

APPENDIX G**FP 11****FINANCIAL CONTROL PROCEDURE:
INVENTORY OF NON CAPITAL ASSETS****Initiated by** Director of Finance & Procurement**Approved by** Audit Committee**Date approved****Operational Date****Date for review** December 2023**Distribution** Executive Directors
Board Secretary
~~Directorate Managers~~ Clinical ServiceGroup Managers**FREEDOM OF INFORMATION STATUS:** Open

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1. SCOPE AND PRINCIPLES

- 1.1 This procedure details the principles underlying the University Health Board's system for maintaining an inventory of non-capital assets.
- 1.2 This procedure should be read in conjunction with the University Health Board's Standing Financial Instructions and other Financial Control Procedures.
- 1.3 The University Health Board (UHB) requires that all of its assets are secure and are being properly maintained and utilised.
- 1.4 This procedure aims to ensure that the UHB has robust controls to ensure that, as far as possible, all of its non-capitalised assets are secure from loss or theft.
- 1.5 Non-capitalised assets (excluding working stock & consumables) are items that **do not** meet the criteria to be capital assets and have an expected useful life **in excess** of 12 months. The definition of a capital asset is described in section 1 of FP1 Capital Monitoring.

2 THRESHOLDS

- 2.1 All non-capital assets valued over £1,000 (including VAT), will be required to be entered onto an inventory. This threshold may be reduced at the discretion of the [Clinical Service Group Manager](#)~~Directorate Manager~~.
- 2.2 If the cost of an item is unknown, then a fair estimate of the cost of a replacement should be used.
- 2.3 All non-capitalised assets that cost greater than the threshold shall be known as *'Inventory Assets'*.

3 INVENTORY PROCEDURE

- 3.1 A list of all inventory assets shall be created by each Directorate.
- 3.2 The Clinical Service Group Manager~~Directorate Managers~~ will be responsible for the control of an inventory within their directorate.
- 3.3 The Clinical Service Group Manager~~Directorate Manager~~ should delegate the responsibility within their directorate to officers with more manageable areas (e.g. Wards, Departments, and Rooms etc.).
- 3.4 The contents and format of the inventory will be at the discretion of the Clinical Service Group Manager~~Directorate Manager~~, but should include as a minimum the following details:
- Brief Description
 - Make
 - Model
 - Serial number (if any)
 - Location / Room number
 - Estimated cost
 - Estimated Purchase Date
 - Estimated Life
- 3.5 If possible the inventory should be maintained in an electronic form (Database, Spreadsheet, Word Processor etc.) for ease of updates, maintenance and for security.
- 3.6 Capital assets should be excluded from the inventory, if any questions exist as to whether a particular item is a capital asset or not, they should be referred to the Senior Finance Officer (Capital), who will confirm those capital assets included on the UHB's Asset Register.
- 3.7 Any purchases or disposals should be noted on the inventory as soon as the change has occurred.

- 3.8 The inventory shall be updated and checked against actual items held, on at least a quarterly basis. A copy of the inventory should be signed and dated, then kept by the officer responsible. Internal Audit will undertake periodic checks to ensure compliance.
- 3.9 Any discrepancies between the inventory and the actual equipment held should immediately be reported to the Clinical Service Group Manager~~Directorate—Manager~~, who will investigate the reasons.
- 3.10 Losses, theft and condemnation must be reported in line with Financial Control Procedure FP15.

4. EQUALITY IMPACT ASSESSMENT

- 4.1 Following assessment, this policy is not felt to be discriminatory or detrimental in any way with regard to the following equality strands: Gender; Race; Disability; Age; Sexual Orientation; Religion or Belief; Welsh Language or Human Rights.