</p> <p>PSBC forms endorsed by the Chief Executive are submitted by SCAP to the DHSC Professional Services Approval Panel via <a href="mailto:psbc@dhsc.gov.uk">psbc@dhsc.gov.uk</a>.</p>

10. SUMMARY OF FINANCIAL DELEGATED LIMITS Category of delegation	Director responsible for compliance	External	NHSBT Board	Chief Executive	Other NHSBT (as indicated in the table)	Notes
<b>Execution of procurement contract if no material changes from FBC approval</b> [NHSBT internal]	CFO				≤ £0.1m (exc. VAT) Commercial Lead ≤ £0.5m (exc. VAT) Senior Commercial Lead ≤ £1.5m (exc. VAT) Head of Commercial ≤ £3m (exc. VAT) Assistant Director Commercial >£3m Commercial Director	
<b>R&amp;D (inc. collaborations)</b> [NHSBT internal]	CFO	follow 'Projects, Programmes and Commercial Expenditure' category requirements above	> £20m (exc. VAT)  follow 'Projects, Programmes and Commercial Expenditure' category requirements above	≤ £20m (exc. VAT)	≤ £0.5m (exc. VAT) or deviation from standard terms - Head of Contracts  ≤ £3m (exc. VAT) Director plus CFO	
<b>Sales (inc. service agreements)</b> [NHSBT internal]	CFO		> £10m (exc. VAT)	≤ £10m (exc. VAT)	≤ £0.1m (exc. VAT) and no deviation from standard terms - Contracts Manager  ≤ £0.5m (exc. VAT) and limited deviation from standard terms - Senior Contracts Manager and Head of Service Area  ≤ £3m (exc. VAT) and/or material deviation from standard terms - Head of/Director of Legal Services plus Director of Service Area  > £3m or high risk CFO (endorsement before submission to Chief Executive)	A contract is likely to be classified as 'high risk' where the risk assessment identifies material deviation from NHSBT's approved standard contractual positions, uncapped or disproportionate liability or indemnity exposure, non-standard allocation of data or patient safety risk, IP transfer or exclusivity arrangements, or other factors giving rise to significant legal, financial, regulatory or reputational risk. The level of risk will be determined through application of the Legal Services Risk Assessment. Contact the Legal Services Contracts inbox ( <a href="mailto:contracts@nhsbt.nhs.uk">contracts@nhsbt.nhs.uk</a> ) and submit a <a href="#">Work Request Form</a> when establishing a new sales/income related agreement

10. SUMMARY OF FINANCIAL DELEGATED LIMITS Category of delegation	Director responsible for compliance	External	NHSBT Board	Chief Executive	Other NHSBT (as indicated in the table)	Notes
<b>Redundancy and compensation</b> [DHSC 6 September 2024, DHSC 12 June 2025]	CPO	DHSC Governance Assurance Committee (GAC) approval:  > £100k (per individual case) or 10 or more cases (as part of one redundancy / restructure programme)				Fewer than 10 under £100k each, as part of one redundancy / restructure programme, require DHSC Sponsor Team approval and a submission to GAC for information only
<b>PILON</b>	CPO	DHSC Governance Assurance Committee (GAC) approval:  > £50k (per individual case)			≤ £50k CPO	Where employee's contract includes clause that NHSBT reserves the right to pay employees in lieu of working their notice, this is contractual and not a special severance payment.
<b>Retention payments / Voluntary redundancy schemes / Confidentiality clauses / ESM grade changes / Creation of new ESM posts / Staff pay</b> (where staff are not on AfC terms)  [DHSC v8, DHSC 12 June 2025]	CPO	DHSC Governance Assurance Committee (GAC) approval:  > £0				Approvals via <a href="mailto:DHReward@dhsc.gov.uk">DHReward@dhsc.gov.uk</a>
<b>Special severance payments</b> (all severance payments above statutory or contractual requirements)	CPO	> £0 DHSC and HMT pre-approval	People Committee oversight	> £0k endorsement before submission to DHSC Sponsor Team		All special severance payments require approval from the DHSC Governance and Assurance Committee (GAC) and HM Treasury regardless of value. Submission is via the DHSC Sponsor Team for approval and onward submission to the DHSC ALB Reward Team ( <a href="mailto:DHReward@dhsc.gov.uk">DHReward@dhsc.gov.uk</a> )

10. SUMMARY OF FINANCIAL DELEGATED LIMITS Category of delegation	Director responsible for compliance	External	NHSBT Board	Chief Executive	Other NHSBT (as indicated in the table)	Notes
Grant payment [DHSC 12 July 2023]	DDx	> £0.2m (Ministerial approval)			< £0.2m Executive Director	

Category of delegation – losses & special payments	Director responsible for compliance	DHSC (CO/HMT)	NHSBT Board	Chief Executive	Directors / Director of Clinical Services / Chief Financial Officer
<b>Losses</b> (as defined in Managing Public Money) Must be approved promptly as they arise:					
Cash losses/bookkeeping losses/exchange rate fluctuations/overpayment of pay and allowances/ loss of pay other causes (exc. fraud)  [DHSC v8] (inc. VAT)	CFO	More than £300k	ARGC oversight	up to £300k	Salary overpayments write-offs: ≤ £3k joint approval by Assistant Director Financial Control & Operations and Assistant Director HR Operations > £3,000 and ≤ £200k CFO  All other: ≤ £200k CFO
Losses of stores (e.g. fraud or other e.g. out of date) / Fruitless payments / Constructive losses / Losses arising from failure to make charges for use of public property/services / Claims waived or abandoned (i.e. a valid claim that is not pursued or where settlement is agreed at a reduced amount)  [DHSC v8] (inc. VAT)	Relevant Director	More than £300k	ARGC oversight	up to £300k	Bad debt write-offs: ≤ £50 Corporate Financial Accountant ≤ £500 Head of Finance Operations < £3,000 Assistant Director Financial Control & Operations ≥ £3,000 and ≤ £200k CFO  All other: < £100k Directors ≤ £200k CFO
<b>Special Payments</b> (as defined in Managing Public Money) Must be approved in advance of payment:					
Donor claims / Extra contractual payments/ Compensation payments / Ex-gratia payments/ Extra statutory, extra-regulatory payments  (non-staff related payments only, for staff related payments see page 7)  [DHSC v8] (inc. VAT).	Relevant Director	DHSC and HMT pre-approval:  > £0k if NCR  > £95k all other cases	ARGC oversight	> £0k if NCR  > £95k all other  endorse, prior to DHSC and HMT approval	£0k if Novel, Contentious or Repercussive (NCR)  Clinical: ≤ £10k National Clinical Claims Manager ≤ £95k Director of Legal Services > £95k CFO endorse, before CEO, DHSC, HMT  All other: ≤ £3k Directors ≤ £95k Director of Legal Services > £95k CFO endorse, before CEO, DHSC, HMT
Approval of donations or gifts made by NHSBT (per case per annum) (excludes grants) (MPM A4.12)  [DHSC 12 June 2025]	CFO	DHSC and HMT pre-approval:  > £0k if NCR  > £300k all other cases	> £50k	≤ £50k	£0k if Novel, Contentious or Repercussive (NCR)  ≤ £1k CFO notified of all

Category of delegation - NHSBT additional internal delegation	Director responsible for compliance	DHSC (CO/HMT)	NHSBT Board	Chief Executive	Directors / Director of Clinical Services / Chief Financial Officer
Expenditure which relates to guarantees, indemnities or letters of comfort creating contingent liabilities	CFO	All			
Approval of sponsorship agreements per annum	DDX		More than £50k	Up to £50k	Up to £5k
Items to be purchased from Petty Cash / Imprests to staff	CFO				Up to £100
Loans to staff e.g. in advance of travel expenses / travel loans	CFO				≤ £3k Assistant Director Financial Control & Operations ≤ £10k CFO  No loans over £10k will be approved, to avoid beneficial loan tax liabilities arising.
Overseas Travel	CFO		Chair: approval of Chief Executive's travel overseas	overseas travel by Executive Director	overseas travel by staff - Executive Director
Lease agreements (whole life costs) (including fleet and equipment leases) (exc. property (see page 3) and employee car leases – covered by lease car policy)	CFO		Over £1m	Up to £1m	Up to £500k CFO only
Advance payments (in advance of need which leads to higher financing costs, excluding service, maintenance and licence agreements)  [DHSC v8]	CFO				CFO only - approve all
Insurance arrangements  [DHSC v8]	CFO				CFO only - approve all

<b>NHSBT Scheme of Delegation to Committees</b>			
<b>Audit Risk and Governance (ARGC)</b>	<b>Clinical Governance Committee</b>	<b>People Committee</b>	<b>Trust Fund Committee</b>
<p><u>Risk Management</u> Oversight of the systems that are in place for the identification and management of risks. Review of directorate risk management through a planned annual cycle and by exception where required.</p> <p><u>Internal Audit</u> Responsible for ensuring that there is an effective, adequately resourced and independent, internal audit function that operates to Public Sector Internal Audit Standards. Approval of strategy, operational plan and programme of work informed by organisational risk. Consideration of major audit findings and management's response thereto.</p> <p><u>External Audit</u> Review the work and findings of the External Auditor and consider the implications and management's responses to their work. The Committee will approve the terms of engagement, including any engagement letter issued, the remuneration, for both audit and non-audit services of any outsourced</p>	<p><u>Patient and Donor Safety</u> Direction for patient/donor safety, clinical effectiveness, patient outcomes and patient/donor experience. Support operating directorates in the development, implementation and monitoring of a robust framework for clinical governance, meeting donors' and patients' needs.</p> <p><u>CARE sub-groups</u> Through the Clinical Quality and Safety Governance Group (CQSGG), the Committee will support and oversee the work of the operating directorates' CARE (Clinical, Audit, Risk and Effectiveness) groups and monitor their effectiveness and performance in achieving clinical effectiveness and seek assurance that practice is evidence-based and supported by a robust process of clinical audit. Approve the Terms of Reference and membership of Directorate CARE sub-groups.</p>	<p><u>Terms and Conditions (including Pay and Severance)</u> The Committee will determine the remuneration and conditions of service of those very senior managers currently paid under the terms of the Executive Senior Manager (ESM) Framework 2016 and any other management posts with a base salary in excess of £100,000 per annum.</p> <p>The Committee will have due regard to the terms of the ESM Framework and any associated DHSC and NHS guidance. The Committee will ensure that decisions made on remuneration properly support the objectives of the Authority, represent value for money, display financial responsibility and comply with statutory and NHS requirements.</p> <p>The Committee will receive reports from the Pay Committee.</p>	<p><u>Management of Charitable Funds</u> Ensuring that the Authority manages the funds it holds on charitable trust within its powers as corporate trustee, legal requirements and guidance on good practice, and meets all its obligations to the Charity Commission and the Secretary of State for Health and Social Care.</p> <p><u>Restricted Funds</u> Avoiding, wherever possible, the receiving and holding of charitable funds which have restrictions pertaining to how they may be used, except where the Committee has considered and agreed an application for, or a donation of, funds for a particular purpose. Where funds are received subject to certain conditions, the Committee is responsible for ensuring that the funds are used in accordance with those conditions, and that any</p>

<p>partner and ensure level of fees is appropriate to enable an effective and high-quality audit to be conducted.</p> <p><u>Board Assurance Framework and Assurance Map</u> The Committee will receive regular reports on the Board Assurance Framework, including reporting on risks rated as outside risk tolerance and other issues of concern raised by the Chief Risk Officer. The Committee will receive regular reports on the Assurance Map. This will include reporting on legal and other mandatory compliance by exception, any risks against compliance and any issues of concern raised.</p> <p><u>Risk Management Committee</u> The Committee will receive and consider an annual report from the Risk Management Committee (RMC) which will include compliance with RMC Terms of Reference, findings from audits internal or external to the organisation, compliance with applied standards and performance during the year. In addition, a report or the minutes of the latest meeting will be provided to the ARGC of every RMC meeting.</p>	<p><u>Policies</u> The Committee will seek assurance that overarching clinical governance and safety policies and procedures are developed and reviewed in a timely manner. Have oversight of and approve any significant changes to Organ Allocation policies.</p> <p><u>Clinical performance</u> The Committee will ensure that effective mechanisms are in place to review and monitor the effectiveness and quality of clinical care and services across NHSBT, including ensuring actions are taken to address issues of poor clinical performance. Ensure lessons are identified for improvement and implemented in relevant areas and a culture of continuous improvement is encouraged with systems in place to deliver it.</p> <p><u>Clinical complaints and incidents</u> Provide assurance to the Board that clinical complaints and incidents are managed in accordance with NHSBT procedures. This ensures that</p>	<p><u>Performance of the Chief Executive and individual NHSBT Directors</u> Through the Chair of NHSBT and the Chief Executive, to monitor and evaluate the performance of the Chief Executive and individual NHSBT Directors and to use the authority delegated by the Board to set performance bonuses, if appropriate and within guidelines and/or requirements set by DHSC</p> <p>Through the Chair of NHSBT and the Chief Executive, to oversee and advise the Board on termination and severance arrangements in relation to the Chief Executive and NHSBT Directors.</p> <p><u>Annual Reporting</u> To ensure that appropriate details of Board Members' remuneration and other benefits are published in the Annual</p> <p><u>Redundancies</u> To consider and approve any individual redundancies with projected costs in excess of £100,000.</p>	<p>reporting requirements set by the donor are satisfied.</p> <p><u>Use of Funds</u> Ensuring that the charitable funds are used to further the interests of the Authority, its staff (including for staff health and wellbeing), blood donors and other bodies and persons with whom the Authority has a relationship as part of the NHS in England and Wales.</p> <p><u>Governance</u> Ensuring that there is an appropriate distinction between the Authority as corporate trustee and the Authority as a public body.</p> <p>Ensuring that the Authority's corporate governance procedures, as they affect charitable funds, are up to date, appropriate and effective.</p> <p>The Committee shall make recommendations to the Board as to the powers it may delegate to be exercised by the Committee.</p> <p>Liaising with the Audit, Risk and Governance Committee on</p>
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<p><u>Information Governance Committee</u> The Committee will receive and consider an annual report from the Information Governance Committee (IGC) and Security Executive Governance Committee (SEGC) which will include compliance with Terms of Reference, findings from audits internal or external to the organisation, compliance with applied standards and performance during the year. In addition, a report or the minutes of the latest meeting will be provided to the ARG of every IGC and SEGC meeting.</p> <p><u>External Assurance Functions</u> The Committee will review the findings of external assurance functions and consider the implications to the governance of the organisation. These will include, but will not be limited to, any reviews by Department of Health Arm's Length Bodies or Regulators / Inspectors (e.g., Care Quality Commission, MHRA, HTA, NHS Resolution etc.); professional bodies with responsibility for the performance of staff or functions (e.g., Royal Colleges, accreditation bodies, etc.).</p>	<p>there is a robust process for patient and donor incidents and near miss reporting, investigation and organisational learning through ensuring trends are identified, learning is shared, and appropriate actions are taken. Conduct patient safety incident deep dives to assure processes.</p> <p><u>Patient Safety Incident Response Framework (PSIRF)</u> Oversee PSIRF and receive regular and an annual report of progress and outcomes.</p> <p><u>Risk Management</u> Gain assurance that clinical risks are managed as set out in the NHSBT Risk Management policies. Have oversight of all corporate and business unit level risks with a clinical risk impact.</p> <p><u>Clinical Claims Process</u> Provide scrutiny and seek assurance from the management of the clinical claims process.</p>	<p>To consider and approve any redundancies of 10 or more cases as part of one redundancy/restructure programme, regardless of projected cost where further external approval is required, as well as all voluntary redundancy schemes.</p> <p>To provide prior consideration and approval to any special/special severance payment, including confidentiality clauses, where further external approval is required.</p> <p>To consider and approve PILON cases of £50,000 or more, or any CILON case irrespective of cost, where further external approval is required.</p> <p>To consider and approve redundancy proposals within organisational change exercises, where the total estimated redundancy cost exceeds £500k.</p>	<p>matters of internal control affecting the charitable funds, including the approval of audit plans and fees, and dealing with matters raised in audit reports and management letters.</p>
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<p><u>Management</u> The Committee will request and review reports and positive assurances from Directors and managers on the overall arrangements for governance, risk management and internal control. They may also request specific reports from individual functions within the organisation, as they may be appropriate to the overall arrangements.</p> <p><u>Financial Reporting</u> The Committee is responsible for reviewing and making recommendations to the Board and CEO on NHSBT's Annual Report and Financial Statements. It will also ensure that the systems for financial reporting to the Board, including budgetary control, are reviewed as to completeness and accuracy of information.</p> <p><u>Budget, Plans and Performance</u> The Committee will review, at high level, the development of the budget and subsequent performance against the budget. It will also review, at high level, divisional plans in terms of financial performance, funding gaps and pricing strategies, including the review of performance indicators and</p>	<p><u>Views of patient, donors, service users and carers</u> Ensure that the views of patient, donors, service users and carers are systematically and effectively engaged in clinical governance activities.</p> <p><u>National Guidance</u> Ensure that systems are in place for review of external national guidance (e.g., NICE) and for ensuring compliance with relevant recommendations made.</p> <p><u>Central Alerting System</u> Monitor alerts received via the Central Alerting System and review any actions taken in response to any relevant alerts.</p> <p><u>External Regulators</u> Monitor compliance with all relevant Care Quality Commission (CQC), Medicines and Healthcare products Regulatory Agency (MHRA), and Human Tissue Authority (HTA) recommendations and the organisation's overall preparedness for inspections.</p>	<p><u>Senior Level Capability</u> Annually, the Committee shall receive assurance on:</p> <ul style="list-style-type: none"> <li>• Strategic issues affecting NHSBT and any implications for requirements of skills and expertise of the Board and executive leadership of the organisation.</li> <li>• The structure, size, diversity and composition of the existing Board and, given the assessment of strategic issues, make recommendations to the Board for future succession planning or near-term changes where needed.</li> <li>• NHSBT's talent management and succession planning strategies for the executive leadership of NHSBT (CEO and 2 layers below in order to assure itself of), assuring itself of the continued ability of the organisation to operate effectively in its strategic context.</li> </ul>	
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<p>will review progress against the delivery of the investment portfolio.</p>	<p><u>Information Governance Committee</u> Receive reports seeking clinical advice and audits related to the Caldicott principles and information governance standards from the Information Governance Committee.</p> <p><u>Safeguarding</u> Review reports relating to child and adult safeguarding and gain assurance that effective management and process are in place.</p> <p><u>Management Quality Review (MQR)</u> Link into the Management Quality Review (MQR) process and have oversight of the MQR quarterly and annual reports.</p> <p><u>Research Proposals</u> Review and approve research proposals that relate to more than one operating directorate for which the relevant operating directorate CARE group (with expert input from the Scientific Advisory Group) have been unable to reach a decision. Disseminate learning from research findings.</p>	<p><u>To act as a nominations committee for appointments to Executive Director posts</u> Responsibility for ensuring that a proper process is in place for the appointment of Executive Director posts by approving the process to be adopted for recruitment and appointment, and reviewing a report of the process followed prior to endorsing the proposed candidate for appointment to an Executive Director post.</p> <p><u>Organisational Climate</u> It will maintain an overview of the culture and climate of NHSBT to ensure NHSBT delivers on its ambition to be a high performing and inclusive organisation. This assurance will be sought through the regular review of trends relating to whistleblowing, Freedom to Speak Up, Disciplinary &amp; Greivance caseloads and absence data to identify specific issues or deterioration in climate. The People Committee will also review Our Voice survey results and follow-up on subsequent action plans. Employee representatives, network representatives may be</p>	
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	<p><u>Clinical Governance Decision Making</u>          Ensure that clinical governance decision making is informed by evidence-based information and research contributions from the Scientific and Research Committee overseeing the NHSBT Research and Development programme and partnerships. Review examples of clinical services excellence and innovation across CQC domains.</p> <p><u>Clinical Audit</u>          Oversee the clinical audit function ensuring its audit plan aligns with internal audits and is informed by themes from risks, incidents, complaints, claims and patient/donor feedback. Review summaries of clinical audit findings and gain assurance that the recommendations and their implementation by operational directorate CARE groups will focus on identifying any concerns or significant issues and/or where no improvements have been made since the last audit; and gain assurance that the action plan in response to the audit is implemented without</p>	<p>invited to participate in Committee discussions on the above topics to bring them to life for the Committee.</p> <p><u>Approval of recommendations for external recognition for NHSBT employees</u>          The Committee shall receive assurance that an effective process is in place for the consideration and approval of recommendations for local Clinical Excellence Awards for NHSBT medical staff. The Committee shall receive assurance that an effective process is in place for the consideration and approval of recommendations from the NHSBT Honours Committee.</p> <p><u>People Strategy</u>          The Committee shall have oversight of the People Strategy, related programs and success measures for the programs.</p> <p><u>Fit and Proper Persons Regulations Assurance</u>          The Committee shall monitor compliance of the Fit and Proper Persons Regulations (FPPR) for Non-Executive</p>	
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Scheme of Delegation - Appendix 1 – Delegations to Committees

	<p>undue delay, especially where limited assurance is given.</p> <p><u>Training and Validations</u> Ensure that best clinical practice is provided by appropriately trained and skilled professionals with the competencies required for service delivery. Monitor the education and development system for the clinical workforce that supports performance improvement within their scope of practice. Ensure that appropriate processes of revalidations are in place and operating effectively for relevant posts.</p>	<p>Directors and Executive Directors</p> <p><u>Equality and Diversity Inclusion Compliance</u> The Committee shall review annually the Equality, Diversity and Inclusion (EDI) objectives set to fulfil the organisation's public sector legal obligations.</p> <p><u>Health, Safety and Welfare</u> The Committee shall, at least annually, review and seek assurance in relation to NHSBT's compliance with health, safety and welfare legal and regulatory obligations.</p> <p><u>Mandatory Training Sub-committee.</u> The Committee shall receive quarterly updates and an annual report from the Mandatory Training Sub-committee.</p>	
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