

STATEMENT OF FINANCIAL CONTROLS TALLAGHT HOSPITAL

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1. INTRODUCTION

1.1 General

This document outlines the Statement of Financial Controls (SFC) which detail the responsibilities and key financial controls to be adhered to by the Hospital. They should be read and used in conjunction with the Corporate Governance Manual for Board Members.

For the purposes of this document, internal control is deemed to be the process, affected by the Hospital's Board, management and other personnel, designed to provide reasonable assurance regarding the achievement of objectives in effectiveness and efficiency of our operations; reliability and reporting and compliance with applicable laws and regulations.

The Board undertakes to support an Internal Control environment which incorporates:

1. A 'tone at the top' and support for management integrity and competence for a control environment;
2. A risk assessment approach;
3. Clear control activities, such as segregation of duties, physical controls, reviews and authorisations, system controls and reconciliations;
4. Strong controls relating to IT and
5. Appropriate monitoring such as internal audit, the Audit Committee and clear response to control deviations.

Should any difficulties arise regarding the interpretation or application of any of the SFC, then the advice of the Director of Finance or delegated finance officer must be sought before acting. Before instigating any transaction with a financial impact an employee should also be familiar with the SFC.

All staff have a duty to disclose any non-compliance with this SFC to the Director of Finance as soon as possible. If for any reason the SFC is not complied with, full details of the non-compliance, justification for non-compliance and the circumstances surrounding the non-compliance shall be reported at the next formal meeting of the Audit Committee for referring action or ratification. In cases of suspected or alleged fraud or corruption or of anomalies which may indicate fraud or corruption, the Director of Finance will inform the Internal Auditor and the Audit Committee before any action is taken and reach agreement how the case is to be handled. Failure to comply with the SFC in a material regard is a disciplinary matter and could result in dismissal.

1.2 Definitions

The Board of Tallaght Hospital is referred to as The Board for the purpose of this document.

Wherever the title Chief Executive Officer (CEO), Director of Finance (DOF), or other nominated officer is used in this document, it shall be deemed to include such other employees who have been duly authorised to represent them.

Wherever the term "employee" is used and where the context permits it shall be deemed to include employees of third parties contracted to the Hospital when acting on behalf of the Hospital, including any nursing or medical staff employed by third parties who are practising on the Hospital's premises or Hospital staff working with the contractor under retention of employment model.

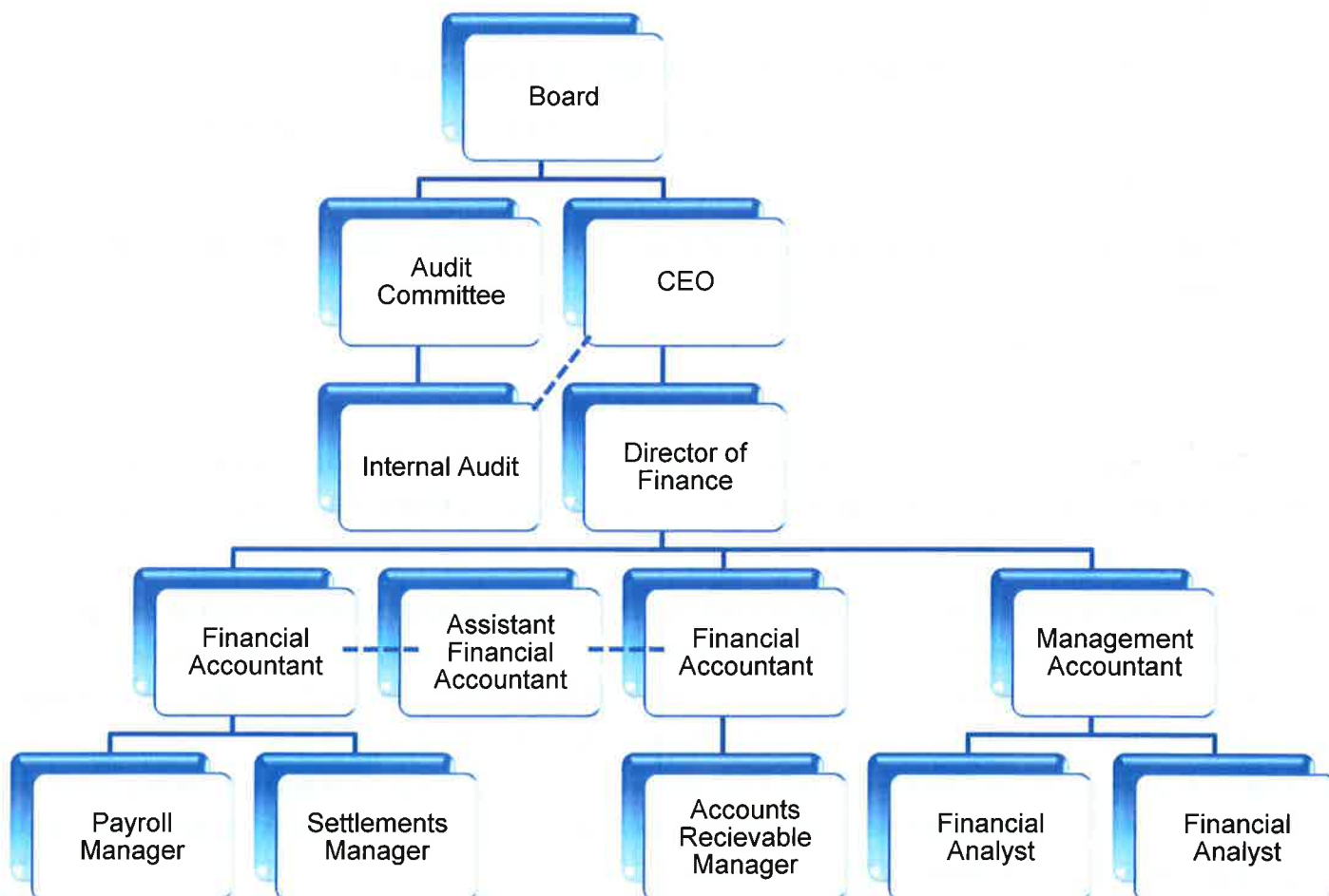
'HSE' refers to the Health Service Executive and its delegated officers

'DOH' refers to the Department of Health and its delegated officers

'SAP' refers to the primary Finance Information Technology system used at Tallaght Hospital

1.3 Finance Department Structure

The Corporate Governance manual states that the Board shall “ensure effective financial stewardship through value for money, financial control, internal control, financial planning and strategy”.



1.4 Finance Department

The Finance Department is responsible and accountable for the accuracy, quality and validity of all accounting transactions and production of monthly management and statutory financial reporting.

1.4.1 Financial Accounting & Compliance (FA&C)

The Financial Accounting Division houses the Hospital financial functions of payroll, settlements and accounts receivable (incorporating the cash office) and the compliance unit. The main roles of the division is to underpin the financial accounting processes and controls and communications process for the payment of salaries and wages to employees, invoice payments to vendors and proactively to manage the patient/agency debtor

collections process. The Compliance Division is responsible for detecting, investigating reporting any fraud to the appropriate authorities.

1.4.2 Management Accounting (MA)

The Hospital operates a budgetary management process within the context of an annual service plan incorporating annual and monthly budgeting. In this context, the MA division unit is responsible for all Clinical Directorates, Corporate Departments and other Cost Centres for pay, non-pay and income budget preparation.

Monthly analysis and reporting of net outturn versus plan is a core function of this unit. It is responsible for the preparation of the annual specialty costing exercise and the development of patient costing information systems.

1.5 Finance oversight Groups

The hospital has set up the following groups to ensure that there are good robust structures in place which assist the Director of Finance.

1.5.1 Executive Finance Team (EFT)

The EFT comprises of the DOF (executive lead), CEO, COO, Director QSRM, Director Nursing, Director of HR, and Director of Facilities. The purpose of the team is to be reactive in making decisions whilst also focusing on cost containment and delivering projects on a cost neutral basis. The team meets fortnightly to discuss significant financial decisions that need to be made in the hospital in relation to services, non pay, pay, income. The team ensures that it makes decisions as a collective group.

1.5.2 Finance Advisory Group (FAG)

The FAG comprises of the DOF (executive lead), CEO, Chairman Hospital Board, Chairman of the Audit Committee, External Finance Member. The group meet on a quarterly basis. The main duty of the FAG shall be to review matters of a strategic financial nature and major corporate issues, for example the, financial accounts, financial strategy including remedial action in relation to budget difficulties. Specifically, the group shall keep under continual review the annual budget following the allocation from the HSE, the monthly management accounts, comparing expenditure against budget, and projected year end outturn, major Capital Development Projects, any developments which have financial or other major implications for the Hospital.

1.6 Annual Review Process

The SFC document will be reviewed on an annual basis. Any amendment to the document is subject to the DOF proposing the change and approval by the CEO. The Board will then be notified of the change.

2. REVENUE ALLOCATIONS, BUSINESS PLANNING, BUDGETS, BUDGETARY CONTROL, AND MONITORING

The Executive Management Team (EMT) will advise the Board of the recommended annual operational and financial targets and also forecast limits of available resources.

Key controls in place:

- The Revenue & Capital allocations will be advised to the Board and subject to their approval acceptance is then communicated to the HSE via the SLA process.

The DOF shall monitor the financial performance against budgets on a monthly basis and report to the Board and the HSE.

Key controls in place:

- The monthly Integrated Management Report (IMR) is submitted to the HSE by the 12th of the following month with a detailed commentary.
- The DOF prepares and presents a report to the Board which measures financial performance against key performance indicators for the Hospital.
- Monthly, the DOF presents in detail the financial performance results with variances from budget explained for the previous month to the Executive Management Team for consideration.

The CEO may delegate the management of elements of the budget to permit the performance of a defined range of activities.

Key controls in place:

- Budgetary delegation is allocated through the Clinical Directorship structure. Business Managers support the Directors in the management of allocated budgets.

The DOF will devise and maintain systems of budgetary control.

Key controls in place:

- Investigation of variance analysis and flexing of budget on a monthly basis, with explanations for variances and steps to be taken to correct for the remainder of the year.
- MA analysts meet Business Managers monthly to review actual spend against budget, year on year cost analysis and determine measures to ensure budgetary targets are achieved and provide explanations to DOF for variances.
- All new expenditure in respect of funded service developments will be approved by the DOF after having consulted with the CEO before any financial commitments are made.
- All new expenditure in respect of unfunded cost pressures and/or risk mitigation measures will be approved by the DOF after consultation with CEO & reported by DOF to the Hospital Board.

3. CAPITAL ALLOCATIONS, BUDGETS, BUDGETARY CONTROL, AND MONITORING

The Corporate Governance Manual states that decisions in relation to the approval of the Hospital's annual capital investment plan, any individual capital projects not specifically funded by the HSE in excess of €500,000 and any individual Public Private Partnership proposals are specifically reserved to the Board.

Key controls in place

- Proposals put forward are done so in the form of a business case outlining the following:
 - an option appraisal of potential benefits compared with known costs to determine the option with the highest ratio of benefits to costs;
 - appropriate project management and control arrangements; and
 - the involvement of appropriate Hospital personnel and external agencies.
- Business cases are validated by Finance as to the capital costs and on-going revenue implications.
- A priority listing is compiled by relevant business directorates and communicated to the Capital Committee in the Hospital
- The Capital Committee is an Executive committee. It comprises of CEO, DOF (executive lead), DCEO, Director of QSRM, Director of Facilities, and the Director of ICT. The Capital Committee was established to ensure that an appropriate capital programme exists in order to support the Hospital's core objectives. It will also ensure that there is a coordinated approach to all capital requests in the hospital and that a strategy exists within the hospital to manage, Infrastructure Development (Major & Minor), Infrastructure Development (Minor), Minor Capital, Medical Equipment Replacement (Major & Minor) and ICT.
- The HSE confirm in writing to the CEO the allocation for the approved capital projects and the CEO communicates this to the Capital Committee.
- In compliance with the National Financial Regulation NFR 18, The HSE has put in place a combination of legal documents prior to the release of Capital monies. The regulation dictates that 'In every case of a Capital Advance (s) of €100k or more such legal documentation must be in place such as a Grant Agreement and at least one of the following for e.g. Charge / Option Agreement / Bill of Sale'. On receipt of the grant agreement the DOF will include the relevant details for approval by CEO.
- Budget control and monitoring of spend in relation to capital projects are carried out by FA&C.
- All contracts for goods or services, irrespective of their value, must be progressed under the direction of the Procurement Sourcing Contracts Division of the Hospital before being presented to the DOF, CEO or Board. Please refer to Section 12 of this document for further details.

4. ANNUAL ACCOUNTS AND REPORTS

The Hospital shall keep accounts in accordance with the current Accounting Standards and the Format of Accounts for Voluntary Hospitals issued by the Department of Health.

Key controls in place:

- The external auditors have access to all Internal Audit reports carried out by the internal audit function of the hospital during the year.
- The accounts have a financial year end close 31st Dec 20xx. The accounts are audited by the Hospital's external auditors in March for the previous financial year.
- The draft accounts and management letter are presented to the Audit Committee (AC) for approval in April. The auditors raise any issues with the AC who in turn will raise it with the chair of the Hospital Board. The accounts must be approved by the AC before adoption at the AGM of the Hospitals Board in May and for submission to the HSE by 31st May.
- The annual report is reviewed and approved by the Board before publication.

5. SUBSIDIARY COMPANIES

The Adelaide and Meath Hospital Dublin, incorporating The National Children's Hospital Crèche Limited.

- The Hospital controls a single member company, The Adelaide and Meath Hospital Dublin, Incorporating The National Children's Hospital Crèche Limited, which has operated the Hospital crèche since 2004. This company is not consolidated into the financial statements of the Hospital on the grounds of immateriality.

The Haughton Institute for Graduate Education and Training in the Health Sciences Limited.

- This limited company was set up in 1998 as a joint venture between St James' Hospital, Tallaght Hospital and Trinity College, Dublin. Each of the three organisations hold one third of the share capital of the company and have nominated three directors each to the Board.

In respect of both subsidiaries, once the annual reports are available a copy will be presented to the hospital Board annually. The DOF will endeavour to make available both annual reports for the May Board however if the subsidiaries are reporting in line with the companies registration office 30th Sept then the annual reports will be made available for the October Board meeting.

6. CASH AND TREASURY MANAGEMENT

The DOF is responsible for managing the Hospital's banking arrangements and for advising the Board on the provision of banking services and operation of accounts. This advice will take into account guidance issued by HSE Treasury and the Department of Health.

Key controls in place:

- The Board shall approve all banking arrangements.
- All accounts should be held in the name of the Hospital. No officer other than the DOF shall open any account in the name of the Hospital or for the purpose of furthering Hospital activities. The DOF prepares detailed instructions for Board approval (including bank mandates) on the operation of bank accounts, which must include: the conditions under which each bank account is to be operated, the limit to be applied to any overdraft as approved by the HSE; and those authorised to sign cheques or other orders drawn on the Hospital accounts.
- The DOF reviews the banking arrangements of the Hospital in line with the terms of the contract to ensure they reflect best practice and represent best value for money by seeking competitive tenders for the Hospital's business banking. The Contracts Department monitors the expiry date on tender agreements in conjunction with the DOF and ensures the tender process is followed to award a banking provider.

Any loss or shortfall of cash, cheques or other negotiable instruments, however occasioned, shall be monitored and recorded within the Finance Department.

Key controls in place:

- Access to the cash office is restricted to relevant personnel as approved by the DOF.
- Bank reconciliations are carried out monthly by the compliance team and all variances are investigated.
- Cash-flow projections are carried out on a monthly basis and actual spend against budget is monitored and reported to the DOF.
- The DOF reports to the hospital Board the cash-flow projection.
- Bank balances are provided on a daily basis to the HSE.

7. INCOME, FEES AND CHARGES

7.1 Patient Income - Statutory Charge, ED Charge, Private Charges (Inpatient and Day Cases), RTA

The DOF is responsible for designing, maintaining and ensuring compliance with systems for the proper recording, invoicing, and collection of all income due.

Key controls in place:

- All patient billing must be raised through the Patient Management System (IPMS) by a member of the finance team. All non-patient billing must be raised through the SAP system. Access to these systems are restricted and reviewed to ensure only appropriate finance staff can raise invoices.
- Monthly reconciliations are carried out to ensure charges are correctly raised for patients who are treated in the Hospital in line with the Health Acts 2013.
- Monthly bank reconciliations are carried out to ensure all income received through the bank is correctly recorded on the system.
- The Hospital applies its debt collection policy to all patient income that remains outstanding past its due date.
- The Hospital has contracts in place with debt collection agencies to collect debt in relation to patient charges and RTA's. The DOF meets with the agencies on a quarterly basis to ensure that the contract management part of the contract is being managed appropriately.
- Monthly reports detailing cash received and invoicing by Private Health Insurers are compiled by the Health insurance team and submitted to the Compliance team and DOF for review. All cash receipts received from Private Health Insurers are reconciled as part of the bank reconciliation process.
- The private room's administrator controls the rental of private rooms. Usage is recorded on a schedule and sent to Accounts Receivable monthly where invoices are raised to all private consultants. Contracts are signed by the private consultants detailing the fees to which they are liable for utilising these rooms.

7.2 Non-Patient Income - Car Park, Retail units, Sundry Debtors

The DOF is responsible for approving and regularly reviewing the level of all fees and charges.

Key controls in place:

- All non-patient income sources must be approved by the DOF. Where necessary a valid contract is put in place and approved by the Board.

8. NON-PAY EXPENDITURE

Controls for ordering, receipting and payment for goods and services

Key controls in place:

8.1 Budget

- All non-pay expenditure must have an approved budget before the process can proceed.

8.2 Business Cases

- Employees wishing to order goods or services without approved budget must present to the DOF a business case outlining the purpose of the expenditure, the cost to the Hospital and any other relevant information. The business case must be approved by the DOF before the process can progress.

8.3 Contracting

- All non-pay expenditure must be subjected to the tendering and contracting procedures. See section 14 of this document for the relevant thresholds.

8.4 Procure to pay process

- All non-pay expenditure must be requested or "requisitioned" through SAP and approved at a local level by a budget holder. Finance must also approve in some instances.
- All requisitions and approvals are managed through the SAP system. The SAP support team centrally maintain and update levels of authority in SAP to ensure the system forces adequate segregation of duties.
- All purchase orders are generated by qualified buyers based on the requisitions issued through SAP. The buyers check to ensure relevant pricing agreements or contracts is in place before placing the purchase order.
- On receipt of the good or service it is receipted in SAP by designated SAP receipting personnel only.
- Invoices received are subject to a three way matching process meaning that before being cleared for payment an invoice must match the receipt and purchase order in SAP with regard to quantity and price.
- In exceptional circumstances some non pay expenditure will be invoiced directly (no purchase order) to the Hospital. If this situation arises the executive lead must sign the Invoice before payment can be processed.
- Payment is processed through SAP for cleared invoices
 1. Payment proposals are generated in SAP by the Accounts Payable Manager/Supervisor
 2. A detailed review is performed by Accounts Payable of all invoices in the payment proposal with a call over check performed on all direct invoices.
 3. FA&C review the payment proposal and once satisfied post the payment run.
 4. The Accounts Payable Manager/Supervisor generates and emails remittance advices directly from SAP to the suppliers.

5. FA&C extract a payment upload file from SAP and upload directly to the Hospital's online banking facility.
6. The online payment requires the signoff of two FA&C authorised bank signatories.

8.5 Inventory Stocked Goods

Although the Director of Facilities Management has ultimate responsibility for the systems of stock control, overall responsibility for the control of stores shall be delegated to a named employee and day-to-day responsibility may be delegated by him/her to departmental employees and stores managers/keepers, subject to such delegation being entered in a record available to the DOF.

The control of any Pharmaceutical stocks shall be the responsibility of a designated Pharmaceutical Officer;

Key controls in place:

- The DOF has set out procedures and systems to regulate the stores including records for receipt of goods, issues, returns to stores, and losses.
- Annually, Finance coordinate along with the Warehouse team a complete physical stock take to ensure the integrity of the stock levels on record
- The independent external auditor attends and observes the stock take to validate its reliability.
- Any disposal, and/or adjustment of stock must be approved by the DOF before processing.
- All high value and controlled drugs are stored in a high security room which has monitored and restricted access to senior pharmacy personnel.

9. PAY EXPENDITURE

All pay expenditure within the Hospital must comply with public health sector pay policy including Circular 11/2013 and the Department of Health Consolidated Pay scales and pension arrangements. Non HSE sources of funding may not be used to supplement employee remuneration (including perquisites) that exceed Department of Health consolidated pay scales and pension arrangements.

Key controls in place:

- Payment is processed through the Payroll system
 1. Payment proposals are generated in the Payroll System by the Payroll Manager/Supervisor
 2. A detailed review is performed by Payroll of all lines in the payment proposal
 3. FA&C review the payment proposal and once satisfied sign off a physical copy of the payment run
 4. FA&C extract a payment upload file from the payroll system and upload directly to the Hospital's online banking facility
 5. The online payment requires the signoff of two FA&C authorised bank signatories
- Segregation of duties is enforced by the assigned roles and levels of access in the Payroll system. Any change to master data is performed by the HR function. Payroll has no access to master data and operate a purely transactional role in the pay process.
- The Remuneration and Terms of Service Committee operates under delegated authority from the Board, which is ultimately responsible for all matters relating to the remuneration and terms of service of Senior Managers.

9.1 Manpower Approval Process (MAP)

- The Manpower Approval Process (MAP) Committee consider and approve requests for new and replacement posts as appropriate, ensuring that all requests are supported with the requisite funding/ceiling available and business cases presented.
- The MAP Committee comprises of the CEO, Executive Director of Human Resources, DOF, Director of Nursing and Chief Operations Officer.
- Feedback on decisions made at the MAP meeting is provided to HR Business Partners following the meeting which is then to be communicated to the applicant.
- Appeals of decisions must be fully exhausted through the MAP process before final appeal made may be submitted to the Executive finance team (EFT)
- Annually the Internal Audit function targets aspects of the Payroll process for review. The aspects selected are done so on a rotational basis considering high risk areas more often.

10. ASSET REGISTERS

The DOF is responsible for the maintenance of registers of assets, taking account of the advice of the FA&C, concerning the form of any register and the method of updating, and arranging for a physical check of assets against the Asset Register to be conducted once a year.

Key controls in place:

- The Hospital maintains an Asset Register recording fixed assets within SAP. This is managed by Finance and updated by the relevant department.
- Additions to the Fixed Asset Register are captured using the asset management module and all costs must pass through the non-pay procure to pay process.
- Finance has oversight of all capital budgets, and all capital purchase orders require Finance approval in SAP before being sent to the supplier.
- All invoices require the approval of the project manager before payment can be made.
- Management with responsibility for fixed assets perform periodic verification of the existence of, condition of, and title to, assets recorded; all significant discrepancies revealed by verification of physical assets to the fixed Asset Register shall be notified to the DOF.
- When it is decided to dispose of a Hospital asset, the head of department or authorised deputy must determine and advise the DOF in writing of the reasons for disposal and the estimated market value of the item, taking account of professional advice where appropriate.
- Any decision made in regards to the disposal or acquisition of any land or property is specifically reserved to the Board.

11. INFORMATION TECHNOLOGY

The Director of ICT in conjunction with the DOF is responsible for the accuracy and security of the computerised financial data of the Hospital.

Key controls in place:

- All systems holding financial data are subject to strict password protection policies and procedures. Levels of authority are granted to system users in line with authorities delegated and approved by the DOF
- All physical files are stored securely and access is restricted to authorised personnel only
- New financial systems implementations or amendments to current financial systems are developed in a controlled manner and thoroughly tested prior to implementation.
- On-going maintenance of financial systems is performed by authorised ICT personnel with the assistance of approved third party service providers.
- Data is backed up daily to a secure offsite facility as approved by the HSE.
- The external auditors annually review the performance, adequacy and accuracy of the financial IT systems.

12. NON-HSE REVENUE HELD BY THE HOSPITAL

External Funds (Grant funded), Internal Funds (Retail/Volunteer's), Donations, Legacies and Bequests

The DOF shall arrange for the administration of all non-HSE funds. A record must exist for every donation/fund and detailed codes of procedure shall be produced covering every aspect of the financial management of charitable funds, to ensure donor intent is recorded appropriately. The administrative record shall identify the restricted nature of certain funds, and it is the responsibility of the CEO, to ensure that funds are utilised in accordance with the terms of the donation.

Key controls in place:

- All non-specific purpose charitable donations are submitted through the patient accounts office and lodged into the donations account on SAP. On receipt of cash a receipt is issued and a record is updated that details the nature purpose of the donation.
- All non-specific purpose charitable donations are lodged to a specific charitable donations bank account and all spend from that bank account must be approved by the CEO.
- Specified purpose charitable donations and other external funds received by the Hospital are posted to a specific Internal Order in SAP and a budget assigned to allow the fund owner to utilise the funding.
- Only the fund owner has the authority to requisition from the fund.
- All requisitions must also approved by Finance to ensure the fund spend is being executed in line with the specific purpose of the fund and Hospital procurement policy.
- Any related party donations are identified and in line with best practice and transparency are disclosed in the Annual Financial Statements.
- The office of the CEO is responsible for the approval of any expenditure in respect of the volunteer's fund.
- The DOF is responsible for having in place an SLA in relation to external funding that the hospital receives.
- In respect of Donations & Bequests the hospital will need to put in place a process to disburse the funds.
- See appendix 1 in respect of, A) Governance procedure for the management of donations & bequests funds received by the hospital, B) Procedure for handling non cash donations / bequests received centrally by the hospital.

13. TENDERING AND CONTRACTS PROCEDURE

The Hospital's Corporate Governance Manual provides in paragraph 2(e) of Section 6 that decisions in relation to the following are specifically reserved to the Board:

"all proposals on individual contracts of a capital or revenue nature amounting to, or likely to amount to, more than €300,000 over a three year period or the period of the contract if longer".

This means that all contracts at or above the threshold noted above (Inc vat) must be approved by the Board before any commitment can be given to a supplier.

Contracts below €300,000 are to be submitted to the DOF or the CEO, who have delegated responsibility to approve same on behalf of the Board.

All contracts for goods or services, irrespective of their value, must be progressed under the direction of the Procurement Sourcing Contracts Division of the Hospital before being presented to the DOF, CEO or Board.

The DOF reports compliance/non compliance in relation to contracts to Executive management team, to the Audit committee and to the Board.

14. General Procurement Thresholds

The current procurement thresholds and applicable arrangements are:

- Up to €5,000.00 - one quote is required
- From €5,000.00 to €25,000.00 - three written quotes are required
- From €25,000.00 (supplies/services) - must be tendered on www.etenders.gov.ie
- From €50,000.00 (works) - must be tendered on www.etenders.gov.ie
- From €207,000.00 - must be tendered on www.etenders.gov.ie and OJEU.

The Procurement Sourcing Contracts Division is available to all budget holders/managers should they need advice on any procurement matters. All procurement for categories of supplies services and works (European, National and Local Sourcing, Tendering and Contracting) including frameworks and mini-competitions fall under the remit of the Sourcing Contracts Division.

Recommended by:

Director of Finance

Date

Approved by:

Chief Executive Officer

Date

Appendix 1

A) GOVERNANCE PROCEDURE FOR THE MANAGEMENT OF DONATIONS & BEQUEST FUNDS RECEIVED BY TALLAGHT HOSPITAL

The following procedure governs the management of donations and bequest funds received by the CEO's office and the hospitals Cash office.

1. A separate bank account will be established, on approval by the hospital's Board, for the exclusive purpose of accounting for all monies received by the Hospital in the form of donations and bequests.
2. A separate balance sheet account will be created to facilitate periodic control account reconciliations in respect of both funds received and of approved expenditure.
3. An executive committee will be formed with the responsibility for the effective governance of these funds. The committee will comprise of the CEO, Deputy CEO and the Director of Finance. The CEO will chair the committee. The committee will meet at the request of the CEO, primarily to adjudicate on expenditure and investment requests. Due diligence will be given to donor intent.
4. On a quarterly basis, the Financial Accounting Unit will prepare a full reconciliation of the accounting records kept in respect of related receipts and disbursements (made from the fund on foot of the committee's approval) with the Bank statement.
5. This reconciliation will be submitted to the Director of Finance for review monthly. The committee will review and approve this control account reconciliation at the end of each quarter.
6. A copy of minutes of committee meetings will be kept by the CEO's office. Minutes will be made available to the Audit Committee on request.
7. If expenditure is authorised by the committee, formal written approval will issue from the CEO's office and act as an instruction to the Materials Management function to progress the procurement process.

B) PROCEDURE FOR HANDLING NON CASH DONATIONS / BEQUESTS RECEIVED CENTRALLY BY TALLAGHT HOSPITAL

The following procedure governs the management of donations and bequests received exclusively by the CEO's office. In the event where donations and bequests are received by a department other than the CEO's office, they will be remitted centrally to the CEO's office for processing at the earliest opportunity. Non cash donations may comprise of cheques, postal orders, credit cards, direct debits and standing orders.

This document excludes the management procedure of cash donations as the hospital operates a policy where no cash donations will be accepted on behalf of Tallaght Hospital by any member of staff.

1. All post must be opened in the presence of two staff members who are independent of the staff responsible for banking the donations.
2. Incoming mail should be opened daily at the earliest opportunity and held in a secure location.
3. Incoming donations should be recorded immediately and verified by a person other than the recorder for reconciliation with banking details at a later stage (Financial Accountant will provide a template of information requirements).
4. Donations will be recorded at the point of receipt via a password protected excel document held in a secured shared folder with shared access will be limited to nominated staff in the CEO's office, the Cash office and the Financial Accountant.
5. Each donation will be allocated a unique reference number which will facilitate full traceability to the donations bank account. All relevant accompanying documentation received should be scanned by the CEO's office and saved in the shared folder under the heading of the allocated unique reference number for audit trail purposes.
6. Where there is a requirement for the hospital to confirm receipt of a Bequest issued by a Solicitor then the CEO's office will sign the relevant documentation and return it directly to the Solicitor.
7. Where donor intent is communicated this information is recorded in the shared document. If the hospital is clearly unable to apply the donation for the specific purpose nominated by the donor the CEO's office will communicate immediately with the donor to deal with those donations in a manner satisfactory to the donor which may include returning the donation.
8. Where donations are received in person, the donor should be requested to fill out a Donation form.
9. Incoming donations and accompanying documents should be forwarded to the Cash office at the earliest opportunity each day and this action must be date stamped and recorded in the shared file.
10. The Cash office must verify amounts received and record in the shared file that the donation has been received from the CEO's office. The Cash office will facilitate daily bank lodgements and will record the bank

receipt number for each unique donation in the shared file. Donor intent, if applicable, will also be recorded on each unique lodgement transaction for audit purposes and reporting.

11. Receipts are to be maintained by the Cash office along with all documentation received from the CEO's office.
12. The CEO's office should regularly review the shared document and issue a letter of thanks and acknowledgement within an agreed timeframe once the cash office have registered the bank account lodgement.
13. As part of the monthly balance sheet control reconciliation the Compliance unit in the Finance Department will reconcile all incoming donations to amounts banked.