7. Engagement of Individuals not Employed by the Trust – Consultancy Services
(see also section 13 / 14 for engagement of temporary staff)

Delegated Matter	Value	Authority Delegated to	Notes and Comments
Engagement of management consultancy or similar organisations or contract staff, providing budgetary provision exists and is available:	Up to £100k	Chief Executive, Managing Director or Chief Finance Officer	Subject to compliance with NHSE approvals process for consultancy engagements, and assessment of Tax / NI status under IR35 Regulations (https://www.tax.service.gov.uk/guidance/check-employment-status-for-tax/question/what-do-you-want-to-find-out). The approval process is also required for the extension of services/contracts
	£100k to £250k	Chief Executive, Managing Director and Chief Finance Officer (2 sigs)	
	Over £250k	Trust Board	

8. Engagement of Staff through a subcontract arrangement (SLA's)

Delegated Matter	Value	Authority Delegated to	Notes and Comments
Authorising of expenditure	As per section 5 & section 6		

9. Procurement, Quotation and Tendering Procedures

Delegated Matter	Value	Authority Delegated to	Notes and Comments
Procurement, Quotation and Tendering Procedures	Up to £10,000 a minimum of 2 **competitive prices** for goods/services must be obtained.	Budget Holder	It must be clearly understood that following proper procurement procedures and having the budgetary capacity to incur expenditure are different processes. A procurement process is about ensuring the purchase is legally compliant and that best value has been obtained for Worcestershire Acute. The authorisation process for the expenditure rests within the budgetary control and those delegated to incur expenditure within the levels quoted in the relevant sections above. A Contract Award Governance (CAGS) is required for all contracts that exceeds £10,000.
	From £10,001 to £50,000 a formal tender is required with support from procurement and a minimum of 3 written **quotations** for goods/services must be obtained.	Budget Holder	
	From £50,001 to OJEU* limit a formal tender is required with support from procurement and as a minimum 3 **quotations or tenders** for goods/services need to be obtained.	Budget Holder	
	Above OJEU** limit, you must contact the Head or Director of procurement to ask for assistance to ensure an OJEU compliant procurement is followed	Budget Holder	

*OJEU level

Contract Type	Threshold until 31 December 2023 (inclusive of VAT)	Threshold from 1 January 2024 (inclusive of VAT)
Public works contracts	£5,336,937	£5,372,609
Public supply contracts and public services contracts (Central Government)	£138,760	£139,688
Public supply contracts and public services contracts (all other contracting authorities)	£213,477	£214,904
Public service contracts for social and other specific services under the Light Touch Regime	£663,540	£663,540£ (unchanged)

These OJEU limits may change during the year. Please contact the head or director of procurement.

**In most cases there will be no need to go through a formal OJEU process as the Trust has access to comprehensive frameworks but specialist procurement advice is required.

10. Single Waiver Procurement Process

Delegated Matter	Value	Authority Delegated to	Notes and Comments
Single Waiver Procurement Process	Up to £100,000	Any finance officer graded 8D or above (Currently Chief Finance Officer, Deputy and Assistant Director of Finance)	A procurement waiver needs to signed by the budget holder, the financial business advisor linked to the division or capital scheme and the Head or Deputy of Procurement. It is then completed by the authorised signatory. All waivers are reported to Audit and Assurance Committee
	£100,000 to £500,000	Chief Finance Officer, Managing Director or Chief Executive	
	Above £500,000*	Trust Board	Buildings and engineering construction works and maintenance require DoHSC approval.
Register of Expenditure not requiring a Purchase Order		Chief Finance Officer	The list of expenditure items not requiring a Purchase Order will be reviewed annually by the CFO. Examples include Utilities, other NHS bodies, Pharmacy Drugs, Agency invoices, and the payover of deductions made from staff salaries e.g. Attachment of Earnings, Court Orders, Union Fees

*The value waived must be the total value of the contract and NOT the annual value. So 3 years at £200k is a £600k contract.
In the case of contracts covering more than one year, the above limits are applied to the cumulative value of all the years added together. Example: if a purchase of a service valued at £120,000 for 5 years is an £600,000 value contract and therefore requires approval from CFO or CE.

11. Staff – Appointment of all staff that fit all of the following criteria

- A straight replacement in terms of hours and banding
- Within funded establishment and fully funded for duration required
- Has been covered in the last 6 months (agency, bank or substantive)

Delegated Matter	Value	Authority Delegated to	Notes and Comments
Approval to recruit (ATR process)	N/A	Budget Manager	Subject to Trust Policy / process. There is an automated and regular report generated and sent to the Division of all posts completed by the Budget Manager which fit these criteria. This presents an opportunity for Division to have complete oversite on workforce.

12. Staff – Appointment of all staff that DO NOT fit the criteria detailed in point 12

For all posts that do not fit the criteria in 12 above, ATRs must be sent through to the vacancy panel for approval in line with the current process outlined below. Examples include changes of banding, Agency placements, posts not within establishment.

12.1 Staff – Appointment of permanent staff, admin and clerical

Delegated Matter	Value	Authority Delegated to	Notes and Comments
Approval to recruit (ATR process) Wells Jo 05/06/2025 16:05:15	N/A	Chief Finance Officer and Director of People and Culture (or their nominated deputy) in attendance at the Pay Control Panel.	Subject to Trust policy / process. There is a weekly meeting with representatives from Finance and HR where managers who wish to recruit present vacancies they wish to fill. The relevant templates are available from HR. All vacancies must follow the Vacancy Management Governance process and requirements.

12.2 Staff – Appointment of permanent staff, medical and nursing

Delegated Matter	Value	Authority Delegated to	Notes and Comments
Approval to recruit (ATR process)	N/A	Divisional Management Team of the relevant Division (Divisional Operations Director, Divisional Medical Director, Divisional Nursing Director and Business Advisor).	Corporate Medical and Nursing posts require sign off by appropriate Voting Executive Director. All vacancies must follow the Vacancy Management Governance process and requirements.

12.3 Staff – Appointment of temporary staff, admin and clerical

Delegated Matter	Value	Authority Delegated to	Notes and Comments
Approval to recruit (ATR process) Wells Jo 05/06/2025 16:05:15	N/A	Chief Finance Officer, Director of People and Culture, Chief Finance Officer, Chief Nursing Officer and Chief Medical Officer Director (or their nominated deputies) in attendance at the Pay Control Panel	Where the request is to cover the gap with third party agency / bank, the appropriate Agency Request process needs to be followed. All vacancies must follow the Vacancy Management Governance process and requirements. Approval of recruitment also applies to secondments.

12.4 Staff – Appointment of temporary staff, medical and nursing

Delegated Matter	Value	Authority Delegated to	Notes and Comments
Approval to recruit (ATR process)	N/A	Chief Finance Officer, Director of People and Culture, Chief Finance Officer, Chief Nursing Officer and Chief Medical Officer Director (or their nominated deputies) in attendance at the Pay Control Panel	Corporate Medical and Nursing posts require sign off by appropriate Voting Executive Director Bank and agency requests should follow the respective booking processes. All vacancies must follow the Vacancy Management Governance process and requirements. Approval of recruitment also applies to secondments.

13. Expenditure – Charitable & Donated Funds

Delegated Matter	Value	Authority Delegated to	Notes and Comments
Expenditure on Charitable & Donated Funds per Request – Fundraising ONLY	N/A	Head of Fundraising and Community Development and Director of Communications (2 signatories)	Expenditure as agreed at Charitable Funds Committee in relevant Financial Year
Expenditure from Departmental Funds including Special Purpose Funds	Up to £1,000	Fund Ambassador and either the Budget Holder or Budget Manager	All Expenditure must first be agreed at Divisional Level. Expenditure is subject to meeting the Charitable Funds Guidance and Policy.
	Up to £10,000	Fund Ambassador and either the Divisional Director of Operations or relevant Budget Holder	All Expenditure must first be agreed at Divisional Level. Expenditure is subject to meeting the Charitable Funds Guidance and Policy.
	£10,001 up to £25,000	As for up to £10,000 plus Divisional Management Team	All expenditure must first be agreed at Divisional level. Expenditure is subject to meeting the Charitable Funds Guidance and Policy. All Departmental and Special Purpose Funds requests are reported to Charitable Funds Committee.
	£25,001 up to £250,000	As for up to £25k plus Chief Finance Officer	All expenditure must first be agreed at Divisional level. Expenditure is subject to meeting the Charitable Funds Guidance and Policy. All Departmental and Special Purpose Funds requests are reported to Charitable Funds Committee.

Expenditure from General Charitable Funds per request	Up to £5,000	Director of Communications and Engagement and/or Head of Fundraising and Community Development plus the Deputy Director of Finance and/or Associate Director of Finance (Financial Services and Coding).	All expenditure must first be agreed at Divisional level. Expenditure is subject to meeting the Charitable Funds Guidance and Policy. All General Funds requests are reported to Charitable Funds Committee.
	Over £5,001	Charitable Funds Committee and will be consider and approve these. Urgent requests could be brought to committee outside of scheduled meetings if necessary and approved by the Chair.	All expenditure must first be agreed at Divisional level. Expenditure is subject to meeting the Charitable Funds Guidance and Policy. All General Funds requests are reported to Charitable Funds Committee.

14. Agreements/Licenses

Delegated Matter	Value	Authority Delegated to	Notes and Comments
Agreements/Licenses	Preparation and signature of all tenancy agreements/licences for all staff subject to Trust Policy on accommodation for staff.	Chief Finance Officer	
	Extensions to existing leases	Chief Finance Officer	All leases to be notified to the finance department for inclusion on the leases register
	Letting of premises to outside organisations	Chief Finance Officer, Managing Director or Chief Executive	
	Approval of rent based on professional assessment.	Chief Finance Officer	

15. Condemning and Disposal

Delegated Matter	Value	Authority Delegated to	Notes and Comments
Items obsolete, obsolescent, redundant, irreparable or cannot be repaired cost effectively.	With current/estimated revenue purchase price <£250;	Budget Manager	
	With current new revenue purchase price between £251 & £500;	Budget Holder	
	With current new revenue purchase price >£501;	Budget Holder and Divisional Business Advisor	
	Disposal of x-ray films	Lead Radiographer	
	Disposal of any (Capital) equipment on the Trust's Fixed Asset Register	Deputy Director of Finance if Net Book Value (NBV) <£10,000 Chief Finance Officer if NBV > £10,001	
	Disposal of mechanical and engineering plant (subject to estimated income of less than £10,000 per sale);	Director of Estates & Facilities, Deputy Director of Finance	
	Disposal of mechanical and engineering plant (subject to estimated income exceeding £10,001 per sale).	Chief Finance Officer	

16. Losses, Write-off & Compensation – Losses, Bad Debts, Damage, Compensation & Stock

Delegated Matter	Value	Authority Delegated to	Notes and Comments
Losses of Cash due to theft, fraud, overpayment and others.	Up to £1000	Associate Director of Finance (Financial Services and Coding)	All losses claims must follow the Trust Policy for Safekeeping of Patients Monies and Personal Belongings
	£1001 - £5,000	Deputy Director of Finance	
	£5001-£50,000	Chief Finance Officer	
Fruitless Payments (including abandoned Capital Schemes)	Up to £250,000	Chief Executive, Managing Director and Chief Finance Officer (2 signatures)	
Requests for Write Off's	Up to £10,000	Associate Director of Finance (Financial Services and Coding)	
	Up to £250,000	Deputy Director of Finance	This relates to invoices raised to NHS and Non NHS bodies, where income is believed to be due to the Trust.
	£250,000-£500,000	Chief Finance Officer	
	Over £500,000	Chief Executive or Managing Director	
Bad Debts (NHS and non NHS) and Claims Abandoned including Private Patients, Overseas Visitors and Other	Up to £10,000	Associate Director of Finance (Financial Services and Coding)	All Bad debts will be reviewed and presented to Audit and Assurance Committee prior to being authorised.
	Up to £20,000	Deputy Director of Finance	
	£20,001 to £50,000	Chief Finance Officer	
	Over £50,001	Trust Board	
Damage to buildings, fittings, furniture and equipment and loss of equipment and property in stores and in use due to culpable causes (e.g. fraud, theft, arson) or other.	up to £50,000	Chief Finance Officer	
Compensation payments made under legal obligation.		Chief Finance Officer, Managing Director and Chief Executive	

Extra Contractual payments to contractors	up to £50,000	Chief Finance Officer	
Extra Contractual payments to contractors	above £50,001	Chief Finance Officer, Managing Director and Chief Executive	
Stock Obsolescence and Stock Losses	Up to £500	Budget Holder	
	Between £501 and £1,000	Directorate Manager	
	Between £1,001 and £5,000	Divisional Director of Operations	
	Between £5,001 and £10,000	Deputy Chief Operating Officer	
	Between £10,001 and £50,000	Deputy Director of Finance	
	Between £50,001 and £100,000	Chief Finance Officer	
	Above £100,000	Trust Board	

17. Losses, Write-off & Compensation – Ex-Gratia, Clinical Negligence

Delegated Matter	Value	Authority Delegated to	Notes and Comments
Ex-Gratia payments for patients and staff for loss of personal effects	Up to £500	Budget Holder	Subject to adherence to policy to ensure consistency of application, Trust Policy Safekeeping of Patients Monies and Personal Belongings
	£500 Up to £2,500	Budget Holder and Divisional Business Advisor (2 sigs)	
	£2,500 to £10,000	Budget Holder or Divisional Director of Ops / Associate Director of Finance (Financial Services and Coding) (2 sigs)	
	Above £10,000	Chief Finance Officer	
For clinical negligence (negotiated settlements with legal advice) - all claims covered by NHS Resolution		Legal Practitioner/Solicitor/Company Secretary (Health & Care Trust, under honorary contract arrangements	All costs relating to these claims are paid by NHS Resolution (NHSR) under CNST
For personal injury claims involving negligence where legal advice has been obtained and guidance applied (including claimant's costs) – all claims covered by NHS Resolution		Legal Practitioner/Solicitor/Company Secretary (Health & Care Trust, under honorary contract arrangements	All costs relating to these are paid by NHSR under LTPS. However, there is an excess of £3,000 for public liability claims and £10,000 in respect of employer liability claims.
Admission of Liability (service delivery)		Legal Practitioner/Solicitor/Company Secretary (Health & Care Trust, under honorary contract arrangements	

Admission of Liability (non-service delivery)		Chief Nursing Officer or Chief Medical Officer	
Settlement of claim not covered by NHS Resolution	Up to £25k	Executive Team and Chief Finance Officer (two signatures)	
	From £25,001 to £500k	Managing Director/Chief Executive Officer/Chief Finance Officer (2 signatures)	
	From £500,001	Trust Board	

18. Reporting of Incidents to the Police

Delegated Matter	Value	Authority Delegated to	Notes and Comments
Reporting of incidents to the Police	Where a criminal offence is suspected: Criminal offence of a violent nature;	Appropriate Manager followed by report to the appropriate Executive Director	
	Theft or Fraud is involved	Finance Staff,8D or above	

19. Petty Cash disbursements – Includes under Financial Recovery

Delegated Matter	Value	Authority Delegated to	Notes and Comments
Petty Cash disbursements	Expenditure up to £20	Budget Holder	All expenditure from petty cash will need to be approved via Procurement department by email before you can reclaim the cash. A copy of the email must be attached to the petty cash claim. This check is to ensure VFM Email address is Procurement wah-tr.Procurement@nhs.net
	Expenditure over £20	Associate Director of Finance (Financial Services and Coding) or Deputy Director of Finance	
Petty Cash disbursements for international nurses	Expenditure up to £3K	Lead Nurse – Professional Development – International Nurses	Expenditure only for international nurses
	Refund of Patient Monies	Budget Manager	Any reimbursements will be made as per the DoHSC/DSS policy.

20. Receiving Hospitality

Delegated Matter	Value	Authority Delegated to	Notes and Comments
Standards for Business Conduct Policy	Applies to both individual and collective hospitality receipt items. Any donations/gifts for events must also be declared to the Company Secretary	Declaration required as per the Trust "Standards for Business Conduct Policy" – to be held by the Trust Company Secretary	

21. Maintenance and Update on Trust Financial Procedures

Delegated Matter	Value	Authority Delegated to	Notes and Comments
Maintenance and Update of Trust Financial Procedures		Chief Finance Officer	

22. Investment of Funds (including Charitable and Endowment Funds)

Delegated Matter	Value	Authority Delegated to	Notes and Comments
Investment of Funds (including Charitable and Endowment Funds		Chief Finance Officer	Monitored through Charitable Funds Committee
Unrealised Gains from Investments transferred to General Funds		Charitable Funds Committee	Urgent requests could be brought to committee outside of scheduled meetings if necessary and approved by the Chair.
Unrealised Losses from Investments transferred to General Funds		Charitable Funds Committee	Urgent requests could be brought to committee outside of scheduled meetings if necessary and approved by the Chair.

23. Non-Financial			
Delegated Matter	**Value**	**Authority Delegated to**	**Notes and Comments**
Relationships with Press		Director of Communications and Engagement	
		Executive Director On-Call and/or Director of Communications and Engagement	
		Managing Director or Chief Executive or Executive Director or Director of Communications and Engagement	
		Executive Director on-call or Director of Communications and Engagement	
Authorisation of New Medicine		H&W Medicines and Prescribing Sub-Committee (MPC)	
Authorisation of Sponsorship Deals		Managing Director, Chief Executive or Chief Finance Officer	
Authorisation of Research Projects		Managing Director, Chief Executive, Chief Medical Director or Associate Medical Director	Approval must be in compliance with the Trust Research Governance Policy and Standard Operating Procedures
Authorisation of Clinical Trials		Managing Director, Chief Executive, Chief Medical Director or Associate Medical Director	Approval must be in compliance with the Trust Research Governance Policy and Standard Operating Procedures
Authorisation of Confidentiality Non-Disclosure Agreement		Research Operations Lead or Associate Medical Director or Chief Medical Director	

Research Contracts – Model Contracts		Managing Director, Chief Executive, Chief Medical Director or Associate Medical Director Contracts to be signed off by finance – Over £100,000 expenditure – Chief Finance Officer or Deputy Director of Finance Amendments to Contracts – Research Operations Lead	Responsibilities, indemnities and liabilities of the Trust – this will be income
Research Contracts – Non-Model Contracts		Managing Director, Chief Executive, Chief Medical Director or Associate Medical Director Contracts to be signed off by finance – Over £100,000 expenditure – Chief Finance Officer or Deputy Director of Finance Amendments to Contracts – Research Operations Lead	Reviewed by Contracting as part of process
Insurance Policies and Risk Management		Managing Director, Chief Executive or Chief Finance Officer	
Patients and Relatives Complaints		Managing Director, Chief Executive or Chief Nursing Officer	
		Divisional Director of Operations Or Divisional Director of Nursing	
		Complaints Manager	

Infectious Diseases and Notifiable Outbreaks		Executive Director on call or Control of Infection Lead	
Extended Role Activities: Approval of Nurses to undertake duties/procedures which can properly be described as beyond the normal scope of Nursing Practice.		Managing Director, Chief Executive and Chief Nursing Officer	
Patient Services - Variation of operating and clinic sessions within existing numbers: - • Temporary variations: • Permanent variations		Divisional Directors of Operations Divisional Directors of Operations, Chief Operating Officer and Chief Executive or Managing Director (3 sigs)	
All proposed changes in bed allocation and use: -temporary or permanent		Divisional Director of Operations, Chief Operating Officer or Executive Director on Call	
Facilities for staff not employed by the Trust to gain practical experience, professional Recognition, Honorary contracts and Insurance of Medical Staff		Director of People and Culture	

23. Non-Financial

Delegated Matter	Value	Authority Delegated to	Notes and Comments
Review of fire precautions		Director of Estates & Facilities	
Review of all statutory compliance legislation and Health and Safety requirements including control of Substances Hazardous to Health Regulations		Chief Operating Officer	
Review of Medicines Inspectorate Regulations		Chief Medical Officer	
Review of compliance with environmental regulations, for example those relating to clean air and waste disposal		Director of Estates & Facilities	
Review of Trust's compliance with the Data Protection Act & General Data Protection Regulation (GDPR)		Chief Digital Information Officer	
Monitor proposals for contractual arrangements between the Trust and outside bodies		Chief Finance Officer	
Review the Trust's compliance with the Freedom of Information Act		Chief Digital Information Officer	

23. Non-Financial

Delegated Matter	Value	Authority Delegated to	Notes and Comments
Review of the Trust's compliance code of Practice for handling confidential information in the contracting environment and the compliance with "safe haven" per EL 92/60		Chief Finance Officer	
The keeping of a Declaration of Interests Register		Company Secretary	
Attestation of sealings in accordance with Standing Orders		Company Secretary	
The keeping of a register of sealings		Company Secretary	
The keeping of the Hospitality Register		Company Secretary	
Retention of Records		Managing Director, Chief Executive or Chief Finance Officer	
Clinical Audit		Chief Medical Officer	

24. Delegated Matter – Personnel, Pay and expenses	Value	Authority Delegated to	Notes and Comments
<u>Upgrading & Regrading</u> All requests for upgrading/regrading shall be dealt with in accordance with Trust Procedure			
<u>Pay</u> I. Authority to complete standing data forms effecting pay, new starters, variations and leavers; II. Authority to complete and authorise monthly turnaround submissions; III. Authority to authorise time sheets; IV. Authority to authorise overtime; V. Authority to authorise travel and subsistence expenses within the limits of the Trust Policy; VI. Authority to authorise travel and subsistence expenses above the limits of the Trust Policy VII. Approval of Performance Related Pay Assessment.		Budget Manager or Budget Holder Budget Manager or Budget Holder Budget Manager or Budget Holder Budget Holder Budget Manager or Budget Holder Budget Holder and CFO Remuneration Committee	All forms should be completed in a timely manner and with reference to the appropriate Trust Policy. Claims older than the relevant policy permits should not be authorised. If the travel and subsistence expenditure is above the limits set on the Trust policy an authorisation from the Budget Holder and CFO is required. It is also required two quotations to demonstrate the best value for money

<u>Pay Arrears</u> All arrears due shall be dealt with in accordance with Trust Policies.	Over £3000 (within policy) Out of policy requests	Director of People and Culture (or delegated officer) or Deputy Director of Finance (or delegated officer), Director of People and Culture and Chief Finance Officer	Any arrears approved must be as per the appropriate policy for the pay group
<u>Leave</u> For all matters related to Annual Leave, Compassionate Leave, Carers Leave, Unpaid Leave, Paternity and Maternity Leave, please refer to the relevant Trust Policy.		Departmental Manager/Line Manager	Annual Leave Policy Special Carer/Leave Policy Paternity Leave Policy Maternity Leave Policy
<u>Sick Leave</u> I. Return to work part-time on full pay to assist recovery; II. Extension of sick leave on full pay		I. Departmental Manager/Line Manager II. Director of People and Culture	Sickness Absence Policy
<u>Study Leave</u> I. Study leave outside the UK; II. Medical staff study leave (UK); III. All other study leave (UK);		Budget Holder and Divisional Director of Operations (2 sigs) Budget Holder, Divisional Director of Operations and Divisional Medical Director (3 sigs) Budget Holder	Study Leave Policy/Training and Development Policy

<u>Removal Expenses, Excess Rent and House Purchases (including attraction packages)</u> Removal Expenses: Authorisation of payment of removal expenses incurred by key staff taking up new appointments (providing approval is sought as part of the vacancy approval process and prior to the offer being made in writing to the candidate, up to a maximum value of £8,000. (£8000 is the maximum non-taxable allowable benefit per HMRC) Attraction package: Authorisation of the 2017 attraction package for overseas Medical and Dental workforce; Clinical Fellows through the Wolverhampton contract and any other appropriate request subject to HMRC rules	£8000	Director of People and Culture and Chief Finance Officer Director of People and Culture and Chief Finance Officer	All claims subject to provision of evidenced receipts. Trust Removal / Relocation Expenses Policy – Draft policy currently going through approvals process – maximum values to be confirmed. International nurses' attraction package under review.
<u>Authorised Car & Mobile Phone Users</u> Requests for new posts to be authorised as car users on the Epay System Requests for new posts to be authorised as mobile telephone users		Budget Holder Budget Holder and Divisional Director of Operations (2 sigs)	Trust Travel Expenses Policy Trust Mobile Telephone Policy
Redundancy		Remuneration Committee	

<u>Dismissal</u> • Of the Chief Executive • Of an Executive Director • Of Senior Medical Staff • Of All Other Staff		Trust Board Chief Executive or Managing Director Chief Medical Director and Chief Executive or Managing Director Departmental Manager	Trust Disciplinary Procedure

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST

Documentation control

STANDING FINANCIAL INSTRUCTIONS

Reference	Corporate Governance Framework
Approving Body	Trust Board (Approved at AAC and TMB on behalf of the Trust Board)
Date Approved	13th March 2025
Implementation Date	13th March 2025
Version	March 2025 v8
Summary of Changes from Previous version	Section 9.3.3 Business Case rule added to Contract Award Governance Section 11.1.4 ATR and business case process added to staff appointments Section 11.1.6 Delegated responsibilities added to Processing Payroll Section 12.2.6 Services provided to staff wellbeing added to Duties of Managers and Officers Section 13.1 Business case for capital prioritised by CPDG process added in Capital Investment
Supersedes	March 2024 v7
Consultations Undertaken	
Target Audience	All persons working within the Trust
Next Review Date	Next review – February 2026
Lead Executive	Name: Neil Cook, Chief Finance Officer
Lead Manager	Name: Lynne Walden, Associate Director of Finance (Financial Services and Coding)
Author	Name: Lynne Walden, Associate Director of Finance (Financial Services and Coding)
Guidance / Information	wah-tr.Financial-Systems@nhs.net Tel: 01905 760393 Ext: 38369

STANDING FINANCIAL INSTRUCTIONS
CONTENTS

1.0 Introduction

1.1 These Standing Financial Instructions (SFIs) are issued in accordance with the Trust (Functions) Directions 2000 issued by the Secretary of State which require that each Trust shall agree Standing Financial Instructions for the regulation of the conduct of its members and officers in relation to all financial matters with which they are concerned.

1.2 These Standing Financial Instructions together with the Standing Orders, Scheme of Delegation, Standards of Business Conduct Policy, Contract of Employment and Fraud Bribery and Corruption Policy provide a comprehensive regulatory and business framework for the Trust. They shall have effect as if incorporated in the Standing Orders (Sos).

1.3 All Directors and members of staff should be aware of the existence of these documents and be familiar with all relevant provisions. These rules fulfil the dual role of protecting the Trust's interests and protecting the staff from any possible accusations that they have acted improperly.

1.4 Should any difficulties arise regarding the interpretation or application of any of the Standing Financial Instructions then the advice of the Chief Finance Officer must be sought before acting. The user of these Standing Financial Instructions should also be familiar with and comply with the provisions of the Trust's Standing Orders and Scheme of Delegations

2 Executive Summary

2.1 These Standing Financial Instructions detail the financial responsibilities, policies and procedures adopted by the Trust for the Trust and its constituent organisations including Trading Units and wholly owned subsidiary organisations.

2.2 Standing Financial instructions govern the way in which the Trust undertakes its financial business and how all those working for the Trust shall operate. They demonstrate to the public that the Trust is well managed and that we conduct our business with probity, transparency and in accordance with our stewardship of public funds.

2.3 They do not provide detailed procedural advice and should be read in conjunction with the detailed Trust, departmental and financial policies and procedure notes.

All financial procedures must be approved by the Chief Finance Officer.

3 Policy Statement

3.1 Standing Financial Instructions are designed to ensure that the Trust's financial transactions are carried out in accordance with the law and with Government policy in order to achieve probity, accuracy, economy, efficiency and effectiveness. They identify the financial responsibilities that apply to everyone working for the Trust.
The user of these Standing Financial Instructions should also be familiar with the Trusts Standing Orders.

They should be used in conjunction with the Trusts Standing Orders and the Scheme of Delegation adopted by the Trust.

3.2 Failure to comply with any part of the Standing orders is a disciplinary matter, which could result in dismissal. Non-compliance may also constitute a criminal offence of fraud in which case the matter will be reported to the trust's local counter fraud specialist in accordance with the Fraud Bribery and Corruption Policy. Where evidence of fraud, corruption or bribery offences is identified, this may also result in referral for prosecution which could lead to the imposition of criminal sanctions.

3.3 All members of the Board and all staff, have a duty to disclose any non-compliance with these Standing Financial Instructions to the Chief Finance Officer as soon as possible.

Non Compliance may also constitute a criminal offence in which case the matter will be reported to the Trust's local Counter Fraud Specialist and/or the police for action to be taken which may result in referral for prosecution. Civil actions may also result to recover the Trust's losses and costs.

If any material non-compliance with these Standing Financial Instructions is identified, full details shall be reported to the next formal meeting of the Audit and Assurance Committee in its role to oversee governance, risk management and internal control.

3.4 The Chief Executive and delegated budget holders must not exceed the budgetary total or virement limits set by the Board. Responsibility not to overspend lies with each delegated officer.

4 Roles and Responsibilities

4.1 The Trust Board

The Trust Board is responsible for giving final approval to updated versions of the Standing Financial instructions.

The Board exercises financial supervision and control by:

a) formulating the financial strategy and agreeing the long term financial model

b) requiring the submission and approval of budgets within approved allocations/overall income

c) defining and approving essential features in respect of important procedures and financial systems (including the need to obtain value for money) and

d) defining specific responsibilities placed on members of the Board and employees as indicated in the Scheme of Delegation and Reservation of Matters

The Board has resolved that certain powers and decisions may only be exercised by the Board in formal session. These are set out in the Scheme of Delegation and Standing Orders.

The Board will delegate responsibility for the performance of its functions in accordance with the Scheme of Delegation document adopted by the Trust.

4.2 Chief Executive and Chief Finance Officer

Within the Standing Financial Instructions, it is acknowledged that the Chief Executive is ultimately accountable to the Board, and as Accountable Officer, to the Secretary of State, for ensuring that the Board meets its obligation to perform its functions within the available financial resources. The Chief Executive has overall executive responsibility for the Trust's activities; is responsible to the Chairman and the Board for ensuring that its financial obligations and targets are met and has overall responsibility for the Trust's system of internal control.

The Chief Executive and Chief Finance Officer will, as far as possible, delegate their detailed responsibilities, but they remain accountable for financial control.

It is a duty of the Chief Executive to ensure that Members of the Board and, employees and all new appointees are notified of, and put in a position to understand their responsibilities within these Instructions.

4.3 Managing Director

The Managing Director will support the Chief Executive to fulfil their role of Accounting Officer for the Trust by leading the Trust on a day to day basis. The Managing Director will ensure that there is constant and visible Trust wide leadership to direct and lead the Executive team, to ensure delivery of its performance, financial and governance requirements.

4.4 **Chief Finance Officer**

The Chief Finance Officer is responsible for:

a) ensuring that the Standing Financial Instructions are maintained and regularly reviewed

b) implementing the Trust's financial policies and for coordinating any corrective action necessary to further these policies

c) maintaining an effective system of internal financial control including ensuring that detailed financial procedures and systems incorporating the principles of separation of duties and internal checks are prepared, documented and maintained to supplement these instructions

d) ensuring that sufficient records are maintained to show and explain the Trust's transactions, in order to disclose, with reasonable accuracy, the financial position of the Trust at any time

and, without prejudice to any other functions of the Trust, and employees of the Trust, the duties of the Chief Finance Officer include:

a) the provision of financial advice to other members of the Board and employees

b) the design, implementation and supervision of systems of internal financial control

c) the preparation and maintenance of such accounts, certificates, estimates, records and reports as the Trust may require for the purpose of carrying out its statutory duties

4.5 Director of People and Culture

Responsibilities of the Director of People and Culture are:

4.5.1. Payment of staff:

a) making arrangements for the provision of payroll services to the Trust through third party provider, to ensure the accurate determination of pay entitlement and to enable prompt and accurate payment to employees.

b) ensuring that the Trust meets all its obligations to HMRC in respect of income tax, national insurance and other deductions when employing individuals directly or those who may be considered as employees. Chief Financial Officer will issue detailed procedures on compiling schedules and paying income tax, national insurance, pensions and taxes related to staff benefits, the authorisation limits covered on SoD's.

c) ensuring all pay and conditions are determined by the NHS national terms and conditions. Managers are not permitted to deviate from these conditions, including but not limited to pay rates, enhancements or allowances otherwise than in accordance with national agreements unless the approval of the Chief Executive or Director of People and Culture has been given.

d) establishing procedures covering advice to managers on the prompt and accurate submission of payroll data to support the determination of pay including, where appropriate, timetables and specifications for submission of properly authorised notification of new employees, amendments to standing pay data and terminations. Managers are responsible for the accuracy, completeness and timeliness of e-roster and turnaround returns to the payroll department. As soon as a manager becomes aware of the effective date of an employee leaving or a change in circumstances affecting pay, they must notify finance and workforce immediately.

e) recruitment must be undertaken in accordance with the Trust's recruitment policy and no positions may be filled unless there is adequate budgetary provision. Provisions for the grading of posts are set out within the relevant HR policies and must be complied with.

f) Where contractors, agency or other form of interim staff are engaged, the booking must be made using the staff bank recording system. No payment shall be made directly to an individual for services without first ensuring that their self-employment status has been verified and evidence of the check retained.

g) For individuals providing direct services through their own limited companies, known as personal service companies, the engaging manager must liaise with the Workforce Directorate to ensure that relevant tax compliance (IR35) checks have been undertaken prior to engagement (https://www.tax.service.gov.uk/guidance/check-employment-status-for-tax/question/what-do-you-want-to-find-out). This includes any extension of services.

4.5.2. Staff Expenses:

h) The Trust's E-Expenses (ePay) system should only be used for expenses associated with employees, i.e. those paid via payroll. Line managers are accountable for checking and authorising only appropriate expenses incurred in line with the Trust's Travel and Expenses policy.

i) E-Expenses (ePay) is managed by financial services department and reimbursements to employees are processed via payroll and should never occur via accounts payable.

j) The E-Expenses (ePay) system is only for the reimbursement of expenses associated with travel and subsistence, relocation and removal allowances, and should never be used to reimburse items that should have been and could have been purchased via the Trust's

purchasing systems.

4.6 **Board Members and Employees**

All members of the Board and employees, severally and collectively, are responsible for:

a) conforming with the requirements of Standing Orders, Standing Financial Instructions, Financial Procedures and the Scheme of Delegation.

b) the security of the property of the Trust.

c) avoiding loss.

d) exercising economy and efficiency in the use of resources.

4.7 **Contractors and their employees**

Any contractor or employee of a contractor who is empowered by the Trust to commit the Trust to expenditure or who is authorised to obtain income must comply with these instructions. It is the responsibility of the Chief Executive and Managing Director to ensure that such persons are made aware of this.

For all members of the Board and any employees who carry out a financial function, the form in which financial records are kept and the manner in which members of the Board and employees discharge their duties must be to the satisfaction of the Chief Finance Officer.

5 Policy and/or Procedural Requirements

5.1 AUDIT

5.1.1 Audit and Assurance Committee

In accordance with Standing Orders, the Board shall formally establish an Audit and Assurance Committee, with clearly defined terms of reference and following guidance from the NHS Audit and Assurance Committee Handbook, which will provide an independent and objective view of internal control by:

a) overseeing Internal and External Audit services.

b) reviewing financial and information systems and monitoring the integrity of the financial statements and reviewing significant financial reporting judgments.

c) review the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across

the whole of the organisation's activities (both clinical and non-clinical), that supports the achievement of the organisation's objectives.

d) monitoring compliance with Standing Orders and Standing Financial Instructions.

e) reviewing schedules of losses and compensations and making recommendations to the Board.

f) reviewing schedules of debtors/creditors balances over 6 months and £5,000 old and explanations/action plans.

g) Reviewing the arrangements in place to support the Assurance Framework process prepared on behalf of the Board and advising the Board accordingly.

h) Reviewing and approving bad debt write offs and write backs to the departments.

Where the Audit and Assurance Committee considers there is evidence of ultra vires transactions, evidence of improper acts, or if there are other important matters that the Committee wishes to raise, the Chairman of the Audit and Assurance Committee should raise the matter at a full meeting of the Board. Exceptionally, the matter may need to be referred to the NHSE and the Department of Health, but this should be via the Trust Chief Finance Officer in the first instance.

Matters pertaining to fraud, bribery and/or corruption must be reported to the Local Counter Fraud Specialist (LCFS) for investigation in accordance with the Trust's Counter Fraud, Bribery and Corruption Policy.

5.2 Chief Finance Officer

It is the responsibility of the Chief Finance Officer to ensure an adequate internal audit service is provided and the Audit and Assurance Committee shall be involved in the selection process when/if an Internal Audit service provider is changed.

The Local Accountability and Audit Act 2014 and The Local Audit (Health Services Bodies Auditor Panel and Independence) Regulations 2015 require the Trust to appoint external auditors. Audit and Assurance Committee will ensure the Trust appoints external auditors.

The Chief Finance Officer is responsible for:

a) ensuring there are arrangements to review, evaluate and report on the effectiveness of internal financial control including the establishment of an effective internal audit function.

b) ensuring that the internal audit is adequate and meets the NHS mandatory audit standards.

c) deciding at what stage to involve the police in cases of misappropriation and other irregularities not involving fraud bribery or corruption.

d) ensuring that an annual internal audit report is prepared by the Internal Audit service provider for the consideration of the Audit and Assurance Committee and the Board. The report must cover:

i. a clear opinion on the effectiveness of internal control in accordance with current assurance framework guidance issued by the Department of Health including for example compliance with control criteria and standards

ii. major internal financial control weaknesses discovered

iii. progress on the implementation of internal audit recommendations

iv. progress against plan over the previous year

v. strategic audit plan covering the coming three years

vi. a detailed plan for the coming year

The Chief Finance Officer or designated auditors, LCFS are entitled, without necessarily giving prior notice, to require and receive:

a) access to all records, documents and correspondence relating to any financial or other relevant transactions, including documents of a confidential nature

b) access at all reasonable times to any land, premises or members of the Board or employee of the Trust

c) the production of any cash, stores or other property of the Trust under the control of the any member of the Board and an employee's control; and

d) explanations concerning any matter under investigation or review.

The Trust's Chief Executive and Chief Finance Officer are responsible for ensuring access rights are given to NHS Counter Fraud Authority where necessary for the prevention, detection and investigation of cases of fraud, bribery and corruption, in accordance with NHS Counter Fraud Authority, Standards for NHS Providers.

5.3 Role of Internal Audit and Counter Fraud

The purpose and objectives of the Internal Audit service provider are to review, appraise and report upon

a) the extent of compliance with, and the financial effect of, relevant established policies, plans and procedures.

b) the adequacy and application of financial and other related management controls.

c) the suitability of financial and other related management data.

d) the efficient and effective use of resources.

e) the extent to which the Trust's assets and interests are accounted for and safeguarded from loss of any kind, arising from:

   i. fraud and other offences
   ii. waste, extravagance, inefficient administration
   iii. poor value for money or other causes
   iv. Any form of risk, especially business and financial risk but not exclusively so

f) Internal Audit shall also independently verify the Assurance Statements in accordance with guidance from the Department of Health.

Whenever any matter arises which involves, or is thought to involve, irregularities concerning cash, stores, or other property or any suspected irregularity in the exercise of any function of a pecuniary nature, the Chief Finance Officer must be notified immediately. In the case of alleged or suspected fraud, the Local Counter Fraud Service (LCFS) must be notified.

The Head of Internal Audit will normally attend Audit and Assurance Committee meetings and has a right of access to all Audit and Assurance Committee members, the Chairman, Managing Director and Chief Executive of the Trust.

The Head of Internal Audit shall be accountable to the Chief Finance Officer in accordance with the service level agreement. The reporting system for internal audit shall be agreed between the Chief Finance Officer, the Audit and Assurance Committee and the Head of Internal Audit. The agreement shall be in writing and shall comply with the guidance on reporting contained in the Audit Code and the DH Group Accounting Manual. The reporting system shall be reviewed at least every three years.

Internal Audit terms of reference shall have effect as if incorporated within these Standing Financial Instructions. The Terms of reference cover the scope of the internal audit work, authority and independence, management responsibilities, coordination of assurance work, reporting and key outputs and the operational responsibilities.

5.4 External Audit

The External Auditor is appointed by Audit and Assurance Committee and paid for by the Trust. The Audit and Assurance Committee must ensure that the Trust receives a cost-effective, efficient service.

If there are any problems relating to the service provided by the External Auditor service, then this should be raised with the External Auditor and referred on to the Audit and Assurance Committee if it cannot be resolved.

5.5 Fraud, Bribery and Corruption

In line with their responsibilities, the Trust Chief Executive, Managing Director and Chief Finance Officer shall monitor and ensure compliance with Directions issued by the Secretary of State for Health on fraud and corruption as specified in the NHS Tackling Fraud, Bribery & Corruption Policy & Corporate Procedures.

The Trust shall nominate a suitable person to carry out the duties of the Local Counter Fraud Specialist as specified by the Department of Health Fraud and Corruption Manual and guidance.

The Local Counter Fraud Specialist (LCFS) shall report to the Trust Chief Finance Officer and shall work with staff in NHS Counter Fraud Authority in accordance with the guidance provided by NHS Counter Fraud Authority.

If it is considered that evidence of offences exists and that a prosecution is desirable, the LCFS will consult with the CFO to obtain the necessary authority and agree the appropriate route for pursuing any action e.g. referral to the police or NHS Counter Fraud Authority.

The Local Counter Fraud Specialist will provide a written report to the Audit and Assurance Committee, at least annually, on Counter Fraud work within the Trust.

In accordance with the Raising Concerns Policy, the Trust shall have a whistle-blowing mechanism to report any suspected or actual fraud, bribery or corruption matters and internally publicise this, together with the national fraud and corruption reporting line provided by NHS Counter Fraud Authority.

5.6 Security Management

In line with their responsibilities, the Chief Executive and Managing Director will monitor and ensure compliance with directions issued by the Secretary of State for Health on NHS security management.

The Trust shall nominate a suitable person to carry out the duties of the Local Security Management Specialist (LSMS) as specified by NHS Counter Fraud Authority on NHS security management.

The Chief Executive and Managing Director have overall responsibility for controlling and coordinating security. However, key tasks are delegated to the Director of People & Culture in relation to the duties of the Local Security Management Specialist requirements in relation to operational security.

6 Business Planning, Budgets, Budgetary Control, Capital Expenditure and Monitoring

6.1.1 Preparation and Approval of Business Plans and Budgets

The Chief Executive will compile and submit to the Board an annual business plan which takes into account financial targets and forecast limits of available resources. The annual business plan will contain:

a) a statement of the significant assumptions on which the plan is based.

b) details of major changes in workload, delivery of services or resources required to achieve the plan.

Prior to the start of the financial year the Chief Finance Officer will, on behalf of the Chief Executive, prepare and submit budgets for approval by the Board. Such budgets will:

a) be in accordance with the aims and objectives set out in the Sustainability Transformation Plan (STP), the Trusts business plan and its long term financial model

b) accord with activity and manpower plans

c) be produced following discussion with appropriate budget holders

d) be prepared within the limits of available funds

e) identify potential risks.

The Chief Finance Officer shall monitor financial performance against budget and business plan, periodically review them, and report to the Board.

All budget holders must provide information as required by the Chief Finance Officer to enable budgets to be compiled and financial performance against budgets to be monitored.

The Chief Finance Officer has a responsibility to ensure that adequate training is delivered on an on-going basis to budget holders to help them manage successfully.

6.1.2 Budgetary Delegation

The Chief Executive may delegate the management of a budget to permit the performance of a defined range of activities. This delegation must be in writing and be accompanied by a clear definition of:

a) the amount of the budget

b) the purpose(s) of each budget heading

c) individual and group responsibilities

d) authority to exercise virement

e) achievement of planned levels of service; and

f) the provision of regular reports.

The Chief Executive and delegated budget holders must not exceed the budgetary total or virement limits set by the Board.

Any budgeted funds not required for their designated purpose(s) revert to the immediate control of the Chief Executive, subject to any authorised use of virement.

Non-recurring expenditure budgets or income should not be used to finance recurring expenditure without the authority in writing of the Chief Executive, as advised by the Chief Finance Officer.

6.1.3 Budgetary Control and Reporting

The Chief Finance Officer will devise and maintain systems of budgetary control. These will include:

a) monthly financial reports to the Board in a form approved by the Board containing:

   i. income and expenditure to date showing trends and forecast year-end position;

   ii. movements in working capital;
   iii. movements in cash and capital;

   iv. capital project spend and projected outturn against plan;

   v. explanations of any material variances from plan;

   vi. details of any corrective action where necessary and the Chief Executive's and/or Chief Finance Officer' view of whether such actions are sufficient to correct the situation;

b) the issue of timely, accurate and comprehensible advice and financial reports to each budget holder, covering the areas for which they are responsible;

c) investigation and reporting of variances from financial, workload and manpower budgets;

d) monitoring of management action to correct variances; and

e) arrangements for the authorisation of budget transfers.

Each Budget Holder is responsible for ensuring that:

a) any likely overspending or reduction of income which cannot be met by virement is not incurred without the prior consent of the Board;

b) the amount provided in the approved budget is not used in whole or in part for any purpose other than that specifically authorised subject to the rules of virement;

c) no permanent employees are appointed without the approval of the Chief Executive other than those provided for within the available resources and manpower establishment as approved by the Board.

The Managing Director is responsible for identifying and implementing cost improvements and income generation initiatives in accordance with the requirements of the STP and a balanced budget.

6.1.4 Capital Expenditure

The general rules applying to delegation and reporting shall also apply to capital expenditure. (The particular applications relating to capital are contained in SFI 13). All capital procurement shall be carried out in accordance with the Tendering and Contract Procedures.

6.1.5 Monitoring Returns

The Chief Executive is responsible for ensuring that the appropriate monitoring forms are submitted to the requisite monitoring organization in accordance with the prescribed deadlines.

7. ANNUAL ACCOUNTS AND REPORTS

7.1 The Chief Finance Officer, on behalf of the Trust, will:

a) prepare financial accounts and returns in accordance with the accounting policies and guidance given by the Department of Health and the Treasury, the Trust's accounting policies, and International Financial Reporting Standards (IFRS);

b) prepare and submit annual financial reports to the Department of Health and NHSE certified in accordance with current guidelines;

c) submit financial returns to the Department of Health for each financial year in accordance with the timetable prescribed by the Department of Health.

The Trust's Annual Report, Annual Accounts and financial returns to NHSE must be audited by the external auditor appointed by the Trust in accordance with appropriate international auditing standard.

The Annual Report and Accounts (including the auditor's report) shall be approved by the Board of Directors or, by the Audit and Assurance Committee (when specifically delegated the power to do so, under the authority of the Board of Directors). The Annual Financial Accounts and Annual Report of the Trust's Charity will be approved by the Charitable Funds Committee prior to their submission to the Charity Commission.

The Annual Report and Accounts (including the auditor's report) is submitted to NHSE (in accordance with its timetable) by the Chief Finance Officer.

The Trust's annual accounts must be audited by an auditor appointed by the Trust. The Trust's audited annual report and accounts (including the auditor's report) must be published and presented to public meeting by the 30th September each year and made available to the public for public inspection at the Trust's headquarters and made available on the Trust's website.

The Chief Nursing Officer will prepare the Annual Quality Report in the format prescribed by NHSE /Care Quality Commission and in accordance with the DH Group Accounting Manual. The Quality Report presents a balanced picture of the Trust's performance over the financial year and up to the agreed submission date.

The Chief Executive and Chairman shall sign off the "Statement of Directors' Responsibilities in Respect of the Quality Report" under the Health Act 2009 and the NHS (Quality Accounts) Regulations 2010.

7.2 BANKING ARRANGEMENT

7.2.1 General

The Chief Finance Officer is responsible for managing the Trust's banking arrangements and for advising the Trust on the provision of banking services and operation of accounts. This advice will take into account guidance/ Directions issued from time to time by the Department of Health.

In line with 'Cash Management in the NHS' Trusts should minimize the use of commercial bank accounts and consider using the Government Banking Service (GBS) accounts for all banking services.
The Board will review and approve the banking arrangements as specified by the Department of Health.

7.2.2 Bank and GBS Accounts

The Chief Finance Officer is responsible for the operation of all the Trust's bank accounts and for:

a) ensuring payments made from bank accounts do not exceed the amount credited to the account except where arrangements have been made

b) reporting to the Board all arrangements and instances where the bank accounts become or may have become overdraw and the arrangements made with the Trust's bankers

c) establishing separate bank accounts for the Trust's non-exchequer/charitable funds

d) monitoring compliance with DH guidance on the level of cleared funds. Chief Finance Officer will issue detailed procedures on transferring funds between Trust's bank accounts to maintain required level of cleared funds, the authorisation limits covered on SoD's

e) Ensuring covenants attached to bank borrowing are adhered to

f) All Trust bank accounts details to be disclosed as and when required by a member of the Financial Services Team only.

7.2.3 Banking Procedures

The Chief Finance Officer will prepare detailed instructions on the operation of all Trust bank accounts which must include:

a) the conditions under which each bank and GBS account is to be operated, including the overdraft limit if applicable

b) those authorised to approve payments, bank transfers, sign cheques or other orders drawn on the Trust's accounts.

The Chief Finance Officer must advise the Trust's bankers in writing of the conditions under which each account will be operated.

No-one but the Chief Finance Officer shall open a bank account in the name of the Trust.

7.2.4 Tendering and Review

The Chief Finance Officer will review the commercial banking arrangements of the Trust at regular intervals to ensure they reflect best practice and represent best value for money.

7.2.5 External Borrowing

The Chief Finance Officer will advise the Board concerning the Trusts ability to pay dividend on and repay Public Dividend Capital and any proposed new borrowing, within the limits set by the Department of Health. The Chief Finance Officer is also responsible for reporting periodically to the Board concerning the PDC debt and all loans and overdrafts.

Any application for a loan or overdraft will only be made by the Chief Finance Officer or by an employee so delegated by them.

The Chief Finance Officer must prepare detailed procedural instructions concerning applications for loans and overdrafts.

All short term borrowings should be kept to the minimum period of time possible, consistent with the overall cash flow position. Any short term borrowing required must be authorised by the Chief Finance Officer.

All long term borrowing must be consistent with the plans outlines in the current approved financial plan as reported to the Department of Health.

7.2.6 Investments

Temporary cash surpluses must only be held in such investments as authorised by the Department of Health and authorised by the Board.

The Chief Finance Officer is responsible for advising the Board on investments and shall report periodically to the Board concerning the performance and investments held.

The Chief Finance Officer will prepare detailed procedural instructions on the operation of investment accounts and on the records to be maintained.

8. INCOME, FEES AND CHARGES AND SECURITY OF CASH, CHEQUES AND OTHER NEGOTIABLE INSTRUMENTS

8.1 Income Systems

The Chief Finance Officer is responsible for designing, maintaining and ensuring compliance with systems for the proper recording, invoicing, collection and coding of all monies due.

The Chief Finance Officer is also responsible for the prompt banking of all monies received.

8.2 Fees and Charges

The Trust shall follow all relevant guidance issued by the Department of Health in setting prices for NHS service agreements.

The Chief Finance Officer is responsible for approving and regularly reviewing the level of all fees and charges other than those determined by the Department of Health or by Statute. Independent professional advice on matters of valuation shall be taken as necessary. Where sponsorship income (including items in kind such as subsidised goods or loans of equipment) is considered the guidance in the Department of Health's Commercial Sponsorship – Ethical standards in the NHS shall be followed.

All employees must inform the Chief Finance Officer promptly of money due arising from transactions which they initiate/deal with, including all contracts, leases, tenancy agreements, private patient undertakings and other transactions in order to facilitate the timely raising of invoices and collection of the debt.

All employees must inform the CFO promptly for any requests for raising of credit notes.

Under no circumstances will the Trust accept cash payments in any currency in excess of £15,000 in respect of any single transaction or series of transactions which appear to be linked. Any attempts by an individual to effect payment above this amount should be notified immediately to the Chief Finance Officer.

8.3 Debt Recovery

The Chief Finance Officer is responsible for the appropriate recovery action on all outstanding debts.

Income not received should be reported to the Audit and Assurance Committee and appropriate action taken and recorded.

The Chief Finance Officer is responsible for ensuring that systems are in place to prevent overpayments. Where overpayments occur systems should be in place for their detection and recovery initiated.

8.3.1 Salary Overpayment

The Trust has a responsibility to ensure that employees are paid correctly. If an overpayment occurs, the organisation will recover the overpayment without that deduction constituting an unauthorised deduction from wages in accordance with the Employment Rights Act 1996 (section 14) that states:

(1) Section 13 does not apply to a deduction from a worker's wages made by his employer where the purpose of the deduction is the reimbursement of the employer in respect of—

a) an overpayment of wages, or
b) an overpayment in respect of expenses incurred by the worker in carrying out his employment, made (for any reason) by the employer to the worker.

All employees have a responsibility to check their payslips and be certain the payments being received are correct. When it is different to the expected contractual entitlement the employee has a duty to advise Payroll department.

The Chief Finance Officer shall ensure that there is a process in place to recover the salary overpayments.

Where the overpayment is considered to have been intentionally kept the Chief Finance Officer must inform the Counter Fraud for investigation.

Please refer to the Contract of Employment.

8.4 Security of Cash, Cheques, Payable Orders and other Negotiable Instruments

The Chief Finance Officer is responsible for:

(a) approving the form of all receipt books, agreement forms, or other means of officially acknowledging or recording monies received or receivable;

(b) ordering and securely controlling any such stationery;

(c) the provision of adequate facilities and systems for employees whose duties include collecting and holding cash, including the provision of safes or lockable cash boxes, the procedures for keys, and for coin operated machines;

(d) prescribing systems and procedures for handling cash and negotiable securities on behalf of the Trust.

Official money shall not under any circumstances be used for the encashment of private cheques or for the granting of personal loans of any kind.

All cheques, postal orders, payable orders and cash etc., shall be banked intact. Disbursements shall not be made from cash received, except under arrangements approved by the Chief Finance Officer.

The holders of safe keys shall not accept unofficial funds for depositing in their safes unless deposits are in special sealed envelopes or locked containers. It shall be made clear to the depositors that the Trust is not to be held liable for any loss, and written indemnities must be obtained from the organisation or individuals absolving the Trust from responsibility for any loss.

8.5 Free of Charge/Donated Goods/Services

Free of charge or donated goods or equipment from any supplier or would be supplier to the Trust must not be used to avoid the procurement regulations.

A budget manager or budget holder must approve in writing the acceptance of such goods or services prior to delivery. If the goods are to be donated or accepted on loan, whether for service provision or testing, before such approval may be given:

a) an official order number must be allocated if the acquisition by this method is part of a procurement process by the Trust.

b) the owner must provide a written indemnity to the Trust, in a form approved by the Trust Secretary, which will be signed, if necessary, on the Trusts behalf by the Chief Executive or an officer authorised by the Chief Executive.

c) responsibility for maintenance and other revenue consequences must be agreed in writing and must be approved in accordance with these Standing Financial Instructions.

The acceptance of any such goods or services must be confirmed in writing to the donor/owner and, except in the case of charitable donations, such confirmation shall include a notice that the acceptance does not amount to an express or implied obligation on the Trust to continue to use the goods/services or to purchase any goods/services.

The donation of clinical equipment shall undergo the same rigour as applied to an NHS funded purchase.

Where there are revenue consequences arising out of the donation of any asset then the donation shall not be accepted or put into use until a budget has been agreed with the Chief Finance Officer in respect of the revenue consequences.

8.6 Payment in Kind to the Trust

A budget manager or holder may authorise the provision by the Trust of services to third parties in return for payments in kind provided:

a) the value received is reasonably commensurate with the value given.

b) the arrangement is confirmed in writing to the third party under the signature of a budget manager or budget holder and a copy retained.

c) the confirmation includes a notice that the Trust reserves the right to joint ownership on terms to be agreed or fixed by arbitration of any intellectual property arising from the collaboration between the Trust and the third party.

d) The confirmation includes a notice that the arrangement does not bind the Trust to continue any collaboration on the terms agreed or to purchase / use the benefits of any collaboration.

9 TENDERING AND CONTRACTING PROCEDURE

9.1.1 Duty to comply with Standing Orders and Standing Financial Instructions

The procedure for making all contracts by or on behalf of the Trust shall comply with these Standing Orders and Standing Financial Instructions (except where Standing Order No. 40 Suspension of Standing Orders is applied).

9.1.2 EU Directives Governing Public Procurement

Directives by the Council of the European Union promulgated by the Department of Health (DH) prescribing procedures for awarding all forms of contracts shall have effect as if incorporated in these Standing Orders and Standing Financial Instructions.

9.1.3 Capital Investment Manual and other Department of Health Guidance

The Trust shall comply as far as is practicable with the requirements of the Department of Health "Capital Investment Manual" and “Estate code” in respect of capital investment and estate and property transactions. In the case of management consultancy contracts the Trust shall comply as far as is practicable with Department of Health guidance "The Procurement and Management of Consultants within the NHS" and guidance from NHSE.

9.2.1 Formal Competitive Tendering

9.2.2 General Applicability

The Trust shall ensure that competitive tenders are invited for:

a) the supply of goods, materials and manufactured articles, ensuring that where the value of such items exceeds the current OJEU financial limits, the OJEU advertisement and procurement process is followed;
b) the retendering of services including all forms of management consultancy services (other than specialised services sought from or provided by the DH);
c) for the design, construction and maintenance of building and engineering works (including construction and maintenance of grounds and gardens); for disposals.

Public bodies must comply with regulatory and legal frameworks for public sector procurement.

All thresholds in this policy include VAT and are designed to ensure that the trust's purchasing transactions are carried out in line with the law and Government policy.

9.2.3 Health Care Services

Where the Trust elects to invite tenders for the supply of healthcare services these Standing Orders and Standing Financial Instructions shall apply as far as they are applicable to the tendering procedure.

9.2.4 Exceptions and instances where formal tendering need not be applied

Formal tendering procedures **need not be applied** where:

a) the estimated expenditure or income does not, or is not reasonably expected over the length of the agreement to, exceed £10,000 **including** VAT. For expenditure of up to £10,000 evidence that two competitive prices have been obtained will be required;

b) where the supply is proposed under special arrangements negotiated by the DH in which event the said special arrangements must be complied with;

c) regarding disposals as set out in Standing Financial Instructions Section 9.4.9;

9.2.5 Formal tendering procedures **may be waived** in the following circumstances:

a) in very exceptional circumstances where the Board formally vote that formal tendering procedures would not be practicable or the estimated expenditure or income would not warrant formal tendering procedures, and the circumstances are detailed in an appropriate Trust record;

b) where the requirement is covered by an existing contract;

c) where framework agreements are in place and have been approved by the procurement department;

d) where a consortium purchasing arrangement is in place and a lead organisation has been appointed to carry out tendering activity on behalf of the consortium members;

e) where the timescale genuinely precludes competitive tendering but failure to plan the work properly would not be regarded as a justification for a single tender;

f) where specialist expertise is required and is available from only one source;

g) when the task is essential to complete the project, and arises as a consequence of a recently completed assignment and engaging different consultants for the new task would be inappropriate;

h) there is a clear benefit to be gained from maintaining continuity with an earlier project. However in such cases the benefits of such continuity must outweigh any potential financial advantage to be gained by competitive tendering;

The waiving of competitive tendering procedures should not be used to avoid competition or for administrative convenience or to award further work to a consultant originally appointed through a competitive procedure.

Where it is decided that competitive tendering is not applicable and should be waived, the fact of the waiver and the reasons should be documented and recorded in an appropriate Trust record and reported to the Audit and Assurance Committee in line with the Audit and Assurance Committee Work plan.

9.2.6 Building and Engineering Construction Works

Competitive Tendering cannot be waived for building and engineering construction works and maintenance (without Departmental of Health approval).

9.2.7 Items which subsequently breach thresholds after original approval

Items estimated to be below the limits set in this Standing Financial Instruction for which formal tendering procedures are not used which subsequently prove to have a value above such limits shall be reported to the Managing Director and be recorded in an appropriate Trust record.

9.3 Contracting/Tendering Procedure

9.3.1 Admissibility

If for any reason the designated officers are of the opinion that the tenders received are not strictly competitive (for example, because their numbers are insufficient or any are amended, incomplete or qualified) no contract shall be awarded without the approval of the Managing Director.

Where only one tender is sought and/or received, the Managing Director and Chief Finance Officer shall, as far practicable, ensure that the price to be paid is fair and reasonable and will ensure value for money for the Trust.

9.3.2 Acceptance of formal tenders

Any discussions with a tenderer which are deemed necessary to clarify technical aspects of his tender before the award of a contract will not disqualify the tender.

The lowest tender, if payment is to be made by the Trust, or the highest, if payment is to be received by the Trust, shall be accepted unless there are good and sufficient reasons to the contrary. A report explaining any such reasons shall be produced by the officer evaluating the tender responses and shall be set out in either the contract file, or other appropriate record.

It is accepted that for professional services such as management consultancy, the lowest price does not always represent the best value for money. Other factors affecting the success of a project include:

a. experience and qualifications of team members;

b. understanding of client's needs;

c. feasibility and credibility of proposed approach;

d. ability to complete the project on time.

Where other factors are taken into account in selecting a tenderer, these must be clearly recorded and documented in the contract file, and the reason(s) for not accepting the lowest tender clearly stated.

No tender shall be accepted which will commit expenditure in excess of that which has been allocated by the Trust and which is not in accordance with these Instructions except with the authorisation of the Chief Executive and Managing Director.

The use of these procedures must demonstrate that the award of the contract was:

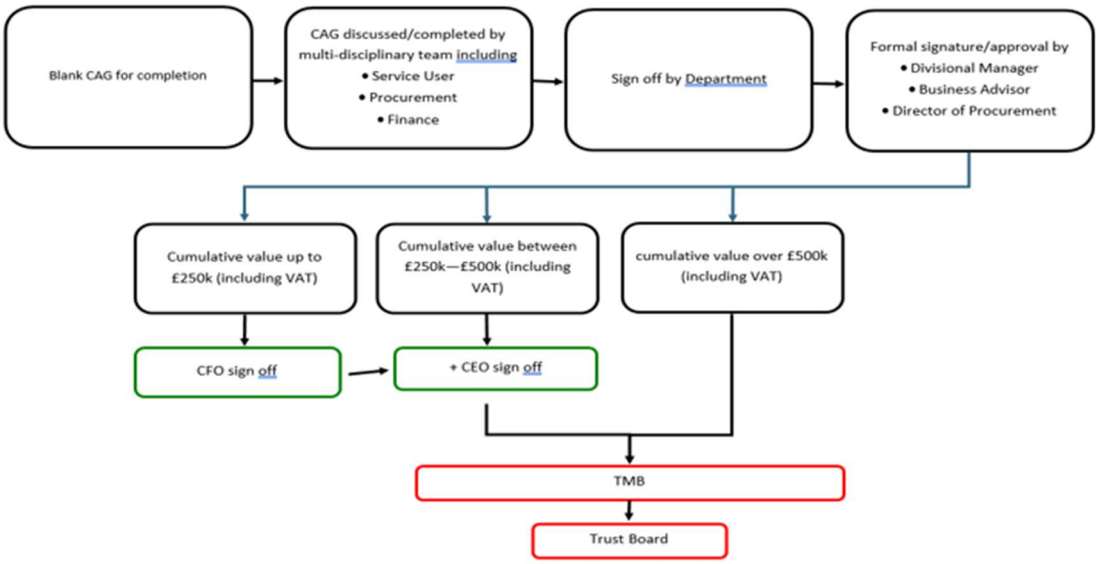
a. not in excess of the going market rate / price current at the time the contract was awarded; and

b. that best value for money was achieved.

All tenders should be treated as confidential and should be retained for inspection.

9.3.3 Contract Award Governance

The flowchart below shows the process of a contract award governance (CAG)



The levels of expenditure individuals are allowed to commit is stated in the Scheme of Delegations

Where a CAG relates to a business case this must be provided to ensure that Procurement team is able to assess the costs.

9.3.4 Tender reports to the Trust Board

Reports to the Trust Board will be made on an exceptional circumstance basis only.

9.4 Quotations: Competitive and non-competitive

9.4.1 General Position on quotations

Quotations are required where the intended expenditure or income exceeds or is reasonably expected to exceed £10,000 but not exceed £50,000 (including VAT). Where the intended expenditure or income is not reasonably expected to exceed £10,000, competitive prices only are required. If however, the competitive prices which are received do exceed £10,000, then three written quotations shall be required.

9.4.2 Competitive Quotations

Quotations should be obtained from at least 3 firms/individuals based on specifications or terms of reference prepared by, or on behalf of, the Trust.

Quotations should be in writing unless the Chief Executive or his nominated officer determines that it is impractical to do so in which case quotations may be obtained by telephone. Confirmation of telephone quotations should be obtained as soon as possible and the reasons why the telephone quotation was obtained should be set out in a permanent record.

All quotations should be treated as confidential and should be retained for inspection.

The Chief Executive or his nominated officer should evaluate the quotation and select the quote which gives the best value for money. If this is not the lowest

quotation if payment is to be made by the Trust, or the highest if payment is to be received by the Trust, then a report explaining the choice made and the reasons why should be produced by the officer evaluating the tender responses and shall be set out in either the contract file, or other appropriate permanent record.

9.4.3 Non-Competitive Quotations

Non-competitive quotations in writing may be obtained in the following circumstances:

i. the supply of proprietary or other goods of a special character and the rendering of services of a special character, for which it is not, in the opinion of the responsible officer, possible or desirable to obtain competitive quotations

ii. the supply of goods or manufactured articles of any kind which are required quickly and are not obtainable under existing contracts

iii. miscellaneous services, supplies and disposals

iv. where the goods or services are for building and engineering maintenance the responsible works manager must certify that the first two conditions of this SFI (i.e.: (i) and (ii) of this SFI) apply.

9.4.4 Quotations to be within Financial Limits

No quotation shall be accepted which will commit expenditure in excess of that which has been allocated by the Trust and which is not in accordance with Standing Financial Instructions except with the authorisation of either the Chief Executive or Managing Director or Chief Finance Officer.

9.4.5 Authorisation of Tenders and Competitive Quotations

Providing all the conditions and circumstances set out in these Standing Financial Instructions have been fully complied with, formal authorisation and awarding of a contract may be decided by the following staff to the value inc VAT of the contract as confirmed in the Scheme of Delegation. The current limits are:

Budget Holders	up to	£20,000
Divisional Management Team	up to	£50,000
Deputy Chief Operating Officer and Director of People and Culture, Director of Strategy	up to	£75,000
Voting Executive Directors & Assistant Directors of Finance	up to	£100,000
Chief Finance Officer	up to	£250,000
Chief Executive or Managing Director	up to	£500,000
Trust Board	over	£500,000

Formal authorisation must be put in writing. In the case of authorisation by the Trust Board this shall be recorded in the Board minutes. Copies of all contracts shall be provided to the Finance department for inclusion on the Trust Contract Register,

Note the Financial recovery Approval limits would also apply to authorisation of tenders and competitive quotations, when they are in force.

9.4.6 Compliance requirements for all contracts

The Board may only enter into contracts on behalf of the Trust within the statutory powers delegated to it by the Secretary of State and shall comply with:

(a) The Trust's Standing Orders and Standing Financial Instructions

(b) EU Directives and other statutory provisions

(c) any relevant directions including the Capital Investment Manual, Estate code and guidance on the Procurement and Management of Consultants

(d) such of the NHS Standard Contract Conditions as are applicable

(e) contracts with Foundation Trusts must be in a form compliant with appropriate NHS guidance

(f) where appropriate contracts shall be in or embody the same terms and conditions of contract as was the basis on which tenders or quotations were invited

(g) in all contracts made by the Trust, the Board shall endeavor to obtain best value for money by use of all systems in place. The Chief Executive shall nominate an officer who shall oversee and manage each contract on behalf of the Trust.

9.4.7 Personnel and Agency or Temporary Staff Contracts –

The Chief Executive shall nominate officers with delegated authority to enter into contracts of employment, regarding staff, agency staff or temporary staff service contracts via framework approved suppliers.

9.4.8 Healthcare Services Agreements

Service agreements with NHS providers for the supply of healthcare services shall be drawn up in accordance with the NHS and Community Care Act 1990 and administered by the Trust. Service agreements are not contracts in law and therefore not enforceable by the courts. However, a contract with a Foundation Trust, being a PBC, is a legal document and is enforceable in law.

The Chief Executive shall nominate officers to commission service agreements with providers of healthcare in line with a commissioning plan approved by the Board.

9.4.9 Disposals (SFI No. 15 also refers)

Competitive Tendering or Quotation procedures shall not apply to the disposal of:

(a) any matter in respect of which a fair price can be obtained only by negotiation or sale by auction as determined (or pre-determined in a reserve) by the Chief Executive or his nominated officer;

(b) obsolete or condemned articles and stores, which may be disposed of in accordance with the supplies policy of the Trust;

(c) items to be disposed of with an estimated sale value of less than £250, this figure to be reviewed on a periodic basis;

(d) items arising from works of construction, demolition or site clearance, which should be dealt with in accordance with the relevant contract;

(e) land or buildings concerning which DH guidance has been issued but subject to compliance with such guidance.

9.4.10 In-house Services

The Chief Executive shall be responsible for ensuring that best value for money can be demonstrated for all services provided on an in-house basis. The Trust may also determine from time to time that in-house services should be market tested by competitive tendering.

In all cases where the Board determines that in-house services should be subject to competitive tendering the following groups shall be set up:

(a) Specification group, comprising the Chief Executive or nominated officer/s and specialist.

(b) In-house tender group, comprising a nominee of the Chief Executive or Managing Director and technical support.

(c) Evaluation team, comprising normally a specialist officer, Procurement officer and a Chief Finance Officer Representative. Additionally, for services having a likely annual expenditure exceeding £250,000, a Voting non-Executive Director should be a member of the evaluation team.

All groups should work independently of each other and individual officers may be a member of more than one group but no member of the in-house tender group may participate in the evaluation of tenders.

The evaluation team shall make recommendations to the Board.

9.4.11 Applicability of SFIs on Tendering and Contracting to funds held in trust

These Instructions shall not only apply to expenditure from Exchequer funds but also to works, services and goods purchased from the Trust's trust funds and private resources.

10 SERVICE AGREEMENTS FOR PROVISION OF SERVICES

10.1 Service Level Agreements (SLAs) and Contracts

The Chief Executive, as the Accountable Officer, is responsible for ensuring the Trust enters into suitable contracts and or Service Level Agreements (SLA) with service commissioners for the provision of NHS services.

All contracts and SLAs should aim to implement the agreed priorities contained within the Commissioning Agreement or the strategy of the Trust. In discharging this responsibility, the Chief Executive should take into account:

a) the standards of service quality expected

b) the relevant national service specification

c) the provision of reliable information on cost and volume of services

d) the NHS National Performance Assessment Framework

10.2 Involving Partners and jointly managing risk

A good agreement will result from a dialogue of clinicians, users, carers, public health professionals and managers. It will reflect knowledge of local needs and inequalities. This will require the Chief Executive to ensure that the Trust works with all partner agencies involved in both the delivery and the commissioning of the service required. The agreement will apportion responsibility for handling a particular risk to the party or parties in the best position to influence the event and financial arrangements should reflect this. In this way the Trust can jointly manage risk with all interested parties.

The Chief Executive, as the Accountable Officer, will need to ensure that regular reports are provided to the Board detailing actual and forecast income from the contract and SLA's. This will include information on costing arrangements, which increasingly should be based upon Healthcare Resource Groups (HRGs). Where HRGs are unavailable for specific services, all parties should agree a common currency for application across the range of SLAs.

11 TERMS OF SERVICE, ALLOWANCES AND PAYMENT OF MEMBERS OF THE TRUST BOARD AND EXECUTIVE COMMITTEE AND EMPLOYEES

11.1 Payment to Board Members, Staff and Other Workers

11.1.1 Board Members (Chairman and Non-Executive Directors)

The Trust will pay allowances to the Chairman and the Non- Executive Directors of the Board in accordance with instructions issued by the Secretary of State for Health.

11.1.2 Remuneration Committee (Voting and Non-Voting Executive Directors and Staff)

In accordance with Standing Orders the Board shall establish a Remuneration and Nominations Committee, with clearly defined terms of reference, specifying which posts fall within its area of responsibility, its composition, and the arrangements for reporting.
The Committee will:

a) Be responsible for overseeing and ratifying the appointment of candidates to fill all the executive director positions on the board and for determining their remuneration and other conditions of service.
b) Regularly review the structure, size and composition (including the skills, knowledge, experience and diversity) of the board, making use of the output of the board evaluation process as appropriate, and make recommendations to the board, as applicable, with regard to any changes.
c) Establish and keep under review a remuneration policy in respect of executive board directors and senior managers earning over £70,000 or accountable directly to an executive director and on locally-determined pay.
d) In accordance with all relevant laws, regulations and trust policies, decide and keep under review the terms and conditions of office of the trust's executive directors and senior managers earning over £70,000 or accountable directly to an executive director and on locally-determined pay, including:
    - Salary, including any performance-related pay or bonus
    - Annual salary increase
    - Provisions for other benefits, including pensions and cars
    - Allowances
    - Payable expenses
    - Compensation payments.
e) Ensure the annual performance of Board Directors is undertaken and evaluate on an exceptional basis the performance of Board Directors on the advice of the Chief Executive/Chairman. This will include consideration of this output when reviewing changes to remuneration levels.
f) Advise upon and oversee contractual arrangements for executive directors, including but not limited to termination payments to avoid rewarding poor performance.

The committee will report to the board after each meeting.

The Board will consider and need to approve proposals presented by the Chief Executive for the setting of remuneration and conditions of service for those employees and officers not covered by the Committee.

11.1.3 Funded Establishment

The manpower plans incorporated within the annual budget will form the funded establishment.

The funded establishment of any directorate or department may not be varied in any way which causes expenditure to exceed the authorised annual budget without the prior written approval of the Chief Executive or Chief Finance Officer or their delegated officer.

11.1.4 Staff Appointments

No Executive Director, Member of the Trust Board or employee may engage, re-engage, or re-grade employees, either on a permanent or temporary nature, or hire agency staff, or agree to changes in any aspect of remuneration:

a) unless authorised to do so by the Chief Executive or Managing Director.

b) within the limit of their approved budget and funded establishment.

c) he or she is exercising economy and efficiency in the use of human resources.

d) he/she has followed the Vacancy Management Governance Process and included all requirements.

e) without a completion of an ATR for a new staff agreed in a business case. The ATR should be submitted to the ATR executive panel and should clearly state this, along with the business case reference, date of approval and name of approving committee.

Any monies due to employees as a result of all employments with the Trust howsoever arising shall be paid through the Trust payroll.

The Board will approve procedures presented by the Chief Executive or Managing Director for the determination of commencing pay rates, condition of service, etc., for employees.

11.1.5 Contracts of Employment

The Board shall delegate responsibility to an officer, normally Director of People & Culture for:

a) ensuring that all employees are issued with a Contract of Employment in a form approved by the Board and which complies with employment legislation and;

b) dealing with variations to, or termination of, contracts of employment in accordance with the requirements of Standing Orders, Standing Financial Instructions, Financial Procedures and the Scheme of Delegation; and

c) advising employees of the need to conform to the requirements of Standing Orders, Standing Financial Instructions, Financial Procedures and Scheme of Delegation.

11.1.6 Processing Payroll

The Chief Finance Officer is responsible for:

a) specifying timetables for submission of properly authorised time records, expense claims and other notifications

b) the final determination of pay and allowances

c) making payment on agreed dates

d) agreeing method of payment.

The Chief Finance Officer will issue instructions regarding:

a) verification and documentation of data;

b) the timetable for receipt and preparation of payroll data and the payment of employees, expenses and allowances;

c) maintenance of subsidiary records for superannuation, income tax, national insurance and other authorised deductions from pay;

d) security and confidentiality of payroll information;

e) checks to be applied to completed payroll before and after payment;

f) authority to release payroll data under the provisions of the Data Protection Act and General Data Protection Regulations (GDPR);

g) methods of payment available to various categories of employee and officers;

h) procedures for payment by cheque, bank credit including BACS, or cash to employees and officers;

i) procedures for the recall of cheques and bank direct credits, including BACS;

j) pay advances and their recovery;

k) maintenance of regular and independent reconciliation of pay control accounts;

l) separation of duties of preparing records and handling cash;

m) a system to ensure the recovery from those leaving the employment of the Trust of sums of money and property due from them to the Trust.

Appropriately nominated managers have delegated responsibility for:

a) submitting and authorising time records, turnaround documents, travel, subsistence and removal expenses claims and other notifications in accordance with agreed timetables;

b) completing and authorising time records, travel, subsistence and removal expenses claims and other notifications in accordance with the Chief Finance Officer instructions and in the form prescribed by the Chief Finance Officer;

c) submitting termination forms electronically immediately upon knowing the effective date of an employees or officer's resignation, termination or retirement. Where an employee fails to report for duty or to fulfil obligations in circumstances that suggest they have left without notice, the Chief Finance Officer must be informed at the earliest opportunity;

d) Submitting all employee-related updates promptly to avoid over or under payment and to ensure that staff records are accurate and up to date for their

area of responsibility. These requirements include but are not limited to new starters, change forms and leavers;

e) An authoriser must ensure that timesheets, expense claims and other such notifications are appropriately checked and agreed as accurate before authorisation is given;

f) Ensuring that all Rostering systems for their area of responsibility are accurately maintained, in accordance with Trust policy, to ensure correct and timely payments are made to appropriate staff.

Regardless of the arrangements for providing the payroll service, the Chief Finance Officer shall ensure that the chosen method is supported by appropriate (contracted) terms and conditions, adequate internal controls and audit review procedures and that suitable arrangement are made for the collection of payroll deductions and payment of these to appropriate bodies.

11.1.7 Agency, Self-employed or Third Party Workers including Contract for Services

Where exceptional circumstances exist within a department and agency, self-employed workers or workers supplied via a third party are to be retained then:

a) the contract may only be entered into by a budget holder having sufficient resources within the limit of their budget who is authorised for that purpose by the Chief Executive or his delegated officer; and

b) the Chief Finance Officer shall be consulted if the contractor is not on the current list of authorised suppliers; and

c) the Director of People & Culture shall be consulted with regard to the remuneration package; and

d) contractual provisions shall be in place which allow the Trust to seek assurance regarding the income tax and national insurance contribution obligations of the engage and the ability to terminate the contract if that assurance is not provided; and

e) appropriate arrangements shall be in place to ensure that income tax deductions and national insurance contributions for both the Trust and worker are properly made and paid to HM Revenues & Customs in line with current legal and regulatory requirements.

12.0 Non Pay Expenditure

12.1 Delegation of Authority

The Board will approve the level of non-pay expenditure on an annual basis and the Chief Executive will determine the level of delegation to budget managers.

The Scheme of Delegation will set out:

a) the list of managers who are authorised to place requisitions for the supply of goods and services;

b) the maximum level of each requisition and the system for authorisation above that level.

The Scheme of Delegation shall set out procedures on the seeking of professional advice regarding the supply of goods and services and this shall be followed when entering into any agreement. Contract terms and conditions used in contract shall only be those approved by the Trust.

Before entering in to contracts for the supply of goods and services or works contracts and especially overseas contacts, taxation advice (including where appropriate customs advise) shall be obtained from the Chief Finance Officer. Agreement of the Chief Finance Officer shall be obtained before entering into any arrangement with a supplier or contractor.

12.2 Choice, Requisitioning, Ordering, Receipt and Payment for Goods and Services

12.2.1 Requisitioning

The requisitioner, in choosing the item to be supplied (or the service to be performed) shall always obtain the best value for money for the Trust. In so doing, the advice of the Trust's procurement team shall be sought and the Trust's procurement system used. Where this advice is not acceptable to the requisitioner, the Chief Finance Officer (or the Chief Executive) shall be consulted.

12.2.2 System of Payment and Payment Verification

The Chief Finance Officer shall be responsible for the prompt payment of accounts and claims. Payment of contract invoices shall be in accordance with contract terms, or otherwise, in accordance with national guidance.

The Chief Finance Officer will:

a) advise the Board regarding the setting of thresholds above which quotations (competitive or otherwise) or formal tenders must be obtained; and, once approved, the thresholds should be incorporated in Standing Orders, Scheme of Delegation and Standing Financial Instructions and regularly reviewed;

b) prepare procedural instructions or guidance within the Scheme of Delegation on the obtaining of goods, works and services incorporating the thresholds;

c) be responsible for the prompt payment of all properly authorised accounts and claims;

d) be responsible for designing and maintaining a system of verification, recording and payment of all amounts payable. The system shall provide for:
    i. A list of Board employees authorised to electronically certify invoices.(including specimens of their signatures)
    ii. Certification that:
        - goods have been duly received, examined and are in accordance with specification and the prices are correct;

- work done or services rendered have been satisfactorily carried out in accordance with the order, and, where applicable, the materials used are of the requisite standard and the charges are correct;

- in the case of contracts based on the measurement of time, materials or expenses, the time charged is in accordance with the time sheets, the rates of labour are in accordance with the appropriate rates, the materials have been checked as regards quantity, quality, and price and the charges for the use of vehicles, plant and machinery have been examined;

- in the case of expenses claims, authorisation confirms that the claims reflect travel and journeys which were necessary in discharging the employee's work-related duties, and that the claim has been submitted within 3 months of the expense being necessarily incurred;

- where appropriate, the expenditure is in accordance with regulations and all necessary authorisations have been obtained;

- the account is arithmetically correct, with discounts having been taken where appropriate;

- VAT has been correctly accounted for with the recovery being identified where appropriate, and;

- the account is in order for payment.

iii. A timetable and system for submission to the Chief Finance Officer of accounts for payment; provision shall be made for the early submission of accounts subject to cash discounts or otherwise requiring early payment.

iv. Instructions to employees regarding the handling and payment of accounts within the Finance Department.

e) be responsible for ensuring that payment for goods and services is only made once the goods and services are received. The only exceptions are set out below.

12.2.3 Prepayments

Prepayments are only permitted where exceptional circumstances apply. In such instances:

a) Prepayments are only permitted where the financial advantages outweigh the disadvantages (i.e. cash flows must be discounted to NPV using the National Loans Fund (NLF) rate plus 2%).

b) The appropriate officer must provide, in the form of a written report, a case setting out all relevant circumstances of the purchase. The report must set out the effects on the Trust if the supplier is at some time during the course of the prepayment agreement unable to meet his commitments.

c) The Chief Finance Officer will need to be satisfied with the proposed arrangements before contractual arrangements proceed (taking into account the EU public procurement rules where the contract is above a stipulated financial threshold).

d) The budget holder is responsible for ensuring that all items due under a prepayment contract are received and they must immediately inform the appropriate Director or Chief Executive if problems are encountered.

Exceptions to the requirements of section a and b above are:

i. Service and maintenance contracts which require payment when the contract commences

ii. Minor services such as training courses, conference bookings

iii. Prepayments of up to £500 where a value for money and financial risk assessment demonstrates clear advantage in early payment.

12.2.4 Official orders

Official Orders must:

a) Be consecutively numbered

b) in be in a form approved by the Chief Finance officer

c) state the Trust's terms and conditions of trade

d) only be issued to, and used by, those duly authorised by the Chief Executive.

12.2.5 Non PO Expenditure

Suppliers exempt from payment by a Purchase Order can be found on the Non PO Agreed List July 2020. Any supplier not on this list requires an official order to allow payment.

For clarification, the Chief Finance Officer will determine the nature of expenditure which does not require control through an official purchase order and review this on an annual basis.

12.2.6 Duties of Managers and Officers

Managers and officers must ensure that they comply fully with the guidance and limits specified by the Chief Finance Officer Finance and that:

a) all contracts (other than the simple purchases permitted within the Scheme of Delegation), leases, tenancy agreements and other commitments which may result in a liability are notified to the Chief Finance Officer in advance of any commitment being made

b) contracts above specified thresholds are advertised and awarded in accordance with EU rules on public procurement

c) where consultancy advice is being obtained, the procurement of such advice must be in accordance with guidance issued by the Department of Health and NHSE

d) no order shall be issued for any item or items to any firm which has made an offer of gifts, reward or benefit to directors or employees, other than:

(ii) isolated gifts of a trivial character or inexpensive seasonal gifts, such as calendars
(iii) conventional hospitality, such as lunches in the course of working visits

This provision needs to be read in conjunction with Standing Order No. 23 (Standards of Business Conduct) and the principles outlined in the national guidance contained in HSG 93(5) “Managing Conflicts of Interest” Feb 2017);

e) no requisition/order is placed for any item or items for which there is no budget provision unless authorised by the Chief Finance Officer on behalf of the Chief Executive;

f) all goods, services, or works are ordered on an official order except for works and services purchased from petty cash or items bought using purchasing cards executed in accordance with a contract. For clarification the Chief Finance Officer will determine the nature of expenditure which does not require control through an official purchase order and review this on an annual basis;

g) All services provided to Staff Wellbeing are subject to a Procurement review and the completion of a business form to ensure that the supplier has the right credentials to carry out the work;

h) verbal orders must only be issued very exceptionally - by an employee designated by the Chief Executive and only in cases of emergency or urgent necessity. These must be confirmed by an official order and clearly marked "Confirmation Order";

i) orders are not split or otherwise placed in a manner devised so as to avoid the financial thresholds;

j) goods are not taken on trial or loan in circumstances that could commit the Trust to a future uncompetitive purchase;

k) changes to the list of employees and officers authorised to certify/approve orders and invoices are notified to the Chief Finance Officer;

l) purchases from petty cash are restricted in value and by type of purchase in accordance with instructions issued by the Chief Finance;

m) petty cash records are maintained in a form as determined by the Chief Finance Officer;
n) Cashiers are permitted to make payments from takings for car parking, patients travel and items for use in the cashiers office, restricted to the same value as per petty cash payments.

13 CAPITAL INVESTMENT, PRIVATE FINANCING, FIXED ASSET REGISTERS AND SECURITY OF ASSETS

13.1 Capital Investment

The Chief Executive:

a) shall ensure that there is an adequate appraisal and approval process in place for determining capital expenditure priorities and the effect of each proposal upon business plans;

b) is responsible for the management of all stages of capital schemes and for ensuring that schemes are delivered on time and to cost;

c) shall ensure that the capital investment is not undertaken without confirmation of the availability of resources to finance all revenue consequences, including capital charges and VAT.

For every capital expenditure proposal the Chief Executive or Managing Director shall ensure:

a) that all capital bids and business cases with capital implications should seek CPDG approval.

b) that a business case (if required as stipulated in the internal Trust Business Case Standard Operating Policy) is produced setting out:

i. an option appraisal of potential benefits compared with known costs to determine the option with the highest ratio of benefits to costs
ii. the involvement of appropriate Trust personnel and external agencies
iii. appropriate project management and control arrangements are in place
iv. the appropriate Trust Personnel and external agencies have been involved and
v. that the Chief Finance Officer has certified professionally to the costs and revenue consequences detailed in the business case.

c) that a business case for a capital need prioritised by CPDG should be written where either:

i. The need is outside of the equipment replacement and back log maintenance programmes
ii. where there are additional Estates and Facilities costs associated with the agreed replacement programme (e.g. moving a wall to make place for replacement equipment that is a different configuration to existing equipment)
iii. for new strategic capital developments that are outside of the capital programme
iv. where there is revenue consequences of capital spend
v. Exception applies where the capital funds are for like-to-like replacement of existing equipment at a similar cost.

d) that Full Business Cases (FBC) should go through the approval process of the Business Case Standards Operating Policy.

e) Where the sum involved exceeds delegated limits, the business case must be referred to NHSE and or the department of Health in line with the current guidelines.

For capital schemes where the contracts stipulate stage payments, the Chief Executive or Managing Director will issue procedures for their management, incorporating the recommendations of the Department of Health.

The Chief Finance Officer shall assess on an annual basis the requirement for the operation of the construction industry tax deduction scheme in accordance with Inland Revenue guidance.
The Chief Finance Officer shall issue procedures for the regular reporting of capital expenditure and commitment against authorised capital expenditure, which as a minimum shall include reporting to the Board on:

a) the individual scheme/projects

b) The source and level of funding; and

c) The expenditure incurred against the annual profile

The approval of a capital programme shall not constitute approval for the initiation of expenditure on any individual scheme, because it is also necessary to undertake the mandatory procurement processes of the Trust.

The Chief Executive or Managing Director will issue to the manager responsible for any scheme:

(a) specific authority to commit expenditure;

(b) authority to proceed to tender;

(c) approval to accept a successful tender.

The Chief Executive will issue a scheme of delegation for capital investment management and the Trust's Standing Orders.

The Chief Finance Officer shall issue procedures governing the financial management, including variations to contract, of capital investment projects and valuation for accounting purposes. These procedures shall fully take into account the delegated limits for capital schemes as notified by the Department of Health.

13.2 Contract framework agreements

Contract framework agreements (including P22 schemes) should always be considered for all construction projects and used where in line with best practice as set out by HM treasury and the Cabinet Office as a set out in Health Building Notes – Strategic framework for the efficient management of health care estates and facilities. The management of contracts awarded under the P22 Framework Agreement shall follow the current guidelines issued by the Department of Health.

All Contractual Framework Agreements should be reviewed at regular intervals, usually annually, to ensure anticipated benefits are being realised and that cost improvements and value for money objectives are achieved.

The Contractual Framework Agreement shall be subject to formal tender procedures and shall comply with the EU directives governing public procurement.

The Chief Finance Officer shall issue procedure notes governing the control, management, reporting and audit arrangements of the Contract Framework Agreement.

The committee overseeing the capital programme shall receive regular reports on the performance of the Contract Framework Agreement and detailed project progress reports on all on going schemes.

Any capital monies spent should be in accordance with the requirements laid down in the Manual for Accounts as issues by the Department of Health.

13.3 External Borrowing

The Chief Finance Officer will advise the Board concerning the Trust's ability to pay dividend on, and repay Public Dividend Capital and any proposed new borrowing, within the limits set by the Department of Health. The Chief Finance Officer is also responsible for reporting periodically to the Board concerning the PDC debt and all loans and overdrafts.

The Board will agree the list of employees (including specimens of their signatures) who are authorised to make short term borrowings on behalf of the Trust. This must contain the Chief Executive and the Chief Finance Officer.

The Chief Finance Officer must prepare detailed procedural instructions concerning applications for loans and overdrafts.

All short-term borrowings should be kept to the minimum period of time possible, consistent with the overall cashflow position, represent good value for money, and comply with the latest guidance from the Department of Health.

Any short term borrowing or revenue support loans from Department of Health must be approved by the Trust Board or the Finance and Performance Committee if more appropriate. It is sufficient to approve borrowing on an annual basis in line with the plan.

All long-term borrowing must be consistent with the plans approved by the Trust Board.

13.4 Investments

Temporary cash surpluses must be held only in such public or private sector investments as notified by the Secretary of State and authorised by the Board.

The Chief Finance Officer is responsible for advising the Board on investments and shall report periodically to the Board concerning the performance of investments held.

The Chief Finance officer will prepare detailed procedural instructions on the operation of investment accounts and on the records to be maintained if the Trust Board authorises an investment strategy.

13.5 Leases (Finance and Operating)

Where it is proposed that leasing shall be considered in preference to capital procurement then the following should apply:

a) the selection of a leasing company shall be on the basis of competitive tendering and quotations sought via the procurement department with discussions with clinical and capital leads.

b) All proposals to enter into a leasing agreement shall be referred to the Capital Planning and Delivery Group for capital expenditure approval, showing the proposal demonstrates the best value for money.

c) The lease documentation shall be agreed in writing based on the value of the contract within the capital expenditure limits defined by the Scheme of Delegation.

In the case of property leases the guidance in the Health Building Note – Strategic framework for the efficient management of healthcare estates and facilities shall be followed.

13.6 Asset Registers

The Chief Executive is responsible for the maintenance of registers of assets, taking account of the advice of the Chief Finance Officer 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.

The Trust shall maintain an asset register recording fixed assets. The minimum data set to be held within these registers shall be as specified in the Capital Accounting Manual as issued by the Department of Health.

Additions to the fixed asset register must be clearly identified to an appropriate budget holder and be validated by reference to:

a) properly authorised and approved agreements, architect's certificates, supplier's invoices and other documentary evidence in respect of purchases from third parties;

b) stores, requisitions and wages records for own materials and labour including appropriate overheads;

c) lease agreements in respect of assets held under a lease and capitalised.

Where capital assets are sold, scrapped, lost or otherwise disposed of, their value must be removed from the accounting records and each disposal must be validated by reference to authorisation documents and invoices (where appropriate).

The Chief Finance Officer shall approve procedures for reconciling balances on fixed assets accounts in ledgers against balances on fixed asset registers.

The value of each asset will be regularly reviewed and updated. The nature of the review must be in line with the Department of Health Group Accounting Manual and in consultation with External Auditors.

The value of each asset shall be depreciated using methods and rates as specified in the Group Accounting Manual issued by the Department of Health.

The Chief Finance Officer of the Trust shall calculate and pay capital charges as specified in the Group Accounting Manual issued by the Department of Health.

13.7 Security of Assets

The overall control of fixed assets is the responsibility of the Chief Executive.

Asset control procedures (including fixed assets, cash, cheques and negotiable instruments, and also including donated assets) must be approved by the Chief Finance Officer. This procedure shall make provision for:

a) recording managerial responsibility for each asset;

b) identification of additions and disposals;

c) identification of all repairs and maintenance expenses;

d) physical security of assets;

e) periodic verification of the existence of, condition of, and title to, assets recorded;

f) identification and reporting of all costs associated with the retention of an asset;

g) reporting, recording and safekeeping of cash, cheques, and negotiable instruments.

All discrepancies revealed by verification of physical assets to fixed asset register shall be notified to the Chief Finance Officer.

Each employee has a responsibility for the security of the property of the Trust and for ensuring that any borrowing or private use of Trust equipment, goods, services and facilities is authorised by their line manager or head of department. It is the responsibility of all Executive Directors (Voting and Non-Voting) and senior employees in all disciplines to apply such appropriate routine security checks and practices in relation to Trust and NHS property, as may be determined by the Board. Any breach of agreed security practices must be reported in accordance with the agreed Security policy and procedures

Any damage to the Trust's premises, vehicles and equipment, or any loss of equipment, stores or supplies must be reported by Board members and employees in accordance with the procedure for reporting losses.

Where practical, assets should be marked as Trust property.

14 Stores and Receipt of Goods

14.1.1 General position

Stores, defined in terms of controlled stores and departmental stores (for immediate use) should be:

a) kept to a minimum;
b) subjected to annual stock take;
c) valued at the lower of cost and net realisable value.

14.1.2 Control of Stores, Stocktaking, condemnations and disposal

Subject to the responsibility of the Chief Finance Officer for the systems of control, overall responsibility for the control of stores shall be delegated to an employee by the Chief Executive. The day-to-day responsibility may be delegated by him to departmental employees and stores managers/keepers, subject to such delegation being entered in a record available to the Chief Finance Officer. The control of any Pharmaceutical stocks shall be the responsibility of a designated Pharmaceutical Officer; the control of any fuel oil and coal of a designated estates manager.

The responsibility for security arrangements and the custody of keys for any stores and locations shall be clearly defined in writing by the designated manager/Pharmaceutical Officer. Wherever practicable, stocks should be marked as NHS property.

The Chief Finance Officer shall set out procedures and systems to regulate the stores including records for receipt of goods, issues, and returns to stores, and losses.

Stocktaking arrangements shall be agreed with the Chief Finance Officer. External Audit and Internal Audit will be consulted on appropriate levels of stocktaking to ensure the trust has control but not onerous stock counting. High value items will be counted at least once per year.
There will be a physical check covering all items in store at least once a year.

Where a complete system of stores control is not justified, alternative arrangements shall require the approval of the Chief Finance Officer.

The designated Manager/Pharmaceutical Officer shall be responsible for a system approved by the Chief Finance Officer for a review of slow moving and obsolete items and for condemnation, disposal, and replacement of all unserviceable articles. The designated Officer shall report to the Chief Finance Officer any evidence of significant overstocking and of any negligence or malpractice (SFI No. 15 Disposals and Condemnations, Losses and Special Payments also refers). Procedures for the disposal of obsolete stock shall follow the procedures set out for disposal of all surplus and obsolete goods.

For goods supplied via the NHS Supply Chain central warehouses, the Chief Executive shall identify those authorised to requisition and accept goods from the store. The authorised person shall check receipt against the delivery note before forwarding this to the Chief Finance Officer or delegated officer who shall satisfy himself that the goods have been received before accepting the recharge. If there are any discrepancies these should be reported to the Chief Finance Officer or delegated officer to avoid overpayments where such discrepancies cannot be resolved via the procurement team.

15 DISPOSALS AND CONDEMNATIONS, LOSSES AND SPECIAL PAYMENTS

15.1 Disposals and Condemnations

The Chief Finance Officer must prepare detailed procedures for the disposal of assets including condemnations and ensure that these are notified to managers.

When it is decided to dispose of a Trust asset, the Head of Department or authorised deputy will determine and advise the Chief Finance Officer of the estimated market value of the item, taking account of professional advice where appropriate.

All unserviceable articles shall be:

a) condemned or otherwise disposed of by an employee authorised for that purpose by the Chief Finance Officer.

b) recorded by the Condemning Officer in a form approved by the Chief Finance Officer which will indicate whether the articles are to be converted, destroyed or otherwise disposed of. All entries shall be confirmed by the countersignature of a second employee authorised for the purpose by the Chief Finance Officer.

The Condemning Officer shall satisfy himself as to whether or not there is evidence of negligence in use and shall report any such evidence to the Chief Finance Officer who will take the appropriate action.

15.2 Losses and Special Payments

15.2.1 Procedures

The Chief Finance Officer must prepare procedural instructions on the recording of and accounting for condemnations, losses, and special payments.

Any employee or officer discovering or suspecting a loss of any kind must either immediately inform their supervisor, line manager or head of department, except where fraud, bribery or corruption is suspected in which case a referral must be made to the LCFS for investigation in accordance with the Trust's Counter Fraud, Bribery and Corruption Policy. The senior officer must immediately inform the Chief Executive, Managing Director and the Chief Finance Officer or inform an officer charged with responsibility for responding to concerns involving loss. This officer will then appropriately inform the Chief Finance Officer, Managing Director and/or Chief Executive.

Where a criminal offence is suspected, the Chief Finance Officer must immediately inform the police if theft, criminal damage or arson is involved.

In cases of fraud and corruption or of anomalies which may indicate fraud or corruption, the Chief Finance Officer must inform Counter Fraud, NHS Counter Fraud Authority with Secretary of State for Health's Directions, the Counter Fraud and Security Management Services (AFSMS) and the External Auditor of all frauds.

For losses apparently caused by theft, arson, neglect of duty or gross carelessness, except if trivial, the Chief Finance Officer must immediately notify:

a) the Board, and

b) the External Auditor.

The Chief Finance Officer shall be authorised to take any necessary steps to safeguard the Trust's interests in bankruptcies and company liquidations.

Within limits delegated to it by the Department of Health, the Board shall approve the writing-off of losses.

For any loss, the Chief Finance Officer should consider whether any insurance claim can be made.

The Chief Finance Officer shall maintain a Losses and Special Payments Register in which write-off action is recorded.

No special payments exceeding delegated limits shall be made without the prior approval of the Department of Health.

All losses and special payments must be reported to the Audit and Assurance Committee.

16 Information Technology

16.1 Responsibilities and Duties.

The Chief Finance Officer, who is responsible for the accuracy and security of the computerised financial data of the Trust,

a) devise and implement any necessary procedures to ensure adequate (reasonable) protection of the Trust's data, programs and computer hardware for which the Director is responsible from accidental or intentional disclosure to unauthorised persons, deletion or modification, theft or damage, having due regard for the Data Protection Act 1998 and GDPR 2018;

b) ensure that adequate (reasonable) controls exist over data entry, processing, storage, transmission and output to ensure security, privacy, accuracy, completeness, and timeliness of the data, as well as the efficient and effective operation of the system;

c) ensure that adequate controls exist such that the computer operation is separated from development, maintenance and amendment;

d) ensure that an adequate management (audit) trail exists through the computerised system and that such computer audit reviews as the Director or Data Protection Officer (DPO) may consider necessary are being carried out.

The Chief Finance Officer shall need to ensure that new financial systems and amendments to current financial systems are developed in a controlled manner and thoroughly tested prior to implementation. Where this is undertaken by another

organisation, assurances of adequacy must be obtained from them prior to implementation.

The Company Secretary shall publish and maintain a Freedom of Information (FOI) Publication Scheme or adopt a model Publication Scheme approved by the Information Commissioner. A Publication Scheme is a complete guide to the information routinely published by a public authority. It describes the classes or types of information about our Trust that we make publicly available.

In the case of computer systems which are proposed General Applications (i.e. normally those applications which the majority of Trust's in the Region wish to sponsor jointly) all responsible directors and employees will send to the Chief Finance Officer

a) details of the outline design of the system

b) in the case of packages acquired either from a commercial organisation, from the NHS, or from another public sector organisation, the operational requirement

16.2 Contracts for Computer Services with other health bodies or outside agencies

The Chief Finance Officer shall ensure that contracts for computer services for financial applications with another health organisation or any other agency shall clearly define the responsibility of all parties for the security, privacy (in line with GDPR), accuracy, completeness, and timeliness of data during processing, transmission and storage. The contract should also ensure rights of access for audit purposes.

Where another health organisation or any other agency provides a computer service for financial applications, the Chief Finance Officer shall periodically seek assurances that adequate controls are in operation.

Where computer systems have an impact on corporate financial systems the Chief Finance Officer shall need to be satisfied that:

a) systems acquisition, development and maintenance are in line with corporate policies such as an Information Technology Strategy;

b) data produced for use with financial systems is adequate, accurate, complete and timely, and that a management (audit) trail exists;

c) Chief Finance Officer's staff has access to such data, and;

d) such computer audit reviews as are considered necessary are being carried out.

16.3 Risk Assessment

The Chief Finance Officer shall ensure that risks to the Trust arising from the use of Information Technology are effectively identified, considered and appropriate action taken to mitigate or control risk. This shall include the preparation and testing of appropriate disaster recovery plans.

16.4 Safekeeping of Patients' Property and Valuables

The Trust has a responsibility to provide safe custody for money and other personal property (hereafter referred to as "property") handed in by patients, in the possession of unconscious or confused patients, or found in the possession of patients dying in hospital or dead on arrival.

Staff have a duty of care to make every effort to take care of patients' possessions, which are not handed in for safe keeping, particularly if the patient does not have the capacity to look after their own possessions; this includes items of daily living such as glasses, false teeth, hearing aids etc.

The Chief Executive is responsible for ensuring that patients or their guardians, as appropriate, are informed before or at admission by:

a) notices and information booklets;

b) hospital admission documentation and property records;

c) the oral advice of administrative and nursing staff responsible for admissions.

That the Trust will not accept responsibility or liability for patients' property brought into the Trust's premises, subject to the exceptions identified above, unless it is handed in for safe custody and a copy of an official patients' property record is obtained as a receipt.

Patients electing not to conform to this guidance must indemnify the Trust against any loss.

The Chief Nursing Officer must provide detailed written instructions on the collection, custody, investment, recording, safekeeping, and disposal of patients' property (including instructions on the disposal of the property of deceased patients and of patients transferred to other premises) for all staff whose duty is to administer, in any way, the property of patients.

Where Department of Health instructions require the opening of separate accounts for patients' moneys, these shall be opened and operated under arrangements agreed by the Chief Finance Officer. Due care should be exercised in the management of a patient's money in order to maximise the benefits to the patient.

In all cases where property of a deceased patient is of a total value in excess of £5,000 (or such other amount as may be prescribed by any amendment to the Administration of Estates, (Small Payments), Act 1965), the production of probate or letters of administration shall be required before any of the property is released. Where the total value of property is £5,000 or less, forms of indemnity shall be obtained.

Staff should be informed, on appointment, by the appropriate departmental or senior manager of their responsibilities and duties for the administration of the property of patients.

Where patients' property or income is received for specific purposes and held for safekeeping the property or income shall be used only for that purpose, unless any variation is approved by the donor or patient in writing.

Patients' income, including pensions and allowances, shall be dealt with in accordance with current Department of Health and Department of Social Security instructions and guidelines.

17 Risk Management and Insurance

17.1 Programme of Risk Management

The Chief Executive and/or Managing Director shall ensure that the Trust has a programme of risk management, in accordance with current Department of Health assurance framework requirements, which must be approved and monitored by the Board.

The programme of risk management shall include:

a) a process for identifying and quantifying risks and potential liabilities;

b) engendering among all levels of staff a positive attitude towards the control of risk;

c) management processes to ensure all significant risks and potential liabilities are addressed including effective systems of internal control, cost effective insurance cover, and decisions on the acceptable level of retained risk;

d) contingency plans to offset the impact of adverse events;

e) audit arrangements including; internal audit, clinical audit, health and safety review;

f) a clear decision of which risks shall be insured;

g) arrangements to review the risk management programme;

h) appropriate levels of external accreditation.

The existence, integration and evaluation of the above elements will assist in providing a basis for the effectiveness element under the Annual Governance Statement (within the Annual Report and Accounts) as required by current Department of Health guidance.

The Board shall decide if the Trust will insure through the various schemes administered through the NHS Resolution (NHSR) or self-insure for some or all of the risks. If the Board decides not to use the NHSR risk pooling schemes for any of the risk areas (clinical, property and employers/third party liability) covered by the scheme this decision shall be reviewed annually.

There is a general prohibition on entering into insurance arrangements with commercial insurers. There are, however, four exceptions when Trust's may enter into insurance arrangements with commercial insurers. The exceptions are:

1. insuring motor vehicles owned or leased by the Trust including insuring third party liability arising from their use;

2. where the Trust is involved with a consortium in a Private Finance Initiative contract and the other consortium members require that commercial insurance arrangements are entered into; and

3. where income generation activities take place. Income generation activities should normally be insured against all risks using commercial insurance. If the income generation activity is also an activity normally carried out by the Trust for a NHS purpose the activity may be covered in the risk pool. Confirmation of coverage in the risk pool must be obtained from the NHSR.

4. Where it is necessary to ensure that the Trust is able to continue providing a service where adequate levels of insurance are not available under any of the schemes administered by the NHSR, the Trust arranges a policy in the name of "the employees of the Trust" or "members, for the time being, of a specific team". In such cases, the premium must be:

   i. Paid by the use of charitable funds, providing the Trust establishes through the Charities Commission, or other relevant regulatory bod, whether this is an appropriate use of funds, or

   ii. Paid by members of the team and then reimbursed by the Trust, or

   iii. Paid by the Trust, provided this is with the recognition, and approval, of the Chief Finance Officer and/or internal audit.

In any case of doubt concerning a Trust's powers to enter into commercial insurance arrangements the Chief Finance Officer should first consult the NHSR and then the Department of Health.

Where the Board decides to use the schemes administered by the NHSR the Chief Finance Officer shall ensure that the arrangements entered into are appropriate and complementary to the risk management programme. The Chief Finance Officer shall ensure that documented procedures cover these arrangements.

Where the Board decides not to use the risk pooling schemes administered by the NHS Resolution for one or other of the risks covered by the schemes, the Chief Finance Officer shall ensure that the Board is informed of the nature and extent of the risks that are self-insured as a result of this decision. The Chief Finance Officer will draw up formal documented procedures for the management of any claims arising from third parties and payments in respect of losses which will not be reimbursed.

All the NHSR risk pooling schemes require Scheme members to make some contribution to the settlement of claims (the 'deductible' element). The Chief Finance Officer should ensure documented procedures also cover the management of claims and payments below the deductible in each case.

18 Other Miscellaneous

18.1 Charitable Donations

Standing Order No. 1 outlines the Trust's responsibilities as a corporate trustee for the management of funds it holds on trust, and it defines the need for compliance with Charities Commission latest guidance and best practice.

The discharge of the Trust's corporate trustee responsibilities are distinct from its responsibilities for exchequer funds and may not necessarily be discharged in the same manner, but there must still be adherence to the overriding general principles of financial regularity, prudence and propriety. Trustee responsibilities cover both charitable and non-charitable purposes.

The Chief Finance Officer shall ensure that each charitable trust fund which the Trust is responsible for managing is managed appropriately with regard to its purpose and to its requirements.

The trustee responsibilities must be discharged separately and full recognition given to the Trust's dual accountabilities to the Charity Commission for charitable funds held on trust and to the Secretary of State for all funds held on trust.

The Schedule of Matters Reserved to the Board and the Scheme of Delegation make clear where decisions regarding the exercise of discretion regarding the disposal and use of the funds are to be taken and by whom. All Trust Board members and Trust officers must take account of that guidance before taking action.

Where staff are aware of patients or groups who wish to set up a charity, they are advised in the first instance to contact the Finance Department to find the appropriate designated WAHT Charity Funds.

No separate bank accounts should be opened or maintained other than those authorised by the Charity Trustees.

In so far as it is possible to do so, most of the sections of these Standing Financial Instructions will apply to the management of funds held on trust.

The over-riding principle is that the integrity of each Charitable Trust fund must be maintained and statutory and Trust obligations met. Materiality must be assessed separately from Exchequer activities and funds.

The Trust has developed a Charitable Funds Handbook to support Charitable funds donations and expenditure plans and guidance for all staff.

18.2 Acceptance of Gifts by Staff

The Chief Finance Officer will ensure that all staff comply with Law, with Managing Conflicts of Interest in the NHS and other Guidance, and with Good Practice, in relation to gifts, hospitality and other inducements and actual or potential conflicts of interest. All gifts and hospitality will be recorded by the company secretary.

18.3 Retention of Records

The Chief Executive and/or Managing Director shall be responsible for maintaining archives for all records required to be retained in accordance with NHSE and Department of Health guidelines.

The records held in archives shall be capable of retrieval by authorised persons.

Records held in accordance with latest Department of Health guidance shall only be destroyed before the specified guidance limits at the express authority of the Chief Executive or Chief Finance Officer. Proper details shall be maintained of records and information so destroyed.

18.4 VAT Returns calculation and submission

The Trust is required to submit VAT returns to HMRC on a monthly basis. The Trust shall ensure, through the Chief Finance Officer, that there are processes in place for review and sign off VAT returns by Financial Services department senior management prior to submission.

18.5 Partnership Agreements

The Trust shall ensure, through the Chief Executive, that there are processes in place for establishing and reviewing the effectiveness of all partnership arrangements and that these are appropriate for the local circumstances.

18.6 International Financial Reporting Standards (IFRS)

The Trust is required to report all its financial transactions in compliance with IFRS subject to amendments issued by the Department of Health through the NHS Manual of Accounts. It is important that the reporting requirements of IFRS are anticipated and provided for when making decisions which have an impact on the Trust's financial position. This is particularly the case in respect of capital investment, leasing, use of external private finance and contractual relationships with other parties. The Chief Finance Officer and his team should be consulted for advice in such instances.

19 Training, Implementation and Resources

19.1 Training

There are no specific training needs arising from this policy. Managers and staff may seek advice from the finance team in case of a query. This policy will be available in the Trust Policy Documents Library for reference by staff as appropriate. This policy will be re-enforced through regular Budget Holder and Budget Manager training. The Trust will ensure the SFI's and SoD are available on the Trust Intranet page to support any training requirements.

19.2 Implementation

There is no specific new implementation required. Following approval by the Trust Board the revised document will be communicated to staff via a communication programme administered by the Chief Finance Officer.

19.3 Resources

There are no additional resources required arising from this version.

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Minutes for Quality Governance Committee

Thursday 29th May 2025 at 10.00 am
Via MS Teams

			Attendance Status
Chair	Julie Moore	Non-Executive Director (Chair)	**Apols**
Required Attendees	Sarah Shingler	Chief Nursing Officer	**Y**
	Rachel Dunne	Deputy Chief Nursing Officer - ICB	**Apols**
	Justine Jeffery	Director of Midwifery	**Y**
	Baylon Kamalarajan	Consultant Paediatrician and POSCU Lead	
	Chris Douglas	Interim Chief Operating Officer	**Y**
	Simon Murphy	Non-Executive Director	**Y**
	Michelle Lynch	Associate Non-Executive Director	**Apols**
	Edwin Mitchell	Associate Divisional Director - SCSD	
	Nicholas Purser	Surgery Governance Lead	**Y**
	Stephen Collman	Managing Director	
	Alison Robinson	Deputy Chief Nursing Officer	
	Rosemary Smart	Public Patient Forum	**Y**
	Susan Smith	Deputy Chief Nursing Officer	
	Sue Sinclair	Associate Non-Executive Director	**Chair**
	Jules Walton	Chief Medical Officer	**Y**
	Jo Ringshall	Healthwatch	
	Gwenny Scott	Company Secretary	**Apols**
	Liz Watkins	Associate Chief of Nursing / Director for Infection Prevention and Control	
	Rebecca Brown	Chief Digital Information Officer	**Apols**
	Chris Bryne	Healthwatch	**Y**
	Emma King	Deputy Director of Estates and Facilities	**Apols**
Attending			
	Samantha Bucknall	EA to Chief Nursing Officer (minutes)	**Y**
Guest			
	Deborah Narburgh	Head of Safeguarding	**Y**
	Jane Shephard	Deputy Director of Nursing and Quality ICB	**Y**
	Nikki O'Brien	Deputy Chief information and Performance Officer	**Y**
	Helen Jarvie	Divisional Director of Operations- SCSD	**Y**

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Item	Title
QGC/25/1	**Welcome and Apologies for Absence**
	Ms Sinclair welcomed all present at the meeting. Apologies from Dame Julie Moore, Rachel Dunne, Rebecca Brown, Michelle Lynch, Gwenny Scott and Emma King.
QGC/25/2	**Declarations of Interest**
	There were no new declarations of interest raised.
QGC/25/3	**Minutes of the last meeting**
	The minutes of the meeting held on the 27 March 2025 were confirmed as a factual representation of the meeting and approved.
QGC/25/4	**Action Schedule**
	Progress on the outstanding actions were reviewed and updates received.
QGC/25/5	**Escalations from Chief Nursing Officer and Chief Medical Officer for items outside of standard report / not on the agenda**
	Mr. Murphy raised concerns about the fire doors at the new UEC which were escalated during the finance performance executive meeting. Mr. Douglas confirmed the issue has been actioned. The concern has been formally noted and is being addressed.
QGC/25/6	**Quality & Safety**
QGC/25/6.1	**Perinatal Services Safety Report**
	Ms. Jeffery presented the March safety report noting a decline in bookings but a significant increase in referrals, potentially indicating a rising birth rate. Early booking blood screening is now meeting KPIs. March saw one stillbirth but no neonatal deaths. Embrace data shows strong stillbirth performance but a 5% higher neonatal death rate compared to peers, warranting continued monitoring. Assurance updates will follow in May. Staffing is stable, with midwifery vacancies at 1%. The Tier 2 neonatal rota requires improvement, supported by a proposed invest-to-save plan. CNST achieved 10/10 for year six, securing £950K, with further funds expected. Year seven targets appear achievable, with changes under review. Heat map scores dropped due to ethnicity data gaps and Embrace adjustments, but improvements are anticipated. Over 90% of Ockenden recommendations are achieved, shifting focus to the single delivery plan, CNST, and CQC preparation.
QGC/25/6.2	**Perinatal Incident Report**
	Ms. Jeffery reported one case reported to MNSI involved a baby born in poor condition, diagnosed with grade one HIE after therapeutic hypothermia. Immediate actions addressed individual practice, providing training for a staff member, with the family consenting to an investigation. A separate case of massive obstetric haemorrhage required an ITU transfer, causing staff distress. Communication issues were identified and will be reviewed with an independent chair. One stillbirth occurred in March, linked to delayed reporting of reduced foetal movements, despite awareness campaigns. A case involving a baby born with a facial mass, who sadly passed at Birmingham Children's Hospital, was reviewed, showing no mass detected at the 20-week scan. Learning has been shared regionally and locally to address these incidents.
QGC/25/6.3	**Maternity Safe Staffing**

	Ms Jeffery highlighted a 1% vacancy rate, which is excellent news. Six whole-time equivalent support workers are set to be onboarded this month, resolving remaining gaps. March was busy, with acuity met 78% of the time due to high demand and staff availability challenges. Sickness rates, while still higher than desired, improved in both staff groups compared to the previous month. A recent meeting with the directorate and HR reviewed all open sickness episodes and short-term sickness triggers to ensure effective policy management. High assurance was achieved, with only one case requiring more timely action. Quarterly reviews will continue until sickness rates align with the trust target. This positive progress is acknowledged across all shifts in March.
QGC/25/6.4	**Nurse Safe Staffing**
	Ms Shingler reports staffing in paediatrics, neonates, and adult inpatient areas remained safe throughout March. 23 minor incidents were reported relating to staff shortages, appropriate actions were taken to redeploy staff and address the issues. Boarding spaces and temporary escalation spaces were fully utilised during this period, along with extended use of discharge lounges, PDU, Avon One, and SDEC for golden discharges. Extended operating hours for discharge lounges impacted agency and bank spend. Care hours per patient per day stayed within model hospital ratios, rising slightly to 9.1 in February, and remained stable over the quarter. Nursing vacancies increased to 3 percent due to leavers in February, but attrition rates continued to improve, and domestic recruitment through university partnerships showed strong results, reducing concerns for future staffing. Bank and agency usage decreased month on month despite escalation areas remaining open, reflecting effective cost management. Regional recognition was given for price cap compliance rates, with the team invited to present nationally on sustaining these through winter.
QGC/25/6.5	**Emergency Quality & Safety Report**
	Ms Shingler reported that the Emergency Quality Safety report was uploaded this morning after a delay caused by annual leave overlap. The report highlights improvements in care management within the ED department, including progress in key areas from amber or red to green. The Worcester site's "Clear Care" initiative focuses on better communication with patients and families during long waits, addressing complaints through pathway diagram, text updates, staff empathy training, and patient navigators. Challenges remain in compliance with property checklists, IPC audits, and falls training, which align with broader concerns like UEC increases and infection control targets.
QGC/25/6.7	**Learning From Deaths**
	Ms Walton presented the learning from deaths report, noting that the standardised hospital mortality indicator at the Alexandra site has been increasing over the past year, though it remains within the expected range. She explained that analysis is underway to identify the underlying causes, including potential factors such as patient transfers between sites, population demographics, and differences in services delivered. Structured judgement reviews have shown progress, with new strategies being introduced following training by Deputy Chief Medical Officer Ed Mitchell. Additionally, Regulation 28 reports, concerning prevention of future deaths, are now being effectively managed through robust systems overseen by the CNO and the patient safety team, ensuring both compliance and ongoing improvements. The medical examiner process now ensures families are contacted by an independent medical examiner. If concerns are raised, an SJR can be initiated or escalated into an incident

	route. Ms Walton emphasised the need for clearer communication with families about these processes, so they understand when and how they will be contacted.
QGC/25/6.6 1	**Endoscopy Lost referral Update**
	Ms Jarvie reports an incident was identified when a GP reported a missed endoscopy appointment for a patient in January. The issue arose from referrals being handled via a generic email inbox, where patients were moved to subfolders for scheduling. Spot checks revealed a second missed patient, leading to a full review of 40,000 records over four weeks. This process identified 33 patients who had not received appointments. Of these, 22 no longer required treatment, while the remaining patients have now been seen, except one who is awaiting treatment outside the trust. The root cause was attributed to human error. To address this, standard operating procedures have been updated, staff trained, and processes are being digitalised. External referrals are now managed through the ERS process as of 14 April, while internal referrals are transitioning to a new endoscopy system. Supervisors now perform daily checks of the email folder to prevent future backlogs. Harm reviews have been completed for immediate cases, with further reviews planned to ensure no harm resulted from delays for those no longer requiring treatment. Robust manual and digital procedures are now in place, and due diligence has been conducted to prevent recurrence. The team has learned from this incident and implemented measures to ensure its resolution and future prevention.
QGC/25/6.7	**Learning Disabilities & Autism**
	Ms Shingler gave a quarterly update highlighted progress in ensuring safe, personalised care and equal outcomes for patients with learning disabilities. Sarah Shingler acknowledged past concerns about the pace of improvements but praised the steering group for significant advancements over the past year. Key developments include a quiet room in A&E, better radiology adjustments, easy-read documents, draft autism guidelines, and valuable insights from ICB's lived experience group. A learning disabilities dashboard tracks incidents and complaints, Oliver McGowan training uptake has reached 83%, and reasonable adjustments are now embedded in ward accreditation. Additional seating has been provided for families, and the trust is participating in the NC Pod audit for patients with learning disabilities. Ms Sinclair commended the group's efforts over the past 18 months, noting practical improvements such as radiology adjustments.
QGC/25/6.8	**Theemis: Independent investigation into the care and treatment provided to VC , January 2025**
	Ms Narburgh reported on the case about VC, who killed three people and attempted to murder three others in June 2023. Investigations, including reviews by the CQC and NHS England, examined the care provided by Nottinghamshire Healthcare NHS Foundation Trust before these events. While the Trust does not directly offer mental health services, it manages patients with mental health concerns and over 70 annual Mental Health Act detentions. Key findings from the report include assurance in areas such as incident response plans and family engagement, but gaps remain in clinical information sharing and cross-organisational collaboration. The emotional and reputational impact on Nottinghamshire staff was highlighted, stressing the importance of staff well-being. The Trust is exploring the implementation of the "Safe Now" dashboard used by Nottinghamshire to enhance patient care and staff support, with further learning expected from the national review.
QGC/25/6.9	**Safety Alerts Report**

	Ms Shingler reports that during quarter four, one national patient safety alert and seventeen other safety alerts were received. All alerts were acknowledged within the two working day deadline where applicable. Currently, there are five open national patient safety alerts, one of which is open and overdue. The delay is due to the need for policy approval, which is being overseen by one of the deputies. Assurance was given that safety alerts are being managed appropriately. Ms Sinclair raised a concern regarding the overdue alerts, particularly in reference to the connector issue, which ensures intravenous medications cannot be administered via an epidural line, and vice versa. She asked whether there were any procurement-related delays. Ms. Shingler responded that she suspected there were no such barriers. Ms. Sinclair also mentioned the transfusion alert. Ms Shingler indicated that, as the papers are now two weeks old due to her recent leave, it is likely that the matter has since been addressed. Ms Sinclair acknowledged this and agreed that the delay was understandable if due to timing, although she noted the original deadline was the end of January and highlighted the importance of confirmation from procurement. ACTION: Ms Shingler to update as an action.
QGC/25/7	**Performance Reports**
QGC/25/7.1	**Integrated Performance Reports**
	Mr Douglas reports on elective wait times which continue to improve, with fewer long-wait patients. At year-end 2024/25, 18 patients were over 65 weeks, including six awaiting corneal grafts—dependent on national supply from NHS Blood and Transplant. An alternative provider is being explored. Cancer 62-day performance was 69%, just below the 70% target. Teledermatology is being introduced to support skin pathway triage. A business case to address oncology capacity is under review, pending confirmation of activity levels. The 28-day diagnosis target was met at 78% (target: 77%), though lung and urology remain pressured—lung due to consultant shortages, and urology due to sustained high demand. For 2025/26, priorities include improving productivity, increasing patient-initiated follow-ups, and reducing cancellations. Theatres' “6-4-2” scheduling is being adapted for outpatients, and the Octopus room booking system is being finalised. Divisional plans to address outpatient cancellations will be shared at the May meeting. Ms Shingler reports n March, emergency departments experienced a record high of over 8,000 attendances. Seventy percent of ambulance handovers occurred within 45 minutes, showing improvement but still below the desired standard. Sixteen percent of patients waited more than 12 hours in the department, which remains too high. Hospital occupancy remains very high, with 87 unfunded beds in use and around 100 patients who no longer meet criteria to remain in acute care. While simple discharge targets were met, supported discharges fell slightly short, indicating room for improvement. The revised Urgent and Emergency Care Recovery Board will focus on improving care and patient flow across the system. On infection control, there was a slight increase in C. diff and other infections, though no MRSA cases were reported. Norovirus continues to cause challenges despite reductions in RSV and COVID cases. Complaints backlog is improving, but the number of falls and pressure ulcers increased, mainly among frail patients. The Friends and Family test score reached 95% for inpatient and maternity services, with outpatients just below at 94.3%.
QGC/25/7.2	**GIRFT**
	Ms Walton reports positive progress in this area, with improvements ongoing. A new clinical lead for GIRFT has recently been appointed, and a meeting is planned with the lead and team to better integrate GIRFT into both quality improvement and performance frameworks. Currently, GIRFT reports through the Clinical Effectiveness

	Group, helping embed it more within the clinical space, and the new leadership is expected to strengthen this integration. Comments or questions on the report were invited. Concerns were raised about theatre utilisation data, particularly a figure showing general surgery lists finishing 83 minutes early on average, which seems inaccurate and may reflect data collection issues. It was noted that theatre utilisation figures can be misleading, as faster completion by one surgeon may not indicate inefficiency but rather reflect differing work patterns and resilience within the team.
QGC/25/8	**Governance and Risks**
QGC/25/8.1	**Risks (15 & above)**
	Ms Shingler noted the report for information. Progress is ongoing with risk 5138 (Cath Lab equipment failure) and medical cover at Alexandra Hospital, with interim plans in place. Overcrowding in the Emergency Department (risk 4964) remains a concern. The business case for specialist nutrition support (risk 5260) is delayed due to difficulties proving financial benefits but is expected to be approved soon. Risk 4873 (femur fracture patient flow) needs updating as original winter plan measures are no longer active. No new risks were added or closed. Recent incidents related to risk 5138 are under regular review, with possible further escalation involving EQUANS.
QGC/25/8.2	**Escalations from the Improving Safety Action Group**
	Ms Shingler reports no updates that haven't already been mentioned in the meeting.
QGC/25/9	**Regulatory and Accreditation Reports**
QGC/25/9.1	**Safeguarding- Homelessness**
	Ms Shingler updated the committee following the safeguarding Q4 report, concerns were raised about the trust's and wider system's role in addressing homelessness in Worcestershire. Ms Nargurgh provided a brief update on the trust's statutory responsibilities when a homeless person accesses services, as well as its wider role in the system. The paper aimed to offer assurance rather than detailed discussion. It was agreed to continue monitoring homelessness regularly, recognising its significant impact on health and life expectancy.
QGC/25/10	**Any Other Business**
	Ms. Smart raised concerns around the sustainability of ophthalmology services, partly due to cataract work done elsewhere impacting the hospital. Efforts are underway to bring simpler cases back to maintain the service, led by Chris and Julian with ICS support. The issue remains fragile and under review.
QGC/25/10.1	**Next Meeting Date 29th May 2025**
QGC/25/11	**Reflections on the meeting**
	Ms Sinclair thanked the committee for the progress that has been made within the topics discussed.
QGC/25/12	**Meeting closed at 12.04**

Escalation and Assurance Report

Report from: Audit and Assurance Committee
Date of meeting: 8 May 2025
Report to: Trust Board

Alert: Including assurance items rated red and matters requiring escalation
None

Advise: Including assurance items rated amber, under monitoring and in development	
Item/Topic	**Internal Audit: Complaints (follow-up)**
Rating rationale	The review had a moderate assurance rating indicating there were remaining areas for improvement. There had been progress since the 2023 review, though only one recommendation had been fully implemented. A new process and policy had been developed and would shortly be implemented. In the last quarter of the year improvement in the timely closure of complaints and the delivery of training were noted. The remaining backlogs had also been substantially reduced. In addition, an oversight group would be established to provide enhanced scrutiny of compliance with the policy (including timescales) and the quality of complaints management.
Outcome	While the Committee was disappointed with slow progress since the last review, it was assured by the management response under new leadership and the actions planned for further improvement. Board committee oversight would now be aligned with the Quality Governance Committee.
Item/Topic	**Contract Management**
Rating rationale	The report sought to provide assurance on the procurement process to replace contracts ahead of expiry. 154 contracts had been identified as requiring replacement within the next 12 months, which provided clarity on planned expenditure. A contract management dashboard had been built and a contract manager had been appointed to ensure improved oversight, forward planning and reduced late and retrospective approval. Where delays were likely due to unavoidable issues, the new system enabled these to be anticipated, planned for and escalated. Any delays would be clearly described in contract award governance reports. Work with the divisions was in progress to ensure better planning and oversight at divisional level. A Foundation Group task and finish group was focused on opportunities for efficiencies across Group and the development of an optimum Group structure to secure savings over the coming year.
Outcome	The Committee welcomed the positive and evolving improvements to a challenging position.

Assure: Including assurance items rated green	
Item/Topic	**Draft Head of Internal Audit Opinion 2024/25**
Rating rationale	The rating was 'significant assurance' demonstrating improvements, particularly on the board assurance framework, the timely completion of reports, implementation of recommendations and escalation of issues. The Committee was pleased to note the improved opinion compared to the previous year and was satisfied that it appropriately reflected progress.
Outcome	The draft opinion was accepted. The final opinion would be presented within an annual report at the next meeting, incorporating the outcomes of the final reviews within the plan.
Item/Topic	**Internal Audit: Pre-employment Checks – Doctors and Consultants**
Rating rationale	The rating was 'significant assurance' with one low risk recommendation. The process was robust and had been shared with another trust as good practice. It was recognised that the process took time and could delay recruitment though there was no data to indicate this was a significant issue within the Trust.
Outcome	The Committee was assured by the report and the management response.

Assurance Rating Key	
Red	There are significant gaps in assurance and the Committee is not assured of the adequacy of action plans.
Amber	There are gaps in assurance but the Committee is assured that appropriate plans are in place.
Green	The Committee was assured that there are no gaps in assurance.

Escalation and Assurance Report

Report from: Audit and Assurance Committee
Date of meeting: 8 May 2025
Report to: Trust Board

Item/Topic	Internal Audit: Board Assurance Framework
Rating rationale	The report was rated 'significant assurance' reflecting improvements since the previous year. The recommendations were all accepted, reflecting plans already in place associated with the new format and process.
Outcome	The Committee was assured by the report, which was an important element of the annual Head of Internal Audit Opinion.
Item/Topic	**Internal Audit: Payroll - Expenses**
Rating rationale	The report was rated 'significant assurance' reflecting a robust process. There were two low-risk recommendations, one of which was complete.
Outcome	The Committee was assured by the report and the management response.
Item/Topic	**Counter Fraud, Bribery and Corruption Annual Report**
Rating rationale	The report included the annual counter fraud functional standards return, which had an overall green rating, reflecting improvements since the previous year. Two amber standards related to staff awareness and understanding of the conflicts of interest policy, reflecting the need to embed the new process (see below), and the reporting and management of counter fraud risks based on the annual risk assessment. Plans were in place to address both. A verbal report was provided on progress of the annual counter fraud work plan: • The National Fraud Initiative (NFI) checks had been completed satisfactorily. • Some salary overpayments were under review for potential fraud. • No significant fraud risks had been identified.
Outcome	Accepted
Item/Topic	**Annual Trust Board Register of Interests Review**
Rating rationale	The Committee was assured that the Register highlighted no concerns and that there had been appropriate cross-checking as part of the National Fraud Initiative. The Register had been published on the Trust's website and the 2025/26 register was now being used as a live document ahead of the next annual declaration process. The new system for annual declarations for decision making staff and ad hoc declarations for all staff was now live on ESR, enabling improved monitoring and reporting and which would support full compliance with the relevant counter fraud functional standards.
Outcome	Accepted
Item/Topic	**Implementation of Recommendations from Value for Money (VFM) Assessment 2023/24**
Rating rationale	The report provided assurance that all recommendations from last year's External Audit VFM assessment had been implemented, with assurance in some areas that these had resulted in positive outcomes, including improved financial and CPIP delivery and improved assurance on internal controls from the Internal Auditor. It was noted that no concerns had been highlighted during the VFM assessment for 2024/25, which was ongoing.
Outcome	Accepted

To Note: Items received for information or approval	
Item/Topic	**Draft Annual Governance Statement 2024/25**
Summary	The Annual Governance Statement (AGS) formed part of the Accountability report within the Trust's Annual Report and had been prepared in line with DHSC guidelines and a model AGS published by NHSE. The AGS was designed to provide assurance on the Trust's system of internal control and was supported by the work of the Committee. Evidence relied upon in determining the conclusions regarding internal control included the work of the Internal Auditor and progress on implementing the recommendations arising from the previous year's External Audit. The Committee considered whether the AGS sufficiently described issues of internal control and whether any could be described as 'significant' in line with the guidance. It was agreed that the statement was clear and transparent about internal control issues and improvement actions, and that the conclusion was appropriate.
Outcome	The AGS was commended for approval by the Trust Board

Assurance Rating Key	
Red	There are significant gaps in assurance and the Committee is not assured of the adequacy of action plans.
Amber	There are gaps in assurance but the Committee is assured that appropriate plans are in place.
Green	The Committee was assured that there are no gaps in assurance.

Escalation and Assurance Report

Report from: Audit and Assurance Committee
Date of meeting: 8 May 2025
Report to: Trust Board

Item/Topic	Draft Annual Accounts 2024/25
Summary	The draft, unaudited accounts were considered by the Committee prior to audit and final approval in June. The report highlighted key areas for the Committee's consideration. There was regular engagement with the Auditor during the continuing audit and no concerns had been raised to date.
Outcome	The Committee was satisfied with the accounts, subject to some additional information to be added to a note and subject to audit.

Assurance Rating Key	
Red	There are significant gaps in assurance and the Committee is not assured of the adequacy of action plans.
Amber	There are gaps in assurance but the Committee is assured that appropriate plans are in place.
Green	The Committee was assured that there are no gaps in assurance.

Worcestershire Acute Hospitals NHS Trust

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST

PEOPLE & CULTURE COMMITTEE

Minutes of the meeting
Co-lab, Kidderminster Treatment Centre
& Via Microsoft Teams
Tuesday 4th February at 10:00

Present		
Chair	Karen Martin (KM)	Non-Executive Director
Members	Ali Koeltgen (AK)	Chief People Officer
	Stephen Collman (SC)	Managing Director
	Chris Douglas (CD)	Acting Chief Operating Officer
	Jules Walton (JW)	Chief Medical Officer
	Sarah Shingler (SSh)	Chief Nursing Officer
	Julie Moore (JM)	Non-Executive Director
	Colin Horwath (CH)	Non-Executive Director
	Sue Sinclair (SSi)	Non-Executive Director
	Jo Kirwan (JK)	Deputy Chief Finance Officer
	Simon Murphy (SM)	Vice Chair
Attendees	Mel Stinton (MS)	Freedom to Speak Up Guardian
	Justine Jeffery (JJ)	Director of Midwifery
	Liz Faulkner (LF)	Deputy Chief People Officer
	Bianca Edwards (BE)	Assistant Director of People & Culture
	Rich Luckman (RL)	Assistant Director of People & Culture
	Richard Haynes (RH)	Director of Communications & Engagement
	Mark Stanley (MSt)	Organisational Development Practitioner
	Donna Scarrott (DS)	DAWN Network Chair
	Cathy Perkin (CP)	HR Business Partner & Trained Mediator
Apologies	Neil Cook (NC)	Chief Finance Officer

	Chairs Welcome and Apologies for Absence	
	KM welcomed all attendees to the meeting and the apologies received were acknowledged above.	
	Quorum and Declarations of Interests	
	There were no additional Declarations of Interest pertinent to the agenda. Declarations of Interest are available on the Trust's website. KM confirmed that: a) A Quorum of the P&C was present. b) There were no declarations of interest.	
	Action Log and Minutes of the previous meeting	
	The minutes of the last meeting held on the 3rd December 2024 were reviewed and agreed as a true and accurate record. The ongoing action log was reviewed and updated accordingly.	
	Staff Story – Mediation Service	
	CP explained that previously, only a small number of staff were trained in mediation. Requests for mediation were few and there was no clear process for	

	referring or triage of referrals. In 2023 an additional 10 staff were trained and a Standard Operating Procedure developed to outline the process, with clear roles, responsibilities, timescales. Information about the service was published on the Trust intranet, including a new generic email address, and a new referral form. Emails sent to participants at the start of the process were standardised and a general information sheet developed. An example of successful mediation was shared between a Senior Nurse and a Consultant. There were issues with communication and perceived lack of flexibility, which resulted in a breakdown of the relationship. The Senior Nurse was off work with work related stress and had considered submitting a formal grievance and leaving the Trust. Both parties were willing to participate in mediation to repair the relationship and actions were agreed such as checking in regularly, and directly not via third parties, and a review of the Nurses' job description as and when necessary to ensure they were able to complete their job within their hours. In 2022, the service received 9 referrals; 6 were successful and 2 didn't go ahead. There were 6 referrals in 2023, 4 of these were successful and 2 didn't go ahead. In 2024 there were 18 referrals, of which 9 were successful, 8 didn't go ahead, and 1 was on hold. Goals for the next year are to grow the service by training more mediators and increasing the diversity of mediators with staff outside of HR, of different bands and including more men. The team are also hoping to improve the success rate and launch a feedback form to be shared at the end of mediation. A 3 month follow up meeting is already offered but is not often taken up by the parties who wish to move on. AK noted the services' close link with the new values launch and early resolution framework. KM commented the actions could be perceived as focussing only on the actions and redress of one party and asked that an appropriate balance be part of the review no sense check for any future checks. CP explained that a mediation is considered successful whereby staff can continue working together, and one or both are not moved to other departments or leave the Trust. CH asked if learning is being shared across the Foundation Group, and CP advised there are monthly HRBP meetings but agreed it would be beneficial to share in more detail.	
	Staff Network Updates: DAWN Network	
	DS referred to the Workforce Disability Equality Standard (WDES) results from 2024, and noted further results will be due soon via the 2024 staff survey. The WDES results highlight several areas that require improvement, in particular indicator 8 regarding reasonable adjustments scored 71% in 2022, and 70% in 2023. Having discussed the results with the DAWN Network to understand in more detail, feedback was received regarding managers over-reliance on Occupational Health reports to outline any necessary reasonable adjustments. It was felt that managers lacked the confidence or autonomy to provide reasonable adjustments not detailed in OH reports. The considerable delay in receiving reasonable adjustments was also raised, such as an ergonomic chair taking weeks to be delivered. In this waiting time, staff are struggling without their reasonable adjustments, or not able to work until it arrives. A reasonable adjustments catalogue store was suggested, where equipment that is no longer required or not fit for purpose can be stored and accessed when needed.	

	Health Ability Passports are beneficial however many staff are not aware they are available, so further communication is needed to promote this. The Network are considering making an amendment to the passports to advise individuals and managers that reasonable adjustments can be made even if they are not outlined in an OH report. Some staff felt that a managers' referral to OH can be viewed as punitive and as justification to provide or not provide adjustments. A survey has been launched on Neurodiversity and preliminary responses highlight issues with receiving reasonable adjustments. Individuals shared that experiences can be mixed, with some working in supportive and compassionate teams, whereas others experience bullying and harassment. Discussions have taken place regarding the potential for an independent review to understand the experience of those with disabilities, in order to develop an action plan. KM asked how many staff are not in work or only undertaking part of their role, due to waiting for a reasonable adjustment. AK advised that the individuals off work would be identifiable, however those continuing to work whilst waiting for their adjustments would be difficult to identify. SS raised whether managers have the right skills to make appropriate reasonable adjustments., or whether agencies need to be considered that can provide specialist support. DS advised the Network are supporting work on a Neurodiversity toolkit to support individuals and managers, however noted that needs can vary between individuals. RL added that the Toolkit is being developed in partnership with the ICS, and there are some gaps in knowledge and skill, but this is mirrored across the system. The Trust will be working with Mencap and the Council on Project Search, so there may be other opportunities here. AK highlighted the considerable financial risk of not implementing reasonable adjustments, from the perspective of employment tribunals.	
	Chief People Officer Report	
	AK raised the impact of the increase in National Living Wage and tax contributions on band 2 staff. A baseline assessment has been completed against the Sexual Safety policy framework and there is pressure nationally to ensure policies are in place. Since writing the report, the first meeting of the new Women's Network has taken place which had solid attendance by staff. The Trust has signed the national memorandum of understanding for statutory and mandatory training to allow mobility of training records across Trusts, and to also streamline the hours spent on training. Each Trust is required to have an oversight group, and AK will be chairing this with representatives in attendance from different staff groups and Divisions. SSi commented that training can be pushed out for all staff following an incident, and that this may not be necessary for all. AK added that the Trust Induction is also in review, along with the possibility of a re-induction for staff who have been with the Trust for a long time.	
	Progress on Strategy Build	
	The Directorate is entering the final year of the current People Strategy and has been working to identify priorities for the next 3 years. 5 pillars have been identified, with Equality, Diversity & Inclusion and Health & Wellbeing weaved throughout. Each pillar will have a dedicated work plan with high level objectives to be achieved. The team are looking for feedback from the wider organisation and external stakeholders such as the ICS, and have advertised drop-in sessions on	

	the Trust intranet, as well as attending meetings such as JNCC and Culture Steering Group. The team are working closely with the Digital directorate on their strategy as this will be key to the workforce transformation. KM suggested rewording of Digital pillar to be more specific. CH agreed and suggested considering how the Trust will prepare to maximise the potential of AI or other Digital advancements. AK advised that whilst the Clinical Strategy is yet to be refreshed, priorities from a People perspective are clear, however noted that if amendments can be made at a later date, if necessary, once finalised.	
	Trust Values & Behaviours	
	Mediation and early resolution will play a key part in embedding the values and behaviours to create the cultural shift in the organisation. The Early Resolution Framework will provide guidance for managers and individuals to address issues as they happen in a constructive and informal way. The Trust are engaging with the organisation Kind of Life, to produce materials and toolkits to help staff to do this. The phase of gathering feedback on behaviours is closing, and they are ready to be launched throughout March. The next steps to foster a values-led culture will be to launch training which will be a combination of e-learning and team learning events to bring the values to life. Kind of Life have been used by other Trusts who had similar issues in conjunction with a values refresh. RL emphasised the need to build solid foundations of the values in every material, policy and process. For example, a simple and easy to use feedback tool to be implemented at the end of mediation, but also at the end of training sessions and EDI work. There is also an opportunity to embed the values in recruitment and promotion processes, to ensure leaders are appointed in line with the values. AK and SC have recently met with 4ward Advocates to reaffirm their ongoing role as ambassadors for cultural change. KM queried whether an excess of materials across the organisation will dilute the message of the core values. RL advised that all materials will be developed and displayed as values led. The programme with Kind of Life is for 2 years and the aim is for early resolution work to be implemented as soon as possible. AK advised that progress will be shared with the other Trusts in the Foundation Group. SC commented the goal is for a structured approach with an informal look and that there may need to be a slightly different approach for each site. Line managers embodying the values will be crucial for staff to learn from, and medical engagement will be key to progress.	
	Staff Survey Update	
	Results are aligned to the 7 elements of the NHS people promise, with the aim that staff feel these statements reflect their experience of working in the NHS. There is an embargo until national publication in early March, however, results can be shared before then strictly for analysis and planning purposes. Results have been gathered and RAG rated for teams against the organisational average. The overall Trust response rate was 46%, which was an increase of 15% from the previous year. This equates to 57% more respondents compared to 2023. There was a 23% increase in Estates and Facilities and 21% in ED. The average response rate from survey provider Picker was 48%. The response rate at the Alex was 41%, compared to 25% the previous year, and the site with the highest response rate was KTC with 49.5%. A greater emphasis on floorwalking this year meant the team were able to hear feedback from staff firsthand. Along with	

misconceptions regarding the confidentiality of the survey, there was feedback regarding senior leadership visibility particularly at KTC, and a lack of belief that things would improve.

Initially the team were prepared that an increased response rate could negatively affect scores, however, there has been improvement in all elements of the People Promise, with exceeding the benchmark average for Picker group. "*We are always learning*" and "*we work flexibly*" showed the most improvement. Overall, there was a significant increase in morale, but MS noted this will not be reflective of the experience in all areas and the team will need to be mindful of this when communicating results. Staff recommending the Trust to friends and family as a place to work and as a place to receive treatment both saw improvement. National results published in March will provide context to benchmark against other organisations.

Within the 60 Trusts in the Picker group, WAHT is the 27th overall positive score, compared to 52nd in the previous year, and the second most improved Trust in the group. Compared to 2023, 42 questions showed significant improvement, 4 a significant decline, and 54 remaining consistent. MS noted the percentage of scores that declined are relatively small.

Estates and Facilities saw an increase in response rate which resulted in an overall decline on scores, but for Urgent Care this resulted in an overall improvement. Digital and W&C saw many questions scoring above the organisational average. Urgent Care scored lowest for morale, with Digital scoring the highest.

Once the results are released publicly, the team are hoping to present the Trust's results on the intranet for staff to access and develop a cascade pack for staff to easily view, understand and discuss within their teams. Results will be analysed to identify teams that would benefit from direct support with Team Engagement and Development (TED) tool. There is potential to set up staff forums to speak with staff directly and understand the results better. The aim is to have more focussed, specific actions this year to be able to show demonstratable improvements. KM asked how the team are keeping staff engaged throughout the period where results cannot be shared widely. MS advised that results can be shared for analysis and planning purposes, and that they are analysing the results with leaders. Teams are kept up to date with timescales and next steps, and response rates are being celebrated with desktops and messages on Worcestershire Weekly.

MS attributed the increase in response rate to several points, such as holding a stakeholder event in summer to understand barriers. Feedback was that historically there has been an over-reliance on digital communication, so this year the team focussed on floorwalking, and physical materials such as posters and flyers, as well as creating competition between teams. The team will be carrying out a 'lessons learned' exercise as dedicated staff survey spaces were setup in the libraries on each site following feedback that staff did not have a place to complete it, however these saw little footfall.
JJ shared that for the Maternity team, understanding the results and '*you said, we did'* examples helped improve the response rate.
AK added that the Trust had been building momentum over several months with the values work in the lead up to the survey, which showed staff that the Trust wanted to hear their feedback.

	SC commended the teams for their hard work and stressed the need to keep improving.	
	HEE Midwifery Students Report	
	Following a visit from HEE in 2021, the Trust was moved onto level 1 intensive support based on feedback from students. An action plan was co-produced with the university and HEE carried out a follow up visit in March 2024. Some areas were identified as still requiring improvement, but the Trust made good progress on all actions overall. The Trust have been working closely with the University due to struggling with capacity and have now capped the number of students to pre-covid numbers; from 80/90 to 38 per year. Based on the number of births, the Trust cannot support or sustain any more students than 38, given the number of births they need in order to qualify. There will continue to be a high volume of students for 2 more years, however mitigations are in place with additional practice facilitator hours. JJ explained that they would be unable to progress with the buddy system model, as this is aimed at taking on more students, however the Trust cannot take on any more than 38. This model also typically results in poor feedback from students, as it is focussed on students teaching other students with a Midwife overseeing. JJ noted feedback from patients regarding students is generally very positive, however highlighted that there is recent feedback from the University that some students feel who are black or mixed heritage have a different experience than others. The claims are being explored and involve different people and different areas.	
	Sexual Safety Assurance Framework	
	The Sexual Safety Charter was introduced in October 2023. The Trust then introduced the Sexual Safety Charter toolkit alongside a communication campaign. A new assurance framework has now been released by NHSE, where specific actions are set out against each of the principles in the charter. A self-assessment has been carried out against each of the actions and RAG rated. Key recommendations for implementation as soon as possible are: • To include the charter in trust induction. • Implement a sexual safety policy for alongside the toolkit. • Implement the national e-learning as essential to role for all staff. • Complete a quality impact assessment for the toolkit and policy. • Develop a specific staff survey action plan when results are available. KM raised that in terms of reporting to Board, some incidents may not be captured if they are reported via other routes rather than Freedom to Speak Up. JCS explained there is an additional recommendation regarding reporting, which would be to collate data from Datix, FTSU and HR casework, into one report for submission to P&CC on a quarterly basis. AK added that the Trust in the Foundation Group will be discussing how to better provide assurance to the Board.	
	Governance	
	People & Culture Risk Register There are no new risks rated over 16. The 2 remaining risks relate to job planning and medical agency, which are reviewed monthly. Actions taken are being reported to this committee. AK acknowledged the severity of these issues and reiterated the Executives' focus on them. **ACTION: CH queried the anticipated timescale for when the risks can be reduced.**	

	ACTION: KM noted controls and gaps in controls dated as 2023 and asked for these to be updated.	
	Equality Delivery System 22 Results are devised from the scorecard provided by NHSE, and the Trust has achieved the same result as the year prior. Actions completed include the development of the wellbeing pinwheel, supporting staff with long term conditions, behavioural charter, exit interviews and providing feedback. In the last 3 months, the Board has undertaken Active Bystander training, and Rainbow Badge training is schedule for a future workshop. Feedback from the LGBTQ+ Network is for more visible senior leader support. In the development of the People Strategy and Clinical Services Strategy it will be highlighted there are limited resources dedicated to EDI. AK shared discussions are being held with the ICB to explore opportunities given links between health inequalities and experience for both patient and staff.	
	Any Other Business (AOB)	
	None.	
	Date of Next Meeting	
	The date of the next meeting is 1st April, Flowerday room, Working Well Centre WR5 1JF.	

Escalation and Assurance Report

Report from: PFI Expiry Committee
Date of meeting: 2 June 2025
Report to: Trust Board

To Note: Items received for information or approval	
Summary	The Committee held its first formal quarterly meeting, which included attendance from a representative of the Department of Health and Social Care PFI Centre of Excellence to both provide support and derive learning. The Committee discussed a range of topics including the Committee's work programme, resourcing, and ongoing management of the PFI contract, including the managed equipment service. It was agreed that the Committee may require clinical representation at some meetings to contribute to discussions on matters such as the managed equipment service. Discussions continued with the Infrastructure and Projects Authority (IPA) about the PFI Health Check, an essential component of the expiry programme; it was anticipated that this would commence within 6 months.
Outcome	The Committee agreed three priorities for the next quarter: 1. Resource plan. 2. Assessment of risks associated with lifecycle works required before contract expiry. 3. Initiation of the condition survey.

Assurance Rating Key	
Red	There are significant gaps in assurance and the Committee is not assured of the adequacy of action plans.
Amber	There are gaps in assurance but the Committee is assured that appropriate plans are in place.
Green	The Committee was assured that there are no gaps in assurance.

NHS
Worcestershire
Acute Hospitals
NHS Trust

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST COVERING REPORT 2025/2026

Report to:	**Public Board**
Date of Meeting:	**10/06/2025**
Title of Report:	Trust Seal 2024-25
Lead Executive Director:	**Managing Director**
Author:	Gwenny Scott, Company Secretary
Reporting Route:	n/a
Appendices included with this report:	n/a
Purpose of report:	☐ **Assurance** ☐ **Approval** ☒ **Information**

Brief Description of Report Purpose

The Company Secretary is custodian of the Trust Seal. The Seal is attached to documents where there is a legal requirement for sealing and the subject matter of the relevant document has been approved in accordance with the Trust's Standing Orders and Standing Financial Instructions in accordance with the Scheme of Delegated Authority.

The Trust Seal was used on the following documents in 2024/25.

No.	Description of document	Date of Sealing
246	Deed of release and termination Worcestershire Acute & Seven Capital (Wyre Hill) Ltd.	12/04/2024
247	KHTC Ward 1 shower room	25/04/2024
248	Variation and settlement agreement relating to the concession agreement and soft services agreement for Worcestershire Acute	15/08/2024
249	WRH Aconbury Plan Room 5	02/10/2024
250	WRH lift works	02/10/2024
251	Aconbury SDEC showers	02/10/2024
252	A Block link building RAAC replacement	02/10/2024
253	Alex Hospital retail shop (property) lease	02/10/2024
254	AHR Robot Theatres	09/10/2024
255	KHTC A Block refurbishment main works	09/10/2024
256	Land Registry: Transfer of part of registered title – Spetchley estate	08/01/2025
257	Alexandra retail space – Property lease	08/01/2025
258	Seddon Construction Fire Improvement Works – enabling works with Hospital St.	06/02/2025
259	AHR former Pathology area – minor building works	06/02/2025
260	JCT minor works building contract WRH Aconbury Link	03/03/2025
261	JCT minor works building contract AHR Entrance Canopy works	03/03/2025
262	JCT minor works building contract AHR GP Out of Hours	03/03/2025
263	JCT contract documents KHTC C Block Link RAAC	03/03/2025

Recommended Actions required by Board or Committee

To receive the report for information.

NHS
Worcestershire
Acute Hospitals
NHS Trust

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST COVERING REPORT 2025/2026

Report to:	**Public Board**
Date of Meeting:	**10/06/2025**
Title of Report:	Quality Governance Committee (QGC) Terms of Reference
Lead Executive Director:	**Chief Nursing Officer**
Author:	Sarah Shinger, Chief Nursing Officer
Reporting Route:	QGC
Appendices included with this report:	
Purpose of report:	☐ **Assurance** ☒ **Approval** ☐ **Information**

Brief Description of Report Purpose

The Terms of Reference for Quality Governance Committee have been revised and submitted to Trust Board for approval.

Recommended Actions required by Board or Committee

For approval by the members of the Trust Board.

Executive Director Opinion[1]

The ToRs have been reviewed by QGC and I can confirm that the ToRs includes the business that takes place at the meeting.

[1] Executive director opinion must be included and approved by the director concerned prior to issue, except when the director has given their consent for the report to be released.

Worcestershire Acute Hospitals NHS Trust

Terms of Reference

Quality Governance Committee (QGC)

Version: 4.2

Terms of Reference approved by: QGC/Trust Board

Date approved: September 2017/October 2018/November 2018/March 2020/March 2021/January 2022/May 2023/ November 2024

Author: **Chief Nursing Officer**

Responsible directorate: CNO/CMO

Review date: November 2024

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST

Quality Governance Committee

Terms of Reference

1. Introduction/Authority

The Quality Governance Committee (QGC) is constituted as a standing committee of the Trust board. Its constitution and terms of reference are set out below, subject to amendment at future Trust board meetings.

The QGC is authorised by the Board to act within its terms of reference. All members of Trust staff are directed to co-operate with any request made by the QGC.

The QGC is authorised by the Trust Board to instruct professional advisors and request the attendance of individuals and authorities from outside the Trust with relevant experience and expertise if it considers this necessary for or expedient to the exercise of its functions.

The QGC is authorised to obtain such internal information as is necessary and expedient to fulfil its functions.

2. Membership

Non-Executive Director (Chair)
Two Non-Executive Directors
Chief Executive/ Managing Director
Chief Nursing Officer
Chief Medical Officer
Chief Operating Officer
Patient Forum Representative
Chief Digital Information Officer
Director of Estates and Facilities

In attendance:
Board Secretary
Chief Registrar
Deputy CNO (quality) when the Chief Nursing Officer is absent
ICB representative
Director of Infection prevention Control
Divisional Director of Nursing/ Associate Medical Directors
Associate Director of Clinical Governance, Risk & Patient Safety
HealthWatch
Patient, Public Forum Chair

As required:
Other personnel as invited by the Chair

2.1 The Chair of the Committee is appointed by the Trust Board and shall be a Non-Executive Director.

2.2 Trust employees who serve as members of the QGC do not do so to represent or advocate for their res2.1pective department, division or service area but to act in the interests of the Trust as a whole and as part of the Trust-wide governance structure.

3 Arrangements for the conduct of business

3.1 Chairing the meetings

The Non-Executive Director will chair the meetings. In the absence of the Non-Executive Director, the Chair will be another Non-Executive Director.

3.2 Quorum

The QGC will be quorate when one third of the members are present including at least two non-executive directors and one clinician, including the Chief Nursing Officer or the Chief Medical Officer or their deputies.

3.3 Frequency of meetings

The QGC will meet monthly.

3.4 Frequency of attendance by members

Members are expected to attend all meetings each year, unless there are exceptional circumstances. The Chair must be informed of expected absences; members should arrange for an appropriate officer with full delegated authority to deputise for them on such occasions.

3.5 Declaration of interests

If any member has an interest, pecuniary or otherwise, in any matter and is present at the meeting at which the matter is under discussion, he/she will declare that interest as early as possible and shall not participate in the discussions. The Chair will have the power to request that member to withdraw until the subject consideration has been completed. All declarations of interest will be minuted.

3.6 Urgent matters arising between meetings

If there is a need for an emergency meeting, the Chair will call one in liaison with the CNO/CMO.

3.7 Secretarial support

Secretarial support will be provided by the Company Secretary and an escalation report will be presented to the Trust board.

4 Authority

The QGC is authorised by the Trust Board.

5 Aims and Objectives

5.1 Aims

- The Quality Governance Committee provides the Trust Board with assurance that:-
  - Care to patients is being delivered to the highest possible standards and that there are appropriate policies, processes and governance in place to continuously improve the quality and safety of care, and to identify gaps and manage them accordingly.
  - the care quality and patient safety risks on the trust-wide risk register associated with the Trust's provision of safe, effective, evidence based, compassionate care are identified managed and mitigated appropriately. In doing so, the Quality Governance Committee may consider any quality and or safety issue it deems appropriate to ensure that this can be achieved.
  - the strategic priorities for quality and safety assurance are focused on those which best support delivery of the Trust's quality priorities in relation to patient experience, safety of patients and service users and effective outcomes for patients and service users.
  - the independent annual Clinical Audit Programme provides a suitable level of coverage for assurance purposes and receiving reports as appropriate.

- the organisation is compliant with regulatory standards and statutory requirements, for example those of the NHS Constitution, Duty of Candour, the CQC, NHSR and the NHS Performance Framework are reviewed.
- the quality risks on the Board Assurance Framework together with any other risks allocated to the Committee on the Board Assurance Framework are reviewed and the Committee is satisfied as to the adequacy of assurances on the operation of the key controls and the adequacy of mitigations and action plans to address weaknesses in controls and assurances;
- the Annual Quality Report is reviewed ahead of its submission to the Board for approval.

- Overseeing 'Deep Dive Reviews' of identified risks to quality identified by the Board or the Committee and how well any recommended actions have been implemented.
- The Committee may also initiate such reviews based on its own tracking and analysis of quality and safety trends flagged up through the regular performance reporting to the Board.

5.2 Objectives

5.2.1 The Committee provides oversight of the Quality Improvement Strategy and the workstreams that support implementation of the strategy which at the time of writing are:

- **The SAFETY of treatment and care provided to patients** – safety is of paramount importance to patients and is the red line when it comes to what services must be delivering
- **EFFECTIVENESS of the treatment and care provided to patients** – measured by both clinical outcomes and patient-related outcomes
- **The EXPERIENCE patients have of the treatment and care they receive** – how positive an experience people have on their journey through the organisation can be even more important to the individual than how clinically effective care has been.

5.2.2 The Committee's objectives are:

- To approve and oversee the implementation of the Quality and Safety Strategy.
- To oversee the implementation of any CQC 'must' and 'should' do's identified at inspection
- To approve the Trust's annual Quality Account before submission to the Board.
- To monitor and review the Trust Quality and Safety Performance Dashboard
- To review the Trust's performance against the annual CQUINs
- To consider matters referred to the Committee by the Trust Board, other Committees or other sources;
- To have oversight of the Infection Prevention and Control Plan and receive regular updates on the action plan
- To receive the Annual Report for Infection Control prior to it being presented to the Trust Board
- To have oversight of the Integrated Safeguarding Committee assuring that all statutory and legal frameworks are delivered
- To receive the annual report for Integrated Safeguarding prior to it being presented at Trust Board.
- To monitor the Trust's compliance with the national standards of quality and safety of the Care Quality Commission, and NHS Improvement's licence conditions that are relevant to the Quality Governance Committee's area of responsibility, in order

to provide relevant assurance to the Board so that the Board may approve the Trust's annual declaration of compliance and corporate governance statement

5.2.3 In relation to **SAFETY**

- To scrutinise Patient safety Incidents and never events, analyse patterns and monitor trends and to ensure appropriate follow up within the Trust
- To provide the Board with assurance regarding learning from deaths
- To promote within the Trust a culture of open and honest reporting of any situation that may threaten the quality of patient care in accordance with the Trust's policy on reporting issues of concern and monitoring the implementation of that policy
- To ensure that where practice is of high quality, that practice is recognised and propagated across the Trust
- To monitor the impact on the Trust's quality of care of cost improvement programmes and any other significant reorganisations
- To monitor the quality impact of the implementation of the Digital Care Record.
- To have oversight of the activity of the Trust's Health and Safety Committee giving due regard to any quality impacts

5.2.4 In relation to **EFFECTIVENESS**

- To have oversight and monitor progress of the annual clinical audit programme
- To make recommendations to the Audit & Assurance Committee concerning the clinical audit programme;
- To approve relevant policies and including but not limited to:
    - Risk Management Policy
- To have oversight of Trust-wide compliance with clinical regulations and Central Alert System requirements;
- Ensure the review of patient safety incidents (including near-misses, complaints and prevention of future deaths coroner reports) from within the Trust and wider NHS to identify similarities or trends and areas for focussed or organisation-wide learning;
- To ensure the Trust is outward-looking and incorporates the recommendations from external bodies into practice with mechanisms to monitor their delivery.
- To have oversight of the Trust's Mortality and Morbidity Surveillance Group, and to monitor Trust performance in these areas;
- To monitor delivery and implementation of the Research and Development Strategy

5.2.5 In relation to **EXPERIENCE**:

- To monitor the Trust's Friends and Family Test response rates
- To provide the Board with assurance that complaints are handled both effectively and timely
- To scrutinise patterns and trends in patient survey results, Friends and Family results, complaints and PALs data, and ensure appropriate actions are put into place and lessons are learnt
- To oversee the Trust's progress on Patient Experience.

6. Relationships and reporting

6.1 The Committee is accountable to the Trust Board. The Quality Governance Committee will report to the Trust Board at each of its meetings in public and where appropriate in private.

6.2 The following sub groups report to the Quality Governance Committee

- Improving Safety Action Group (ISAG)

- Infection Prevention and Control Committee
- Health and Safety Committee
- Fundamentals Of Care Committee
- Integrated Safeguarding Committee
- Patient and Public Forum

The following groups are accountable to the QGC:

- Research and Development
- Blood Transfusion Group
- Harm Reduction
- Medical Devices Committee
- Dreams Meeting
- Medicine Optimisation
- Mortality Review
- End of Life Care Steering Group

7 Review of the Terms of Reference

These Terms of reference will be reviewed annually or earlier if there are changes to working arrangements.

Sarah Shingler 2024

Worcestershire Acute Hospitals NHS Trust

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST COVERING REPORT 2025-2026

Report to:	**Public Board**
Date of Meeting:	**10/06/2025**
Title of Report:	Charles Hastings Education Centre – Update on Issues
Status of report:	☐**Approval** ☐**Position statement** ☒**Information** ☐**Discussion**
Report Approval Route:	Other
If Other, provide details:	Not Applicable
Lead Chief Officer/Director:	**Managing Director**
Author:	Tony Bramley, Non-Executive Director & CHEC Trustee
Documents covered by this report:	Bi-annual update on CHEC

1. Purpose of the report

To provide a summary report on those items discussed by CHEC Trustees that may be of interest to the Trust Board.

2. Recommendation(s)

This item is for information only

3. Chief Officer/Executive Director Opinion[1]

4. Please tick box to identify which of the Trust's 10 Point Plan the report relates to:

☐ ***Focus on Flow***	☒ ***Think/Act as a Lead Provider***
☐ ***Governance***	☒ ***Improve Staff Experience***
☐ ***Home First Mindset***	☐ ***Tertiary Partnerships***
☐ ***4ward Improvement System***	☐ ***Leadership and Structures***
☐ ***Elective Care: No Delays***	☐ ***Strategic 'Big Moves'***

[1] Chief Officer opinion must be included and approved by the Chief Officer concerned prior to issue, except when the Chief Officer has given their consent for the report to be released.

Background

Worcestershire Acute Hospitals Trust has a long-standing relationship with the charity that runs The Charles Hastings Education Centre (CHEC) on the WRH site and nominates one of CHEC's Trustees & Directors.

CHEC is a significant partner for the Acute Trust in both broadening and enhancing the on-site medical education offer to potential and current staff, and it is important that we jointly work to maximise mutual benefit.

This report provides an update on those matters discussed by CHEC Trustees at their last meeting on 20th May 2025 which may be of particular interest to the Acute Trust.

Update:

- **Museum Bequest:** The very substantial bequest (£X000,000) which has been gifted specifically for the enhancement of the George Marshall Medical Museum has now been received by the charity and is being ethically invested while plans are developed.
- **Clinical Simulation Facility**: CHEC is continuing to develop plans to remodel the building to significantly increase and improve the simulation offer that can be made to Trust staff and others and is now in discussions with its advisers and suppliers about finalising designs and costings.
- **Car Parking**: The significant problems with its dedicated parking provision, particularly since traffic flow re-alignments associated with the provision of the new Emergency Department, is now moving toward a solution following liaison with the Trust's Director of Estates & Facilities.
- **Development of a Wellness/Physic Garden:** This joint project between CHEC and the Acute Trust's Charity is still in the process of seeking external funding support.
- **Café**: CHEC is reporting continuing success with the new service being provided on site by RVS and will supporting them to enhance this further.

Acronym	
AAU	Acute Admissions Unit
AEDB	Accident & Emergency Delivery Board
AHP	Allied Health Professional
AKI	Acute Kidney Injury
AMU	Ambulatory Medical Unit
A&E	Accident & Emergency Department
ATAIN	Avoidable Term Admissions into Neonatal Units
BAF	Board Assurance Framework
BAME	Black, Asian and Minority Ethnic
BAPM	British Association of Perinatal Medicine
BCF	Better Care Funding
CAMHS	Child and Adolescent Mental Health Services
CAS	Central Alert System
CAU	Clinical Assessment Unit
CCU	Coronary Care Unit
C. Diff	Clostridium Difficile
CCG	Clinical Commissioning Group
CPIP	Cost Productivity Improvement Plan
CNST	Clinical Negligence Scheme for Trusts
COPD	Chronic Obstructive Pulmonary Disease
COSHH	Control Of Substances Harmful to Health
CCOSMOS	CNST, CQC, Ockenden 1, Single Delivery Plan (SDP), Maternity Self-Assessment Tool, Ockenden 2 and Saving Babies Lives
CQC	Care Quality Commission
CQUIN	Commissioning for Quality & Innovation
CNST	Clinical Negligence Scheme for Trusts
DOLS	Deprivation of Liberty Safeguards
DCU	Day Case Unit
DNA	Did Not Attend
DTI	Deep Tissue Injury
DTOC	Delayed Transfer Of Care
ECIST	Emergency Care Intensive Support Team
ED	Emergency Department
EDD	Expected Date of Discharge
EDS	Electronic Discharge Summary
EPMA	Electronic Prescribing & Medication Administration
EPR	Electronic Patient Record
ESR	Electronic Staff Record
FAU	Frailty Assessment Unit
FBC	Full Business Case
FOI	Freedom of Information
F&F	Friends & Family
FRP	Financial Recovery Plan
FTE	Full Time Equivalent
GAU	Gilwern Assessment Unit
GE	George Eliot Hospital
GIRFT	Getting It Right First Time
GMC	General Medical Council

HASU	Hyper Acute Stroke Unit
HCA	Healthcare Assistant
HCSW	Healthcare Support Worker
HDU	High Dependency Unit
HIE	Hypoxic-Ischaemic Encephalopathy
HSE	Health & Safety Executive
HFMA	Healthcare Financial Management Association
HAFD	Hospital Acquired Functional Decline
HSMR	Hospital Standardised Mortality Ratio
HV	Health Visitor
ICS	Integrated Care System
IG	Information Governance
IV	Intravenous
JAG	Joint Advisory Group
KPIs	Key Performance Indicators
LAC	Looked After Children
LAT	Looked After Team
LMNS	Local Maternity and Neonatal System
LocSIPPS	Local Safety Standards for Invasive Procedures
LOS	Length Of Stay
MASD	Moisture Associated Skin Damage
MBRRACE	Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries
MEWS	Maternal Early Warning Scores
MCA	Mental Capacity Act
MCA	Maternity Care Assistant
MES	Managed Equipment Services
MHPS	Maintaining High Professional Standards
MIS	Maternity Incentive Scheme
MIU	Minor Injury Unit
MLU	Midwifery Led Unit
MNSI	Maternity & Newborn Safety Investigations
MRSA	Methicillin-Resistant Staphylococcus Aureus
MSSA	Methicillin-Sensitive Staphylococcus Aureus
MSW	Maternity Support Worker
NEWS	National Early Warning Scores
NEWTT	Newborn Early Warning Trigger and Track
NHSCFA	NHS Counter Fraud Authority
NHSLA	NHS Litigation Authority
NHSR	NHS Resolution
NICE	National Institute for Health & Clinical Excellence
NIV	Non-invasive ventilation
OBC	Outlined Business Case
OOC	Out Of County
OOH	Out Of Hours
PALS	Patient Advice & Liaison Service
PAS	Patient Administration System
PCIP	Patient Care Improvement Plan
PIFU	Patient Initiated Follow Up
PPE	Personal Protective Equipment
PFI	Private Finance Initiative
PID	Project Initiation Document

PIFU	Patient Initiated Follow Up
PLACE	Patient Led Assessment of the Care Environment
PHE	Public Health England
PMR	Perinatal Mortality Rate
PROMs	Patient Reported Outcome Measures
PROMPT	PRactical Obstetric Multi-Professional Training
PSIRF	Patient Safety Incident Response Framework
PTL	Patient Tracking List
QIA	Quality Impact Assessment
QIP	Quality Improvement Programme
RAG	Red, Amber, Green rating
RCA	Root Cause Analysis
ReSPECT	Recommended Summary Plan for Emergency Care and Treatment
RGN	Registered General Nurse
RRR	Rapid Responsive Review
RTT	Referral to Treatment
SAA	Surgical Assessment Area
SCBU	Special Care Baby Unit
SDEC	Same Day Emergency Care
SDP	Single Delivery Plan (maternity)
SOP	Standard Operating Procedures
SOC	Strategic Outline Case
SSNAP	Sentinel Stroke National Audit Programme
SHMI	Summary Hospital Level Mortality Indicator
SI	Serious Incident
SIRI	Serious Incident Requiring Investigation
SLA	Service Level Agreement
SOP	Standard Operating Procedure
STF	Sustainability and Transformation Funding
STP	Sustainability and Transformation Plan
SWFT	South Warwickshire NHS Foundation Trust
TMB	Trust Management Board
TIA	Transient Ischemic Attack
TOR	Terms of Reference
TTO	To Take Out
TVN	Tissue Viability Nurse
UTI	Urinary Tract Infection
WAH	Worcestershire Acute Hospitals
WTE	Whole Time Equivalent
WHO	World Health Organisation
WVT	Wye Valley NHS Trust
WW	Week Wait
YTD	Year To Date
#NOF	Fractured Neck of Femur